

# Don't Forget the 'System' in Healthcare System

*Reflecting on the implications of Prime Minister Lee Hsien Loong's National Day Rally on 'slow medicine' for the medical profession, I am struck yet again by how profoundly healthcare is a system and how we might rue the day we disrespect the nature of the system.*

Prime Minister Lee has called for a transformation of our healthcare system, arguing that 'slow medicine' is appropriate for many of the conditions that we only have 'fast' remedies for today. While I agree with our Prime Minister on the need for reform to address tomorrow's challenges of demography and epidemiology, we must guard against short-term interventions that lack due regard and respect for the complex adaptive nature of healthcare as a system. Peter Senge in the seminal book "The Fifth Discipline – The Art and Practice of the Learning Organisation", cautions: *"Opting for 'symptomatic solutions' is enticing. Apparent improvement is achieved. Pressures, either external or internal, to 'do something' about a vexing problem is relieved. But easing a problem symptom also reduces any perceived need to find more fundamental solutions. Meanwhile, the underlying problem remains unaddressed and may worsen, and the side effects of the symptomatic solution make it harder still to apply the fundamental solution."*

All of us would be familiar with the stressed executive who turns to alcohol to relieve the stresses of life. Finding solace and effectiveness in the 'remedy', he turns ever increasingly to drink even as the stresses build up. Finally, the 'solution' which turned out to be merely symptomatic renders him a hapless alcoholic. The underlying problem of stressors remains unresolved and becomes in fact compounded by alcoholism.

In our healthcare system, quick fixes at various levels to overcome over-crowding in Emergency Departments or Specialist Clinics and strenuous efforts to right site patients may run a similar risk. We need to work hard and be intellectually honest in defining what the underlying problems are: Why do patients not want to be right-sited? Do they not know what's best for them? Do they not want to do what is right? Or perhaps they know better than us what is right... for themselves.

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anomalies with our system despite our evident successes in improving health over the last 50 years, and it is timely to confront them as we aspire to become the world's best healthcare system. Building on the 'step-down' metaphor, does our financing system require patients to step-up costs for step-down care? Is reimbursement by insurers and the government stepped-up for inpatient compared to outpatient care? Do patients need to step-up to hospitalisation for sick leave purposes since there are more days of hospitalisation leave than outpatient leave?

The plurality of problems to tackle can be falsely alluring and result in calls for widespread reform or transformation. However, in systems thinking where many if not all factors are related to each other though not necessarily in time or space, there will be leverage points "where the best results come not from large-scale efforts but from small well-focused actions". There is an all too-human tendency to grandiose

gestures but perhaps simpler and yet more effective measures may suffice. Let us therefore focus all our energies on truly understanding the system and finding the right leverage points. The right interventions, no matter how modest they may seem with casual consideration, will reverberate through the system and result in monumental sustainable change.

An old Persian folk tale tells of the king who wanted to reward a farmer for besting him at a game of chess. The wise farmer asked for one grain of wheat on the first square of the chess board, two on the second, four on the third and so on. The king foolishly asked, "Is that all?" and asked his servants to grant the request. By the 63<sup>rd</sup> square, the servants came running back to the king to say there was no more grain in the kingdom. **SMA**

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