

Looking Back at 2009 and Wishes for the New Year

2009 is coming to a close and even by the Hobbit's standards; it has been a strange year. The year started with an African American guy by the name of Barack Obama becoming the most powerful man in the world. As we look back, we have to realise that Obama becoming President of the United States, winning the Nobel Peace Prize, and trying to fix global warming in Copenhagen are all going to be easy tasks when you compare them to him having to fix America's healthcare. But if you think that's tough, consider also that we end the year with another African American guy hogging the limelight with a much more daunting job than President Obama – Tiger Woods trying to get a mulligan from Elin Nordegren. In any case, when you see his fourth, fifth and maybe sixth



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(the list is growing longer as we speak) mistress/girlfriend stepping forward, you know Tiger has been birdie-ing the 19th hole a lot. This is Class 1 evidence that sex is good for golf. In any case, Mrs Woods has given him the most worn-out ultimatum to any guy – Golf or The Wife. That is soooo passé. One thing is for sure: 2010, the year of the Tiger, is going to be tough for this Tiger's Whip. Meanwhile the golf courses in Singapore continue to be packed on Wednesday afternoons with doctors and sex is still happening on Tuesday nights, hopefully with their spouses.

Hobbit's wishes for the New Year are simple – world peace, less global warming and more good health and years for our Director of Medical Services, Prof K Satku, who has a tougher job than Obama or Woods combined – he's got to see through the implementation of the Residency programme and the

amendments to the Medical Registration Act (MRA). Seriously folks, without him, we will have much less mirth and laughter in this world (as least in Middle-earth) and the Hobbit hopes he stays on in the job for a long time. Along the same lines, the Hobbit also wishes Ms Salma Khalik good health too. She can always be relied upon to write something in *The Straits Times* to provide relief to The Short One whenever he has a severe case of writer's block.

The specialists in the private sector tell me they have a New Year's wish – that the private hospital being built now will launch their suites at reasonable prices. Actually, what these guys are really wishing for is another global financial tsunami or the government launching another couple of private hospital sites. The former is clearly undesirable but the latter is good stuff. Think about it: this year, the government took pains to explain



that for the first time in decades, they were dipping into our financial reserves to fork out \$5 billion to tide us over the worst recession we have experienced since Singapore's independence. Actually about one-quarter of that theoretically could have been funded by the sale of one piece of land slated to be developed into a private hospital. And going by the aim of clinic sales, a large chunk of that will in turn be funded by specialists buying up the suites. So there we have it – the hypothetical grand equation of healthcare economics – specialists buy clinic suites, the sale funds big chunks of private hospital developers' costs, these developers buy land from the government, which the latter sells so that it can have reserves to dip into in bad times.

By now, the alert reader of this column will realise that to cure sometimes, to relieve often, and to comfort always do not adequately describe the great good that we doctors do. We also buy clinic suites which contribute to the country's reserves, in addition to the pockets of private hospital and property developers. We should also hope that in 2010, patients will continue to fund the doctors' clinic purchases so that this virtuous cycle of creating more reserves and hence better distribution of wealth can be maintained. Remember, there are oodles of social goodness somewhere in there when a specialist spends \$3500 or more buying one square foot of clinic space, similar to the fact that we have taken less time to build integrated resorts than to tear down the National Stadium, let alone build another one. One can surmise that if perhaps Iceland and Dubai had put up clinic suites for sale, they could have been saved from bankruptcy this year.

Meanwhile, poorer specialists (read: public sector) will surely in the New Year, wish for that **one event** that will make their lives turn the corner. Sorry, contrary to what some folks in ivory buildings think, we are not talking about getting details of what they will

be paid for participating in Residency programmes as trainers, whether they will be conferred National Day Awards or whether they will be promoted to Heads of Department or Division Chairmen. They are waiting for the **one phone call** from private healthcare companies when they will be invited to leave for the private sector and get their salaries doubled. I know of some desperate folks who didn't get poached in 2009, who have come together to form mutual support groups to facilitate soul-searching and address the angst, anxiety and grief that comes with being left out. Hopefully these specialists will do better in 2010; these poor folks still fantasise about getting a real Ferrari in their lifetime – even a submerged one is good enough.

General practitioners (GPs) have had a tough year in 2009. H1N1 came and they bore the brunt. Actually, the virus itself was a walk in the park. The expensive N95/99 masks, "expired" Tamiflu and the H1N1 vaccination jabs were the real killers. It's already tough competing with the polyclinics, but when a large GP chain undercuts the polyclinics' H1N1 vaccination prices, there goes the neighbourhood doctor. *Et tu, Brutus?* One GP told me his wish for 2010 was simply: "Decent prices, decent care." I know, this is not funny. But there is nothing really funny about being a GP now – it's as if you are the humans in a *Transformers* movie – the Autobots and the Decepticons (polyclinics, large GP chains, managed care and so on) are slugging it out while you run for cover. And you don't even have Megan Fox running with you, damnit.

Junior doctors will certainly have an eventful year in 2010. The Residency programmes will introduce so many variables and permutations that some folks tell me they just want to live through 2010 unscathed. The residents, who will have "protected time" to go through their structured training, will certainly need all the protection they can get because they have a high chance of being mauled and mangled by their colleagues who end up doing most of the work while they have "protected time". Meanwhile, nurses and ward clerks have to figure out who is who – the residents, the trainees and the nobodies, and when someone is having "protected time".

Picture this: the senior staff nurse says this to the resident, "Sorry, resident, I didn't know you are having your protected time now. I will just ask the medical officer to write the memo to the nursing home instead. Sorry, sorry, my mistake." And then the nurse sheepishly walks away and calls for the medical officer.

This can happen. In fact, anything can happen in 2010 just like it did in 2009, when some folks thought it was a good idea to have lawyers sit on Singapore Medical Council's Disciplinary Tribunals, some poor soul died from eating Indian *rojak* and Michael Jackson really thought this is it... **SMA**

