

By Dr Wong Chiang Yin, SMA President

The Rich, The Poor and The Ugly

What do the following 16 men have in common?

1. Book-binder
2. Bank clerk
3. Non-graduate Chinese teacher
4. *Nantah* graduate Chinese teacher
5. Bus time-keeper
6. Butcher
7. Crane-driver turned hawk
8. Private sector cardiologist
9. GP
10. Economics professor
11. *Nantah* graduate businessman
12. Another *Nantah* graduate businessman (in Malaysia)
13. Special Branch officer (Malaysia)
14. Hawker
15. Taxi-driver
16. Civil engineer

Answer: Nothing very much except that their children became doctors and ended up as the 16 members of the 47th Council of SMA.

On 29 April 2006, I had to perform one of the most pleasant and unpleasant duties expected of the SMA President. I had to give a welcome address to the incoming batch of house officers at the 12th SMA House Officers' Seminar held at the National University of Singapore (NUS), Lecture Theatre 28. It is one of the most pleasant because the event was full of happiness and verve – young men and women who had just come back from holidays and now look forward to starting their next chapter in life as doctors. It is also one of the most unpleasant because in the midst of such youthful vitality, I felt like a living fossil. It seemed only yesterday when my friends and I organised the 1st SMA House Officers' Seminar.

More than half the class of 220 or so turned up, with 179 eventually registered as SMA members. This was encouraging. Nonetheless, the SMA will continue to look into how we can serve this segment of doctors better. To this end, we will reconstitute the Junior Doctors Committee to be led by Dr Alfred Kow with Council member

Dr Oh Jen Jen (our youngest Council Member and a Registrar) as Advisor.

Before the seminar formally began, I stood behind the SMA staff who were helping to register the house officers as SMA members. I took up a stack of forms that had been collected and scanned through them briefly. The first thing that struck me was that many of the students had addresses that belonged to private property – with many being landed property addresses. This was of course different from the national demographics whereby about 80% stay in HDB flats.

As I gave my welcome speech, I asked those present to raise their hands if they stayed in HDB flats. About a third raised their hands. I then asked those who were from overseas and who stayed in the University Halls of Residence to raise their hands too. A few more hands went up but it hardly changed the overall picture – my impression was that many of the incoming batch of house officers (that is, NUS graduates) came from families who stayed in private housing.

Housing status has always been regarded as a good proxy for wealth. This is borne out by government practice whereby social and financial assistance programmes such as the recent Progress Package used housing types as a proxy for the economic status of an individual. I was curious as to the actual distribution of the housing type of NUS medics. Every year, some 80% or more of each batch of NUS graduates would sign up as new members of SMA, so I got the SMA staff to tabulate the data:

Year	Type of Housing			Total Applications Received	Percentage of cohort in HDB
	HDB	Private Housing (Condo/Landed)	KE Hall & Others		
2003	80	97	1	178	45%
2004	89	97	0	186	48%
2005	87	104	2	193	45%
2006	91	86	2	179	51%



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The data shows that about 45% to 50% of each cohort stays in HDB flats – far short of the national distribution of 80%. I managed to find my old class list and did a count of my class. Interestingly, even in the late eighties, the distribution was about the same – roughly half of my class came from HDB homes. Nothing much has changed in the last 12 years or so.

The good news is that despite all the fee raises that have occurred in the last 20 years or so, about half of each NUS class still come from humble HDB heartlander backgrounds – their presence has not diminished with the rising costs and price-tags of a local medical education. The bad news – 50% means that HDB heartlanders have been and are under-represented.

One can only speculate why there is a disproportionate number of students with well-to-do backgrounds in NUS Medicine. The possible reasons include:

- a) The long period of study is a deterrent.
- b) The high tuition fees serve as a deterrent despite the availability of study loans.
- c) General lack of awareness of the availability of study loans.
- d) Poorer students perform worse than richer students academically. (Probably true, but there are 10 applicants for every place available in NUS and surely out of the 10, there must be some poorer students who perform well enough?)
- e) The shortlisting process (for interview) favours richer students (highly unlikely because I am given to understand that the shortlisting process is based mainly on academic factors).
- f) The interview process favours students from richer backgrounds. (Perhaps rich students are better communicators and are better groomed?)

It is neither a sin to be born poor nor rich. But it is important that the medical profession should resemble society at large to a certain extent. The profession can only be enriched if it has adequate representation from all walks of life whilst maintaining meritocracy as a starting point for consideration. As a corollary, I am comforted that the current SMA Council too is also a microcosm of Singapore society. The SMA Council has many examples of the hope and opportunities and consequent social mobility that our society offers to the capable, hardworking and willing.

Having said that, my cohort of 'A' level students saw our fees raised from \$3,900 in the first year to \$7,200 in the third year and finally to \$10,800 by the time we reached our final year. It was the

period of the steepest fee raises in the history of the medical school. Before fees were revised to \$3,900 for Singaporeans, it was less than \$2,000. And these fee raises suddenly occurred in mid-stream, whilst one was already in the medical school, which meant that budgeting for a NUS medical school education before one actually matriculated was an impossibility. Thankfully, this grave administrative callousness has been rectified and now tuition fees for the entire course of study are fixed before one actually begins studying in the local medical school.

It was a time of discontent for us in medical school then. From first year to fifth year, tuition fees went up by 177%! The so-called availability of loans ameliorated the impact of the hefty raises only to a limited extent. Some of my friends actually took to protesting at the Vice-Chancellor's office (also a doctor) at that time and photographs of them doing so were published in the front pages of the local newspapers. I was told that these protestors did not get to meet the then Vice-Chancellor despite camping outside his office. Instead, they met another powerful person who told them something to the effect that they could stick with the fee raises or do another course. Curiously, these fee raises in the late eighties always occurred just before the exams.

For some of us who could not afford an overseas medical education, we had come face-to-face with the full power of what a monopoly could do, would do and did, and it was a 177% experience none of us will ever forget. Doctors have good and long memories.

The usual arguments supporting the magnitude of our local medical school fees are:

- a) Medical education is costly.
- b) Medical graduates earn more than other graduates when they graduate.
- c) Study loans are available and hence fees are affordable.
- d) You can always choose another course of study which is cheaper.

I will not discuss the merits of these arguments. Let us look at numbers and the present instead. It is interesting to note that in 2005, the median monthly household income in Singapore was \$3,830 while the average (mean) monthly household income was \$5,400. NUS medical school fees rose to \$10,800 way back in 1991. With or without study loans, \$10,800 is NOT a figure to dismiss lightly now for the average-income family, let alone then. NUS Medicine tuition fees for Academic Year 2006/2007 stands at \$17,520, roughly equal to three months of the

current average monthly household income or more than four months of the median monthly household income. If we throw in a medic's other related expenses such as travel, books, equipment, clothing expenses and so on, the figure easily goes up even more. It is important to note that we are not talking about the poor here. We are talking about the "Average Income Household" or "Median Income Household".

Going by the percentage of each cohort that comes from HDB homes, one can reasonably conclude that the affordability of a NUS medical education has not eroded over the years since my time. (Whether affordability had eroded before my time is another question altogether which admittedly now I cannot answer.) The current level of affordability relative to average monthly household income can only continue if costs are kept in check and administrators do not lose sight of the social mission of the NUS Yong Loo Lin School of Medicine, while at the same time the School aspires to greater heights of teaching and research excellence. The Graduate Medical School that will be up and running soon is still a

part of NUS and we hope that it too will share the social mission of NUS, its organisational parent. It will be a sad day if in addition to being clever and hardworking, one has to be, as Warren Buffet put it, "members of the lucky sperm club" (that is, those born rich) to study medicine in Singapore.

On a personal note, when my father died suddenly while I was nearing the end of my second year in medical school, I was fortunately able to obtain substantial financial assistance (50% of tuition fees) from the philanthropic Lee Foundation coupled with encouragement and help from two senior and very kind lady doctors – Dr Lee Li Eng and Dr Chan Sing Kit. Without help from these kind people and the Lee Foundation, I may not have finished medical school.

At the end of the day, it is important to remember that a NUS medical education is the ONLY avenue Singaporean children of bank clerks, taxi-drivers, hawkers, butchers, book-binders, bus time-keepers and so on, have to realise their dreams of becoming a doctor. And even then, they do so only with much sacrifice and some hardship. Look no further than at many of us in the 47th SMA Council. And let us have less of the Ugly. ■