

10 Questions Hobbit Would Like to Ask Ms Salma Khalik



The recent articles by Ms Salma Khalik: “Doctors not swallowing the bitter pill” and “MOH to stop docs from selling drugs” on 9 and 1 January 2005 respectively are articles of the same high standards as we have learned to expect from her.

But let us do something new for a change. Instead of Ms Salma Khalik always doing the questioning as a reporter, Hobbit would like to turn the tables a bit and ask her some questions.

Where are “the plans” and a 3000-strong doctor lobby that can influence government?

Ms Salma Khalik claimed that there is an impending and definite, albeit long-term, move by the Ministry of Health (MOH) to remove dispensing rights from doctors. Furthermore, she implies that an *effective* lobby of 3000 private practice doctors exists in Singapore: “The strong doctor lobby here looks set to kill the move even before the idea can be fleshed out.”

Firstly, no such lobby exists in Singapore. Secondly, even if it did, it cannot be effective. The suggestion that the Singapore government yield to a lobby of 3000 private practice doctors against what the government views to be in the best interests of Singaporeans is just deliriously preposterous.

Just like the world is still waiting for America to discover “Weapons of Mass Destruction” in Iraq, we would like to ask Ms Salma Khalik: “Where are ‘the plans’ you keep talking about?” and “Do you have documentary evidence of these plans, for example, some MOH paper detailing these ‘plans’ or at least discussing separation?”

More importantly, where is the proof that a lobby, and an effective lobby at that, exists that can scuttle MOH’s plans?

How did Ms Salma Khalik interpret DMS’ words?

In direct response to Ms Salma Khalik’s article on 1 January 2005, the Director of Medical Services (DMS), Prof K Satkunanatham took the unprecedented move to circulate the minutes of the 1 December 2004 meeting between Ms Salma Khalik and himself to **ALL** doctors. The proceedings of the meeting were to have been the basis for her reporting.

This move by the Ministry is highly significant and represents more than an oblique lament that she had grossly mis-communicated the proceedings of the meeting. The laxity in the interpretation that she practised was sufficient to trigger

such an official profession-wide clarification. The official minutes of the meeting recorded six items brought up during the interview by Ms Salma Khalik. Item 5 concerned drug dispensing. The Hobbit reproduces this item here in its entirety: “On the separation of drug dispensing from the practitioner as in developed countries, DMS said that it would not happen soon in Singapore. It would take some time before doctors in Singapore appreciate the benefits that such a system would bring to their practice.”

In the cover note to the minutes, the DMS further clarifies: “From the Ministry’s perspective, the item (5) is not of immediate concern. I do not wish to be drawn into a debate with the press and lose our focus...that is why I have decided to write to you directly to explain our position.” He adds as a closing remark: “I will strive to mend any damage done to our trust so that we can work together to serve our patients better.”

It is therefore plain to see that the reporting by Ms Salma Khalik was so pernicious in nature that trust between the Ministry of Health and the medical profession could be eroded. Does “it will not happen soon” equate to “it will definitely happen in the future”? She writes on 1 January 2005: “Singapore *is slowly moving towards* separating a consultation with a physician from his selling the medicine he prescribes.” In an email dated 30 December 2004 to several leaders in the medical profession asking for their opinions, she claims: “Singapore is moving towards separating consultation from the sale of drugs – the way it is done in most developed countries – but that the move will be gradual, as it affects doctors’ rice bowl. *But separation will come.*” On 9 January 2005, she further writes: “A *move* to separate consultation....” and “the Health Ministry’s *plan* to stop doctors from selling medicine”. To the reasonable student of English, the words in italics denote something definitive and impending when it is clear from the Ministry’s correspondence that nothing firm is on the cards. By what rules of the English language did she interpret the DMS’ words to such an outcome?

Who has primacy in Singapore in determining the agenda – Singapore’s government or the reporter?

The Hobbit would like to add that four of the other five points in the minutes released by MOH received longer recordings in the minutes than item 5. Yet, Ms Salma Khalik has chosen to only talk about what was a minor subject discussed during the meeting in her 1 January 2005 report.

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She has ignored the other five items that were discussed during the meeting in MOH. We can only surmise that item 5 was the only thing on her agenda while all the others were not.

The Hobbit is a great fan of our Minister Mentor, and she would like to draw Ms Salma Khalik's attention to what Minister Mentor said: "Freedom of the press, freedom of the news media, must be subordinated to the overriding needs of Singapore, and the primacy of purpose of an elected government." (From *Third World to First – Memoirs of Lee Kuan Yew*, page 218.)

However, as we can see from her articles in *The Straits Times* on 1 and 9 January 2005, by choosing to only highlight one item to report on (and out of context as well), and deliberately ignoring the other five, she had chosen what to report and how to report with scant respect for the government's agenda. So Hobbit's question to Ms Salma Khalik is: "Who has primacy in dictating the agenda for healthcare in Singapore, Ms Salma Khalik or the Ministry of Health?"

Why Zimbabwe?

Ms Salma Khalik has also seen it fit to apply studies conducted by Danish pharmacists on Zimbabwe to Singapore. What are the similarities between Zimbabwe and Singapore? An experienced health journalist like her would surely know that health economics and policy research is largely based on local demographics as well as socio-economics and political factors. Unlike clinical and scientific research, conclusions reached in health economics and policy research cannot be easily applied across cultures, governments and countries.

For the avoidance of doubt, the Hobbit will offer her as well as *SMA News* readers some facts about Zimbabwe and Singapore, to illustrate the relevancy of the journalism that Ms Salma Khalik is dishing out to *The Straits Times* readers.

(From *World in Figures*, published by *The Economist*, 2004 Edition.)

Parameter	Singapore	Zimbabwe
Area	639 sq km	390, 759 sq km
Population (millions)	4.1	12.9
Human development index	88.5	54.8
GDP per head (US\$)	20,850	700
Health spending, % of GDP	3.3	7.3
Life expectancy:		
Men	75.9 years	33.7 years
Women	80.3 years	32.6 years
Doctor per 1000 population	1.4	0.1
Hospital beds per 1000 population	3.6	0.5
Computers per 100 household	50.8	1.2
Annual average % increase in real GDP, 1991 – 2001	6.9	0.1
Corruption perception:		
Index	9.3	2.7
World ranking	5	71

So Hobbit asks Ms Salma Khalik: "Why Zimbabwe?"

The later article by her colleague, (Dr) Andy Ho, quoted solid examples from Korea, Taiwan and Japan, places that are more akin to Singapore in terms of culture, economic development and quality of medical services. The Hobbit has faith that *The Straits Times* reader should have no problems in seeing which examples are more relevant.

Why generalise?

Ms Salma Khalik likes to quote the case of Grace Polyclinic, which included a handful of unethical doctors (already dealt with by the Singapore Medical Council). From there, she generalises that dispensing rights should be removed from the whole profession to protect all patients in Singapore. This is an unnecessary generalisation. Stereotyping and generalising can be very painful experiences for the vast majority who do not fall under the original criteria or description.

To illustrate the point, Hobbit would like to ask Ms Salma Khalik: "Does it mean that just because one family member has been convicted for drunk driving and banned from driving, we ban the whole family from driving? If not, why generalise?"

Why target private sector specialists now when the whole story started with a few rogue GPs prescribing addictive drugs indiscriminately? Just because they earn more money or because Ms Salma Khalik has extensive evidence that private sector specialists also prescribe addictive drugs indiscriminately?"

We will now move into the main thrust of Ms Salma Khalik's arguments. The original premise for her alacrity to support a call for separation is to deny doctors the opportunity to earn money from dispensing. She supported this with the case of the GPs of Grace Polyclinic. She now confesses that she is alone in this cause because the patient of the GP will not accept the complicated logistical requirements that go with separation, not to mention the probable additional costs. She then proposed that barring GPs from dispensing addictive drugs would suffice since they make between "\$10,000 and \$20,000 a month". Instead, the authorities should now train their guns on the specialists in private practice, those who "easily earns four times that, with top earners raking in more than \$300,000 a month". The Hobbit is quite confused at this turn of events. What was started off by Ms Salma Khalik as an act to protect the patient from unscrupulous GPs profiteering, turned into protecting them from GPs prescribing addictive drugs, and has now turned into a crusade against the high-earning specialists. We are confused because specialists have not been known to prescribe drugs, whether addictive or otherwise, indiscriminately, and the real high-earning specialists make most of their money from procedure fees, not drugs.

So, are we targeting these specialists who "make the big, big bucks" because they prescribe indiscriminately, or because "heck, we just don't like them earning so much, whether they earn it ethically or not"?



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How come patients of private specialists do not get medicines from pharmacies when they are a few steps away?

It is also interesting to note that these so-called specialists that earn “big, big bucks” work in private hospitals with large well-stocked hospital pharmacies. Patients can easily walk a few steps to these pharmacies and get their prescriptions filled, but the majority of them do not. Why is this so?

Why the double standards?

We go back to the centre of healthcare – the patient. The centre of healthcare is not what the doctor wants to do or what Ms Salma Khalik feels is best. Today’s system affords liberty of choice to every patient. Every patient exercises his choice to use the dispensing channel that he feels is best for him. This is supported by the principle of patient autonomy. What she is proposing is the removal of patient autonomy – the right of the patient to choose. While she is comfortable in exercising considerable liberty in the interpretation and reporting of what actually transpired between her and Ministry of Health, she is at the same time quite bent on restricting a patient’s liberty of choice.

The Hobbit finds this double standard on her part quite simply disturbing and asks her: “Why the double standards, Ms Salma Khalik?”

Who’s against whom?

Back to the case put forth by Ms Salma Khalik. The letters written by lay persons and one doctor, which were published in *The Straits Times Forum* on 5 January 2005, quietly suggest that Ms Salma Khalik’s call for separation has not received much traction. Even she admits it is going to be tough as it may be “politically untenable” and “patients too oppose it”. Perhaps it is not a case of the government (“knuckling under pressure”) against the “self-serving” medical profession (“attack against their income”), or tension between the people and the government (patients against the government’s plan for separation as even “assurance that such a move will see pharmacies popping up at every neighbourhood seems unlikely to sway them”). Could it be that the main reason that her ideas have had little purchase on the mindshare of others is that the ideas do not serve the best interests of real stakeholders in the issue: the patients, the government, and to a far lesser extent, the paltry 3000 private practice doctors, and all the three parties have collectively aligned interests to keep the status quo? So who is against whom here?

Does Ms Salma Khalik fill her prescriptions at pharmacies?

The real crunch question, ma’am. It may seem highly personal and not appropriate to be tabled before all SMA members. But since you made this a public issue first, it is only fair comment that the Hobbit asks you to let the folks out there

know whether you practise what you preach (or the minimum: you *definitely intend* to practise what you now so strongly advocate).

We can only speculate. But it is a reasonable speculation that even Ms Salma Khalik falls ill from time to time, and she also consults a GP. So, does she take the prescription from her GP and go to get it filled at the pharmacy and not at the clinic? Will she permit her GP clinic to examine their records and publicly confirm that she has not collected her medicines at the clinic? If she indeed gets her prescriptions filled at pharmacies, kudos to her and the Hobbit salutes her unreservedly. If not, then, why not?

Even if she has been taking medicines from the in-house dispensary from the past, we doctors are a forgiving lot – so we forgive her. But going forward, she should at least give a public undertaking that she will only get her prescriptions filled at a pharmacy from henceforth.

After all, Ms Salma Khalik, if separation of dispensing from prescription rights is such a great idea, should you not stand up and be counted right away, and start the ball rolling at the personal level? ■

Did they really say that?

“This is a very serious allegation of misconduct against a profession. (An investigation) will prevent a misunderstanding that this allegation... has (any) factual basis.”

– Dr LEE PHENG SOON, President of the Singapore Medical Association, on a Straits Times story alleging that some doctors deliberately administer lower-than-optimal drug dosages simply for crass profit. He called for detailed evidence to be provided to the Health Ministry to verify such misconduct.

SMA President, Dr Lee Pheng Soon, comments on the above quotation which appeared in *The Sunday Times* on 16 January 2005.

“The allegation that concerns the SMA, is not about doctors using lower-than-optimal doses. It was about doctors using **sub-curative (that is, ineffective) dosages, deliberately and for profit.** The allegation being made against the medical profession is therefore much more serious than suggested by the comment made in *The Sunday Times*

of January 16. It is to these more serious allegations that we are waiting comment from the editors of *The Sunday Times*, and its Health Correspondent.”

