

SINGAPORE GOVERNMENT PRESS RELEASE

PUBLICITY DIVISION · MINISTRY OF CULTURE · CITY HALL SINGAPORE 6

MC/MAR/31/78 (Health)

National Archives and
Records Centre, Singapore.

MINISTERIAL STATEMENT BY MINISTER FOR HEALTH
DR TOH CHIN CHYE FOR PARLIAMENT SITTING ON
23 MARCH 1978

1 APR 1978

Acc. No. NARC
78 0024 5

REVISION OF A & E AND OPD FEES

During the debate on the budget of the Ministry of Health the M.P. for Anson mentioned of rumours on the Ministry's intention to increase the attendance fee at A & E departments in the hospitals. I am using this opportunity to inform the House that the M.P. for Anson is a good fortune teller and he has made the rumours come true.

During a press conference last year I mentioned misutilisation of A & E departments. Of the attendances at A & E departments in a 4-month period 72.8% were self-referrals, 9.4% by general practitioners, 5.1% by the Ministry's OPD's, 3.8% by the Police and 8.9% by others. Only 17.8% of patients were considered serious for admission into hospital and 16.7% were referred to specialist clinics. On the other hand, as high as 61.9% of patients were discharged after examination and the remaining 3.5% were asked to go back to their OPD's.

The Member for Kim Seng told the House last week of his own personal experiences with National Service patients referred to the Singapore General Hospital. Most of the referrals according to him had minor ailments which could and should be treated by Army doctors in their camps but are not. This is confirmatory evidence that the hospitals are being misused.

In A & E departments doctors assume that the patients who turn up are serious or emergency cases. To be fair to such genuine patients doctors require a longer time to examine them. It is important that doctors in A & E departments should know when a stomach ache is due to acute appendicitis which requires surgery and not dismiss it as gastritis or a stomach upset from eating contaminated food. But if doctors in A & E departments are faced

with large numbers of patients with minor ailments his mental alertness becomes dulled and mistakes can be made. Patients who go to A & E departments or visit specialist clinics should now understand why they have long waiting times before being examined or admitted into a ward.

I have circulated to members figures showing an increasing trend in A & E attendances for the last four years. Something must be done if the services at A & E departments are not to break down. Having discussed this problem with Medical Superintendents of hospitals and Heads of A & E departments, we have come to the conclusion that because the existing attendance fee of \$4 is too low patients with minor complaints or who have a cough and running nose are crowding into A & E departments. In order to protect the efficiency of A & E departments the Ministry has therefore decided to raise the A & E attendance fee to \$10. If patients deserve admission into hospital for treatment, the \$10 will be credited to the minimum deposit of \$20 which Class C patients have to pay on admission.

Victims in public disasters such as those who were caught in the stampede at the National Stadium last year will be treated free.

Currently, blood donors do not pay fees at OPD's. I am prepared to extend this concession to regular blood donors i.e. those who have in the year made two donations.

Discretion already exists in A & E departments to waive charges in the case of destitute patients. That discretion remains and patients who are really poor will continue to be examined without payment.

Now let me come to the OPD's. Patient attendances have increased by 13% from 2.45 million in 1975 to 2.77 million in 1977. A 3-day supply of medicine is given to OPD patients. Some industries may have collapsed during the current recession and inflation but the pharmaceutical industry continues to flourish because of continuing demand for medicinal products. It means that expenditure on drugs will always be upwards. The Ministry has therefore decided to increase the attendance fee at OPD's by 50 cents during weekdays which is less than the price of 2 cups of coffee. The increase will be \$1 during Sundays and public holidays. The existing attendance fee of 50 cents for children and students on weekdays and \$1 for Psychiatric Outpatient Clinics remain unchanged. In spite of this revision the government will continue to subsidise 60% of the cost per patient attendance.

REVISION OF DENTAL SERVICE CHARGES

At the opening of the Institute of Dental Health in September last year I warned that there would be a review of the present system of dental service charges. The cost per patient attendance was \$8.60 while the amount recovered was only 90 cents.

The review has been completed and members have been given a comparative table showing the present system and the proposed revised charges.

The means test based on monthly family income to distinguish between full-paying and part-paying patients cannot be effectively enforced. Family incomes are invariably understated to avoid paying higher dental charges. Patients obviously do not believe that honesty is the best policy. By the time the Minister of Finance admitted that there are at least 150,000 persons who are earning incomes that are chargeable for income tax but he has found no way to make them pay, it is naive to expect the Ministry of Health to operate a system of full-paying patients and part-paying patients based on a means test. In truth less than 1% of patients seeking dental treatment have been fully-paying patients.

A general medical practitioner takes on the average 2 - 4 minutes to examine a patient but a dentist takes much more time to treat a patient. In some cases more than one visit is necessary. However, the present dental fees are not related to time and labour and are low compared to the costs of medical outpatient treatment.

The revised scheme of dental treatment charges replaces the present system of an attendance fee plus additional treatment charges by a single fee related to the treatment required. This reflects no more than what is being practised by dentists in the private sector. However, there will be two scales of charges. Singapore residents including those who hold work permits or employment passes will pay lower Scale B fees while non-residents and consultation cases will pay Scale A rates. Under the present system children who go to hospital or an outpatient dental clinic have to pay fees while those who have been given comprehensive dental care at the school dental clinics are not charged. Under the revised scheme children and students will pay 20% of Scale B rates to remove the anomaly.

This means that students and children who pay an average fee of 50 cents per attendance will now pay an average fee of 88 cents.

For adults where the average attendance fee is \$3.51 it will now be \$4.50.

In spite of the revision government subsidy on dental services will be 80% of annual recurrent costs excluding capital expenditure. This heavy subsidy is due to the fact that the majority of those receiving treatment are children and students.

MINISTRY OF HEALTH
