

By Dr Jeremy Lim, Editorial Board Member

Value and Values

Response to PM Lee's Message to the Medical Profession

The Prime Minister's Acceptance Speech at the Conferment of Honorary Fellowship by the Academy of Medicine in July 2007 highlighted two challenges for the healthcare system: managing costs and maintaining the moral compass. How should we as a profession respond? What is the role of the medical profession in the healthcare system beyond the treatment of individual patients? It can be summed up in two words – 'value' and 'values'.

In 1993, Mr Lee Hsien Loong, then Deputy Prime Minister, chaired a Ministerial Committee on Health Policies which developed the seminal White Paper on Affordable Health Care. The White Paper stated in no uncertain terms "There is no natural limit to the demand for medical care" and established the central role of the state in countering market failure in healthcare and actively managing both supply and demand. 14 years later, his views remain unaltered: "The reality is that demand for healthcare is unlimited and has to be rationed". The Prime Minister's concerns remain unaltered too, with his arguing that while investing in healthcare is necessary, it is "even more important to get the economics of healthcare right".

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beyond provision of care to any individual patient, but also includes actively advocating for the most appropriate treatments for all similar patients. It is every physician's responsibility to highlight improvements in care (new 'value') that should force a review of existing financial and/or policy approaches. We have had almost four years worth of public reporting of hospital bill sizes with 70 common conditions now captured; the equivalent number for clinical outcomes is miserly in relation. How can we engage in a meaningful debate about healthcare rationing and rationalisation if the available information is

heavily weighted towards cost with only a paucity of clinical outcomes data? 'Value for money' is really the crux of healthcare economics and not simplistic cost containment. And derivation of the meaning of 'value' is best spearheaded by the medical profession.

VALUE: BALANCING COST AND PATIENT INTEREST

The profession's reaction should be to balance the emphasis on cost containment with an equally high regard for the best interest of patients, both as individuals and as a collective. The concepts of 'value' and especially the notion of value over a longer time horizon are pertinent here: what may appear 'expensive' if considered narrowly in one budget cycle may actually turn out to be the most clinically appropriate and cost-effective way of dealing with an issue when considered over a decade. I would argue that the doctor's duty extends

VALUES: "THE MOST FUNDAMENTAL CHALLENGE"

There is increasing discomfort with the state of our profession's 'moral compass' – the recent Subutex® cases and the Feedback Unit's survey, which found 64% of the public agreeing that "public hospitals were too concerned with cost recovery", are worrying. The high prevalence of community multi-resistant bacteria in Singapore (believed to be the highest in the world) has been attributed to the



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liberal use of high-end antibiotics in the community which the cynic would in turn ascribe to the higher profit margins from these drugs as compared to generics. The Prime Minister has defended the use of financial incentives, saying: “There is nothing wrong in this,” but he goes on to caution that the passing on of values of care, compassion and professionalism might be the “most fundamental challenge” of all for the medical profession. How can we ensure systematic preservation of the values of the likes of Seah Cheng Siang, Gordon Ransome and others as mentioned by PM Lee?

VALUING VALUES

What do we see when walking through the corridors of any modern restructured hospital that reminds us of our rich legacy of great teachers and role models? Nothing. Our hospitals are almost sterile in their approach to the ‘iconisation’ of role models; there are no buildings or wards named after the great mentors, no portraits of role models and our annual reports and other ‘modern’ publications are conspicuous by the lack of reference to previous greats. Of course these measures will be merely cosmetic if not accompanied by constant reminders of the values that define the profession and rigorous reinforcement of these values through the appropriate focusing of our performance measurement systems.

Writing this, I am reminded of Carl Rider’s (Senior Administrator, Mayo Clinic who visited Singapore in July 2007) recounting of the Mayo Clinic staff putting up a play depicting the life and values of Dr Henry Plummer of Plummer-Vinson Syndrome fame as well as the two booklets he gave. The first was on the Mayo Clinic Model of Care and the second *44 Years with the Mayo Clinic: 1908-1952* was a collection of the writings of Mr HJ Harwick who served more than four decades in the Mayo Clinic, rising eventually to be Chief Administrator. The Mayo Clinic Model of Care is explained in depth to all new staff during orientation and used as a compass to guide decisions both clinical and administrative while the writings of Mr Harwick are *de riguer* reading for all administrative staff in the Mayo Clinic.

When it comes to reinforcing values, no one is clearer than Jack Welch, former CEO of General Electric. Welch is categorical that a staff member, no matter how talented or how valuable, who does not subscribe to the organisation’s values must be exited. As a system, our appraisal must build on assessment of values explicitly – “*If it ain’t measured, it ain’t done*”.

PM Lee has identified key challenges for healthcare and for the medical profession. How will we respond? ■