Our readers share their thoughts on articles in the May issue. *(Also see "The Bad Old Days Relived" on pg.19)*

SINGAPORE HEALTH SERVICE – QUO VADIS

Usually I just browse over the SMA News and then confine it to the standard receptacle. However the two by-lines entitled "SARS and Shorvon: The 2 S by Dr Tan Wah Tze and "Taking Care of Ourselves" by Dr John Chiam intrigued me so I read the contents.

I cannot agree more with what is said and the two young doctors have hit the nail on the head. For years, doctors in the public sector have known what ails medicine in Singapore i.e. resources are spread too thin and doctors, nurses and other healthcare professionals are asked to work extraordinary long hours to deliver the sort of care Singaporeans expect. Medicine is no longer a calling, it is part of the global market-place. Doctors are ranked according to productivity i.e. the number of cases they see each session. I can remember that a particular doctor was praised in the print media because he sees about 40-50 patients each morning. Personally, I would be terrified to see such a doctor. Also from what I hear, departments in hospitals are treated like football clubs and heads have to keep "score-cards" of individual doctors. Talented doctors are "transferred" to the highest bidder, just like David Beckham. How are we going to build organisational loyalty under such a mercenary atmosphere?

It pains me to see that it took a tragedy like SARS and the deaths of a number of healthcare workers, including my good friend Alex, to bring this into the open. However, there is light at the end of the tunnel and the medical fraternity will be heartened by the remarks of the incoming Health Minister who has vowed to restructure the health service and that the public hospitals need "to put its act together". We can be assured that when all the banners are folded and all the cards are stored, the light at the end of the tunnel is not an oncoming train.

PROF FENG PAO HSII
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MANAGING EXPECTATIONS

I am sitting here in the relative safety of the Midwest in the United States, from SARS that is; the other threat is still quite ominous here, judging from the security checks I had to endure over the Memorial Day weekend just past. While I cannot claim to fully comprehend what my colleagues have gone and are going through in Singapore, the feeling that one's kindred being in distress cannot be denied.

As I try to keep up with news from Singapore with whatever source I can get my hands on, I read with interest the articles "SARS and Shorvon: The 2 S" by Dr Tan Wah Tze and "Taking Care of Ourselves" by Dr John Chiam in the SMA News May 2003 issue. I cannot agree more that SARS has really exposed the chinks in the healthcare system in Singapore. A lot of mindsets have to be changed if we are to progress from the current practice of First World medicine delivered in Third World circumstances, while surrounded by hotel-like physical facilities.

The root of it all, I believe, is money. Not only from the government, but from the patients as well. The health of our people is as important an investment as our education or security. We seem to take pride in having a world-class healthcare system on the cheap, with the government spending less than 5% of our GDP on health and most people not even including potential health expenditure in their family budgeting. Something must be amiss here, for then, who is paying for our healthcare?

In the ideal setting, whether in a GP clinic, or in the A&E of a public hospital, the doctor would like to be able to spend a good deal of time to get a complete history, perform all the appropriate evaluation and discuss all options, including the latest innovations, with the patient and his/her family; and then act on the informed decision of the patient. This will require certainly more time, medical manpower and resources than is possible now. Everyone involved has to come to some sort of agreement as to how much money this is worth, provided everyone thinks that this is what they want. SMA certainly has a role in this, with its "Guideline on Fees" publication. A recent move to itemise the bills of restructured hospitals is also a positive step.

However, I would urge the powers-that-be to go one step further to avoid a meltdown should more assaults on the system occur in the future. That is, we should spell out to everyone what is actually the "basic medical care package" as stated in the White Paper on affordable healthcare. This is what every Singaporean has a right to, and what the restructured hospitals should deliver. What is nice to have, the "bells and whistles" which one restructured hospital is trying to "advertise" after another, should be stated as so – something which is not a basic right but you will get if you decide you want to pay for it. For example, a stainless steel hook construct in the back will correct scoliosis, though not as well as an all-titanium screw-construct, the former will do the job. SPELL IT OUT, this is what I am saying. This is your basic right, delivered to you and subsidised heavily. It is adequate i.e. you won't die and most likely will get well according to the severity of your condition. You won't pay as much but your butt might have to suffer a bit in the waiting room.

In summary, what I am actually saying is that to effectively manage costs, first, manage expectations.

DR YUE WAI MUN
Past SMA Honorary Secretary (2000-2002)

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◀ *Page 16 – Letters To Editor*

DO HOSPITAL ADMINISTRATORS NEED TO BE DOCTORS?

I read Dr Tan Wah Tze's comments in the SMA News May 2003 issue ("SARS and Shorvon: The 2 S") with mixed feelings. While I agree with much of what he says, I was disturbed by his trenchant view that the "source of the problem lies in the fact that non-doctors are running our hospitals" and that lay person administrators managing the hospitals was akin to a blind man giving directions to a racing car driver.

The fact remains that most of the public hospitals have physicians at the helm and that doctors assume certain key positions within the administrative hierarchy. However, distinguishing doctors from non-doctors is divisive and ultimately benefits no one. What is important is that the job is done and done well, regardless of who does it.

Historically, doctors have managed the healthcare system but over the years, the dearth of physician administrators has led to non-physicians increasingly moving into hospital administration and public health. This is not necessarily a bad thing as a diverse pool of leaders brings different perspectives and sometimes a breath of fresh air. In the US, the domain of public health is shared fairly equally between physicians and non-physicians[1].

The crux of the matter is whether administrators have the requisite skills to effectively manage hospitals and set public health policy. In this aspect, a medical background is probably helpful but not essential. Medical care is only one facet of running a hospital, and prior experience in logistics management, human resource, budgeting, etc., is also important.

I appeal to the powers-that-be to appoint CEOs and other key personnel on the basis of managerial experience and talent, and not on seniority or personality. It would be prudent to groom potential administrators from an early age so that they will be well-equipped to consider every facet of patient care and hospital administration when they finally assume key appointments. In the same way that clinical acumen takes decades to hone to a fine edge, it is a long process to develop the necessary administrative and management skills necessary to be an effective and respected leader. As Singapore faces increasingly difficult challenges in the health arena, it is imperative that we prepare our future leaders appropriately.

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Note:

[1] *In the Johns Hopkins School of Public Health, physicians make up less than half of the Masters of Public Health.*

The following letters are in response to the Ministry's SARS preventive measures

With reference to the letter from Dr Lee Pheng Soon, asking us to refer to the letter from DMS dated 16 May 2003 (MH34: 24/6 – 28), "Supporting the Fight Against SARS", I'd like to share some concerns:

1. MOH has come down very firmly on the private sector to practise strict infection control measures. Such measures include reducing the risk of cross-infection between hospitals. Hence, the private specialists have been stopped from treating in-patients in more than one hospital.
2. The SMA & DMS letters were addressed to "all members", inviting them to offer their time and services (either in full or in part) to the public sector. I presume this includes all specialists.
3. This is in obvious contradiction to all that we have done so far in attempting to limit the spread of the disease. Doctors who offer part of their time in the various public hospital A&E departments, inpatient wards and even performing clinical audits in more than one hospital, can technically catch the bug and bring it back to the private sector.
4. The letters imply that the private sector is under less strain than the private sector. The truth of the matter is, all of healthcare is under strain. My own experience is that we have had to keep "clean" teams operationally ready at all times so as to replace teams that may have treated SARS patients, even if they were protected at that point in time. Whilst "irrational", the public actually demands it.
5. The solution is not to re-deploy doctor resources. We already know and accept that the healthcare service must, at least for the interim, operate inefficiently where human resources are concerned.
6. The solution to relieving the strain on the public sector is to shift the load of patients to the private sector and ensure that patients do not "jump" from hospital to hospital.

DR GOH JIN HIAN

I am quite disappointed with the way the Ministry of Health is conducting the SARS prevention in private clinics and the auditing measures relating to it.

As you already know, on 12 May 2003, more than one month after the SARS outbreak in Singapore, someone high up in the Ministry decided to start SARS prevention in private clinics. Within ten days, they expected all clinics to have the preventive equipment such as surgical masks, N95 masks, thermoscans, goggles, protective gowns, visitor book, etc., in every clinic. During these two weeks, thousands of private doctors all over Singapore had to scramble all over the island to get these equipment. The situation certainly became chaotic. Many suppliers ran out of thermoscans, goggles, masks, etc., and SMA also put up a notice that no N95 masks were available. Some merchants took the opportunity to push up the price. Some merchants might have supplied substandard goods. It was almost impossible for individual doctors to have quality checks. By using masks and gowns below the necessary standard, it might give a false sense of security and render the whole exercise useless.

Furthermore, private clinics were pressurised by frequent visits from the audit people to get these equipment and procedures ready. Even though I explained to them that stocks were not available, I still received a warning letter from the Ministry, demanding a reply from me within four days. They sent a letter dated 27 May 2003 and demanded a reply on or before 31 May. As high-ranking officials, they stayed too long inside their hard bureaucratic shell, and lost touch with the outside world.

I would like to request you, as representative of Singapore doctors, to reflect to them what is the right approach to this problem, for the sake of our country. To start off, these high-ranking officials should not just sit on their bottoms and make demands. They should come out to source the materials required, for SARS prevention, do all the quality checks, and standardise the price, at a national level. When these items are ready, dispatch them to all the clinics as soon as possible, and conduct weekend courses to instruct doctors how to carry out these prevention measures. One week later, they should then do the audit to check whether they are carried out. Better still, they should have taken out some of the money we paid for clinic licensing to buy these equipment and distribute the first supplies to us free of charge, instead of just paying fat salaries for themselves.

I have written a reply to the Ministry advising them to be more proactive. However, I am afraid that these high-ranking officials had so much red tape covering their eyes, that they need more push to see the real world. Kindly take measures to advise them so as to make SARS preventive in Singapore more efficient.

DR WONG KAI SANG

I was rather disappointed with the MOH letter from DMS dated 16 May 2003 (MH34:24/6-28), "Supporting the Fight Against SARS". Why must MOH resort to this while they overstretched themselves by starting more and more night clinics?

Don't you think it is wiser not to have the night clinics and MOH should focus their efforts and expenses where manpower is really required? The current outcome should have taught us a lesson into not duplicating efforts and existing setup and wasting precious resources of the nation which was mentioned in the SMA's white paper last year.

DR LEE YIK VOON ■