Drawing the Line

By Dr Jeremy Lim, Editorial Board Member

Despite monumental improvements in local healthcare and health status, Singaporeans still express concern and sometimes even dismay at the state of healthcare and especially its affordability for the lower income. Why?

Life expectancy in Singapore was 63.7 years in 1960 and is today 80.7 years, a remarkable jump of 17 years. In terms of adult mortality, Singapore moved from 72nd for men and 62nd for women in 1970, to 16th for men and 14th for women in 2010 (out of 187 countries). Clearly Singaporeans have done very well in health especially compared to other countries at similar stages of development in the 1960s. Yet, there are constant murmurings of unhappiness probably best crystallised by the axiom "it is better to die than to fall sick in Singapore".

Take for example the recent *Straits Times* reporting on the escalation of healthcare costs: "The average bill for a subsidised C-class patient in a public hospital has gone up by between a third on the low end and almost double on the high end." And the Ministry of Health's (MOH) somewhat combative retort? "To keep healthcare costs low, our policy is to prescribe standard drugs and cost-effective implants for our subsidised patients. However, where the patients have expressed a strong preference for such non-standard items despite knowing that they will have to pay for them, we will meet their requests... Patients can do their part by staying within 3Ms and accepting their doctors' prescription of lower-cost alternatives."

This all sounds reasonable: living within one's means and accepting "good enough" care. However, the seeming logic does not take into account two important factors that divide the official position and the people's aspirations, which also may explain some of the angst felt by Singaporeans.

Why should "heartlanders" be satisfied with "good enough" when they see the rich obtaining "better"? In healthcare, "good enough" must be seen by the people as being indeed good enough and that "better" is not so much better that society should bear the costs of availing it to every citizen.

Healthcare as positional

In economic speak, a positional good is one in which people's utility depends on how much they possess relative to others or "I was happy with my bonus until I saw what my colleagues got". There are oblique analogies in healthcare. Why should "heartlanders" be satisfied with "good enough" when they see the rich obtaining "better"? The MOH is right that patients are much more educated and demanding than they were 20 to 30 years ago; patients know when a better drug exists with fewer side effects, and they know when there is a better implant with a lower failure rate. It grates that the government prescribes "good enough" when "better" is freely available for the right price to rich Singaporeans and foreigners.

"From Third World to First"

The official Singapore story is one of an economic miracle, the proverbial phoenix rising from the ashes of a nation devastated by the separation from Malaysia, to become one of the wealthiest countries in the world. Our Temasek Holdings and Government of Singapore Investment Corporation are reputed to hold hundreds of billions of taxpayers' monies. Can the government do more? Yes, of course it can. Does it want to do more? Yes, but without eroding the work ethic and the ethos of personal responsibility. Prime Minister Lee Hsien Loong has said, "We should never encourage people to rely on handouts instead of their own efforts." Singaporeans expect a lot from the government and the knowledge that the government can do more but refuses to do so on ideological grounds can be grating.

Is there a way forward? The challenge is to find the right balance and to keep calibrating it. Openly, Singaporeans matter, but "tough love" for the long-term good of the country matters too. As citizens, we need to be persuaded that the political philosophy adopted by this government is the right one, and this is much bigger than healthcare. In healthcare, "good enough" must be seen by the people as being indeed good enough and that "better" is not so much better that society should bear the costs of availing it to every citizen. The English have a National Institute for Health and Clinical Excellence which very publicly and transparently lists out which drugs and therapies the state will fund, why and what its guiding principles are. In this age of mistrust and misinformation, it is all the more important that the government is clear about the constraints and why it has decided on behalf of the people the way it has. The Singapore public would thus need to know why certain drugs are in the Standard Drug List and why others are not. With an increasingly literate and questioning population, the government may need to be ready to explain at the level of individual procedures and medicines why these were not considered "basic".

Where to "draw the line" is a question difficult enough to answer, and cannot be answered from an ivory tower. Healthcare prioritisation is not a technical exercise; it is a value-laden process which should reflect sharply what citizens value for themselves and for their fellow countrymen. The arguments of "national bankruptcy from welfarism" and "eroding the work ethic" need to be carefully nuanced to ensure the steel of Singapore's mettle is regularly washed with the milk of human kindness.

Finally, as utopian as it sounds, are we ready to lead by example? One hospital aspires to provide "a level of patient care and services good enough for our own mothers without the need for special arrangements." In the life-and-death situations so common in healthcare, will "standard drugs and cost-effective implants" be good enough for our mothers? If not, then it is time to re-draw the line. SMA

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