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TEXT OF SPEECH BY THE MINISTER FOR HEALTH, DR. TOH CHIN CHYE, AT THE 10TH ANNIVERSARY DINNER AND DANCE OF THE SINGAPORE DENTAL ASSOCIATION AT THE GRAND BALLROOM, HOTEL HILTON, ON SATURDAY, SEPTEMBER 24, 1977 AT 7.30 P.M.

A ministry of health faces a paradox, if too many people fall ill or epidemics break out it is castigated for not promoting health. On the other hand, if people do fall ill and it does not have the resources to treat the sick it is criticised for its inadequacies. Since illness is a personal affair and evokes love/hate relationships between patients and relatives on the one hand and the healers of sickness on the other, the promotion of public health tends to be relegated into a secondary role.

It is so much easier to generate public sympathy for the sick and disabled and make negligence in care as a political issue. It is exactly because of this that governments have devised social security schemes to deliver as much medical care as possible to as many as possible.

So indicators are touted to show how well a society is being looked after by the percentage of GNP spent on health care, the ratio of doctors or dentists to population, the ratio of hospital beds to population, the latest indicator being the number of patients on haemodialysis. Among EEC countries, the U.K. is at the bottom of the league with only 43.3 kidney patients per million population on haemodialysis as against 106.7 for France which tops the list.

The euphoria vanishes with the world facing acute problems of recession, inflation and unemployment. As government budgets fail to balance and taxpayers are asked to pay more, there is a search hunt for scapegoats and health care costs are discovered to be a haemorrhage on the public purse. When previously ministries of health were praised for their capacity to spend they are now taken to task for their profligacy. The villain, of course, is not so much the ministry of

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health but the public that clamours for security from sickness. The failure of ministries of health is to reconcile the public with the fact that medical practitioners and medical technology are up against the gum tree.

It is preventive medicine and public health officers that have made communicable diseases memories of the past. It is now possible to travel to Western countries without a small-box certificate. Poliomylities and diphtheria long associated with city slums are rarely seen with the introduction of vaccines. Physicians who used to treat tuberculosis were once specialists and they carried a postgraduate certificate to prove that they were specialists. With the introduction of BCG vaccine and antibiotics these postgraduate certificates have become obsolescent.

In brief diseases that could be cured have now been cured. It is diseases about which we know little remain. Just as for tuberculosis the cycle repeats itself. A specialist is now a person who attends to only one part of your anatomy but he has forgotten to be a doctor. New medical gadgets are invented and if a practitioner is clever enough to manipulate the gadget into a patient's inside he becomes a specialist. So we find that the inventor of the cystoscope is unknown but practitioners who can manipulate the gadget band themselves into an association of cystoscopists. Specialists like to believe that their speciality is the centre of all sicknesses. They generate demand for their services among the public to the great discomfiture of their colleagues, the general practitioner and the promoter of public health and health education. If cancer is not the No.1 killer it must of course be some other disease. The tragedy is that only cancer cells in tissue cultures are immortal such as Hela cells obtained ffrom the cervix of Henrietta Lacks, whereas normal cells die after 60-70 generations.

The conclusion is that we have reached a stage where more money poured into health care cannot extend our useful life span. Aging and the physical symptoms of degenerative diseases are unavoidable at the present state of scientific knowledge. If the process of degeneration is inherently tied up with our genes then the search

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for freedom from the ills of old age is like the dream of Faust.

But coming back to the practical aspects of health care and public responsibility, developing countries can learn from the mistakes of developed countries by avoiding distortions in expenditures on diseases hard or impossible to cure. The general practioner in medicine or in dentistry has still an important role to play in developing countries, so also the administrators of public health. There is room at the top for good clinicians and promotion for clinicians do not have to depend on the road to administration. I hate to lose an excellent clinician and have on my hands an incompetent administrator.

The Ministry of Health depends on our medical and dental schools for its future supply of doctors and dentists. I would like to take this opportunity to remind those responsible for undergraduate education that they are essentially training general practitioners. If every specialist were to impose his special interest into an undergraduate curriculum we will end up with a very confused graduate. Admittedly new medical or dental schools have the experience of hindsight and can innovate while older schools must learn to adapt to the changing directions of medical practice. However, it would be prudent to wait and see whether so-called innovations are successful, whether they turn out better or poorer general practitioners, before we make post-haste introducing them into our own system. Our type of medical care does not necessarily coincide with the type of care in other countries. It will be a grievous error if there is a mismatching of graduate doctors and dentists with the needs of our community and our ability to pay for their services.

SEPTEMBER 24, 1977.