

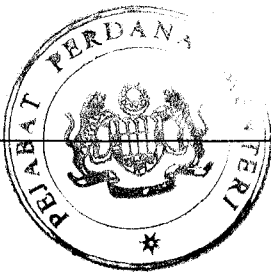
**DOCTOR
WILMOT**

**MEDICAL
CARE**

**THE
PUBLIC
DILEMMA**

MEDICAL CARE

THE PUBLIC DILEMMA



An Occasional Monograph

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Not for Profit

PUSTAKA PERDANA



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CONTENTS

| | |
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| Foreword | 9 |
| Preface | 11 |
| Executive Summary | 13 |
| Modern Medical Care | 17 |
| The Patient's Dilemma | 18 |
| Choosing a Doctor | 23 |
| Personalised Health Care and the Doctor's Management Role | 25 |
| Specialist Medical Care | 31 |
| Medisave | 33 |
| Managed Health Care | 38 |
| Medical Subsidy — The Government's Dilemma? | 41 |
| Regional Medical Centres | 47 |
| Epilogue | 52 |
| Appendix One | 55 |
| Appendix Two | 59 |

PREFACE

This book is inspired by Prime Minister Goh Chok Tong. Ever since he became Prime Minister he has been on an incessant search to find a possible link in political management that will reconcile the twin objectives of alleviating poverty without giving direct subsidy. Year after year at the National Day Rally he never fails to mention his yearning to see the nation apply its wealth constructively to uplift a wider circle of Singaporeans. Again on 1st May 1996 in his Labour Day message he publicly expressed his concern over the difficulty in an open market economy to narrow the gap in income between the very successful and the rest, and the challenge of maintaining the social cohesion of Singapore.

In Singapore there is full employment. Except for the very old or the disabled nearly every adult has an income. In many families both parents work. Each family is organised around a very finely tuned budget. Only the top 30% of Singaporeans have a family budget surplus. The remaining 70% carefully allocate their income to food, household expenses, children's education, public transport, home loan instalment payments and a small sum for entertainment and holiday.

There is hardly any money left to provide for medical expenses in the family budget. In such families any medical mishap will completely upset their balance. This includes any unfortunate illness or injury which requires extended outpatient care or admission to hospital. The family has to dig into its savings or forgo a holiday or postpone the renewal of a piece of furniture or a television set. Many families cannot meet such unexpected expenditure in their stride. To marginal income families it causes great distress. Some have to borrow. It destabilises the whole family not only at home but also at their jobs. The home suffers. Distressed parents take sick leave, industry suffers, and when some in their misery turn to fraud, society suffers.

It is necessary for government to provide a financial buffer for the public against unexpected medical expenses, not by subsidy but by careful administrative planning. This should include a plan to deliver medical care in a swift smooth sequential pattern which ensures the speedy recovery of the patient.

There are many other types of disaster like damage by fire or flood, burglary or death of the breadwinner which can hit a family. But illness and injury is the most

prevalent family destabiliser. Therefore society should make every effort to provide for this most prevalent social disruption of the family. During any family illness the burden of responsibility almost always falls on the mother. She has to do her office or factory work, rush home to take the child to the doctor and juggle the finances of the family budget. Strangely many husbands feel (though they may not always express) that the woman of the house is to blame if a child falls ill. Women often place work and families ahead of themselves. The mother's anxiety becomes even more distressing if the family has no regular arrangements to see a doctor.

The weakest link in the health care system in Singapore is at the point of health care delivery to the patient. In the present system the patient does not enjoy continuity of care at the General Practitioner or Government Polyclinic level. Also at the specialist care level there is no assurance of continuity of care by the same specialist doctor. There is also no properly co-ordinated follow up care at the point where the specialist doctor hands over the case to the primary care doctor. In a recent article (S.T. 19th May 1996) in the newspapers celebrating the 175th anniversary of the Sepoy Lines General Hospital, **Dr Gwee Ah Leng**, a former specialist physician and later medical superintendent at the Singapore General Hospital said that there are four important things a patient should know when he leaves hospital: *"what is wrong with him, what expectations he can have, who is the doctor responsible for him, and what he has to do when he leaves."* If the patient can go back to his own primary care doctor then continuity of care will be possible.

We have the undoubted advantages of a well educated population, excellent health care facilities and good telecommunications, and yet a patient will be unable to obtain proper medical advice in an emergency. It is this defect in our health care delivery pattern that prevents us from being among the "best in health care" nations of the world.

As the author of this book it is my hope to set out in detail in the pages that follow a medical plan for Singapore that will not cost the taxpayer a cent more than the present, and which if the Prime Minister accepts will relieve him of some of his dilemma when he speaks on each National Day.

JULY 1996

W R