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Dollars & Sense in Medical Care

By Dr Koh Eng Kheng

It has been some time since our last issue of the Newsletter. Much has happened on the medical scene since then. We have a newly elected council in the SMA, and we have a new Minister of Health Dr Toh Chin Chye.

Dr Toh is of course not new to us. Many of us had the opportunity of knowing him as a teacher during our days as undergrads. I am sure he is only too familiar with the wiles and antics not only of medical students but of doctors as well! We welcome Dr Toh as an old friend and we hope his understanding of us will help him see our views and problems in medical matters. He knows us, and we know him. What better way of getting along together!

The recent move by the Government to house our aged in the HDB flats is a good one. It is a shame that there are still old people around who have no one to care for them in their twilight years. Nonetheless, living in homes for the aged, although a poor substitute for living with their families, is still better than being out in the streets. Care for the aged will no doubt make inroads into Governmental budget and siphon off funds from some developmental project, but can we sit around and watch the old wither away in wretched "homes" for the aged run by the voluntary agencies who are perpetually short of funds?

Progress in a nation can be measured by many yardsticks. There is the yardstick of economic progress, the yardstick of material affluence, but there is also the yardstick of benevolence and care we show for the less fortunate members of our society. It is when we show that we do care for the less fortunate amongst us that we can truly say we are no longer a primitive society or an undeveloped nation.

A few years ago, a very generous couple died, and having no children of their own, they bequeathed all they had, which was worth nearly a couple of million dollars, to charity. The tax man stepped in when the value of the properties was at its height, made his assessment, and took his share. With the fall of the property and share market, the amount left to be divided amongst the various charitable agencies became a paltry sum. It seems a shame that property willed to charity has to be taxed. There are legal intricacies involved but perhaps we should heed more the spirit and less the letter of the law.

Dr Goh Keng Swee is one of the Government ministers who is always worth listening to. He is blunt

in his language and his message is often not only refreshingly frank but thought provoking as well. His recent speech to the People's Association must have poured cold water down the backs of those who seek to "upgrade" the Association.

His comments on the 50% of our students who do not finish their secondary school education is a fair assessment of the situation. I think he is quite right when he says that not all of these are "drop-outs" and pose a potential threat to law and order in our society. One must distinguish between "drop-outs" who are potential delinquents and "non-finishers" who for economic and other reasons do not complete their secondary education.

The setting up of the Army school in Chang to help boys between 14 and 16 years who have left school is a good way to see that our young people are gainfully occupied and not left to roam the streets where they may fall prey to undesirable influences.

Dr Goh did not have kind things to say about the academics who pontificate on social problems and who do not go out into the field and know the problems at grass root levels. Here perhaps, we would like to add that not all social workers are chair-borne academics, and many do have personal knowledge of problems within our communities. The study of the social sciences far from being a dead loss to the community, can be profitable if we view problems in the local context. As Confucius said, "Wise man learn from own mistakes. Wiser man learn from mistakes of others."

Being at the confluence of both Eastern and Western cultures, we cannot set cultural barriers all around us. We have to study the problems facing the West so that when these problems confront us we would be able to take proper steps in the light of the experience of those countries in the West.

The Housemen have had their pay-rise. Thankfully this is a happy ending to a situation that looked one time to be brewing like a storm in the tea-cup.

Someone has to pay for the increase in medical expenditure and once more the Government has raised hospital and outpatient charges to raise the funds. This unfortunately will cut into the pockets of the public and the poor will feel the pinch, but is there any other way if we wish to have a high standard of medical care for our

people? You cannot have something for nothing. With some people it is a matter of educating them into the recognition of the right priorities. Some of our less affluent do not mind spending a thousand dollars or more to bury the dead, but balk when they have to pay one tenth of that to save the living! Even in Communist China medical care is not free. Everyone has to contribute a small sum towards a form of collective health insurance scheme.

I know the last SMA made noise to the previous Minister of Health over the rise in medical fees the last time, so I must hasten to add that these views are my own and not those of the Association.

The Chairman of the Society of Private Practice has already commented on the dangers of unbridled increase in medical charges in the private sector. Medical charges especially by a few private specialists have been the subject of much comment in our coffee rooms lately. How much is professional expertise worth in dollars and cents? I dare say this is something which no committee can get together and come up with an answer that will satisfy everybody. But lest we forget that we are healers and not businessmen, let us not allow inflated egos to inflate our charges to the poor and suffering. For every case of a steep charge however, there must be dozens of cases where doctors

have charged nominal or no fees at all. One very successful gynaecologist on several occasions asks his patients to write out what the patient thinks the job is worth, and has the cheque addressed to his favourite charity. This is not a fairy tale because I have received many such cheques on behalf of the underprivileged children whom we try to help.

Are doctors getting more mercenary these days? While having my hair cut at the barber, I read an article which says that in Britain a new class of people are taking to the medical profession. In the past the British upper crust used to consider only three professions worth following: the clergy, doctoring and the army. Being in the profession was that which counts. Earning a living was of less consequence as these people had private incomes of their own. With higher education being made available now to everyone rich or poor, medicine as a career is now being looked upon as a profession like any other profession – banking, accountancy, engineering. There is no longer any talk of “nobility” in the calling. If you work overtime, you ask for overtime pay. A doctor’s patients are no longer patients or friends, they are his clients. With medicine becoming more of a science rather than an art, can you blame our new doctors for being cold and calculating? ■