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SPEECH BY MINISTER FOR HEALTH, DR TOH CHIN CHYE AT THE ANNUAL DINNER AND DANCE OF THE SINGAPORE MEDICAL ASSOCIATION AT THE TROPICANA THEATRE RESTAURANT ON SATURDAY, 21 APRIL 1979 AT 8.00 PM

In recent years the soaring costs of hospital services have become a major concern in developed countries. As money to pay for these services comes out of direct and indirect taxes, higher health insurance premiums, higher costs of goods and services there has been a revaluation on the concept of total health care. Virtues are now seen in promoting primary health care which includes curative care outside hospitals and preventive care. In 1977 our hospital services accounted for 72.6 per cent of public health expenditure and primary health 12.2 per cent. Outpatient dispensaries, MCH and School Health Services handled a total of 4.1 million attendances and visits while there were 1.4 million attendances at hospital specialist clinics and A&E departments. Ninety per cent of hospital expenditure was incurred by treating 191,500 inpatients.

Between 1974 and 1978 population in Singapore increased by 5.2 per cent but admissions into six acute hospitals viz Singapore General, Tan Tock Seng, Toa Payoh, Alexandra, Kandang Kerbau and Changi increased by 30 per cent.

It is not only inflation in the prices of medical goods and services, greater per capita utilization of health services and population growth that are responsible for the rising costs of health care. Studies conducted abroad attribute increasing hospital costs to overutilization of diagnostic and therapeutic services by physicians. This is true particularly for laboratory tests, either unnecessary tests were ordered or several determinations of the same test were made for the same patient.

For the six acute hospitals in Singapore 1,488,000

laboratory ..... /2.

laboratory investigations were made in 1974 but this number increased by 79 per cent in 1978. The demand for biochemical determinations rose from 422 per 100 inpatients to 626 per 100 inpatients, for haematology the rate increased from 437 to 527 investigations per 100 inpatients and for microbiology the rate rose from 79 to 128 investigations per 100 inpatients.

The Singapore situation thus confirms the findings made in overseas hospitals. Physicians who graduated 20 years ago were not taught the many laboratory tests available today and presumably those who graduate today will find more tests added in the next 10 years. This multiplication of diagnostic procedures has been due to the rapid commercialization of techniques originally used in research studies.

Availability generates demand and if physicians do not exercise judgement over the necessity of submitting patients to various diagnostic or therapeutic procedures health care costs must escalate. In the end the patient and the taxpayer foot the bill.

The increasing intrusion of technology into medical practice has also influenced medical education. Practice in clinical examination and observation is being replaced by collection of laboratory data on a patient. A pernicious result is that graduates who lack clinical competence find themselves at a loss when they are posted to small towns or villages where sophisticated diagnostic facilities are absent. In developing countries where 80 per cent of the population live in the countryside, it is common to find doctors congregated in urban centres although their services are needed most to provide health care for the rural majority. In a mass disaster situation there is no time for laboratory investigations. Clinical judgement is decisive in the treatment of casualties.

Medical education is therefore appropriate and relevant only if it can serve patient needs dictated by economic and social considerations. Innovations have been introduced from time to time in medical education but I have yet to see innovations made to test aptitudes. Students will make better doctors if their medical education includes a spell of practical paramedical training. Those who are unable to go through this stint will drop out. There is genuine need to balance the increasing use of statistical data to analyse patients as objects of study with a humane approach to patients as subjects who are beset with doubts and anxieties in their illness. This is a challenge that is worthy of examination by practitioners and educators.