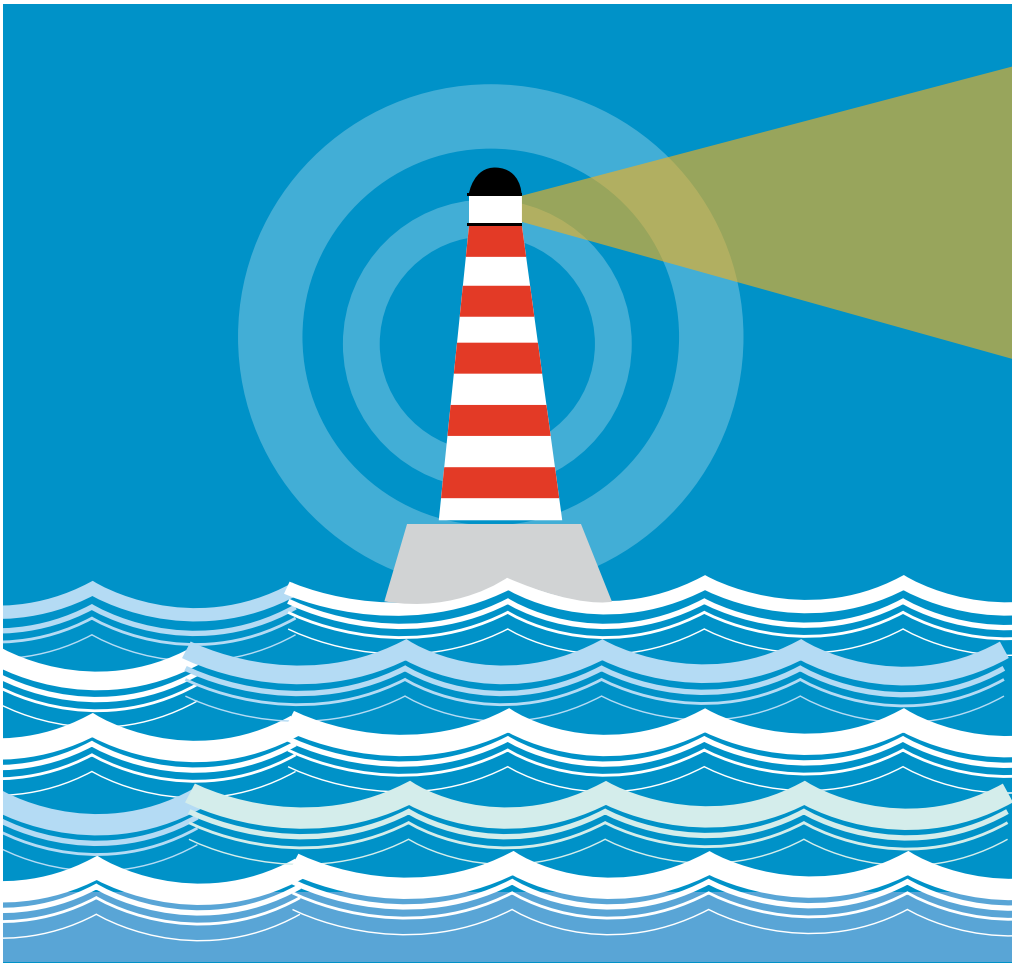

Step-down Care

Step-down Care is the subject that the Editor has asked The Hobbit to write about this month. This could only mean 3 things:

a) We have run out of stuff to write about the Medical Registration Act.
b) We have to write something after the Honourable Prime Minister has spoken on this at length at the National Day Rally.
c) The Editor wants me (and himself) to end up in detention.
d) All of the above.

First, a word about the National Day Rally. It was really cool to see the backdrop change colour quite a few times. If only the colour of the Prime Minister's shirt could also change with the backdrop, that would be really neat. Personally speaking, it was a particularly disappointing Rally because I didn't catch any hospital CEO or prominent doctor sleeping onscreen. Let me also take this opportunity to declare: out of consideration for and solidarity with the people who actually attended the Rally and most importantly out of respect for PM, I only went to the toilet during the intermission and not when the PM was speaking. Considering that hobbits have small bladders, that's no mean feat.

Now back to step-down care. Actually, I think it already happens in Singapore everyday in all our restructured hospitals. Think about it, when we were housemen, we could do anything like take consent, sign death certificates, do appendicectomies and so on. After a while however, the housemen could no longer do these – instead, the MOs stepped-down and did what the housemen used to do. Now only consultants can do things like take consent. Essentially we are stepping-down all the way. Very soon, the young doctors will be so coddled that only emeritus consultants can take consent or order an STO.

Step-down care needs serious rebranding. "Step-down" brings up images of big shots in public healthcare stepping down. Contrary to popular opinion, these are not necessarily happy occasions. There really is no life after stepping-down for doctors. That's why everyone doesn't want to step-down and hangs on for dear life (even when you offer the old guy the use of a reserved parking lot after stepping-down). To support step-down care may imply that one also supports stepping down to make way for others. Now you know why step-down care doesn't quite cut it as a brand, even with the big shots.

Then there is also the related term/brand of "slow medicine". We are living in the F1 age; slow-anything other than slow-ageing is not welcomed. Slow medicine draws up connotations of medicine that is "not happening", like slow bowel movements, symptoms of prostatism and stasis. Remember how

a slow surgeon or a slow ward round is always looked on with contempt by everyone? So "slow medicine" doesn't quite cut it as a brand either. Most importantly, "slow medicine" actually connotes slow money. Slow money seldom attracts people, and that is the crux of the problem.

If "slow medicine" is to take off, then we got to find talented folks to come forward. Nowadays, folks in "slow medicine" are a self-selected lot – the idealistic people in our profession who are dedicated to saving lives with no consideration for big paychecks. But these are few and far between, just as there are so few people who want to be nuns and priests. Maybe that's why we don't have a Department or Professor of Slow Medicine locally. Can you just imagine how depressing it must be when your relatives and friends ask you what your specialty is and you answer, "I specialise in Slow Medicine"? Can you imagine the look on their faces? It's almost like saying you had plywood dust for breakfast while you watched your dog get run over by a truck.

In short, step-down care and "slow medicine" need some serious makeovers. We gotta make them sexy and happening, just as we transformed acute hospitals by:

a) Having inadequate parking space so that they look busier than they are.
b) Publishing glossy newsletters that nobody reads.
c) Building fountains and water pieces at every conceivable corner.
d) Calling *amahs* "healthcare attendants".

The next issue about step-down care is the concept that providers can use more foreigners than acute care so that costs are controlled. One geriatrician who does rounds in some community hospitals says that his main job at such rounds is to explain what's happening as desperate patients cling to his clothing (as if he is some religious figure who works miracles) and exclaim, "Tell me what's wrong with me, doctor. You are the first person I have met here in 3 weeks who speaks in a language I understand!" (Note: The previous Miss Singapore World 2009 AKA "Miss Boomz" may have the same effect on patients should she be posted to a community hospital upon the completion of her Health Science diploma studies). The Hobbit has nothing against foreign workers, but if we are to really attend to the needs of these step-down care patients (that is, the elderly), we have to make them feel that they are still in Singapore and not some faraway foreign land.

Nowadays, folks in "slow medicine" are a self-selected lot – the idealistic people in our profession who are dedicated to saving lives with no consideration for big paychecks. But these are few and far between, just as there are so few people who want to be nuns and priests.

A word on subsidies, the lifeblood of step-down care and "slow medicine": Fact is, there is no such thing as step-down or step-up to the patients and their families. Unless you are very rich, most people are just stepping towards more subsidies just as policy makers are stepping towards less. The fact that "slow medicine" is cheaper to produce does not translate to the point that it therefore deserves less subsidies. The contrary is true if "slow medicine" is to take off in a big way. As long as total costs are kept low, step-down care needs to be perfused with more subsidies for it to grow in popularity. Some step-down services actually cost more than Class C services. Why would anyone step-down to pay more? It's like an SQ Economy ticket costing more than Business Class. Why would anyone want to go for Economy (except maybe to meet the younger air hostesses as opposed to the older Singapore Girls in Business and First Class)?

Finally, we need to seriously consider sending folks to Malaysia for step-down and nursing care just as our Minister mooted sometime back. There are several advantages to this:

- First of all, people there actually speak languages and dialects that we understand.
- Secondly, we can eat all the food we have been eating all our lives which their Tourism Minister (a doctor) claimed they invented, at half the price.
- Thirdly and most importantly, you get to watch EPL and Champions League without getting a SECOND cable TV box.

This can be carried out in pretty much the same way as what we do with the Elves from where I come from. We just pack the Elves onto some barge and send them off to the Lands of the East where they can find rest without being a liability to us in Middle-earth. Only problem is that as the *SMA News* Editor tells me, Singapore only has Pedra Branca – which is just about the right size to detain him and me. SMA