By Dr Jeremy Lim, Editorial Board Member

WHEN POLICY LAGS PRACTICE

The ongoing economic meltdown is a stark reminder of the catastrophic consequences when regulators fail to keep up with, or appreciate the implications of new developments in the field. This is unfortunately not altogether unusual and in medicine for example, science has consistently outpaced policy with regulators left wondering how to deal with dilemmas such as octuplet pregnancies, human cloning and the like. This sorry state extends to everyday patient care and we must ask ourselves whether we can do better.

How does a policy lag 'harm' patients? There are at least two ways that quickly spring to mind. The first is the impediment to innovation. Clayton Christensen in his new book 'The Innovator's Prescription', described by Minister Khaw as a "thorough discussion on applying disruptive solutions in the healthcare sector", gives the example of home haemodialysis. A disruptive innovation improving outcomes and reducing cost, it has been derailed by reimbursement policies that incentivise providers to retain patients within dialysis centres. In Singapore, healthcare providers struggling with 'right siting' programmes bemoan the challenges in getting patients to move from specialist care to primary care because of the often cheaper consultation fees and medicines in tertiary institutions. Pioneering physicians attempting remote consultations or home-based interventions likewise struggle with finding a viable financial model, as government subsidies do not typically cover such models of care. The root of these difficulties? Static policies that have not kept up with the times.

A second notable policy lag pertains to the Table of Surgical Procedures (TOSP) which was introduced decades ago to allow for rational comparison of different specialty procedures and setting of Medisave withdrawal limits across specialties. It was intended to be constructed based on complexity, skill of proceduralist, time required and risk, but lack of forceful and timely policy updating to keep in tandem with medical science has led sadly to the TOSP being implicated in some perversions of pricing and practice, because of its usage by hospitals to set doctors' fees. The use of a laser in some procedures raises the table category (which may have been reasonable in the early days of medical lasers when lasers were complex to use) and there have been mutterings that some surgeons today tend to reach for the laser probe a little too readily because of this. In addition, when new procedures that have no clearly defined category in the TOSP are introduced, some proceduralists have been accused of conveniently choosing the highest table category that resembles the new procedure. This practice is especially of concern in this age of minimally invasive techniques where a hitherto 2-3 hour long complex and demanding surgery may now be completed via a puncture wound in 15 minutes under imaging guidance.

What can be done? The Ministry of Health (MOH) has a central role here in developing nimble, responsive and timely policy review processes. Aligning policies with intended practice and commissioning internal teams to specifically review and decide on TOSP codes for new procedures would be appropriate measures.

However, we as doctors are no innocent bystanders and are in fact oftentimes the major obstacle to reforms we perceive disadvantageous to us either personally or professionally. Yes, we need to engage the MOH and actively offer our expertise and inform on policy decisions – it would be unrealistic to expect MOH to have in-house expertise to deal with all innovations in healthcare. However, it is just as important, if not more so for us to put aside parochial interests and make recommendations based on what is best for the patients we serve. Interestingly, the MOH is at this time moving towards amending the Medical Registration Act which governs the actions of the Singapore Medical Council, to make explicit that the Act's and hence the Council's purpose is to "protect the health and safety of the public". Our first and only duty as a profession is to society.

Policies exist to serve the current needs of society and as society rapidly evolves, policies cannot remain stagnant. There is a need to be prudent and careful thought must be applied before any policy change, but there is little virtue in closing the stable door after the horse has bolted. We must urge the Ministry to close the door in a timely fashion but must also not seek to trip it up as it reaches for the latch. ■

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