Training Future Housewives is a Waste of Money

Terence Lim counts the real costs

In *Sex and the City*, the multi-Emmy award winning American TV series not shown here, Miranda the lawyer once declared "men are obsolete anyway, you already can't talk to them, you don't need them to have kids with, you don't even need them to have..."

I don't know how closely our lady colleagues resemble successful non-conservative 30-something New York women, but I have a hunch many do occasionally think like Miranda the lawyer.

Which is why it must be somewhat frustrating to be a woman in a man's world. And even more so in the medical system here where it being a man's world is not only a literal fact, but government policy. So let's all applaud the Association of Women Doctors for challenging established norms and for being unwilling to sit by the sidelines waiting for things to happen. Even if nothing comes out of their petition to lift quotas, simply getting those in policy positions to justify their stand and salaries would be worth it. They have shown that at least the fairer one-quarter of the doctor population is not to be messed with.

NATIONAL INTEREST

Alas for the women, I think most men think you are fighting a losing battle. However, public opinion may yet be won though. Hopefully that will be comfort enough. This fight against, let's use the right term here – institutionalized gender discrimination – will probably be lost because of a simple fact: that of so called national interest.

It's the undertone in all of the Ministry of Health's (MOH) comments on the topic. They say "Yes, we know the policy is prejudiced against women, but can't you see we have to do it because we have to think of Singapore as a whole, we have to think of national interest." And in Singapore, national interest is very often drafted in figures. Money talks very loudly here.

In a phrase, the government's current stand is that it's not "worth it" spending money educating "too many" who might decide to "give up medicine". Of course all this is within the wider drive to prevent spiraling healthcare costs that includes measures such as approved medical school lists and small local classes. These measures have been very much in the news lately, as they have led to a shortage of medical staff.

It's time to re-examine certain widely held assumptions that underpin efforts to control healthcare costs in the above fashion. One would be foolhardy to ignore economic aspects in healthcare but money may be speaking differently nowadays. And there are hidden figures in the equations.

NATIONAL SERVICE

But before we go to that, let's detour a little to gender issues again. Men here are very familiar with this concept of national interest, I daresay much more so than most women. We can't help it. Not after we have spent more than two years of our already short youth being its very definition.

I wonder how many women think national service here is discriminatory against men. They probably rationalize it in terms of national interest. It's easy when you are not the one involved. In the same way, many men in medicine rationalize quotas for female doctors.

Personally I found my years in NS a good break, but it's difficult not to think of gender discrimination – against men – when girls who were my JC classmates are going to be registrars next year while I am still a first-year MO.

If women doctors were to voluntarily offer their time for some aspect of national service, I am sure the men would be far more demonstrably supportive of your current petition. In saying this, I fear I have sunk to a totally communist mindset of equalizing down. Which is why it should never happen.

COST OF MEDICAL EDUCATION

Now back to those assumptions. The key phrases have been highlighted earlier. What we should be thinking is what "worth it", "too many", and "give up medicine" mean exactly in today's context.

Exactly how much money is involved in local healthcare education is now wide open for debate and for once the newspapers seem to be on our side. Apparently the SMA had petitioned for greater transparency in the past, but nothing had come out of it. It's time that MOH reveal their formulas. We are all waiting.

This cost of medical education has direct impact on female medical student quotas. If it's shown that perhaps the pricing mechanism (I really hope it's simply a difference in pricing rather than accounting) can be improved locally, then perhaps the amount spent on educating future housewives is not as much as previously thought. Indeed, this will impact the costs of educating entire cohorts of students, for the doctor husbands of these housewives would also be cheaper to teach. Perhaps we can then expand the number of students without changing the balance sheet, and uphold national interest with our pockets and hands.

ECONOMIC VALUE

But this is just putting a current numerical figure on "worth it". What's more important is to consider the future

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asset value of a doctor. What economic value she or he can add to the economy; the return on investment, so to say. In fact this has already been discussed to death. Biomedical science has never been so "cool", what with EDB and NSTB (recently renamed Agency for Science, Technology and Research, or A*STAR) running full-page scholarship ads. There is even a new government agency set up just to spearhead biomedical industry development, now that manufacturing is threatening to go red and flee north.

When one considers the amount of money a single doctor-entrepreneur can add to the Singapore economy by say, inventing a new way to screen, treat or scan, I think the question of "worth it" might be deemed void. One has to spend money to make money.

TOO MANY OR TOO FEW

The issue of "too many" is an interesting one. What's unusual about the calculations for Singapore's local medical school intake is that unlike in practically all other fields, attrition does not seem to have been taken into account. It is as if everyone who graduates from medical school here is expected to be a doctor till she or he dies.

Such calculations cry for a reality check. But please don't envy those figuring out the numbers. Everyone seems to want a doctor these days, from patients, to research labs, to companies. It's arguable whether over or undersupply is worse, but what's certain is that some regulation is required. The perennial fear of "too many" is that healthcare costs will go up because doctors create demand for their services. And the situation in some countries seems to illustrate this point.

That is true to a certain extent, and in particular if things stay status quo. Simply put, if we have more doctors and polyclinic consultations and surgical ward rounds still remain those cursory if-you-are-not-dying-I'll-take-a-minute affairs, then certainly we will have excess doctors creating demand.

However, if services improve, and more doctors see fewer patients because patients are treated as such, then "too many" will become just right. Of course, this is putting it simplistically. Money complicates once again. Fewer patients may mean less money, and it's foolhardy to assume doctors would be Hippocratic. Patients themselves might be unwilling to fork out more to be treated as patients. I doubt the government will subsidize the difference.

"GIVING UP MEDICINE"

What's for certain is that we need more doctors and steps are already being taken to address this – which leads to the final point. In the past, doctors were not expected to "give up medicine". In fact, those who did so – women mostly – jeopardize things for future generations of women doctors. But times have changed. Larger proportions of medical students may not practise "real" clinical medicine in years to come. With the breadth of opportunities opening up, hopefully equally bright sparks will contribute to national interest by research, management and invention.

"Giving up medicine" is hardly the fault of women. It's the way society is structured. An economy structured to reward non-practising male doctors in commerce will lead to men "giving up medicine" too. Should we then blame them? At least the women do it for nobler reasons. The important thing here is to create options so that no one with a medical degree needs to give up clinical practice totally just because she or he decides to do something else for a while, or for most of the day.

In every other career field, women tend not to go as far as men because of family and marriage. In fact, many think this is a good way of dividing responsibility. We should not penalize women for the sacrifices they make to look after our families. This includes women doctors. Having strong families is in our national interest too. ■