By Dr Wong Chiang Yin, SMA President

Affording Quality

23 years ago, in 1983, I walked into my school principal's office with a schoolmate. We were there as representatives of the Student Welfare Council. We were supposed to look into the welfare of the students. This was before the days of pastoral care and student counselling. He granted us an audience. The prospect of meeting was a terrifying thought in itself, even if it was not for disciplinary matters. He was not nicknamed "Bulldog" (affectionately or otherwise) by his students for nothing.

The principal was a man from an era that prized principles over popularity. He cut an imposing figure, and could evoke submissiveness in the most rambunctious students. Educated at Oxford, he was a great educationist of his time and his command of the English language was legendary, as were his methods in dealing with wayward students. His entire life had been given to his alma mater, one of the most prestigious boys' schools in this country (if not the most academic, certainly the school that produced boys who were the most independent thinking and fanatical in school spirit), first as a student, then as an English and History teacher, and now finally as Principal. As an Oxford graduate of the fifties, I supposed he would have earned a lot more money if he had not decided to be a teacher. He was a paradox – a well loved and much feared principal all at the same time.

To boys who either had him as teacher or principal, for most intents and purposes, the school was him and he was the school. In my humble opinion, the school has not had a principal that better embodied the ideals of the institution.

Anyway, the two of us were there to inform him that we had managed to secure money to purchase air-conditioners for the classrooms from wealthy parents and wanted to ask him if he would consider letting the school accept the gift. (As 15-year-olds, you can be forgiven if you occasionally cannot draw the line between being independent-thinking and stupid.)

He was a man given to eloquence but on that day, he gave us a terse one sentence reply as he extended his neck slowly to bring his face to bear on the ceiling of his office, "Do ***you*** see an air-conditioner in ***my*** office?"

Our eyes followed his upward gaze. The ceiling fun was humming quite demurely as three pairs of eyes trained on it. As expected, after about two to three seconds of silence, we muttered "No, sir", stood up and meekly left the office.

End of meeting.

But we did manage to get mirrors installed in the toilets the following year, which was a major milestone for us.

Times have changed since then. Mirrors are now standard fittings in school toilets and air-conditioning has since become far more common in schools. Air-conditioning is something that carries a good deal of significance in Singapore. In fact, there is a serious book on Singapore called *Singapore, the Air-conditioned Nation*[1] by well-known local journalist/academic Cherian George that comments on the role of the air-conditioner in the socio-political and economic development in Singapore.

On 24 August 2006, *The Straits Times* reported in its front page that "The Health Ministry yesterday released data to assure Singaporeans that healthcare here has remained affordable."

Affordability, like its conjoint triplets – accessibility and quality, has always been a relative concept. We really cannot define affordability until we know what we are trying to afford. Healthcare policy, beyond the confines of maximising efficiency, is ultimately a trade-off between quality, affordability and accessibility. Accessibility is probably the easiest to understand and evaluate for the common folk. From a layman's point of view, quality, especially clinical quality, is the hardest and most elusive to assess.

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Quality as a management term is defined as "Measure of conformance of a product or service to certain specifications or standards" *(Barron's Dictionary of Accounting Terms)*. ISO 9000 defines quality as "degree to which a set of inherent characteristics fulfills requirements". So in a way, from a certain point of view, high conformance (that is, standardisation) with low specifications is better quality than low conformance with high specifications.

But to the average patient, quality means more than conformance or standardisation. It also means ever higher specifications that money and the latest technology can offer. And quality can mean anything from clinical quality to well, the 'service' quality of mundane things such as housekeeping and mirrors in toilets.

And all this – conformance with high standards or specifications of clinical quality and service quality come at a cost which must be affordable. But again we need to ask what we are trying to afford before we can answer the question on affordability.

According to data obtained by our Department of Statistics, the percentage of households with air-conditioning rose from 19% to 72% from 1988 to 2003. In the same period, the percentage of households owning a personal computer has increased from 11% to 70%. Since 1988, between 97% to 99% of households own television sets. Since 1993, when data was first reported, the percentage of households possessing a handphone has risen from 6.5% to 89%. This is real progress that any nation can be proud of.

On the other hand, it is notable that at least half of our population will end up in a B2 or C class bed when they require hospital inpatient care today. These B2 and C class beds, which make up at least 65% of all beds in public hospitals[2] , are not equipped with any air-conditioning while seven out of ten households in Singapore have air-conditioning. The patients in these B2 and C class wards will also have to share a television set with the rest of the ward in a common room and they will have to use cubicles in common bathrooms to address their toiletry needs.

I am not saying that we should air-condition all our wards and give each patient his or her own television set immediately. Indeed, in a world without means test, the effects of moral hazard (that is, "buffet mentality" – unnecessary utilisation of subsidised services) are very real. But this does throw some light on what we (both public and private spending) are trying to "afford" for inpatient care for the majority of our patients in public hospitals.

In the same vein, when we mention that primary care in Singapore is affordable, we need to consider exactly what we think should be "affordable" primary care.

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It would be remiss of me not to mention that that was the last year that principal remained with the school. He did not return as Principal in 1984 when school reopened. In his memoirs which he wrote in 2004, he recorded that he had been told he was no longer needed as Principal by the Board of Governors of the school once he turned 55. He also said that throughout his tenure, he found it difficult to report to two masters: the Board and the Ministry of Education. He did not throw more light on why this came to pass. But as old boys, we were later given to understand that he was unwilling to see the academic standards of the school compromised. It was my first encounter with political correctness triumphing over professionalism. And it would not be my last. When we returned to the school in 1984, the incumbent Vice Principal had to fill in temporarily as Acting Principal.

In 1985, they finally got an expatriate to fill the post of Principal on a permanent basis. In that same year, they also installed an air-conditioner in the Principal's Office.

1 September 2006, Teachers' Day. ■

Reference:

1. *Written by Cherian George, 2000, published by Landmark Books*
2. *Affordable Healthcare, A White Paper, MOH, 2003*