

By Dr Wong Wee Nam



Three recent issues cause me great discomfort. The first is the topic of euthanasia, the second is the sale of organs and the third is the suggestion of sending our elderly to a neighbouring country to save costs. These issues bring me discomfort because they would have a great impact on society, should such ideas form the basis of healthcare policies.

To me, the formulation of policies must not just be based on cold, hard financial mathematics. There must also be a generous dose of compassion, idealism and love. A policy must come out from a good head as well as a big heart. This is more so when the policy concerns health, the poor and the elderly.

In Singapore, sad to say, the measure of success has been money and material possessions. As a result, our values, behaviour and attitudes have been tempered by this yardstick. Because of this obsession, people complain about lack of fulfillment from work. At the same time they feel passive, hopeless, helpless, apathetic and display a lack of concern for their country and fellowmen. “Kiasuism” is not just a joke. It is a symptom of our distorted goals.

In a materialistic society, we should make sure that there is more compassion for the sick, the poor, the dying and the elderly in our policies. This will balance the materialism in order to keep our society whole.

#### **EUTHANASIA**

Euthanasia is a very complex issue. There is no clear answer to this moral dilemma. Every dying patient has a right to live till his last breath and everyone has a right to refuse useless life-prolonging treatments. But that does not mean we should consider legalising euthanasia. Once we do that, the momentum generated by the call for the right to die may eventually become a demand for the duty to die.

Economically, active euthanasia is an attractive proposition. You relieve suffering and you save costs. However, active euthanasia is not compassionate killing. It is a perverse way of managing suffering. We are merely trying to solve the problem of suffering by knocking out the sufferer; no one would think of killing a baby to stop it from crying.

It is also just a way of reducing demands on our compassion. Once you kill the dying



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sick, there is no longer the need for the living to provide any further compassion. The danger of active euthanasia is that once we accept killing, it becomes just a little easier the second time, and each time thereafter until it becomes routine and mechanical, totally devoid of feeling. It has already happened with the legalisation of abortion.

Pain, disability and suffering will be used to assess the worth of a human life and also as reasons for the doctor to end his patient's life. Once this becomes routine, decisions may be made not in the patients' interest, but because physicians, families and staff become tired, demoralised and discouraged with the care of such patients. In such circumstances, how are we to safeguard against tendencies to take the easy way out, and the possibility of subtle coercion to put pressure on the patient to die?

Allowing active euthanasia will give the doctor the taint of an executioner. It will also relieve the community of its obligation to provide good care. If our doctors start to be preoccupied with whether a case should be killed or not, then they have stopped doctoring. Instead of being a dispenser of care, our doctors will become dispensers of death.

With active euthanasia, human lives can only become a commodity to be disposed off when they become too expensive to maintain. The real danger of euthanasia is that it is the thin edge of a wedge towards a society where the aged, the handicapped, the mentally deficient and the chronic sick will be faced with a duty to die so that they will not be a burden to society.

What then is the challenge for the healthcare system? The challenge is certainly not to decide whether to make euthanasia legally and morally permissible and debating whether euthanasia is right or wrong. The more important question is how we can make euthanasia unnecessary.

Dying used to be an occasion; the dying were not isolated. It used to be a public ceremony and not something completely removed from view or from ordinary experience. It is a significant part of life and shows the living examples of how to die with dignity.

Euthanasia seems to allow a merciful way to end suffering and dying, but it would increasingly isolate the rest of us from death's significance to life. It will make us abandon the aged and the dying. It will make us poorer as human beings.

### **SALE OF HUMAN ORGANS**

Allowing the sale of human organs is also a bad idea. It is bad both for the donor as well as

the poor who are waiting for a transplant. The poor would have to wait for a free kidney, which naturally would be in short supply once such things are marketable. As for the wealthy, they would be able to 'jump queue', consigning a more deserving but poor patient to a longer wait.

As for the donors, it is also a fact that the poorer you are, the more likely you are to become sick. It is the poor who are likely to sell their kidneys, and their future health would be of concern.

### **SENDING THE ELDERLY TO A FOREIGN COUNTRY**

Finally, the suggestion that our elderly be sent to a cheaper neighbouring country if families want to save costs is an unmentionable one. Such an idea, if taken seriously, would have a destructive impact on the quality of a caring society.

Not every aspect of life can be turned into a marketable commodity. Social service cannot simply follow the principle of maximum production for maximum profit. There will be a problem of the growing number of elderly who need nursing care in future. It is the duty of the government to use their creative minds to come up with a decent solution for this elderly brigade who have given their blood and sweat to build this country. There are a few areas where the government cannot shirk its responsibility, and this is one of them. If we want to build a compassionate and cohesive society, the government must take the lead to show that it cares.

What kind of society would we be creating if people are treated like parts of a replaceable machine or disposable utensils in a hawker centre? We must have a society where we can develop in people a sense of public service and caring for people. The opposite of this would be self-love, power-lust, opportunism and other destructive passions.

It is not good to have a wealthy society that suffers from emotional poverty. It is not good for our people to have no feelings of love and compassion except the passion for power and money. It is not good for the country when people are not supposed to think for themselves or feel for others, and are only educated to fit into the economic system.

A capitalistic society without compassion may improve the general standard of living but the cost is the emptiness in the citizens' lives. We may all conform, but we will lack the conviction for our endeavors and may even lose our love for our country. Our work attitude would be to get as much out of the company as we can without

feeling any loyalty and we would also try to get as much out of society as we can, treating our country very much like the way we treat our company.

### **HEALTH IS NOT A MARKET ISSUE**

The health of a person, particularly of the poor, elderly and the dying is not simply a market problem that can be solved by the free market. If our standard of value for everything is money, then everything will become a commodity to be bought and sold. This means that the rich will have access to higher-valued products and the very poor will not. Inevitably each person will come with a price tag and also a social pigeon-hole that fits the tag. Each person will become a commodity, not a man, but an economic abstraction. Relationships with other people will then be governed by the price tag that he wears.

There must be a balance between markets, community values, freedom and responsibility. Life is not just a big supermarket. If we do not have traditional values and a sense of community at the same time, the cultural wasteland that is created will make us indifferent to social responsibilities.

We must not allow the obsession with money and competition, without any compassion, to turn our country into a marketplace where all of us are reduced to passive consumers, isolated from each other, caring only for ourselves and our families and building a wall against our neighbours.

There is nothing welfare-istic about putting money into solving social problems

particularly when they are the result of cold and clinical policies.

### **WHY WE NEED CARE AND COMPASSION**

The accelerating pace of change has deprived the old of a role to play. Their traditional role as elders has been eroded by the information age and their traditional wisdom is now regarded as worthless. Respect from the young has been replaced by indifference or ridicule. Family responsibility and neighbourly concerns have receded, giving way to isolation and institutionalisation. We must find a new role for the old. What the community cannot offer, the state should provide.

A community needs its aged and dependents, its sick and its dying, because they show us the virtues of humility, courage, and patience — just as much as the community needs the virtues of justice and love shown by doctors, nurses and families whose existence can only depend on the presence of the aged, sick and dying.

Healthcare policies must, therefore, be brimming with compassion. Without it, lives can only become a commodity to be disposed off when it becomes too expensive to maintain. This may sow the seeds of unacceptable social consequences where society may undervalue lives of the terminally ill, the senile, the permanently unconscious, the retarded, the incurable, the chronic sick and even the aged.

Compassion and love is the soul of society. Only through a compassionate healthcare system can we show it. ■