

Dr Noh or Dr Casino?

By Dr Toh Han Chong



NOH

The highly stylised Japanese *Noh* theatre (English translation – ‘accomplishment’) reflects on the mystical dimension in existential everyday life, and often conveys a story of a supreme virtue that should be passed down from one generation to another. The main actor, or the *shite*, normally wears many masks and plays many roles. *Noh* plays are slow and commonly plotless, often tragic in nature, and employs expressionless masks to enhance the actors’ subtle movements and nuances.

Imagine a public sector doctor as the *shite* in a slow, unfolding drama performed with spartan grace. He or she would wear different wooden masks like “patient-load-is-so-heavy-but-I-have-to-*tahan*”; “I’m-blur-about-the-vision-of-public-healthcare-but-I-get-a-decent-paycheck”; “I-have-to-attend-multiple-meetings-but-*bobian*”; “patients-have-become-much-more-demanding-but-I-still-have-to-teach-and-do-research”; and “there-are-so-many-layers-of-administration-above-me-I-feel-like-a-*prata*”.

MAYO

Today newspaper’s headline on 26 February 2005, “Doc brain drain not OK” reports on Health Minister Khaw Boon Wan’s lament of doctors from public healthcare leaving for the private sector. Without the deep strong roots of enough wise, ascetic medical *Noh* players, the Minister asks if the public medical service could survive a metaphorical tsunami.

Singapore’s quest to be “The Mayo of the East without the costly price tag” should be a concentration of medical hubs of the highest quality medical personnel at the forefront of clinical care, research, technology and education. Merely relying on solo private practices, where many of our best and brightest have migrated to and which Singapore Medicine has placed as its best bet for medical tourism revenue, is no longer enough in the New World Order, according to Minister Khaw.

Granted, recruiting high quality doctors into the private sector is only to be expected, and surely can only be a good thing for Singapore Medicine. At every level in all industries in Singapore, with regional competition becoming so intense, there is a fear that Singapore may well end up as “The Mayonnaise of the East”, a soft, sour, optional salad dressing for Asia’s bread-basket powerhouse economies. Even our crown jewels such as Singapore Airlines and our highly regarded healthcare may be under threat.

In the same issue of *Today* on page 19, we learn about Annie’s peanut *ice kachang* borne from a long held 20-year family tradition of making wonderful *ice kachang*. Annie’s ice is

lovingly sculptured into a soft snowy texture and garnished with freshly roasted ground powdery peanuts. The ice dessert sells for \$1.50 in the Tanjong Pagar heartland and amazingly retails at the same price at the new franchise in up-market and touristy Far East Square.

Unfortunately for healthcare, expectations of customers in both public and private healthcare have risen, new technology to make ‘fluffy snowy ice’ is expensive, ingredients from Big Pharmas are expensive and manpower costs have risen. And if doctors do not deliver on the key performance indicators, it is our nuts that might be crushed into fine powder.

Public healthcare medical *ice kachang* can no longer be charged at yesteryear’s \$1.50, unless the government rains down some serious manna from their bank vaults. Instead, block funding has become the buzzword for cost containment in public healthcare expenditure. On the other hand, medical *ice kachang* in the private sector is definitely not \$1.50 and pricing range is much wider. Can the private sector then be cost-competitive with neighbouring health services?

CASINO

I recently lunched with a congenitally affluent doctor friend in private practice – he with his Whistler-ski-resort tan and me with my Sentosa sunburn. He enjoyed private practice because he was his own boss, had more freedom and felt he operated on a level playing field – the best man wins, whichever position he or she had held in the public sector. He admitted that he was putting down big chips and it was a risky gamble. But he

reckoned that he had the flair, savvy, skills and entrepreneurial drive to go private; he had already been earning a good salary in the public sector. As he devoured his luscious roast beef, he exhorted: “You know, in life, you can never make enough money, chomp! chomp!” He added that now, more than ever, he could really get to know his patients well, provide better and more responsive service, and have more time with his family.

If people could take their clothes off for lots of money (prostitutes and strippers), put on clothes for lots of money (supermodels), fight court cases for lots of money, clone everything from Kelly bags to human stem cells for lots of money, what is wrong with making a sick person better and be suitably compensated with lots of money, a private practice doctor might ask.

Conversely, another doctor in private practice sighed: “It’s a dog-eat-dog world out there and it can be depressing. I miss the comforts of the institution. I get called by patients 24-7



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and I have no life.”

A too simplistic opinion commonly bandied is that those who make it in the public sector aspire for power, and those who make it in private practice worship money. That is based on the premise that only four things in life matter – money, power, sex and death. But many public sector doctors are committed to caring for the huddled masses, and others may leave for private practice due to push factors. It is a gamble, but some may feel a sense of empowerment – in running their own show, they could be masters of their own destiny.

Others may reach a public sector crossroads where they fear not being the chosen fine wine such as a bottle of 1787 *Chateau Lafitte* that has aged brilliantly. Instead, they fear being regarded as a useless *Chateau Punggol-le-Ah-Pek* ready for the nursing home, or worse, a bottle of expired grape juice destined for the sewers. Sure, there might be some wine corks (dead wood) floating around. But even a wine aficionado *bodoh* like me knows that good wine needs the best of air, water, soil and storage to mature into a vintage. It would be a tragedy if a conducive environment could not be reproduced in the public sector to let such vintage wines reach medical nirvana.

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DODO

Several highly respected medical leaders alluded that if they continued to stalk the corridors of the ivory tower, some young medical student or junior doctor might exclaim: “Look, there goes a *JuneLousaurus* from the Precambrian Kedang Kerbau period!” or “Wow ! I finally sighted an *AbuRauffasaurus*. I thought he was wiped out in the last University Ice Age!”

Will the senior medical leaders face extinction as a whole new generation of young and restless medical doctors who speak the language of palm pilots, thumb drives, funky new technology, Electronic Medical Records Exchange, and optimising quality of life, rise up the ranks? Will these sages face the irreverence of brash young things talking back to them: “Wake up, daddy-o, the Beatles are yesterday. You’re not half the man you used to be. There’s a shadow hanging over you. Now you need a place to hide away.”

Can ordaining medical sainthood to honour medical sages, creating faculty practice opportunities, and presenting them with plum public service thrones stop our ‘oldies but goodies’ from poignantly singing ‘Memory’ in a garbage dump like ageing Grizabella in *Cats*? But, alas, the days of The Surgeon God like Sir Lancelot Spratt from *Doctor in the House* leading a gaggle of cowering doctors and nurses on a very grand ward round, and who has more power than the nerdy, bespectacled caricature hospital administrator, are gone forever.

A former medical leader in a famous teaching hospital near Tiong Bahru market once shared another of his many parables in the Houseman Canteen with us: “I am like a large Tembusu tree in the public sector. If I don’t leave, the young samplings below me cannot get any sunshine.”

How do the Powers preserve the likes of Sir Lancelot and yet allow for vertically mobile opportunities for succession?

BUSHIDO

A senior private practice doctor and former esteemed academic said to me over dinner as he swallowed a squishy sashimi: “The trouble with the Chinese is that they are too individualistic and do not have the same work ethics and corporate culture as the Japanese in their ability to work as a team, respect for seniority, honour code and discipline.” He believed that this Chinese propensity for self-serving shadow play would slow modern China’s ascension to true greatness. These observations were made in the context of Singapore being predominantly Chinese. Just then, I felt quite ashamed of being Chinese and almost committed *seppuku* (or ‘harakiri’) with my wooden chopsticks.

But, I then recollected that medical politics abounded in the United States where I trained as a fellow, in mega-companies like Hewlett Packard where Carla Fiorina was sent packing, Mouse Kingdom Disney, and even the sacred Japanese company of Sony where a *gaijin* (or ‘foreigner’) has taken over as Chief Shogun.

An American medical sage shared with me that many of the doctors he knew in Boston’s and America’s most prestigious hospitals were always bitching about work life, but yet they would never leave. The sheer prestige of being there is enough for them to take the medical politics baloney. They are in the Superbowl of the clinical and research world, and they are the *New England Patriots*, the world champions. Taking a hit from a bad tackle, falling flat in the mud and head-butting the raging bulls of the St Louis Rams or the Steelers is part of the high stakes game.

MOH

The public sector ground reaction to the Ministry of Health’s (MOH) conviction for revamping the public sector ranges from the jaded “show me the money and I will believe it” cynics, to the Cinderellas who celebrate that their Fairy Godmother has arrived to rescue them and bring them to the Casino Ball. But the Casino Ball of faculty practice, limitless resources, academic pomp and splendour, and affording patients, would only last until midnight. Otherwise, who would be sweeping the kitchen floor and looking after the huddled masses? At the strike of midnight, the Lexus becomes a pumpkin once more, and the plush private corridors give way to the open non-airconditioned C-class wards.

Is it possible to be both *Noh* and *Casino* without compromising each culture and yet remain competitive?

And so the *Noh* player begins his safe existential play of grace and quiet contemplation again, except with one glass slipper missing. ■

