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Spring into Action
with SMA



Can I Help You?

– A Review of 2013

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“I WANT to help people” (or something to this effect) is the most common answer among fresh-faced candidates when asked “why medical school” during admission interviews. Not “I want to help people who have money”. Nor is it “I want to help nice, grateful people who can feel my pain like I feel theirs”. So when doctors are confronted by obstacles to helping people, they become prickly, reactive and occasionally righteous.

Not many university medical faculties put “empathy” as an overarching quality when considering a candidate for admission. Doctors need empathy to help people, whether to comfort the incurable dying or to bring sick people back to life with modern technology, latest treatments and best practices.

But good Medicine doesn't come free and easy.

This year will see the unlikely arrival of the most important healthcare reform to the most powerful country in the free world. Universal healthcare will finally debut in the US, one of the last developed nations to do so. Americans consume a whopping US\$3 trillion (S\$3.8 trillion) of healthcare that continues to skyrocket unsustainably. Even as I am a huge believer in the free market, the invisible hand of capitalism does not flow freely in the circulation of healthcare, choked by

information asymmetry, externalities and monopoly power such as commanding costs on exclusive super machines or super drugs for diseases.

So governments step in. But the anticipated birth of the Patient Protection and Affordable Care Act (PPACA) aka Obamacare has been saddled with *gabra* operational management, including a fumbling sign-on health exchange website (better now, after desperate damage control) and its near abortion by a rabid political opposition. The Republicans scream that Obamacare is un-American, chaotic, complicated, clunky, and costs over US\$900

billion. And oh, if it succeeds, it might drive the Republican elephant towards extinction like the woolly mammoth. 'Twas literally the night before Christmas when President Obama conceived PPACA with his A-Team. Paradoxically, this crucial government reform was stitched clumsily into what became a tedious, nearly unreadable tome. Those who accuse Obama of crafting a socialist and even communist healthcare manifesto wilfully forget that Obamacare was cloned from the successful Massachusetts health reform, which significantly boosted compulsory state universal health insurance coverage, by then

Massachusetts Governor Mitt Romney, a right-wing, conservative and pro-business Republican monetarist Harvard Business School alum. Romney got his clubby Boston inner circle to execute Romneycare smoother than his own slick hairdo, while President Obama faces gridlock and a toxic partisan crowd. Whatever happened to the single-payer model the President privately dreamed of?

Healthcare in Singapore

The big story of 2013 in Singapore healthcare was the announcement of MediShield Life, a watershed political shift on health financing, signalling a move from individual responsibility to larger risk pooling and a great leap forward towards true universal health coverage. In particular, the pioneer generation will enjoy health coverage for life, a masterful move given that rising healthcare cost is linked to an ageing population. Singapore's current individual out-of-pocket payment of almost 60 cents for every dollar of healthcare (or over 87% of personal household income) is uncomfortably high, even with our lauded 3M healthcare framework. Given our widening Gini coefficient that nosed past Hong Kong's this



year (while global inequality has been decreasing), a more wobbly social compact and more expectant people, MediShield Life gestures a stronger government-driven social safety net. This is timely given the widening rich-poor divide that, like a collapsing pulse, threatens to weaken the heart of society. Many are hopeful that this is not populist politics but a strategy that makes good economic sense and a positive reframing of the social contract. Still, the devil is in the details, including the quantum of the premiums.

2013 also saw the birth of a third local medical school, the Lee Kong Chian School of Medicine, tied to Nanyang Technological University. In previous years, out of the over 2,000 eager interviewees who say "I want to help people" annually, just over 300 students will enter the Yong Loo Lin School of Medicine successfully, many with straight-A CVs the size of Harrison's textbook of Medicine and the ability to perform Rachmaninoff's piano concertos while tap dancing. With this new school, more will remain in Singapore to study Medicine. But a first child sometimes feels unsettled with a sudden sense of competition when the third child is born, worrying that food on the table now has to be shared three ways.

Churning out more medical students is critical to alleviating the medical manpower crunch nationwide. Ng Teng Fong General Hospital and the new National Heart Centre will be opening later this year. Mount Elizabeth Novena is also buzzier now. Maybe robots and better IT (than the tricky ones we have now) may complement doctors and nurses someday.

The residency programme sets

strict norms, which means that more doctors are needed in our academic teaching hospitals to match the same number of patients. For all its structured curriculum and good intentions, concerns linger as to whether an American residency programme can be grafted wholesale onto a small local tropical tree and bear good fruit. During a post-round *kopi* on New Year's Day, one of my junior doctors said that she feared growing old and needing surgery, as she felt that today's generation of young surgeons might not attain the same broad surgical cutting experience through this new residency training system. Dr Pauline Chen described this same fear for American surgery in the *New York Times* last month.¹ She lamented that the fine tradition of hands-on apprenticeship (think Malcolm Gladwell's "10,000 hours to achieve greatness" concept) under master surgeons would be eroded by the Accreditation Council for Graduate Medical Education's inflexible dogmatic rules-bound system, which massively reduced real surgical cutting exposure for young residents.

The 250-million-people-strong Land of the Free, which draws the best, brightest, and less bright yet hopeful immigrants, necessitates a robust systematic medical education to rustle the herd towards quality standardisation. An island nation of over five million people with a proud tradition for British-style medical teaching, high quality doctors with deep clinical experience and an overall excellent healthcare system, may be a different proposition altogether.

Family Medicine Clinics (FMCs) aim to bring cost-effective integrated team care, especially for chronic

diseases, into the community through public-private partnerships. Hopefully, FMCs can remain financially sustainable and win sufficient buy-in. The laudable Community Health Assist Scheme also partners the largest primary care providers in Singapore – the GPs – in giving inclusive care, especially chronic illness, to families in need (age cap lifted), some unwieldy administrative paperwork notwithstanding. We also anticipate fresh announcements from the Singapore Medical Council Review Committee in 2014.

On Boxing Day, while I was *making bak ku teh* at my corner *kopitiam*, I overheard a group of AMAMILs (Above Middle-Aged Men In Lycra) in their 60s and 70s who had just finished a morning road cycling ride. One exclaimed, "I also cycle and kayak with young people like Ben who is in his 50s, 20 years younger than me!" With the inverted demographics of our population seeing more of the elderly falling sick, fewer children as caregivers, and many couples both holding busy full-time jobs, while children are ferried to a gazillion tuition sessions, the burden of care will shift more to the state. So it is a silver lining to see the silver generation keeping fit, like this band of biking *brudders*.

Singapore healthcare expects to gallop into a New Year much healthier, where its citizens will have a greater peace of mind. And hopefully this means that it will be far easier for doctors to help people. **SMA**

Reference

1. Chen PW. Are today's new surgeons unprepared? *The New York Times* 12 December 2013. Available at: <http://well.blogs.nytimes.com/2013/12/12/are-todays-new-surgeons-unprepared>. Accessed 7 January 2014.