The Pioneer Generation Package

– Implications for Good Medical Practice

By A/Prof Chin Jing Jih

THE RECENTLY announced Pioneer Generation Package (or "the Package") has generated much excitement and buzz. As the Package primarily fortifies healthcare benefits for a well-defined cohort of senior citizens, it has naturally generated much interest and discussions among medical practitioners and other healthcare providers. Will this cause a sudden swell in the volume of elderly patients seeking treatment in outpatient clinics? Will there be a surge in demand for expensive treatments, thereby increasing the MediShield premiums that younger working Singaporeans have to pay? What are the implications of the Package on medical practitioners' professional responsibilities?

Concerns about the Package

One of the concerns expressed was whether the Package signalled a shift towards "medical welfarism", but this is quite clearly disputed and dispelled by the key conditions of the Package itself. Firstly, it has been declared right from the beginning that the Package is a once-off gift, an act of appreciation and gratitude to a very clearly delineated cohort of senior citizens, in honour of their role in nation building. The number of individuals eligible for the Package is limited and does not extend beyond the predefined group. Secondly, while the Package is in some way a means to bridge the gap between financial realities and salary scales of yesteryear, and significantly higher medical costs today, entitlement is not based on any form of means testing. The Package is meant to benefit all those who fulfil the entry criteria, regardless of their present socioeconomic status. Another point to note is that while it does provide psychological relief to the children of pioneers who qualify for the Package, it is not intended to completely substitute family and children's obligations to provide for their parents. The long-held philosophy and fundamental principle of individual and family self-reliance and filial piety should and will continue to anchor our society's approach towards healthcare responsibility, despite the generosity of the Package.

In my opinion, the Package is also unlikely to cause a significant surge in healthcare demand. I know that many people may not agree with me on this point, but my experience of working with geriatric patients suggests that most seniors will not transform into hypochondriacs overnight just by the provisions of the Package. On the contrary, geriatricians and doctors who regularly provide medical care for seniors will probably agree that senior patients tend to resist treatment, and require a significant amount of persuasion before consenting to clearly beneficial treatments. Many of them decline treatment offered by doctors either because of concerns over the affordability of medical expenses or worries that the costs of treatment will eat away the inheritances that they hope to leave behind for their children. There are also those who fear surgery to the point of irrationality, and would stop seeing any doctor who tries to persuade them to undergo an operation. In general, seniors tend to avoid going to a hospital as much as they can. I therefore doubt that this phenomenon will be dramatically changed by the Package.

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There is yet another even more important reason why utilisation would most likely not escalate just because financial provisions have been enhanced. Let us not forget that unlike decisions on what and how much to consume at a buffet brunch, therapeutic decisions are guided by sound medical reasoning, and a professional conviction to act in the best interests of patients. Doctors must always ensure that the treatments they propose are of benefit to patients. Good medical practice and professionalism must prevail, with or without a Pioneer Generation Package. The enhanced benefits for pioneers simply mean that more patients are expected to accept appropriate treatment as they become more affordable, but utilisation is ultimately premised upon the profession's body of knowledge and the ethical behaviour of its members.

Other concerns have been raised as well. For example, some are worried that MediShield Life, being a health insurance that covers acute and catastrophic illnesses, will inevitably lead to a slant towards a contractual, rights-based posturing in patients. It is also possible that seniors or their families may demand for care with little regard for medical appropriateness. Indeed, we have seen countries where such behaviour, if left unmanaged, can lead to uncontrollable escalation in healthcare costs with no better outcomes. An unmanaged and irrational free-for-all buffet system for the healthcare sector is not where we want to go. It can only be avoided if doctors, despite a third-party payer system, acknowledge their professional roles and carry out their duties in ensuring that treatment decisions are supported by a combination of good evidence, sound

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judgements and cost-effective analyses. Doctors will have to continue taking the lead to help society and seniors discern what is medically appropriate and what is not. For this challenging exercise of resource allocation, our professional duties include providing the necessary input to help decide what should be included and excluded in a risk pooling model.

What the Package means for the medical profession

The Package gives doctors an opportunity to review our role in exercising ethical stewardship of healthcare resources made available to us. At a systemic level, we should advocate policies and practices that reduce waste and unnecessary medical interventions, while improving efficiency in areas of appropriate care. Most seniors prefer to age in place, rather than spend time in hospital and institutional care. Therefore, we need to focus more on primary and preventive care, and where possible, make available dollars pay for health maintenance at the primary and community care level, instead of paying for salvaging acute and catastrophic illnesses, which is far more costly and incur far more pain and suffering to patients. At the clinic and bedside, we should help patients select interventions known to be beneficial on the basis of its effectiveness, while we minimise the use of marginally beneficial tests or interventions unless there is no better option. When confronted by tests or treatments that will accomplish similar diagnostic or therapeutic goals, we should routinely apply cost-benefit analyses and make reasonable recommendations.

In helping patients to decide on treatment choices, it is also important for us to direct their considerations to the appropriate context, giving due consideration to their unique functional and social circumstances and statuses. We should be happy if the Package results in an increase in appropriate treatments (supported by legitimate medical indications) for seniors who have previously declined due to affordability issues. In addition to an increase in quality as well as quantity of life, such treatments may also have long term benefits for patients. For example, a total knee replacement in an otherwise healthy and independent senior who desires to be active again may now be less prohibitive in terms of cost. This will not only provide the senior with a new lease of life of enhanced quality, it may also potentially improve this senior's cardiovascular health as he or she becomes more active and mobile after the operation. This may potentially reduce future healthcare burdens on the individual, family and society.

On the other hand, it would be meaningless and medically inappropriate if the same total knee replacement was proposed for treating the osteoarthritis of a group of seniors who are permanently disabled, bed-bound and uncommunicative due to advanced vascular or neurodegenerative disease. Doctors must not shy away from providing professional leadership in setting goals of care that are consistent with the patients' best interests in the holistic sense. This involves going beyond compartmental and narrow interpretations of medical benefits to incorporate patients' values, their psychosocial well-being and potential treatment-related trade-offs.

The Pioneer Generation Package offers pioneers and their families peace of mind, and serves to frame a model of intergenerational compact consistent with our societal values and cultural roots. With a rapidly ageing population, it is also an excellent opportunity for doctors to take up the challenge of improving the health and quality of life for seniors in Singapore. As more resources are made available to healthcare, doctors must step forth and ensure that the resources are well utilised in a sustainable model of care, by appropriately applying our technical expertise, and holding fast to our principles of medical ethics and professionalism. ■

A/Prof Chin is President of the 54th SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.