On our own ... once more

A/Prof. Cheong Pak Yean, Editor

SMA News begins a new lease of life this month as a separate publication after being conjointly published with the Singapore Medical Journal (SMJ) for about three years. The reasons for the conjoint publication and now the separation are documented in an editorial of the SMJ April 2000.

We welcome a few new members to our editorial board. The board can now be said to represent the panoply of the profession, our youngest member having passed the MBBS this month and the oldest past the third decade of practice. The SMA News also has a face-lift as we brought in a new design team and publisher.

The regular items, lead story in front page followed by President's column would still be there. The third page would be used for commentaries to focus thinking on important topics or the Editorial. The important column, "From the Ethics Files" would alternate with "On Ethics and Professionalism". "Practice Matters" would delve into the nuts and bolts of practice. The SMA Council would periodically update members in "Council News". As the publication is for the whole profession, important news from institutions and other medical bodies would also be carried.

The humanistic side is represented by the features "On being a doctor", "Medical Students' Column" and the new "On being a patient", not just for patients but also for doctors who are also on the receiving side and would like to share their experience. The popular "Materia Non-Medica" would continue to be a regular feature. The Letter to the Editor section is now resurrected with a more trendy title, "Speakers' Corner" for any doctor with something to say. Columnists like Garfield and Hobbit have a good following and would be featured whenever these great minds are inspired to put pen on paper.

Our mission is for a publication that seeks to inform, to stimulate thinking and debate on health issues, to emphasise the quintessence of being a doctor and to be the crucible in which the profession's ethos, values and directions are forged and continuously refined. These are our hopes for this new beginning. ■

Commentary

Defining the Roles of **Restructured Hospitals and Polyclinics**

A/Profs Goh Lee Gan and Cheong Pak Yean

The SMA News have in recent months dwelt on the subject of returning the focus of healthcare to the GPs and operationalising healthcare. In the healthcare reform of the public sector, the role of restructured hospitals and polyclinics must also be re-defined in the context of our national defence system against ill health and disabilities.

THE HOSPITALS

Hitherto, the meeting of patients' and market demands has been an important agenda of our restructured hospitals. We should perhaps refocus these demands in the context of our national defence needs. Take Diabetes Mellitus and the case of Mr Moorthy as reported in the Straits Times of 7 February 2000 as an example. The Diabetes Centre in a tertiary hospital can be seen in the national context of having needlessly expended limited national resources on a patient where the GP rightly did not think an oral hypo-glycaemic agent was necessary in treating the mild Diabetes. Such centres should instead take leadership role in empowering other healthcare providers, both specialists and GPs by educating the patient on what is appropriate level of care. They should envision themselves as referral centres for complex and serious cases and return patients back to the community once these problems are settled.

Such a modus operandi of course cannot be done overnight and require a change of mindset of administrators and stakeholders. In other words, such centres should shift to being national secondary and tertiary centres. Their goals should be targeted at achieving national benchmarks such as reduced amputations due to diabetic gangrene by working closely with the other health care providers. Supra-ordinate goals rather than meeting demands of individual patients should be its focus in the national defence system.

The empowerment of GPs through effective training and reinforcement should also be a primary role of both hospital doctors and administrators in the new order. Without empowering the GPs, step down care cannot be achieved and so the hospitals' fundamental mission of looking after the more complex and seriously ill patients cannot be discharged.

POLYCLINICS

There has been debate about dismantling the polyclinic system because the need to provide heavily subsidised healthcare services to the indigent is now reduced because of our economic development. The polyclinic system should be kept to perform two new and two vital roles. The service role to the indigent can still be provided with means tests to ensure that the truly indigent are not edged out.

The first of the two new and vital roles is that they can serve as secondary centres to support primary care activities. Doctors with the Master of Medicine in Family Medicine, general physicians and surgeons can provide referral services to GPs and other doctors so that only appropriate cases are referred to tertiary hospitals. More expensive resources such as retinal cameras can be centralised in polyclinics for the diabetes share care

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