The EDITOR'S MUSINGS

Dr Tina Tan

Editor

Dr Tan is a psychiatrist with the Better Life Psychological Medicine Clinic, and a visiting consultant at the Institute of Mental Health. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.

Let me start with a mention of our Honorary Members and Merit Award recipients. The doctors accorded these honours are familiar to many of us, and well deserving of the recognition for their years of contribution and service. I'd like to thank all the authors who wrote citations for these distinguished physicians.

The bulk of this month's issue tackles a very dicey subject – the sustainable financing of healthcare, namely through healthcare insurance. We touch on topics of insurance, panel doctors, the use of third-party administrators (TPAs), as well as the economics of healthcare. In conjunction with these articles from well-respected doctors are Dr Jipson Quah's survey results on GPs' and specialists' perspectives of working with TPAs.

As a medical student, I had a simplistic understanding of healthcare financing. Subsidised patients in the public sector paid a small portion of their hospital bill, if at all, while the government footed the rest. Private patients paid out of pocket. But when insurance is involved, it's like entering a different world altogether – inclusions and exclusions (totally unrelated to diagnostic criteria), pre-authorisation, the list goes on. The economics are complex, with many sources of tension. Clients pay an annual premium for a policy with terms and conditions. Insurers manage risk and their bottom lines, and ensure premiums don't skyrocket. We as doctors have a duty of care to our patients, and want our patients to get the treatment they need without worrying about the bills. But many of us are policy holders as well, and we wince when our premiums rise. Inevitably, we will become patients too, and may need to depend on insurance payouts. Where do we find the balance amid all this?

I may not be a proceduralist, but I've spent my fair share of time writing medical reports for insurers. Issues tend to arise when claims are unexpectedly denied, and patients ask for our help. From the insurers' perspective, they might encounter difficulties if they find errant doctors "over-servicing", resulting in unnecessary admissions, tests and procedures. Might I suggest however, that while there may be rogue doctors, these are few and far between. There might also be the occasional rogue patient who pressures their treating doctor in order to make claims or avoid exclusions. In an ideal world, everyone plays fair. Unfortunately, our world is far from perfect. Healthcare and its financing are imperfect, and there is no current system of regulatory oversight to ensure everyone falls in line. This is in the works currently, and we sincerely hope an equitable system will be put in place to ensure fairness and build trust among all parties.

For this complex system to work well and remain sustainable, all players need to play their part and cooperate with each other. Doctors; insurers, TPAs and financers; and policy holders are each a leg on a three-legged stool. If even one leg breaks off, the stool collapses. And just remember who is seated on the stool and falls down as a result – the patient. That, could be any of us. ◆