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SPEECH BY THE PRIME MINISTER,
MR LEE KUAN YEW, AT THE OPENING OF
THE NEW SINGAPORE GENERAL HOSPITAL
ON SATURDAY, 12 SEP 81

I open this hospital with mixed feelings. It is a handsome well-designed hospital with excellent facilities, something Singaporeans can be proud of. On the other hand, it is so costly to build and expensive to maintain that there are only 112 beds of 'Special C' class. I participated in the decision to build this new SGH in a series of Cabinet briefings in 1972 and 1973. I had questioned the Ministry of Health's proposals to demolish the sound, although old, buildings in ORGH and to build a modern, multi-storey complex on the same site.

The British consultants and our doctors advanced ingenious arguments why it was wise to demolish the solidly-built old buildings. They were too wide, too rambling, too inefficient. The new high rise on the same site would be compact, efficiently laid out and inter-connected, designed by experts in hospital building and labour saving. Further, they suggested that the land on the outer perimeter of this new hospital - with the old hospital buildings demolished - could be sold to pay for the cost of the new hospital.

In the final session, with most Ministers present, the Cabinet agreed. The consultants were out to sell their specialist services. Our officers, both the doctors and the doctors turned administrators were enthusiastic. It was before the oil crisis. The design was lavish with total air-conditioning. When the oil crisis struck in October 1973, all the assumptions for that quality of SGH were rendered invalid. The world was no longer going to develop and grow on cheap oil. Singapore's standards of living were no longer going to increase by 12-14% per annum. The cost of electricity for air-conditioning was going to become prohibitive with every passing year. The Cabinet gave instructions to strip down the air-conditioning. With the benefit of hindsight, it was a pity the Cabinet did not give explicit orders to redesign the buildings so that the air-conditioning required would be minimal.

The reduction of air-conditioning is only from 67% to 40% of occupied areas, still too lavish. When I came into the Accidents and Emergency Unit as a patient earlier this year to take an x-ray for a stiff shoulder, I entered an air-conditioned foyer! It is posher than private hospitals like Mount Elizabeth or Mount Alvernia. If the administrators, doctors, and architects had understood the Cabinet's fear of higher and higher oil prices, there would have been wide-scale cuts in the air-conditioning. The result is costly, and will get costlier every year.

Then, as I had half anticipated, the Ministry of Health went back partially on their proposal to pull down the old buildings. The Ministry of Health now proposes that one of the old buildings, Bowyer Block, in sound solid condition, be retained for 'C' class patients. They had earlier argued in favor of demolition because the optimum size and efficiency of any single hospital should not exceed 1,600 beds. This argument is now abandoned. The Cabinet rejected this proposal to go back on a major premise which led to the building of a new SGH.

Now, the Ministry of Health has to grapple with the problem of getting 'C' class patients, into 112 'Special C' beds or into 'B2' beds, or go into other hospitals with 'C' beds.

Never again must we repeat this grievous error of not adjusting immediately and thoroughly to a major change in circumstances, like the oil crisis. Instead of fundamental rethinking and replanning, the doctors went in for minor trimmings of the frills. If the briefing had been held after the oil crisis, I am sure the Cabinet would have ordered a new design altogether, eliminating the need for large scale air-conditioning by cross ventilation. Now we have to live with this mistake. Some solutions, not excluding opening up apertures in walls for cross ventilation, must be found to lessen the economic and political cost of this mistake.

Our hospital and health services will cost more each year because health services are labour-intensive. The cost of labour - nurses, laboratory technicians, cleaners, cooks, attendants - will go up faster than the wages of doctors and specialists, in percentage terms. Therefore, the more the private sector is encouraged to compete and to take over the treatment of patients, particularly through group practitioners contracting with companies to look after their staff, the better for Singapore. The health services, both the private and public sectors, must become more efficient through competition. Hence, the government welcomes and encourages the building of new private hospitals to cater both for Singaporeans and for foreigners. Any government doctor who wishes to go into private practice is not a loss to Singapore, as long as he or she is still working in Singapore. The outstanding doctors and surgeons should be invited to come back to use the new facilities in the SGH, and later Kent Ridge Hospital, and to pass on their knowledge and skills to younger doctors.

Since I queried the Ministry of Health on the low number of Visiting Consultants earlier this year, the number has increased from 19 to 25. I shall be satisfied with nothing less than a total change of approach and attitudes. The Acting President told me two weeks ago that he was asked for his opinion on a list of prospective Visiting Consultants. They were mostly men in their 50s. He

told me that if Singapore wanted the best specialists to teach our young doctors in their 20s, we should get those in their 30s and early 40s. The younger minds will be stocked with up-to-date knowledge. The older ones will have experience, but too few have kept up with new discoveries and new methods. The government doctors who put up this list are men in their 50s. Perhaps it was inevitable that they should think their peers in their 50s are the best.

I hope they have read what I have said about self-renewal in the government. The same principles apply to the medical profession. Let us get younger men and women in their 30s and 40s. Get them to take on the responsibilities of helping to train our young graduates in their 20s. In return for this, give them the status of “Visiting Consultants”, our recognition of their distinction. Give them access to hospital beds so that they can send their private patients into SGH to use, with advantage, the latest equipment with trained supporting staff.

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The new Minister for Health is re-examining these old assumptions. If we are going to be a medical centre of world class, we have to break down old practices and petty-mindedness: specialists keeping their staff and equipment strictly for their own use, excluding specialists in private practice, a regrettable reluctance to pass on skills and knowledge. We must encourage the leading

specialists from America, Europe, Japan and Australasia to come to Singapore on regular visits. In the jet age, during their summer vacations, leading professors can treat patients in Singapore and demonstrate to our own specialists and students their latest techniques. This is one of the areas we shall develop as a brain services centre. With so many of our best brains in medicine, we might as well give them the infrastructure support of hospital equipment and trained staff to achieve excellence, in combination with the leading practitioners from the advanced countries.

In declaring open the SGH, I hope I am also opening the minds of our doctors and our administrators to new ideas and new vistas.

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