

Give and Take

By Dr Lawrence Chan

Give and take sounds innocuous. It means to give room to each other, to allow the other to get and oneself to give, and on another occasion, vice versa. Often, on becoming a member of a social club we hear a new member asking, "What do I get out of it?" On the other hand, the club's president would like to ask, "What can you contribute to its welfare?" So, the ability of give and take seems necessary for survival and well-being in society.

In the area of delivery in health care today, we have three players; the patients, the doctors/other health care givers (providers) and the payers (managers). This paradigm has to be managed. It has given rise to three concerns. One, the easy dissatisfaction of patients when they deem the care to be less than optimum and the early recourse to a negligence suit. Second, the unhappiness of doctors/health workers with the loss of independence of how to best manage their patients professionally. Third, the difficulty that managers have in balancing the account books. Each of these concerns is real and valid. The challenge is how to satisfy these concerns and optimize health care delivery to the patient. The answer lies in communication, cooperation and trust.

By communication, one means the knowledge and understanding of facts in each of this tripartite relationship. We must understand that patients are now more knowledgeable and concerned about disease and they think they know how best it can be managed in their case. In Singapore, since patients contribute to the costs, they want value for money. From what they read in the press, the simple answer is to go to a good doctor at a clinic or hospital with up-to-date facilities and they can be cured. This false notion needs to be corrected.

Treatment outcome depends on several factors; the severity of the disease, the medicine/surgery available and the condition and response of the patient. The best outcome cannot be assured in every case.

In the case of the doctor, he needs to keep abreast of knowledge and new technology. This is best done by continuing professional development and remains a challenge to the doctor and the profession. The manager needs to remind the doctor about containing the rising costs of medical care consequent on developing better facilities, having adequate medical and nursing staff, and the adoption of new technology. Doctors and health care workers must assume

responsibility for health care costs and try to reduce them by judicious use of medicines and technology.

In the area of cooperation, the three parties are to come together to achieve synergy for the outcome of health care. Patients must be responsible for keeping themselves healthy and preventing morbidity by early detection and treatment of disease. Doctors and health care workers can give more explanation to the patient of treatment given so as to facilitate compliance. Managers can work out together with health care workers' the priorities for financial allocation with reference to pattern of disease, patient need and medical development.

The glue to communication and cooperation is trust between the three parties. The patient should be able to feel confident in the advice and treatment that are given to him. The doctor/health care worker should be accorded respect and independence in the way he manages his patient's health problem. The manager can give assurance that public and private (patient's) money is well spent as he, together with the enlightened doctor/health worker and responsible patient, achieve good quality health care at a rate that the country can afford. ■

About the Author:

Dr Lawrence Chan graduated MBBS in 1958 in Singapore. He has been in practice as a gynaecologist for 40 years. He retired in 1990 but continues as a clinical teacher. He also teaches a weekly bible class, helps mind the 3 grandchildren, reads and tries to write regularly.