

Cheap and Good

By Dr Daniel Fung, Deputy Editor

When I first heard that the public hospital system was being revamped into two main clusters, I was in Toronto sipping my favourite cup of Tim Horton's, a local brand of cheap, affordable coffee that epitomised cost effectiveness: it kept me awake, was acceptably fragrant and among the cheapest in town. Alternatively, I could have chosen a cup of Starbucks, a foreign (from our rich neighbours, U.S.) brand which costs a dollar more.

This set me thinking about the problem of competition. It is a real issue as we move into an era where our competitive edge is, literally on an edge. Our neighbours with more land, more people and much more water, are moving forward with greater vigour than ever before. Even the medical fraternity in the region sees themselves as building up infrastructure to rival our hope to be a medical hub. Does this mean that we are losing our ability to compete and produce the goods in an ever changing landscape that demands constant coping with the challenges? Yet, there are a number of articles that have been appearing in our pages lamenting how young doctors have to meet the greater demands of patient work. Instead of thinking how we can improve the working conditions of doctors alone, I propose three changes of mindset.

COOPERATIVE COMPETITION

The cluster system has made our hospitals compete at every level. Suddenly, everyone is talking about my cluster or your cluster. It was no wonder that one of the jokes going around in May this year was that the new Minister was working with a third cluster (the SARS cluster). As doctors, healthy competition was fast becoming unhealthy rivalry. Let us take psychiatry as an example: we have about 100 qualified psychiatrists in Singapore, yet every hospital is trying to employ their "own psychiatrists", resulting in shortage of psychiatrists in unpopular areas such as working with severely mentally ill patients with forensic problems at Woodbridge Hospital.

How then should we think of cooperating in a competitive environment? The first step is to understand the rationale for competition. One way is to see it as a means to bring costs down. This is essentially an economic principle of supply and demand. If the supply of doctors' services is increased, prices will be competitive to match the improved supply. But this will only work as long as competition does not



create demand. The practice of medicine isn't like running a business. It is based on the trust that doctors engender from their patients. For example, we can start telling people that a particular treatment or

intervention will boost a child's immune system or intelligence, and very soon, we can create demand for the particular treatment or intervention. That is why we are a profession and we owe it to ourselves to rigorously ensure that we do not fall into such a trap, no matter how attractive the financial rewards.

So, instead of simply setting competition as the benchmark for development of medical services, we should look at ways to draw on strengths from each institution and cluster, and provide a wide range of services that are of reasonable costs. I am less inclined to consider cost issues without emphasising the issue of quality and compassion, which brings me to my next point.

CONTROLLED CREATIVITY

At first look, this may seem like an oxymoron. Creativity, by its very nature, implies a free for all, naturalistic pursuit of ideas and ideals. But when we apply it to competition, it has to be carefully managed. If we want doctors' services to be cheap, would we also want doctors to cut corners and use inferior materials to save costs? Creativity in such competitive situations can make the business-minded think of cheaper alternatives (like employing cheaper foreign staff), or to focus on services that increase revenue production, at the expense of costly, yet necessary basic services where there is little money to be made.

On the other hand, creativity when harnessed to work out new procedures and approaches to disease, may help solve problems in novel ways. Such creativity is best developed in a research-oriented environment. I was talking with an old doctor friend the other day as we sat at the back, during a ceremony in which a local bank was donating a large sum of money towards research. He told me candidly that he was going overseas to complete his PhD because the training in research would enable him to stay relevant and useful in public service. This is why research is so important, not just to produce ground breaking discoveries, but to improve the quality of care and possibly to develop cost-effective



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– but mostly by having children (especially when all five are together).

His wife and constant companion, Joyce, makes sure he is down to earth and does not rest on his Laurels (and Hardys).

treatments that help our people improve the quality of their lives.

Medicine is a compassionate profession in which we want to help people who are less fortunate than ourselves and should not be solely self-serving for profit-making ventures. By engaging in research and providing opportunities for doctors to do research, we will allow two things; one is to give doctors time to breathe (because we need time to think and make hypotheses), and secondly, it channels creativity in a healthy, altruistic way.

SUCCESSFUL FAILURE

I am always haunted by the quote that I most frequently give: not every successful man is a father, but every good father is a successful man. Success is based on perspectives. As a father, success to me means that I should raise my children well, so that they feel good about themselves, have good moral values, are independent, and have compassion for others. But that is just my perspective. Some other parent may see success in making sure their children attain perfect scores in their examinations and finding the best jobs.

The national obsession to be the best (or within the top ten, if not the very best) is reflected daily in our newspapers. I remember how a reporter once asked me during a press conference announcing a scientific meeting, whether we

were going to give a list of the latest discoveries (and in essence show why we are so good). Why is it that we do not have media topics on what we are bad in? I must qualify that the media does report quite a bit about doctors who break the law or become involved in scandals, but that is the subject of another article on doctor-bashing.

Medicine is a profession that can ill afford mistakes especially if lives are involved. But mistakes are made because humans make mistakes, and when I last checked, doctors are human. If mistakes are being made, we should not sweep them under the carpet. Instead, we should consider how to learn from our mistakes. Instead of just punishing a doctor with a suspension or a fine, the Singapore Medical Council could impose a period of retraining. Let's take the recent example of a surgeon who over-prescribed benzodiazepines. Perhaps, he could be made to attend a course on the correct use of sedatives and their dangers. Doctors who are suspended can be asked to attend training during the period of suspension. Failure is the best way for learning. Successful failure is about rising from our mistakes and misdemeanours, and becoming better and more resilient.

Well, that's my two cents worth of thoughts for the New Year. I think I shall go for my cup of Starbucks now, since I have no cheap and good alternative. ■