



## Almost a Contest of Values

In the same week that Minister for Health, Mr Khaw Boon Wan made his landmark speech on talent management in the public sector during the commemoration of 100 years of medical education in Singapore, the press announced the retirement of a previous Permanent Secretary of Health, Mr Koh Yong Guan, at the age of 58, in line with new practices in the elite Administrative Service.

### THE YOUNG AND RESTLESS

The contrast cannot be starker. Everywhere, younger and younger high-flyers are appointed to senior positions in the public sector. We talk about renewal everyday. You cannot stay in the SAF (Singapore Armed Forces) beyond 45, whether as a Captain or Lieutenant General. People are told that if you do not make a certain grade at a certain age in the Administrative Service, out you go.

All these make Minister Khaw's speech almost anomalous, if not anachronistic. Why should we keep older doctors within the public sector? Just because they are good? Hey, some of the Permanent Secretaries who have retired recently, or will retire soon, are excellent and still in good health. And SAF scholars who retire at 45 are in the prime of life!

In the public sector, one can safely say that the apexes are the Administrative Service and SAF Scholarship Scheme. (Sorry folks, the Medical Service is just another professional service that takes orders from Scholars and Administrative Service Officers; the doctor is NOT the best and brightest, no matter what they told you in Medical School, tsk tsk.) So the practices and values of the apexes undoubtedly have a downstream effect on other areas of the public sector. This is the extra-hospital influence of the 'best practices' of exemplary government institutions on our public healthcare system.

In addition, there is the intra-hospital influence of top management. When we make doctors report to administrators trained in business schools, we get the same thing driven down from the CEO (Chief Executive Officer) to the CMB (Chairman of Medical Board), and lower down to the clinical departments. After all, CMBs no longer have independence like in the past (except for National University Hospital) and all CMBs report to the CEO now. Often than not, these are MBA CEOs. They are relatively young and well-versed with the values of business schools. By virtue of their age, they also prefer working with younger people and not silver-haired Professors and Heads of

Departments. This extends to Ministry of Health. Ten years ago, it would have been unthinkable to have a Director of Medical Services (DMS) and CMBs younger than 45. But now, the majority of public hospitals have had CMBs younger than 45 when they were first appointed. Would a young CEO want an old CMB that commands far more respect and loyalty from hospital staff than the CEO? And would a young CMB subsequently prefer a young Head of Department reporting to him or an old Professor, maybe his ex-boss or teacher in medical school, instead? The last DMS was only 41 when he was appointed. Youth appears to conquer all.

The nett result of these extra- and intra-hospital influences is that older doctors are put out to pasture prematurely and marginalised. They leave disgruntled and disillusioned. Their younger colleagues likewise fear that the same fate awaits them, and hey, we have a nice domino effect set up. One Professor of Surgery said at his farewell party: "Old surgeons are like oranges, they squeeze you dry and throw you away." That left an indelible mark on my young mind. Pathos to the pith.

### WHOSE VALUES?

What would it take for good people to stay? Minister Khaw said it is not money. The Hobbit agrees. It is not even symbolic gestures like titles (for example, Emeritus Consultants) and lifelong carpark lots. A nice speech by the Minister once in while to 'canonise' some to medical sainthood helps. But one wonders for how long.

It all boils down to values and value systems.

On one hand, we have values based on relationships among members of professional guilds. These values are common to doctors, nurses and pharmacists, among others – like the sanctity of life, loyalty, social justice and beneficence. On the other hand, we have values based on the dismal science of economics<sup>1</sup>: utilitarianism, efficiency and decision-making at the margin.

The medical profession is basically based on that of master and apprentice. Putting it another way, it is almost Confucian in nature. Confucianism describes society as being based on 5 basic relationships – that between master and servant, father and son, spouses, brothers, and friends. Each of these roles has obligations which begin right from the top: the master must fulfill his obligations before the servant serves; the father must fulfill his obligations before his son reciprocates; and so on.

The relationship between older and younger doctors is a complex one. More often than not, it is between that of master and servant. The nature of the relationship is described by the Chinese word 'yi' which really has no direct equivalent in English. 'Yi' is best described as righteousness but is more than that. 'Yi' also contains elements of loyalty, sacrifice and service. Another relationship between doctors is that of friends, and

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the nature therein is described by the word 'xin' or 'honour'.

While Confucius never met Hippocrates, we nevertheless live in an Asian society with many Chinese. These Confucian (or Asian) undercurrents exist, albeit hidden, and in fact, reinforce the 'guild' norms of the medical profession in the Western world.

Into this well-woven mesh that governs us doctors, we now have business schools and economics – mission, vision, core values, organisation chart, corporate governance, renewal, succession planning, return on investment, operating margins, and so on. Some of these management concepts are valuable but let us face it – many are in direct conflict with values of the medical profession and Asian society. We have a host versus graft reaction, and possibly a fatal one too.

Take for example current management fads of corporate governance, succession planning and career coaching (you are coached to develop yourself by an external chap). In the old days when the boss took care of you all the way, there was no need for career coaching or succession planning (the late Mr N Balachandran will tell his Ortho boys: "You go to Alexandra Hospital, you go to Singapore General Hospital..." (and so on and so on) and that was that. He was tough, but hey, he also saw you off at the airport when you left for HMDP (Human Manpower Development Programme). You took the good with the bad. He did not question your loyalty and you certainly did not even dare to question his motives for planning your career in whatever way. (Tan Ser Kiat may not have liked the breakfast toast in Alexandra Hospital's tea-room, but heck, did he bargain with his boss about being sent there?)

Now, we have tons of reports to file to bureaucracy and administration: balanced scorecards, service level agreement indicators, monthly reports, quarterly reports, annual reports,

and so on. The list goes on. If there were honour and loyalty between boss and subordinate, why must everything be tracked and reported? Does top management read half the stuff passed to them? A hospital has become Orwellian because relationships, loyalty and trust have all broken down. And it starts right from the top, from the CEO down to the House Officer.

#### NO CONTEST

But this is not just a healthcare issue. It is larger than that. The entire public sector and commercial world functions on a value system that is alien to the professional guild and Asian society. This system values youth over old; utility, function, and efficiency over relationships, loyalty and obligations. One is task- and objective- centric, the other is people- and relationship- centric. There may be some oversimplification here, but probably true to a large extent.

And while the current Health Minister is probably the best we have had in a long, long time, the Hobbit thinks that it will be very tough for him to somehow isolate healthcare, especially public sector doctors from societal values at large. Can the medical profession cling on to its guild and almost-Confucian value system when the world outside, and especially at the top, is moving in the opposite direction? How long more can we dig in and hold on?

It is almost like a contest between an old Chinese *towkay* and his small 10-men provision shop versus the publicly-listed hypermart chain. It is almost like a contest. But it is still no contest. ■

#### References:

1. Economics has often been described as 'the dismal science', the Hobbit kids you not.