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SPEECH BY THE SENIOR MINISTER OF STATE FOR FOREIGN AFFAIRS, MR. A. RAHIM ISHAK, AT THE ANNUAL DINNER OF THE SOCIETY OF PRIVATE PRACTICE AT THE CATHAY RESTAURANT ON SUNDAY, JAN.29, 1978 AT 8 P.M.

I like to say at the outset that I am a layman, often a medical patient. My physical constitution is not a hundred per cent perfect, having been an asthmatic since I was one, suffered two heart attacks soon after turning 40 and having a few stones removed from my bladder. An eminent physician once prescribed two pints of beer a day to remedy this ailment. There has since been no stone. Recently, I had my neck pulled for two months for a condition I am told is part of the ageing process and the orthopaedic surgeon calls it cervical spondylosis. Having therefore laid down my medical track record and established my credentials as a patient, I hope to look at the medical profession in Singapore through unjaundiced eyes. In particular I would like to look at the health care system in Singapore from the angle of private practice.

The need for the general practitioner in Singapore as well as that of the specialist should be re-emphasized. This is due to a number of reasons. Firstly, we do not have any national hospital or medical care insurance programme. Therefore the private practitioner works hand in hand with the medical system provided by the government, complementing it and working with it in unison. Secondly, government hospitals are often regarded by the layman as places for care and recuperation for the "very sick people". For the layman suffering from the common cold, the flu, out-of-hospital or primary care is more in demand. Thirdly, the family doctor, in most cases a GP, is the person the layman would turn to in times of illness. He is the person they could talk to freely and candidly about their ailments. He knows them by their first names and as often is the case, he knows several generations of the family.

Apart from 2/-

Apart from these familiar reasons, the private medical practitioner should be actively encouraged and supported. Looking at it from a wider perspective, the very growth of our medical services would attract some of our neighbours thus making Singapore renown as a medical centre in the region.

Having justified the existence of the private practitioner and the continued growth of the private sector in medical services, there are one or two matters which are of interest and concern to the general public. One of these is the doubt often expressed about the differences between the GP and the specialist. Where do we draw the line? Specialists and general practitioners must have clearly defined and distinct functions. The work of an obstetrician, a chest surgeon or a radiologist is very obviously different from that of a general practitioner; the specialist and the generalist complement each other in their roles. The generalist consults the specialist for expert opinion on specific problems, and the specialist relies on the generalist to provide the overall health-care of the patient.

I am reminded of a story of the two specialists on holiday, viewing the passers-by as they sipped their gin-and-tonic outside a cafe. One of them who was an orthopaedic surgeon said: "These young girls out here have the most beautiful legs I have ever seen in all my experience as a medical men." The other one shrugged his shoulders, cleaned his binoculars and having taken a second look through the lenses, said: "I haven't noticed. As you know I am a chest man."

I understand that the present norm of looking upon a doctor as being a specialist the moment he passes his post-graduate examination is no longer the practice in Britain and many other West European countries. He has now to spend some years acquiring the necessary experience before he could be included in the specialists' list. If the medical practitioner in Singapore wishes to maintain high standards, then certain criteria should be formulated for certification as specialists.

The general public and the layman are confused. How does a layman know when the doctor is a specialist, when a "specialist" is a specialist or when a "surgeon" is a surgeon? Perhaps the process of professional classification has already begun. I understand that the

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College of General Practitioners in Singapore has successfully submitted to the Singapore Medical Council a memorandum putting forth the case for the recognition of its diplomate examination, making the MCGPC a recognised and registrable qualification. Similarly, I believe that the Academy of Medicine is the exclusive domain of the specialists.

Another aspect of the medical profession in Singapore has aroused deep concern among the general public and the layman patient. Opinion surveys have revealed that specialisation has produced a depersonalised, disease-orientated and fragmented type of medical care. What we really need in Singapore are well-trained family doctors with the empathy, care and understanding which were the hallmarks of the much-revered family doctor of the past. In addition, the young people of today have a more sensitive social conscience which is geared to the individual and to the factors that influence the well being of the individual. The general practitioner of today has therefore a more significant role to play in the general health system of the country.

Physicians in private practice are paid on a fee-for-service basis. Medical health insurance programme has not caught on in Singapore. The emphasis on out-of-hospital care, in health maintenance and preventive medicine in contrast to the treatment orientation of hospital medicine, has provided a major stimulus to more interest in the role of family doctor. Yet, I understand that there are differing rates charged by different doctors for consultations in GP clinics or for similar operations. The disparity, I am told, is quite great. For a similar operation, one specialist could charge $1,000, the second $8,000 while the third as high as $12,000. I know of many perverse patients who go about showing off their scars, some costing $10,000 while others $1,000, as if the $10,000 scar is the feat of a super craftsman and the $1,000 scar is an inferior scar. Unwittingly, these are the patients who have contributed, among others, to the continuation of this unethical practice among some medical specialists. There is, I think, a strong case for uniformity of medical fees for similar categories of operations and services rendered. And this should apply to both the specialist and the GP.

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With inflation and escalating costs, the Society of Private Practice has made a careful study of this problem and has come forward with a recommended scale of fees for both the GP and consultant in the private sector. A survey on contract practice in Singapore had also been conducted and a report with recommendations on fees chargeable for each service has been made as a guide to members of the Society of Private Practice. This is a step in the right direction and relentless efforts must be made to have these recommendations accepted and implemented.

While the total costs of health care are gradually escalating, the major cost is for hospital care. These rising costs plus an acknowledgement that hospitals per se should be reserved for the "very sick people" has prompted the government to focuss on ways and means of providing maximum care at the "ambulatory level" thereby providing better medical care at controlled cost.

A hundred years ago, public hospitals were unsavoury institutions to which paupers were taken to die, e.g. TTSH, Sago Lane, but now public hospitals are elaborate structures providing the majority of all facilities for dealing with accidents and acute problems in medicine and surgery. This growth of public hospitals has been associated with the development of specialisation which has occurred as the result of the scientific explosion, the development of sophisticated diagnostic equipment, together with the growth of medical teams involving doctors, nurses and para-medical personnel.

Hand in hand with the growth of importance of the GP as a family doctor and the government's efforts to improve medical care at hospitals is the rising standards of specialisation among medical consultants. The specialist is looked upon as the ultimate authority of the field in which he has such special knowledge. The GP who does not refer a case to the specialist is taking a heavy responsibility. Psychosocial problems are also common and important in general practice. It is certainly crucial that they should be detected at first contact if the patient is not to be led up the wrong track. A patient with depressive illness presenting with abdominal pain and constipation may wind up with an unnecessary abdominal operation just because he was opulent and decided

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to see a specialist without first consulting his own family doctor who knows him best.

Then the question also arises whether a specialist should dabble in a field outside his area of specialisation, whatever his reason might be. There was a case not so long ago of a patient being wheeled towards the operating theatre in a trolley. He was going for a kidney operation. However, on his way to the operating theatre, he was asked by the specialist whether he would at the same time like his gall bladder and appendix for just an extra $2,000. Or the case of gynaecologist who offers to remove a man's thyroid gland.

What has contributed to the declining moral and ethical standards among our doctors in the private sector? Perhaps there is growing competition with more and more medical graduates offering their services each year. Medicine, it seems, has become to be treated like any other commercial enterprise, or is the private practitioner facing increasing competition not only from his peers but from government doctors as well. Is competition so stiff as to compel doctors in the private sector to over-work, opening the clinics seven days a week and for long hours even on Sundays as a means to maintain their standards of living? Perhaps the choice of the day for your function tonight is evident of this.

These are some of the points I would like to highlight this evening as a layman looking at the medical profession, in particular the private practitioner in Singapore. I must stress that there is a need to uphold the Hippocratic Oath, however lofty and idealistic this may be in the present day context. Perhaps Sir James Howie was more down to earth when he enunciated the three professional virtues, which are, a strong sense of professional unity, an attitude of goodwill and good humour, and an absolute need to put the patient first even to the point of self-sacrifice.

I have taken the risk of writing what I hope is a palatable and digestible speech in exchange for the dinner you are providing for me and my wife. Perhaps after this speech, I will never receive any more invitation to your annual dinners. But having been an MP for the past 15 years, I assure you that my constituents are just as concerned about

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the questions I have raised tonight as I am about the medical profession in Singapore. All too often some in the legal profession are regarded as ambulance-chasers and are motivated by money. I think, as in the legal profession, some of you in the medical profession would be similarly motivated, among other things, by monetary consideration. We all have to live. But we must not be prevented and induced from doing our best within the limits of our abilities for the sake of the health of our fellow-men.

JANUARY 29, 1978.

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