

Pharmacy Today

Thank you for sending the Pharmaceutical Society of Singapore a copy of your monthly *SMA News*. I have always found the contents enjoyable to read and sometimes educational.

As colleagues in our local healthcare environment, I feel it important to correct certain "facts" stated by Dr Chan Kim Yong in your January 2005 issue. In his letter to the Editor, he mentioned that pharmacies mark up the prices of all drugs well above the MIMs list prices.

Community pharmacies do mark up prices reasonably and the actual selling price may appear higher than that seen at the GPs due to the lower costs accorded to GPs through trade discounts and bonuses. Pharmacies just do not sell enough drugs, especially those of POM categories, to get these benefits.

I can identify with Dr Chan's concern: "What happens if the medication is in the form of syrup poured out of a one or two litre stock bottle? If it were out-of-date, the patient would be none the wiser." However, Dr Chan would be glad to note that most of the liquid preparations at the pharmacies (both public and private organisations) have long been dispensed in original consumer-size bottles.

Also, market failure occurs when consumers cannot shop around for information, and not necessarily through

pharmacy monopolies.

With regards to confusion between pharmacologists and pharmacists in Singapore, may I highlight that pharmacologists study the action of drugs on living systems. Singapore pharmacists on the other hand, are trained healthcare professionals who undergo a four-year pharmacy course at the university. Pharmacy students are specifically trained on the action of drugs, their side-effects and incompatibilities, amongst other things. In addition, with our education and clinical training in pharmacotherapy, that is application of drug therapy in diseases, we are qualified to make recommendations based on evidence-based medicine.

I do agree with Dr Chan that the Singapore public is not well-instructed on drug information. Through a multidisciplinary team approach, let us strive towards better education and empowerment of our patients in the management of their diseases. This will also certainly position Singapore better to become the regional centre of healthcare excellence.

DR CAMILLA WONG

President, Pharmaceutical Society of Singapore ■



Evidence-Based Medicine or Medicine-Based Evidence?

The term "Evidence-Based Medicine" (EBM) has been bandied about for the last decade or so. It has been used globally as the "in" way of practising Medicine.

As far as the scientific process is concerned, EBM seems to make the most sense in terms of giving the patients the best available treatment to treat their respective medical problems. In lay person's language, we doctors are using proven methods of treatment.

However, Medicine is not purely a science – many would agree with me that it is also an art. One hopes that with the use of EBM, physicians will not lose that extra touch of compassion that should come with healing the sick. Patients are not just subjects of scientific studies. They are human beings first, who happen to be sick.

Speaking from experience as a physician, a patient and now a pencil pusher, I notice that the art of communication between doctor and patient can potentially be lost. I hear of many complaints arising from either a lack of communication, miscommunication, or insensitivity in communication between the doctor and his/her patients. Have we become so evidence-based that we now lack the human touch when it comes to dealing with our fellow Man? Is the process of keeping the patient and his family involved in managing their own health so difficult, or has it just become a low priority in busy doctors' schedules?

Perhaps the "touchy-feely" aspects of Medicine are not emphasised enough in medical school. Communication, compassion,

and empathy are all important parts of the doctor-patient relationship. Oftentimes, harried doctors, jaded by the experience with upset patients and family members neglect to develop these "softer" skills of being a healer. Hard as it may be, it is time to take a step back and consider practising "medicine-based evidence" (to coin a phrase that I recently picked up while attending a very enlightening seminar) in concurrence with evidence-based medicine.

Instead of referring to a patient as a bed number ("Bed 12 needs a urine culture done.") or a diagnosis ("The Ca Liver needs a LFT done today."), we should refer to them by their names and remember that they are first and foremost, someone's mother/father/daughter/son. We should also remember that doctors are first and foremost, human beings. Somewhere along the way to attaining a medical degree and becoming a doctor, perhaps because we have focused so much on the evidence-based Science of Medicine, many of us have forgotten or lost the Art of the Practice of Medicine.

It is time that the Faculty members in the National University of Singapore consider including an extra module in the medical curriculum to "teach" and show budding doctors the importance of the softer and more human side of Medicine.

A SINGAPORE HEALTH ADMINISTRATOR ■

Professional Value of GPs

I not only agree with the opinion expressed by Dr Lee Pheng Soon on GPs' consultation fee of \$8 in the *SMA News* April 2005 issue, but feel that the professional value of GPs is markedly underrated.

The problem is historical when medical services were free. Since government health services began charging,

hospitalisation fees, including medication, laboratory, radiological, radiotherapy, chemotherapy and surgical operations have been progressively raised upwards substantially, especially the newer procedures like kidney, liver, heart transplantations and heart bypass, which have reached astronomical heights. This is because these newer

procedures are partly based on costing.

In comparison, hospital clinicians' consultation fees were established long ago and their contributions to healthcare are taken for granted with no proper evaluation of their professional expertise, which is often as dramatic as surgical interventions. It is no wonder GPs' contributions are very much underrated.

Dr Lee's concern is that the problem is partly the GPs themselves who undercut their fellow GPs with cursory clinical examinations for the sake of volume. Part of the problem is because there are too many GPs and competition from government outpatient clinics. But the solution lies

with the GPs themselves. If they decide to upgrade their practice – not necessarily with more postgraduate degrees – but by taking a careful clinical history and performing a more detailed clinical examination, their patients will appreciate it and would not mind paying a much higher consultation fee. They will also find their clinical practice more satisfying. When I was in practice, I charged much higher fees than most specialist clinicians but I strived to give of my best whatever the hour of the day.

DR CHAN KIM YONG ■

Footnote to “Show Me the Money”

I wish to emphasise that the over-riding intention of my story in the *SMA News* March 2005 issue was comic relief and thus it was written in a tongue-in-cheek manner. Whatever information contained in it with regards to the banking sector was and is not meant to be wholly representative of any particular institution or individual. My younger brother who was used as a plot

device in the story had no prior knowledge of its publication.

I regret any misunderstanding that might have resulted from this piece, which is above all, a commentary on life in medicine, rather than life in the financial services industry.

DR TERENCE LIM ■