

One People, One Nation

What does putting Singapore first in our healthcare system mean?

By Dr Jeremy Lim, Editorial Board Member



It's August once again. The streets are coloured with red and white and our children and grandchildren sing "Stand Up for Singapore" and "We are Singapore" merrily as they return from school. Hospitals are busy organising National Day Observance Ceremonies, and perhaps it is timely to consider what it means for us as doctors and de facto leaders of the healthcare system to put Singapore first. Two issues are particularly disquieting for they reflect not just individual but also organisational mal-alignments, and

highlight the tensions that we struggle with in balancing between organisation and country.

Clinical Service Offerings

Every hospital wants to be "special" and to be bigger and/or better than the rest. While these are natural inclinations, we are all part of a larger healthcare system, and especially for the public hospitals, profit motive or institutional ego should not overwhelm consideration for the greater good. Take for example liver transplant services. Singapore has only about

200 transplants in total performed over the last 20 years but still funds two public sector programmes. Compare this with the University of Pittsburgh, which in one year alone performs about 240 liver transplants. Similarly, the University of California, Los Angeles medical system performs about 200 transplants a year. Why, when we profess to have ambitions to be the medical hub of Asia, do we divide our already meagre patient numbers and dilute expertise across two sites?

A more prosaic example would be in

cardiology. With a modest population of just under five million, why do we have independent cardiology departments in every public hospital? The controversy raised by Dr Lee Wei Ling over whether all public hospitals (some of which do not have 24/7 emergency angioplasty services) should receive heart attack patients aside, how can hospitals with two or three cardiology consultants provide patients with the full gamut of clinical services they may require? How can such hospitals develop their staff, and especially their residents to their fullest potential? Similar issues arise for other specialties like nephrology and neurology.

That said, the leaders of these hospitals are often not to blame as the bigger, better funded and better staffed hospitals and specialty centres have been reported to impose onerous or impossible conditions such as high service charges for staffing support or unreasonable demands for equipment or space, tempting the “adek” to establish his own service. The use of the “abang-adek” analogy is deliberate; in Singapore, the use of this equation in describing bilateral relations with Malaysia is riling and we condemn it. Why then should our hospitals not treat each other the way Singapore would want to be treated by our neighbours – Different, but equal, sovereign and worthy of respect?

Residency

The residency is the most fundamental change to our medical education system in living memory and will forever transform the training of doctors in Singapore. The journey has been rough, with raised voices and flaring tempers sadly becoming increasingly common. Yes, the introduction has been sudden and has taken many by surprise. Yes, the implementation may have been clumsy and many have suffered because of it. But the residency is not about the Ministry of Health or the Designated Institutional Official(s); it is about improving specialty training for doctors, for our juniors and their juniors.

There is a parallel with the Youth Olympic Games (YOG). I read of the “I hate YOG” Facebook group with sadness. Whatever the enmity with the government, the YOG is

when Singapore and Singaporeans, not the government, play host to the world. Singapore is not the government. Any anger against the government should be demonstrated at its rightful place, the ballot box; gloating over “failures” and operational lapses is misconceived and misdirected anger. Likewise, the residency programme is about our collective future as a medical profession and the quality of care we want to offer to our countrymen. If residency was a “patient” (which in some vicarious sense it is), some of us by our words and deeds would be failing our professional creed. By all means, raise the very legitimate grouses with the implementation, complain to the highest authorities about the brusque handling and policy U-turns, but let’s play our part in making it work. Don’t discourage our peers or sabotage efforts; we can recriminate afterwards.

“We are Singapore”?

Most of our institutions espouse putting “patients first” or “at the heart of all we do”. These patients should mean not just SingHealth, NHG, NUHS or patients from other institutions; these patients are Singapore’s patients. The sum of the parts cannot be less than the whole; we have a responsibility individually, institutionally and nationally to ensure that our health system collectively cares

The sum of the parts cannot be less than the whole; we have a responsibility individually, institutionally and nationally to ensure that our health system collectively cares for all Singaporeans and effectively trains future doctors and specialists, not just in our region or cluster but across all 700+ km² that make up Singapore.

for all Singaporeans and effectively trains future doctors and specialists, not just in our region or cluster but across all 700+ km² that make up Singapore. As hospitals, we may “win some, lose some”, but Singapore must prevail. The last lines of our National Anthem are a useful guide:

“Marilah kita bersatu
Dengan semangat yang baru
Semua kita berseru
Majulah Singapura
Majulah Singapura”

“Come, let us unite
In a new spirit
Let our voices soar as one
Onward Singapore
Onward Singapore”
(English translation
and emphasis added)

Happy National Day. ★

This commentary was submitted on 9 Aug 2010. SMA



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 jlim@jhsph.edu.