



Old coots like *The Hobbit* will remember the science fiction movies and TV shows in the sixties and seventies that seem to make predictions of what will happen into the future. Examples include *Space 1999* and *Space Odyssey 2001* and *Space Odyssey 2010*. The first example is about storing a lot of nuclear waste on the moon which exploded and sent the moon out of Earth's orbit. The whole TV series was simply a worst-case scenario of mooncake-induced gas coming through and frankly, an orbit-less moon is an oxymoron. The second example is about a Honda MPV driven gaily by an English guy searching for the best Sri Lankan crab in 2001, while the last example is about how the Honda MPV ends up in geostationary orbit while still searching for the best crab after the same chappie kicks the bucket in 2008. Of course, we now know that there are no mooncakes on the moon, just as there is no chicken rice in Hainan and also no Singaporean *beehoon* in Singapore.

The *Hobbit* will venture likewise and predict how Medicine will be like in 2018, with the same degree of prophetic accuracy.

COMMUNICABLE DISEASE AND FOOD SAFETY

In 2018, new zoonotic diseases plague us. The flu pandemic is still not here and dammit, the antiviral stocks in your clinic are expiring.

Luncheon meat is banned again after traces of Tienam are found in it.

Mad Pig Disease is discovered. *Bak-kut-teh* shops are badly hit. *Chick-kut-teh* becomes the rage.

After another major disease outbreak, senior folks are given medals for convincing the public there were no major screw-ups on their part in the first place

DRUG INDUSTRY

In 2018 Viagra goes generic and Power-5 Walnut (not Power-1; by 2018 we are already at version 5) becomes a prescription drug.

With more females than males graduating from our medical schools, male drug reps become commonplace.

Bonus-ing for drugs reach 1,000% and doctors are still being suckered into buying more than they will ever need.

PRIVATE HOSPITALS

All private hospitals will be owned by the same (foreign?) party in Singapore. Price of clinic space and rentals reach astronomical rates. Oops, this is not a prophecy. Let me rephrase that again: Price of clinic space and rentals reach *&^%\$#@! astronomical rates. (*Editor's note – this is still not a prophecy.*)

A new record of a \$100,000 quote for the removal of a breast lump is announced. More importantly, the doctor is not overcharging because the patient agrees.

The parking rate at private hospitals is only \$3. For ten minutes. And you still can't find parking. Come to think of it, you still can't find parking in the Singapore General Hospital either.

PUBLIC HEALTHCARE AND CLUSTERING

After the inability to extract efficiencies and synergies,

the two-tier, six-cluster model is abandoned in favour of an integrated two-cluster competitive model with one in the west and one in the east in 2018. Expensive American management consultants are brought in to extract synergies of clustering.

Woodbridge still feels lost and out of all this clustering business. Come to think of it, taxi drivers are still lost in 2018 when a passenger wants to go to “Buangkok Green Medical Campus”.

Two new national specialty centres are created: MCC or Myopia Care Centre and IVF Centre. MCC launches a branding campaign to explain to HDB heartlanders that MCC does not stand for “*mung-cha-cha*”.

Population in the northwest reaches a million folks. And they still don’t have a hospital in the region.

Class B2 and Class C wards get air-conditioning after the first staff dies of heatstroke while working in the wards due to the effects of global warming.

By then, means-testing is still not too mean and the bar of passing a means test rises slower than ERP charges.

Waiting time for beds in A&E drops by a hefty 10 minutes after two new public hospitals become operational in the last ten years.

The average age of heads of department is now 35 as more and more senior specialists leave the public hospitals.

Publishing of bill sizes become meaningless as all hospital bills converge into one price because nobody wants to look bad.

HEALTHCARE JOURNALISM

In 2018, journalistic terrorism will be masquerading as investigative reporting on our little island with all sorts of inaccuracies. Opinion pieces like “MOH Should Ban Certain Practices” will appear as factual comments. The Ministry will issue clarifications and denials but only after the same newspapers have sold zillions of advertisements on banned procedures.

Good news is, no one bothers to believe what these journalists are writing in 2018. They only buy newspapers to see where the best deals are to be had during Singapore Sale 2018.

FOREIGN TALENT

Unable to eke a living as a GP and with more restrictions on aesthetic practices, GPs leave Singapore to set up practices in remote places like Alice Springs, Australia and Fairbanks, Alaska and so on.

Foreign talent based in Singapore actually now *stay* for a long time. The Biopolis food court flourishes with the critical mass attained. Some foreign talent researchers even become Chinese dumpling hawkers when they realise selling Chinese dumplings pays

better than washing test-tubes. The better-endowed ones even try selling imported beer at coffeeshops with the encouragement of our ministers.

PRIMARY CARE

The middle-class Singaporeans continue their migration to the superbly furnished polyclinics while the poor patients who pass means-testing end up with their subsidies seeing the GPs in 2018.

Meanwhile, more aesthetic procedures are regulated at clinics. GPs end up as medically trained backups for beauticians giving aesthetic treatments at beauty spas “in case something goes wrong”.

Rental for GP clinics hits \$40,000 for a 700 square feet clinic.

Managed Care manages to convince HR managers to send their employees to designated telemedicine clinics to cut costs. Only problem is these doctors are actually based in Johor Bahru. Reimbursement rates hit 50 cents for consultation.

TRAINING

Cost of basic medical training will go up and up. Freshies will have to sign a five-year bond that hits a million bucks. The guys at the graduate medical school will pay \$80,000 a year for their school fees. But inflation is so bad in the 10 years preceding 2018 that \$80,000 doesn’t seem so bad.

Meanwhile, postgraduate training is still mucked in miasma. The Minister for Health has turned blue trying to coax specialist training bodies to train more specialists while the specialist bodies increase the quota by one headcount per specialty.

In 2018, doctors have to attain 100 CME points a year with no change in outcome in the quality of medicine being practised. The Hobbit joins the legendary *ah-pek* CME lunch club – and goes around eating free lunches at CME talks and sleeping during the lectures afterwards. He gets 187 CME points in 2018 but refrains from recording the last 87 points because he doesn’t want to “spoil market” and give some guy any reason to raise the bar to 120 points.

THE SMA NEWS

In 2018, The Editor is an old coot who writes rambling editorial pieces occasionally. He yearns for the day when he can give it all up and return to a quiet life as a doctor. He also fears for his life and worries about the day when he may end up as a doctor posted to Pedra Branca because of all the edgy stuff he has allowed into print on his watch. (*Editor’s note: This is also not a prophecy, especially the old coot and Pedra Branca bits.*)

Most importantly, Hainanese chicken rice flavoured mooncakes appear on the market in 2018. ■