

By Dr Wong Chiang Yin, SMA President

## The Cost and Price of Medical Education: SMA Medical Students Assistance Fund

One of my role models in medicine is my family GP. I first saw him as a teenager when he was practising in a housing estate. He has since moved his practice to town and my family continues to consult him. One of the most memorable incidents that happened between him and I was when I first consulted him as a medical student for a minor ailment. I was pleasantly surprised when he waived his charges and told me: "Now that you are a medical student, you are part of the medical profession and it is a tradition in the profession that we don't charge one another." That was the first time anyone told me I was a member of the profession in no uncertain terms – definitely a better initiation than taking an oath on my cadaver on the first day of medical school.

Last year, SMA embarked on its first-ever fund raising for a charity. This was in aid of Club Rainbow, a very worthwhile cause that helps chronically sick children. The SMA has learnt and benefited much from that experience. We have since reviewed our needs and priorities from a strategic perspective. Charity initiatives will continue to be one of our core activities in the coming years. We also feel that a longer term partnership with a charitable cause that is close to all doctors' hearts will serve both parties better.

There is really no more relevant cause to us than helping our poor youths who desire and deserve a meritocratic medical education. We have chosen the NUS undergraduate medical course because if one thinks about it, this is really the only option for children of poor families to get a medical education. In fact, the NUS course is the only option for 80% to 90% of Singaporeans who are unable to win state scholarships or afford an overseas medical education. Of course, there is now the option of the Duke-NUS Graduate Medical School, but to be absolutely frank, a second degree in Singapore's context is still a non-essential item.

The current tuition fees for the NUS undergraduate course stand at \$17,520 per annum.

That works out to \$1,460 per month. The median household income in 2006 was \$4,500. \$1,460 is about 32% of the median monthly household income. In other words, the tuition fees of the NUS undergraduate medical course would amount to at least one-third or more of the monthly income in the poorer half of Singapore's households.

But wait. This is just the tuition fees payable to the Bursar. How about living expenses and textbooks? Living the life of a medical student is more expensive than that for other faculties. Medical students have to buy medical equipment on top of the usual notebook and stationery. The hours are longer so their food expenses are higher because they do not eat so many meals at home. In the clinical years, they have higher transport expenses as they shuttle from hospitals and Kent Ridge. Even clothing expenses are higher as the men have to wear business shirts, pants and ties while the women have to dress more formally than other undergraduates who can go through the entire course in T-shirts, jeans and sneakers. So all these cost money.

The NUS Medical Society (Medsoc) has done a study which shows that about 21%, or about 250 medical students in the undergraduate course, have a monthly household income of less than \$3,000. Another 26% of students come from households that earn between \$3,000 and \$5,000 a month. Paying tuition fees alone must be a significant burden for these students, let alone coping with living expenses.

A medical education is expensive to many. Even a highly subsidised one such as the NUS undergraduate school is expensive. Thankfully, there are quite a few schemes of bursaries, financial assistance and loans which one can take to help pay for the NUS tuition fees. But the SMA and NUS Faculty of Medicine have discussed this and we perceive a need for some scheme to help poorer students with living expenses. The same study by Medsoc (with at least 70% of students participating in the study) has identified that a student needs at least \$4,410 a year to survive day to day after he has



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paid his tuition fees in one way or the other. This works out to about \$367 a month. The breakdown for these figures is given in Table 1:

**Table 1: Basic Expenses of Medical Students**

Expenses	Amount per Year (Month) (\$)
Transport	1,200 (100)
Food	2,400 (200)
Books	310
Miscellaneous	500
Total	4,410 (367.50)

It is with this in mind that SMA is stepping in to launch the **SMA Medical Students Assistance Fund**. This is a long term commitment by SMA. We will commit up to \$20,000 a year to match dollar-to-dollar donations from SMA members and well-wishers to help poorer students. All donations are tax-deductible and will be given to students directly. The donations will not become part of an endowment fund.

SMA has close to 5,000 members. Not all doctors are rich but there are quite a number who are well-off enough to help out. We hope they can step forward to support this worthwhile endeavour. If the highest earning 20% of the membership donate just \$50 a year to the SMA Medical Students Assistance Fund, it would amount to \$50,000 a year.

Donations of any size are welcome. In addition, we hope that we can get several doctors to ‘adopt a medical student’ by committing at least \$1,800. This money will go directly to the needy student and help out with his or her living expenses.

Some may ask – why is the SMA doing this? Is this the SMA’s job?

Meritocracy favours and rewards the able. But this is not an end in itself. Meritocracy is a relationship between the capable and the rest. The products of a meritocracy (that is, ‘the meritorious’) must do their part to help the less fortunate and improve the overall well-being of the community so that society at large continues to support meritocracy.

It is said that two of the main differences between a profession and a trade in its most traditional sense are that a profession involves a calling and being a professional involves the desire to do good to a fellow human being. As such, the three most traditional professions are divinity, medicine and law. That is why the old universities have distinct schools for these three professions. Business schools, schools for government, and so on, came later.

By the actions we take as a profession in helping poor medical students, we are reaffirming that actually, one cannot buy one’s way into the medical profession. The cost of a medical education is costly both to the state and the individual. The price for being a doctor does not just include good academic performance and the ability to pay for the cost of the education. The price is not a number, be it \$17,000 or \$35,000. If it was just so, then we are just a trade, not a profession. The price is a life-long calling and a commitment to helping others.

And we can start helping others by first helping ourselves because medical students are as aforesaid, already members of our profession.

On another note, I am also happy to announce that we have managed to secure sponsorship from an anonymous source for the associate membership subscriptions for final year medical students in NUS. We will work with the Dean to offer these free memberships. Next year, the 48<sup>th</sup> SMA Council will move a constitutional amendment allowing us to waive membership subscriptions for medical students. Medical students are our future and we need to engage them now.

We end this month’s column with a short tale. In 1966, a young man gained entry into our local medical school. He came from a poor and large family. He had no idea how he was going to find the money to pay for his initial tuition fees. One of his friends bought a 4-D lottery ticket and shared it with him and another two friends. The 4-D number struck first prize and the four of them shared the prize money of \$4,000, then a princely sum. With his share of \$1,000, the young man was able to pay the then tuition fees and he entered medical school.

Many of us know this man today – he is none other than former SMA President, current President of College of Family Physicians Singapore and the de facto ‘father’ of academic family medicine – A/Prof Goh Lee Gan. Imagine our medical profession and family medicine today without him. And it was all left to chance in 1966. Surely we can do better today if we really believe in the medical profession as a calling and a meritocratic education.

And if you really need to know – the 4-D number in 1966 was 2081.<sup>1</sup> ■

More details on the SMA Medical Students Assistance Fund will be announced in the next issue.

#### Footnote

1. *This in no way constitutes a suggestion or encouragement by SMA, Goh Lee Gan and Wong Chiang Yin that medical students and doctors should try their hand at lotteries to solve their problems.*