

By Dr Wong Chiang Yin, SMA President

Globalisation and Medicine

Globalisation is really quite an overused term that sounds almost clichéd. However, in the rather tumultuous world of 2008, I am forced somewhat to grasp at what globalisation means more fully. Inflation is now global in a globalised world and everyone is faced with higher food and fuel costs. Unlike other consumption variables such as clothing and entertainment, there are two things that one cannot delay consumption of – food and fuel. One has to eat and travel everyday. Events that happen far away affect us immediately as distances are less important in a globalised world. For example, an earthquake in Sichuan contributes to higher fuel and construction costs here.

What about medicine? One memorable experience I had regarding globalisation and medicine was when I was a relief worker in Pakistan during the South Asian Earthquake in 2005. I remember the trying conditions we had to work under: a field hospital in the mountainous town of Muzaffarabad near the epicenter of the earthquake. Then came the US Army and their MASH (Mobile Army Surgical Hospital). It was a huge facility airlifted from Germany that was in stark contrast to the other makeshift facilities there. It had air-conditioned facilities including ICUs, OTs and laboratories. The whole facility was up in a few days, against the constant whirl of Chinook and Blackhawk helicopters. I was fortunate to be given a tour of it by a US Army Major working in the MASH. For those of us who had been trained to be medical officers in the Armed Forces and understand the constraints and intricacies of practising medicine in a war zone or disaster area, the MASH represented the breathtaking apex of military medicine capability in the field. To me, the MASH encapsulated the

global reach of medicine against the backdrop of the global reach and might of the US Army.

The MASH, together with the myriad of international agencies offering medical aid which I saw in Pakistan told me I was living in a smaller world.

The “normal” world we live in is no different. We live in a smaller world with two developments – the popularity of air travel and the internet.

With the advent of the internet, international collaboration and research networks, the science of medicine has undoubtedly become globalised. There is much and rapid convergence in the science of medicine as information and data are readily available to everyone. Patients too are becoming globalised as they are able to travel from far to seek medical help and similarly have access to repositories of medical data and knowledge.

Therefore, is there a place left under the sun for the neighbourhood doctor in this smaller world? With globalisation comes globalised competition. But you may not even see the globalised competition. In the past, you could count the number of GPs practising in the same HDB estate as yourself and count that as your competition. Or if you were a private sector specialist, you could look at the number of specialists in the same speciality as yourself practising in the same private hospital and count them as your competition. Unfortunately, the competition is now often faceless and faraway. You may not know it, but you are actually competing against the specialists in Bangkok Bumrungrad Hospital. You probably have not even been to the hospital, let alone seen the faces of the specialists. Or if you are a radiologist, the competition may come from as far away as India, Australia and so on, armed with



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teleradiology. The individual GP may not just be competing against other clinics around him or the neighbouring polyclinic. His competition could be TCM practitioners, human resource managers, spas or the faceless people running Managed Care companies.

To earn the next healthcare dollar, one has to get past globalised competition. Life is going to get harder. Even hawkers are not exempt from this. Readers of this column will remember that I wrote about the hawker centre in Chinatown Complex at Smith Street about two years ago, regarding the temporary re-location of stalls to Outram Park opposite SGH while the original site underwent extensive renovations. I wondered who would return and who would not. Well, the renovations have been completed and the hawkers are back in Smith Street again. Thankfully most of them are back. Sadly, some have gone for good, including a Teochew *char* stall that was originally from Ellenborough Market, another stall selling fried *ngoh hiang* and others. There are now probably more stalls (more competition) and tables with the new layout. Several stalls now sell northern Chinese food, probably run by recent immigrants from China.

One stall occupying two units of space caught my eye – “October Fest”. It was a stall that sold German pork knuckles, sausages and German Paulaner beer right in the heart of arguably the most-historic and most-Chinese of hawker centres in Singapore! I almost rubbed my eyes in disbelief. I recognise several of the Chinatown hawkers that are still there – I am a third generation customer of some of the stalls – they now face globalised competition as well, right on their doorstep. I wonder what my grandparents would say if they had lived to see the stall selling German food in Chinatown Complex.

Frankly, my first response to this was a little

discomfiture. But I remember I was also somewhat uncomfortable when the Teochew hawkers moved into Chinatown Complex at Smith Street in the mid-nineties, when Ellenborough Market was torn down to make way for the development of Clarke and Robertson Quay. It sort of diluted the “Cantonese-ness” of the place. But over the years, I grew to accept that and now I think the diversity of the food available is actually a good thing. I think over time, the place will be enriched by the northern Chinese fare and German pork knuckles as well.

But does that mean that indeed, our friendly local doctor will also go the way of those hawkers who have packed up their trade for good? We now return back to the MASH in Pakistan and to the other end of the alimentary canal.

Whilst touring the MASH, I came across two



beautiful wooden cubicles within the secure perimeter of the MASH. I opened the door of one cubicle and saw what was to me, the most beautiful toilet I had come across since I arrived in Muzaffarabad: a seated toilet – dry, clean and equipped with fresh rolls of toilet paper. Reflexively, I undiplomatically asked my host a question to which

the answer I had already guessed: “Do the locals want to use these toilets?” He was frank, shook his head slowly and said: “No, we have to build new ones for them.” The locals’ toilets do not have running water and they do not use toilet paper, but water. And like what a doctor-turned-politician told me that all politics is local, I told myself likewise and silently then that all medicine is local and personal as well.

I guess as long as we know the needs of our own patients better than anyone else, we can still face up to a globalised world. The art of medicine is local while the science and competition of medicine may be global.

Having said, I think I will still give the German pork knuckles a try one of these days. ■