# Highlighting Health

***Editorial note:***
*The following are highlights from Nominated Member of Parliament (NMP), Dr Tan Sze Wee's speech in Parliament on 19 January 2005.*

In his first speech in Parliament, NMP Dr Tan Sze Wee addressed several issues, including the importance of skilled human resource for the biotechnology industry in Singapore, and the inculcation of volunteerism and values in our youth. Dr Tan also spoke extensively on health issues.

TAKING CARE OF THE POOR

"Moving on to health issues – Minister had mentioned that in the coming year, introducing the means test for inpatients would be a priority. I support this. Subsidies must go to areas of greatest need. Without a means test, this would be quite impossible because those who actually do not need subsidies will still try and obtain them. We should not blame them because this is human nature. We should instead curb such excesses with the means test; and to declare: ***we want universal access to healthcare through subsidies to the poor, not universal access to subsidies for rich and poor through healthcare***.

"The eminent health economist Victor R Fuchs of Stanford University and President of the American Economic Association, said that universal access cannot be achieved unless two criteria are met: Compulsion and Subsidisation. Subsidisation – to make sure those who cannot pay are subsidised to received healthcare – and compulsion, to make sure the "free-loaders" do not avail themselves to subsidies that they can afford to pay themselves. The implementation of a means step is really an *implicit line* drawn between those who need compulsion and those who should receive subsidisation. The real issue is, how do we draw this very arbitrary line between those who need compulsion and those who need subsidisation? This is where I believe for a start, the Ministry of Health should start with a light hand. As we get more experienced, we can better titrate and apply the test not just to inpatients, but outpatients as well. While outpatient bills are small, the prevalence of unnecessary subsidisation is even greater than that in inpatient care."

QUALITY, AFFORDABILITY & ACCESSIBILITY

"I would like to move on to the universal equation of healthcare policy – the equilibrium between quality, affordability and accessibility. In addition to the means test, the Health Minister has put strengthening the 3M framework and managing medical inflation as key areas that he will tackle. These are laudable objectives.

"There is a limit to how much more quality and efficiency we can extract from the system before cost rises and affordability decreases. At the end of the day, it is back to the trade-offs between affordability, accessibility and quality. Often, it is quality that suffers. Comparing the patient workloads of our nurses and doctors in the public sector, they are at the top end in terms of productivity in comparison to doctors in developed countries. How many more patients can we continue to pile on one doctor or one nurse? So quality would have to suffer after a while. We cannot always get cheaper and better. It is not positive economics. More doctors are being asked to manage costs and bear the responsibility of increased costs. This is correct in part, because doctors are responsible for much of the costs. Yet there is a limit to what the doctor can do before he is actually asked to play God. In fact, someday, I sincerely hope the Ministry can step in to help by saying that there are only so much subsidies and we really cannot afford fantastic quality without increasing costs.

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"Take the recent Medical Service Package (MSP) for cardiology. Doctors are asked to decide which subsidised patients can receive drug-coated stents and which cannot. For the information of the rest of the members of the house, a heart stent is used when your coronary arteries are narrowed. This process, called stenosis, keeps the heart open for some time. The uncoated stents have a one in three to one in five

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chance of restenosis, or narrowing again within one year after insertion. The new drug-coated stents that were introduced last year were able to reduce this restenosis rate to one in 20 chance. However, this new technology comes with a price and it is currently three to four times more expensive then uncoated stents. Some of my medical colleagues find this responsibility of deciding which patients could qualify for the coated stents too onerous. It is an all-or-nothing choice, you cannot choose B2 and pay 100% of your drug-coated stent. In other words, the drug-coated stent is not an a la carte option, but part and parcel of the whole subsidised package. This creates some internal psychological pressure on the attending cardiologist. Because we all know that drug-coated stents are better than uncoated ones. When it comes to choice, of course, you would choose the better ones.

"Because subsidies are limited and I definitely concur that Singapore cannot offer subsidised drug-coated stents for everyone, we have to resort to a means test. Rather than having a financial means test, we put in place through the MSP, a medical means test. This runs counter to the nature of the doctor-patient relationship and is the source of unhappiness amongst some doctors.

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"To compromise in quality, and to risk an imputation of failure, is true even in the absence of subsidies, although it is simpler, because the implicit understanding is that the doctor will give the best treatment that the patient can afford. If a patient cannot afford a drug-coated stent in the private hospital, the cardiologist will just give the best the patient can afford, maybe an uncoated stent. The patient would not blame the doctor because he certainly does not expect the doctor to subsidise him. But this gets more complicated in the presence of subsidies whereby the better choice can be made available through subsidies. I hope the House can understand the angst that goes on in the minds of public sector specialists, because a medical means test such as the MSP behooves them to play God. They would rather have a financial means test and keep that social bond of trust between doctor and patient. I know quite a few doctors become men of the cloth, but doctors do not want to play God."

RECOGNISING THE GP

"I read with much hope that the Minister of Health would like to employ market forces to harness more efficiency as well as enlarge the General Practitioner's role in healthcare. I work too, as a part-time GP and would like to encourage the Minister to proceed forward in this direction. The heart of a market economy is the price mechanism, or according to Adam Smith – "the Unseen Hand" which organises production and consumption.

"There are many things that the government and General Practitioners see eye-to-eye – the importance of health education, preventive medicine and workplace health promotion. This is largely carried out for free, or at minimal charges in the public sector, which takes up about 20% of the primary healthcare sector. Unfortunately in the remaining 80% of the General Practitioner market, with no subsidies from the government, the price mechanism does not work because patients are unwilling to pay for additional services or medicines beyond the customary vaccinations. This is a pity because the General Practitioner can do a lot more, but the public seems unwilling to pay for these services in the private sector. I am not asking that the Ministry of Health give out subsidies to the GPs who provide 80% of primary healthcare. That would be a further distortion of the market.

"The solution lies in the society and the individual consumer realising that a price exists for production of these vital services to take place. I hope the government can come up with strategies and plans to raise awareness, that the General Practitioner is not just the place you go for minor episodic treatments such as the flu. The General Practitioner is also the person you go to for health education, counselling and preventive medicine. These come at a price, which should be borne by the individual. Only when the patient sees that the General Practitioners are more than mere paracetamol dispensers, will the General Practitioners be given a larger role as envisaged. Somehow, I hope the Ministry of Health can be impressed to understand that these aspects of primary healthcare are part of a market economy pricing that does exist." ■

Dr Tan Sze Wee is the Managing Director / CEO of Rockeby biomed Corporation Ltd. Dr Tan also practises as a part-time GP, and is a Member on the 45th SMA Council and SMA Spokesperson. Dr Tan was awarded the Spirit of Enterprise 2004 award for his success in Entrepreneurship.