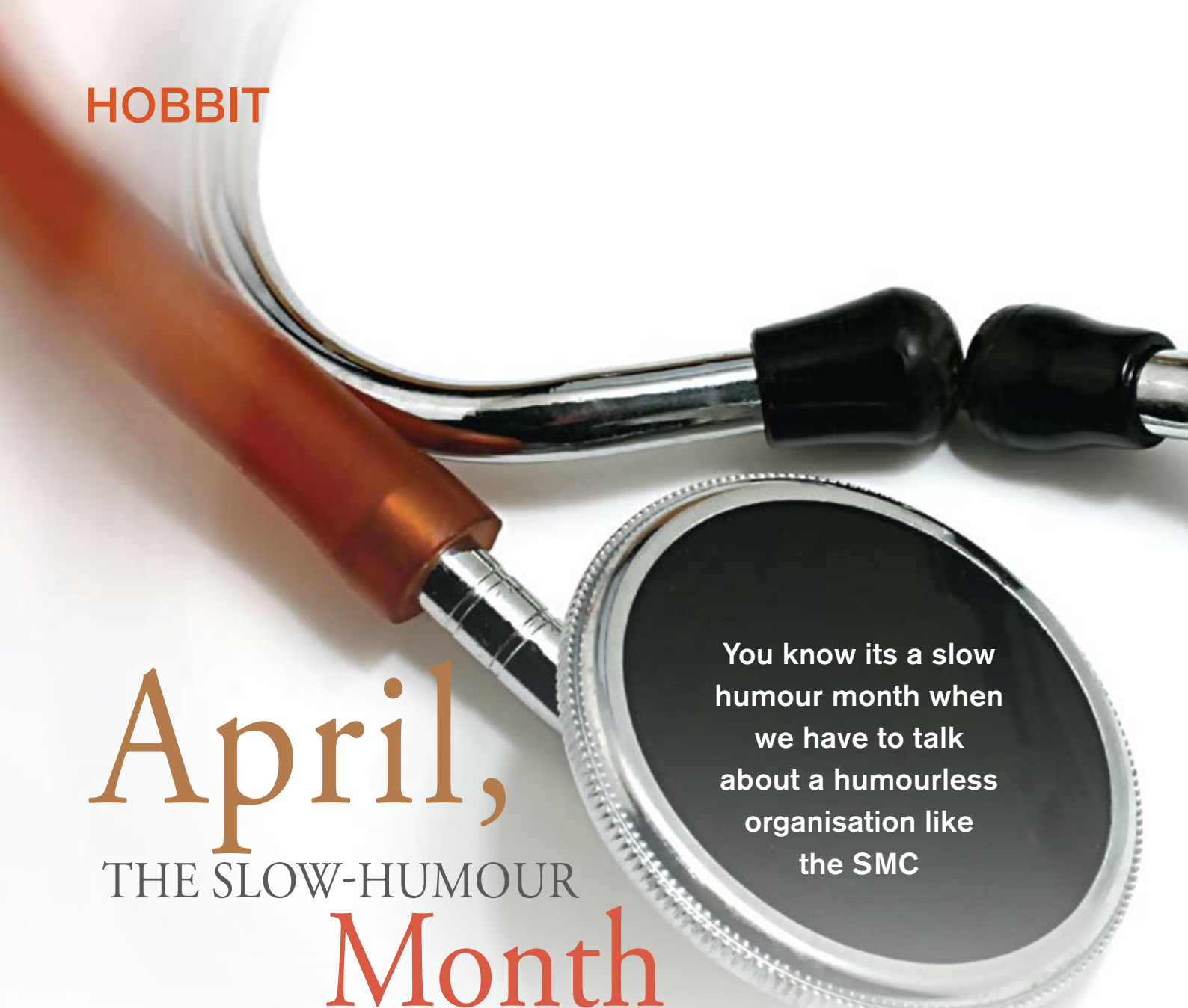


# April, THE SLOW-HUMOUR Month



You know its a slow  
humour month when  
we have to talk  
about a humourless  
organisation like  
the SMC

**T**he month of April has always been a slow-humour month for the Hobbit because it's really the month of my mother-in-law's birthday. It's also the month of the SMA AGM, if anyone bothers to realise. I once attended the SMA AGM and let me tell you this – it's about as exciting as a GRC walkover during the Singapore General Elections, except that the fashion sense at the AGM is more interesting.

Just as the Hobbit was wondering what on middle-earth could he write about this month, as usual, the powers that be throw him a life-line. Or life-lines, to be exact.

The first life-line is the third medical school that seems to be the talk of the town. Medical schools are always funny concepts and even funnier places. It is

important to understand why we need a third medical school. The Hobbit will speculate recklessly on the possible reasons:

- We need more doctors to perform expensive, I mean, experimental aesthetic procedures.
- A medical school will enable more folks to be called "Prof". Very soon, there will be more "Profs" than there are MOs.
- More doctors also means more demand in the commercial property market in the long run because some moron with a MBBS will inadvertently set some ridiculous benchmark for highest price paid for clinic space in the private hospital sector or for rental rates for a HDB shop.

- We get to invest significant amounts of money in a tie-up with some great foreign university that will tell us realise how inadequate our local medical school is.
- Because some powerful guy said so. And the feasibility of this will be invariably backed by the learned opinions of armies of foreign experts and management consultants, probably the same who advised General Motors and AIG.

While the Hobbit thinks it's a great idea, we need to take cognizance (to use a very *cheem* management consultant term for 'recognise' or 'understand') that we will have three medical schools and two public tertiary general hospitals in Singapore. This is simply awesome because that means:

- We may have to park two medical schools on one campus in close proximity to each other. The end result may be that the car-park situation in either SGH or NUH will reach supernova levels. Better still; Deans of medicine from the two schools can get to carpool to foster inter-school chumminess.
- We have to park the third medical school next to a regional hospital like TTSH, CGH, or KTPH (All regional hospitals). This would be a major disaster mainly because the Third Medical School will then have a hard time trying to justify how to charge tuition fees that are higher or at least on-par with the current two medical schools, when it is parked next to a (gasp!) regional medical school and not a tertiary one.
- We still park the third medical school next to a regional hospital that will be upgraded to a tertiary hospital. The most likely candidate would be TTSH because it is the largest regional hospital and has great tradition. More importantly, no one now in TTSH actually believes it's not a tertiary hospital. There is probably more angst in TTSH about this than in The Little Nonya.
- We get to build a third tertiary hospital. Yippie! This is probably the best option, but only if someone remembers to put in adequate parking lots. The biggest problem is that if you compare the progress in building the Duke Medical School in SGH and the KTPH in Yishun, you will realise that we should have started building the third tertiary hospital in 1999 so that it can be ready when we start building the third medical school in a few years' time.

Moving on, we talk a little about the recent announcement to allow the use of Medisave overseas. The Hobbit also thinks this is great idea because:

- Singapore shows its selfless side as the first regional medical hub that exports private patients overseas intentionally while keeping the



poor subsidised patients confined to home, as only Medisave can be used overseas, not healthcare subsidies. We also get to keep patients with catastrophic illnesses all to ourselves since Medishield can only be used in Singapore.

- This is a natural follow-through to the wonderful idea of giving us a choice of putting out old folks in Johor where essentials such as cigarettes are cheaper. The old folks even get to chew gum. After this nice neighbourly act on our part, maybe our neighbours will finally come around to recognising our local undergraduate degrees even as the SMC recognised several of theirs some time ago.
- Most importantly, they may actually have a Guideline of Fees in these regional countries e.g. Malaysia, which our CCS can do absolutely nothing about (It would be great to see if the CCS will ask the regional medical associations to pay fees and write to CCS for an application for a decision as to whether their GOF is anti-competitive).

We take a little time now for SMC. You know this is truly a slow-humour month when the Hobbit has to talk about a humourless organisation like

the SMC. Recently I am sure all of you received a notice from SMC stating that we will only get to see anyone from SMC by appointment only. No walk-ins. I also noticed that the SMC has since moved to a very illustrious address, namely the NKF Building. The first point here is that why would anyone want to see anyone from SMC unless they have to? The second point is, do I have to make an appointment just to see the mythological gold taps that are purported to exist in the building or can the Hobbit just go there and take a pee (at the kid's urinal of course) and check out the fancy taps?

Finally, we move on to the recent debate on amending the HOTA. The Minister has likened his experience to that of the new USA Treasury Secretary Tim Geithner. I think there are important differences. The first is that our Minister has more hair and is better looking. He also doesn't have tax issues like Tim. The second is that Tim is talking about compensation for AIG executives while our Minister is defending compensation, I mean, reimbursement for organ donors. The former is about iniquity and the latter is about inequity. If you are getting confused, don't worry, so is The Hobbit. See you guys next month... I hope... 