Why Parkway Must Not Fail

Sometimes when I talk to my specialist friends, I get a little disturbed. Basically, they fall into two camps – the first camp comprises the public sector specialists in the clusters and the second camp are the private specialists.

The first camp would complain that the private specialists are only interested in money and not professionalism. "How self-serving and militant private specialists can be, when they perceived that their practices were to be made more accountable. This behaviour could be seen in the recent CME incident with the surgeons," lamented one public hospital specialist to me.

On the other hand, the private specialists would complain to me how power-hungry and ivory-towered the public sector specialists could be. How these upstarts wanted to control and assess the private specialists, many of whom had been teachers of the public sector specialists. One old professor muttered, "Ingrates! How could they want me to keep log books! Wasn't it I who taught this guy how to do a 'lap-chole' when he was a trainee?"

All this divisive talk is terribly distressing to a peace-loving, fun-seeking, lowly GP Halfling like me.

I remember some years ago I had a talk with this senior orthopaedic surgeon. Believe it or not, he was first my surgeon (operated on me), then he became my tutor in medical school, and finally my boss when I became a medical officer in his unit. He told me that his mentor (the late GREAT orthopaedic surgeon whose name is now only mentioned with awe and nostalgia) told him that the greatest act a specialist can do, the most powerful weapon in a public sector specialist's arsenal – is to resign and go into private practice. It is only this one act that administrators truly cannot control. It is only this one act that when performed in sufficient numbers will threaten the life of an administrator who, for the most part of his life, is protected from the vicissitudes that the rest of the hospital clinical staff face and is not fearful of the specialist, whom he often perceives is a glorified technician working on human bodies, proud but shallow.

The public specialist can look at the hospital administrator and civil servants in the eye and not back off because he, unlike the administrator and civil servant, can resign anytime and go into private practice at Gleneagles or Mount Elizabeth and earn more money. He has real market value. Imagine if the specialist cannot do that. Do you think for a moment that the administrator will still be so nice to the specialist? Can you imagine how the administrator and civil servants will treat you if

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Parkway (and to a lesser extent, Mount Alvernia and RMG) did not exist? Life for the public specialist may not be so nice after all if private specialists did not do so well in the private sector.

On the other hand, the perception that private specialists are more experienced can only be so if most of the older public specialists truly do resign. If that is not the case, private specialists may not be able to charge the premium that they do. If the two sectors are truly two different and separate worlds with not many folks going from public to private, then this private sector premium may also cease to exist.

In the larger scheme of things, public or private sector specialists are interlocked interminably as one big family. They both need each other to further their own causes. The public sector specialist cause cannot be separate from the destiny of the private specialist. The best guarantee that the public sector specialists can continue to have bargaining power in the public hospitals is that the private sector flourishes. The day the specialist community is truly divided into private and public sectors is the day it is conquered. The late GREAT orthopaedic surgeon got this big picture years ago. And by the way, he stayed with the public sector all his life. ■