By Dr Toh Han Chong, Editor

MONTY PAI KIA'S 'THE MEANING OF LIFE'

CHAPTER XIX: THE ACADEMIC MEDICAL CENTRE

ACCELERATING MEDICAL COMPETITION OR ADDING MORE CONFUSION?

There has been a buzz about the possible creation of well-defined Academic Medical Centres in Singapore. This comes in the light of dizzying transformation of the Nation – from imminent Integrated Resorts, F1 racing, en bloc frenzy, obscenely priced condominiums, a sizzling stock market and a pulsating private healthcare sector that is extending its golden *kelong* to draw in even more foreign fish. A McKinsey read-out of the regional healthcare landscape is that Thailand has boutique hospitals starring American Board Certified doctors performing high volumes of high value, high quality day surgeries, and the Apollo Hospitals in India, founded by a visionary Harvard-trained Indian cardiologist and the largest healthcare provider in Asia and fourth largest in the world, offer spinal surgeries, liver transplants and coronary angioplasties that are cheap and good. Our other neighbours are likewise ramping up their medical capabilities. So can we remain competitive?

Enter the Academic Medical Centre or the AMC. Like asking for an opinion from the six blind men of Hindustan, the AMC is different strokes to different folks. This is understandable as no two existing AMCs are exactly alike. Is the AMC a teaching hospital with an attached medical school steeped in scholarly discourse filled with medical students and professors? Is it a seamless integration of research laboratories and clinical units asking deeper questions to improve team-based multidisciplinary clinical care and bringing better treatments to the bedside from new discoveries and drug development? Is it an innovation hub teeming with thought leaders incubating ideas for the future of Medicine, endowed with huge research grants, a dynamic academic-industry complex and geared towards downstream tertiary and quaternary medical care? Is it the hospital of last resort for patients who have been told that they are at the end of the road by everybody else? Or is it merely a cosmetic extreme makeover maintaining existing talents and capabilities, like the Korean chick flick *200 Pounds Beauty*, where the XXL girl with the beautiful voice goes under the knife to emerge as the babe with the beautiful voice, only so that we can appear more attractive to the Outside World?

A CULTURE MEDIUM

As an intercalated BSc student in the 1980s, I was once in the Gents at the Wright-Fleming Institute, St Mary's Hospital Medical School, London, England, when the then Head of Immunology, Professor Leslie Brent (once Sir Peter Medawar's graduate student and also coiner of the phrase graft-versus-host disease), stood next to me, facing the same tiled wall, and performed the same bladder relieving need. Disillusioned with the closure of hospital beds and imminent merger of the great London teaching hospitals to cut cost in Thatcherite Britain, the Old School Labour loyalist encouraged me to consider applying to a clinical school in East Anglia with a progressive new leadership of academic doctors including Professor Keith Peters, Professor Patrick Sissons, Professor Les Borysiewicz, Professor Alastair

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Compston and others. Would world experts in nephritis, herpes viruses, vaccines and multiple sclerosis respectively make for better clinical school teachers, I wondered. Are these doyens going to be better at teaching me the Art, and not just the Science, of Medicine. Still, that loo encounter was a tipping point for me (no pun intended). I did interview for a place and entered this Academic Medical Centre.

Through a cracked window of this same St Mary's toilet, I could see to the room where Sir Alexander Fleming observed a fungus killing his bacterial culture on an agar plate. I wondered what would happen if Sir Alexander had been working in one of our busy Singapore hospitals, doing long sweaty ward rounds, rushing to a patient collapsed from an acute myocardial infarction, attending to that private patient from Jakarta who just arrived from the airport and needing a battery of tests stat, sitting in endless hospital meetings, writing prescriptions for patients who need refills outside clinic time and then having patients piling up in the outpatient clinic and medical reports and insurance claims piling up in the office. It is possible that his *kiasu* and *kiasi* Singaporean lab technician would have discovered the contaminated culture medium instead and exclaimed: "*Wah piang*, the agar plate *kenah* fungus! Better throw away otherwise sure *tekan* by boss!" Oops. End of the Antibiotic Age. Billions of lives left unsaved.

Will the creation of AMCs entail a tectonic shift in the culture and inner workings of our tertiary hospitals? Already there are rumblings on the ground. How can firing on all pistons to achieve multiple goals succeed within our bursting hospitals *popiah-ed* precariously to support secondary, tertiary and quartenary patient care? In Monty Python's film, *The Meaning of Life*, there is a really gross scene where an enormously fat man, Mr Creseote, throws up repeatedly in a French restaurant even as more food is served up to him. As the *maître d* mischievously serves him just a final wafer thin mint, Mr Creseote explodes, innards, foodstuff and all scattering asunder. That wafer thin mint may well be that teeny weeny extra thrust for more market share, that rush to ramp up R&D, that sprint to upgrade clinical service, that patient's relative physically abusing the doctor-on-call. The Ministry of Health's timely antidote to relieve our oedematous hospitals includes increasing manpower on the ground, creating more capacity including more hospitals, streamlining medical services and right-siting patient care. This may help free up more breathing space for AMC-like activities such as thinking (in the minds of service workhorses, this is otherwise known as *choh boh l***), more time to carefully thinking through clinical problems for each patient, and doing more teaching and research. The Cynic will still bemoan the predictable bureaucracy that will stymie any well meaning policy and lament that any *Gahmen* Ministry anywhere in the world is more like the Ministry of Sound Byte while the private sector can act and execute more nimbly.

How do classical clockwork clinicians and hospital administrators who worship at the temple of *Six Sigma*, accreditation, organisational and service excellence, tangible outcomes and whose motto is "failure is not an option" gel with this invasion of lateral thinking anti-authority iPhone toting deconstructionist "we fail to succeed" disruptive innovators bringing with them glowing mice, protected time and who worship at the feet of medical mavericks, "Hawkeye" Pierce from M*A*S*H, the Google boys, Linus Torvalds of Linux and Janus Friis from Skype? Will this marriage of seemingly discordant hearts and minds at the altar of the AMC end up like a tense episode of that cheesy American TV show *Beauty and the Geek?* A head-on collision between the CEO and the Dean of Johns Hopkins in the 1990s led to the Dean resigning in 1995 and the CEO getting ejected in 1996.

At heart, even the most commercial or academic of doctors attest to Mao Zedong's most famous axiom, "Serve the People". The Public Service Purist would decry the potential inequity of private and subsidised care competing for shared resources. They might wonder why doctor-scientists spend more time talking to mice than talking to patients, and why vast amounts of money are poured into research which should have gone into further subsidising patient care. If the Public Service Purists instigate a Cultural Revolution, academics might all be banished to rural *Lim Chu Kang* farms to experiment on worms, pigs and goats. Or they may migrate to the Yellow Brick Road of private practice outside. In a small country where talent is scarce, this would be a tragedy.

The Cynic would argue that Singapore has always been a clean and highly efficient entreport that provides excellent services to the rest of the world. "Let's face it, Singaporeans have been brought up to serve and obey, not to think, criticise and challenge. Besides, we have no homegrown Nobel Prize laureates, Oscar winners or Olympic sportsmen. Asian century? *Alamak*, let Japan, Korea, China, Taiwan, India and Hong Kong be the innovators, discoverers, patent generators, value creators, and builders of global reputations. We have always been a migrant society with a

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merchant mindset like *Mustafa*. After all, *Mustafa* makes impressive profits. Let's just stick to selling goods with good service." Ironically, the World Economic Forum 2006 data reveal that Singapore's service standard ranking has dropped to 26th place while Hong Kong has risen to the top ten.

Unless we can unify the potentially divergent aims and ideologies that beset the many-headed hydra of the AMC, and open up more time, space and resources in support, Singapore's dream to become the Mayo of the East may end up becoming the *Mei You (don't have)* of the East. But out of these challenges of complexity may emerge a fascinating and coherent value proposition. For the AMC to work, the medical leadership will have to embrace this biomedical venture as integral to their overall mission of giving the best to patients and be appraised on this goal. Healthcare professionals will have to be convinced that ideas, innovation and inventions have been improving and impacting patient care for centuries. A conducive environment must be created for such a strategic mission to thrive. Doctors who are not properly incentivised to engage in academia and continue to conduct grinding research in a service-steeped clinical culture will flounder. Leadership at all levels must be in sync with this new AMC mission, otherwise crack lines will occur along the linked chain of command. Ground fatigue, wavering organisation loyalty and doctors who see their personal growth chart losing altitude or facing turbulence will look forward to a better way to freely fly as private practice squirrels who can focus on just gathering and keeping their own nuts than to potentially have their nuts crushed in Big Organisation.

ADDING MORE COST?

AMCs form less than 10% of all hospitals in the United States, and yet they train 75% of US doctors and provide 75% of America's tertiary care. A vibrant academic-industry partnership including Big Pharma, biotechnology firms, and a less risk-averse private investment sector also catalyses the AMC towards the incubation of pioneering minds, machines and methods that have been transforming medical practice worldwide.

Why is it that in America's Number One hospital, the Johns Hopkins Hospital in Baltimore, USA, surrounded by real estate that has many times more crime and danger than Kent Ridge and Tiong Bahru, can attract into its hallowed healing halls both movers and shakers, and boozers and beggars? While the world's most powerful financial figures receive clinical care in one part of Hopkins, not far off in its Emergency Room, bullet-ridden crack addicts are having their Fubu jackets removed for resuscitation after yet another gangland war. Hopkins' legendary Chief of Surgery, Professor John Cameron, can boast that his results for the Whipple's operation are better than anywhere else because of the high volume of such a complex specialised procedure performed (the most in the world), the training of handpicked surgeons in such an eminent environment of scholarship and the inexorable refinement of an integrated multidisciplinary system of care for such pancreatic cancer patients. In other words, do not go to the "Beverly Hills We-Da-Best-Paris-Hilton-Wuz-Here-One-Stop-Surgical-Shop" for your Whipple's operation. So Singaporeans have to realise that an AMC will provide them with potentially the best tertiary care anywhere if all the right pieces are put in place like a well-oiled machinery. If the public wants to go to an AMC for mild hypertension or removal of an ingrown toenail, redirect them to the other hospitals or family physicians, as long as the cost differential is not too great for the patient. AMCs must not horde patients indiscriminately like *Monty Python's* Mr Creseote gorging on food.

But would the premium Asian patient, whose consumerist love for externality and branding is well known compared to a Western counterpart, be seen in the same waiting room as (gasp) a *garang guni* man, both preparing for a Whipple's operation in a Singapore AMC? Would such a patient not rather be in Singapore's Most Expensive Hospital (MEH), which is continually improving as a Clinical Care Excellence Centre along the Golden Mile of Orchard Road?

FAT DUCK OR DEAD DUCK

There is a restaurant in Bray, England, called The Fat Duck which has been voted the best restaurant in the world. Needless to say, I have never eaten there. The head chef, Heston Blumenthal, is a translational research genius of molecular gastronomy, a bench-to-tableside wizard of new

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food experiences. The interior is nothing fancy, but the value-driven intensive customer-centric R&D and service that delivers the highly original best quality food on the tables of the customers is the really unbeatable winner. I do not think that the key mission of The Fat Duck is to franchise their brand name worldwide, nor capture every hungry customer within a 500 km radius. Bray is not a strategic geopolitical crossroads of the world. And neither is the Mayo Clinic, Rochester, Minnesota, whose positioning is a non-profit value-driven patient-centred culture of best care.

In Singapore, we have to decide whether we want to keep our public hospitals cheap and good and very busy, like Fatty's Roast Duck, or whether we can afford to select specific globally aspiring AMCs that model themselves after The Fat Duck or The Peking Duck (Peking Union Medical College enjoys an unrivalled reputation as China's top AMC) of the medical world. It is true that selling roast duck in Singapore can be a highly lucrative business, as I found out reading about how the owner of the Yu Kee Duck Rice chain successfully won his case against the Family Food Court, which had evicted him (Seah Boon Lock and Another v Family Food Court). Certainly Mr Seah's take-home earnings exceed many doctors. But as Dr Denis Cortese, Mayo Clinic CEO emphasised to me in an interview with the *SMA News*, the Mayo Clinic is not about making money as its primary mission. It stands for much deeper values with the patient at its centre.

The expansion of new knowledge in the new economy and the amazing pace of medical innovation in a Brave New World demand a new kind of healthcare and waits for no one. The AMC can deliver the highest quality care and still be a player in the Medical Revolution and the New Economy. ■