

# Principles or Pragmatism

By Dr Jeremy Lim, Editorial Board Member

*What should we do when our principles seemingly clash with what will work best? Perhaps such instances are opportunities to re-examine what we hold as truth.*

I recently attended a meeting to discuss “frequent flyers” in our system, patients who had been admitted multiple times for acute exacerbations of underlying chronic diseases such as heart failure and chronic obstructive pulmonary disease. One participant described the “success” of his hospital’s efforts in case management which included caseworkers regularly contacting patients, counselling them on the need for compliance, pointing them to relevant social services and even subsidising non-standard medicines. He concluded his presentation summing up the programme as “concierge care”, to which another attendee pointedly noted that the government should never support such a high level of personalised care to subsidised patients as a matter of principle.

This episode brought to mind a discussion on principles I had with a senior healthcare administrator years ago on “free” mammography services. I had held that earlier diagnosis and obviation of the need for expensive interventions downstream would in the long term improve population health outcomes and save the state money. I also highlighted that mammography rates in Singapore were already dismal compared to other developed countries and that women were unlikely to over-consume mammography services. Why would any sane woman keep coming back to have her breasts squeezed in two planes between cold hard metal plates? Finally, wealthy women would probably attend at private centres for more privacy and personalised care anyway, minimising inappropriate subsidising of the rich. The response to my plea was that “the principle of co-payment is fundamental to the Singapore health system”.

How important then is efficiency or what works? Is it more important than policy and principle? In healthcare, we have clung to the sacrosanct nature of co-payments to mitigate moral hazard and the fundamental soundness of the market. However, this same market creates vibrant and thriving aesthetic practices in Singapore and “starves” specialties like geriatrics and rehabilitation medicine of a healthy pipeline of trainee specialists. Another example: International policy commentators I speak to are perplexed that Singapore has three liver transplant programmes (two in the public and one in the private sector) and is developing second national centres in cardiovascular diseases and cancer. They nod politely when I share our market-oriented philosophy and belief in competition, but it is clear that they harbour serious doubts whether any of the programmes have a chance of being world-class with the national patient volume divided two or three ways<sup>1</sup>.

Malcolm Gladwell describes such conflict nicely in his essay, “Million-Dollar Murray”. Writing about a programme in Denver where the homeless are provided with free lodging and intensive support from caseworkers, he explains the justification that if the enrollees were “put back on the streets, it would cost the system even more money”. However, he goes on to relate his discomfort reconciling the principle of universality with that of doing what works. He sums up: “We can be true to our principles or we can fix the problem. We cannot do both.”

Singapore has always prided herself on pragmatism and the ability to look beyond ideology to do what is necessary.

Minister Mentor, Lee Kwan Yew in an interview with *National Geographic* discussed his changing position on casinos in Singapore, saying, “Then I see the British having casinos and Switzerland having casinos. I said God, the world has changed. If I don't change, we'll be out of business.”

That said, my personal view is that principles should always take precedence over pragmatism. As individuals and as a system, we must stand for something. There must be a higher purpose that guides our daily actions. While

“higher” principles such as integrity and respect should always be firmly rooted in our individual and collective conscience, political philosophies should not be privileged with the same sanctity. If the principles of co-payment or the market ideology do not yield desired results, we should reconsider them. Calibrate them or even discard them as the specific circumstances dictate. For us in healthcare, improving health should be the one guiding principle. **SMA**

**While “higher” principles such as integrity and respect should always be firmly rooted in our individual and collective conscience, political philosophies should not be privileged with the same sanctity... For us in healthcare, improving health should be the one guiding principle.**

Reference:

- 1 *The international data is supportive of their scepticism in general; there appears to be minimum volumes in complex procedures such as liver transplants, coronary artery bypass surgeries and so on, and even one programme in Singapore may not regularly meet the numbers. For example, Edwards et al (NEJM 199) had concluded that centres performing less than 20 liver transplants a year had significantly higher mortality rates than centres performing in excess of that.*



Dr Jeremy Lim is a public health physician in the public sector. This commentary is contributed in his personal capacity. He can be reached at [jljm@jhsp.h.edu](mailto:jljm@jhsp.h.edu).