

What they didn't teach you in Medical School

Part 2



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At the recent SMA Dinner, the Honorable Prime Minister lamented that medical students nowadays do not benefit from performing cadaveric dissections like before. This is very true. I must confess that cadaver sessions were thoroughly enjoyable and beneficial to me when I was in the local medical school, mainly because I would be hanging around the Science Canteen with my *kakis* drinking tea while the rest laboured away. I made many friends that way. Nowadays, you can learn anatomy by just ogling at Ellen Pompeo aka Dr Meredith Grey. I always wondered when anyone would produce a TV series called Snell's Anatomy or Last's Anatomy.

Looking back, there are actually a lot of things they didn't teach you in school then; just as now when students do not perform their own cadaveric dissections. In fact, one wise guy by the name of Mark McCormack made a fortune writing a book called "What They Didn't Teach You In Harvard Business School" in 1986. Then in true American way, he came back for seconds and wrote "What They *Still* Don't Teach You In Harvard Business School" in 1990.

The Hobbit will now try to emulate the example with this month's column called "What They Didn't Teach You In Medical School Part 2", after Part 1 was published in the August 2008 issue. (Look dude, you think it's easy writing a monthly article?! You just have to rehash some rubbish after a

while.) The main difference being no one expects you to pay The Hobbit for this sort of crappy stuff.

The first thing you realise after you graduate is that medical school never taught you how to charge your patients. There can only be four reasons for this phenomenon: The first reason is the dons in medical school think that medicine and money don't mix and you just have to make money from elsewhere to pay back your (massive) tuition loans. The second possible reason is that they think you are born rich and hence can live on love and fresh air like them. The third is that they think no one should ever leave for private practice. The fourth and most probable reason is that medical professors are not very good in math and they really don't know

how to charge patients themselves. Let's face it, if these guys were so good in math, they would have become investment bankers, not Professors of medicine.

Anyway, the way to learn about charging used to be by looking up the SMA's Guideline on Fees booklet which was distributed to all of us. But now that this stuff is deemed to be probably contravening some competition laws, we don't have access to that anymore. In fact, it is said that SMA cannot even have an opinion on how to charge because that may be viewed as a trade body trying to be anti-competitive. Since both the medical schools and SMA don't teach our medical students how to charge, I think this whole business of teaching how to charge should be outsourced to the Competition Commission of Singapore. The wise guys who created all this trouble should solve it.

On the other hand, medical school also didn't teach us how much to pay for things either. This has led to the ridiculous situation whereby we pay the highest rents for HDB shop-lots or ridiculous prices for clinic spaces in HDB estates and private hospitals. You know it's crazy when the last private hospital site bid reached a price that on a per-square-foot basis is higher than ION Orchard, the latter being super-prime and sitting on top of Orchard MRT Station. Businessmen bid that much for the private hospital land because of two possible reasons: They think there are enough dumb doctors who will pay super high prices for the clinic suites or they are not too bright themselves. So much for affordable healthcare and competitive pricing.

Another example is how much GPs were expected to pay for N95 masks recently. SMA was selling a box of 20 masks at the exorbitant price of

\$143 (Singapore dollars, not Ringgit, Rupiah or Baht) to GPs for stocks that came from MOH! This is mighty interesting because if you calculate backwards by deducting the costs of delivery and GST, it still works out to be about \$120 a box or \$6 for one mask. According to alert but now-dead reader/GP/SMA member Dr Beh Chuan Kwee, it then turns out that the masks sold are actually N99 instead of N95. Eyewitness accounts claim that the cyanosed and dyspneic Dr Beh realised and muttered, "It's a N99 and not N95, no wonder it costs

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\$143 a box" before breathing his last in a beatific manner. As to why we were given N99 and not N95, another (still alive) reader Dr Teo Pian reasoned as follows, "It's a great thing to be given N99 because we now know MOH really means it when they say MOH treats GPs as important partners in the fight against pandemics because their actions show that they supply to GPs PPEs that are superior to what the hospital staff are using." The Hobbit is given to understand that Dr Teo is more fortunate than Dr Beh – he is only under observation for possible hypoxic delirium.

The next thing they didn't teach us in medical school is how to handle administrators, management consultants, managed care managers and other folks who can make or

break our lives. In medical school, we learn how to handle patients and work with the healthcare team. In medical school, we are taught that the healthcare team means nurses, pharmacists and other allied health folks. No one told us about REALLY important folks like management consultants who have more say on my life than my mother. These are the same folks who will tell you in some American accent (Frankly, I am sick and tired of hearing this accent. Why can't a management consultant speak English as it should be spoken, as evidenced by the examples set by Rafael Benitez, Arsene Wenger, Jose Mourinho or that great embodiment of precise diction – Sir Alex Ferguson?) that you can improve the quality of your care by doing what they tell you to. Actually, it's rather intuitive that you can't improve healthcare when all the big bucks go to management consultants and NOT to people in the real healthcare team – like doctors and nurses etc. And then there are the hospital administrators. These are the guys who hired the management consultants in the first place because they know they have been doing a bad job. Enough said.

Of course, there are the managed care folks who will constantly breathe down our necks for everything. Last thing I heard, you need to get their permission for a speculum examination. Where are these people from?!?! I think these sick folks in managed care who think of such stuff should be subjected to repeated proctoscopies (done for free thereby not requiring managed care approval).

To sum it all up, it is important to realise that what they did teach you in medical school is what is needed to make you a doctor. But being a doctor has got nothing much to do with your survival in a harsh world. SMA