

Public Transport and Public Health

无料 and 有料

An earlier speech in Parliament by Acting Health Minister, Mr Khaw Boon Wan when he was the Senior Minister of State for Trade and Industry, is a very reflective one. He is obviously no neophyte to health, having run some of the largest restructured hospitals in the eighties. He drew a comparison between patients aspiring for better healthcare and public transport users expecting better service. He stressed that there is no free lunch and more or better service comes at a cost that must be borne by the patient / consumer, either in terms of higher taxes or higher prices. The latter, he argued, is more reflective of consumption and costs and more prudent in the long run.

The Japanese language in its written form is a very difficult language to learn. It has three scripts: about 50 phonetic letters in the Hiragana Script for local words, and another 50 in the Katakana Script for foreign words absorbed into the Japanese language. On top of this 100 or so letters, words can also be written in Chinese! Chinese words are called Kanji but they are read in Japanese phonetics. I am no expert in Japanese but the Kanji for “free” is 无料 (“*wu liao*”), and for “paid” is 有料 (“*you liao*”). This is compared to the actual Chinese / Mandarin terms of 免费 and 收费 (“*mian fei*” and “*shou fei*”) for “free” and “paying” respectively. 免费 means “waive fee” and 收费 means “collect fee” literally.

I think these Kanji terms of 无料 and 有料 if read in Chinese (and especially Cantonese – “*mou liew*” and “*yow liew*”, and Hokkien – “*boh liao*” and “*u liao*”), tongue-in-cheek, correctly reflect the spirit of what Mr Khaw was talking about.

This is because the Chinese / Mandarin / Cantonese / Hokkien terms describe the payment aspect to the consumer, while the Japanese Kanji terms focus on the value / substance of what is offered.

The term “*wu liao*” in Mandarin generally means “no ingredients” or “no substance”. For example, a bowl of noodles with nothing else is described as “*wu liao*”. A hawker overly stingy with *char siew* and *wanton* when preparing a bowl of *wanton* noodles may be met with the complaint that his noodles are “*wu liao*” or “*mou liew*”. A bowl of noodles

generously endowed with *wanton* and *char siew* is “*you liao*” or “*yow liew*”. These terms are further developed upon in the Cantonese dialect. A person who is an expert in his field is also called “*yow liew*”, and a person who knows little about a field that he is supposed to know is called “*mou liew*”. “*Mou liew*” is a derogatory term in Cantonese when used on someone, as that person is basically deemed to be incompetent. In Hokkien, the translations are “*boh liao*” and “*u liao*”, and have similar inferences. For example, “That consultant doesn’t know anything – very ‘*boh liao*’”, and “Although he can’t speak well, he actually knows a lot – a ‘*u liao*’ person in disguise!”

Taking this logic further, the two extremes of “*wu liao*” and “*you liao*” will be separated in the middle by a spectrum of 少料 (“*shao liao*” – “less ingredients”), and 多料 (“*duo liao*” – “more ingredients”), commensurate with the extent of self-payment.

Taken in this light, patients and consumers should take heed that paying is in their interests. Should you pay more and get public transport and healthcare that are rich in substance and competence? Or do we go for less and less self-payment? The result may be care and service that are lacking in substance and skill.

Perhaps Singapore should also learn something from the Japanese’s focus on substance / value instead of always looking from just the price / payment angle.

All this “*liao*” talk is making me hungry. Anyway, it’s time for dinner. I think I will go down to my favorite *mee pok* stall where I will upgrade the standard S\$3 bowl to a S\$4 bowl with extra noodles and minced pork – 加料 (“*jia liao*” – “add ingredients”, or commonly “*gar liew*” in Cantonese and “*geh liao*” in Hokkien).

One last word: if people accept that “*geh liao*” at a hawker stall costs more money and will pay without complaint, why can’t the same people accept this similar principle of “*boh liao*”, “*u liao*” and “*geh liao*” in healthcare?

With apologies to people who really understand Japanese, and also to those who puritanically support the Speak Mandarin Campaign. ■