

EDITORIAL

OF IDEALISM, SERVICE AND PRACTICABILITY

The socialist concept that "to each may be given what he wants, and from each be exacted what he can" has taken deep roots in the mind of the modern man, so much so that all over the world, politicians tumble over one another in their zest to give away the earth to the electorate, although there seems very few real attempt at the question of exacting. Medicine, with its immediate effect on the public, under the circumstances, must unavoidably figure prominently. Indeed, the suggestion that no one who is ill should be unable to secure the best treatment is so appealing that no sensible man can resist it. The doctor particularly, who has frequently to contend with the high cost of medical treatment beyond the reach of the poor, greets this with enthusiasm, and in fact, the National Health Act of United Kingdom owes its birth to the dedication of many doctors, who not only nurtured the idea, but also saw to its growth and final adoption by the State. The United Nation Organisation too declares as a basic right of man the freedom from fear of disease. As an objective, there seems everything to recommend it; and as an ideal there seems to exist no aspect that is impeachable!

Responsible governments all over the world frown quite rightly on exorbitant profiteering and monopolistic interests, and certainly will not tolerate them in essential public utilities. Public transport, water, electricity, and staple food come under stringent control rapidly. It would appear from the general trend that medicine is going to be added to this imposing list, judging from the attention paid to the provision of medical care all over the world.

A scrutiny would show that there are at present many approaches to this problem. In well-to-do advanced countries, this problem tends to be met by individual or collective insurance, in addition to various medical benefits in industries and institutions. The government commits itself only to the care of the destitute which is a fast disappearing moiety in that type of society. On the other hand, in extremely primitive countries, the solution is frequently one of free service to any who may care to make the request—an approach strongly reminiscent of the medical services set up by missionaries in underdeveloped countries. Between completely free private enterprise, and total benevolent governmental charity, there

exist many grades and shades of medical services with their proponents and antagonists.

When deciding on the form of medical service, it is indisputable that high ideals must be kept, and we cannot do better than adopting what has conquered the imagination of the modern man by storm, and what most doctors would wish to see—namely that a disease be treated with no regards to cost, race, or creed. However, it is as well to have both feet on the ground as the vision soars towards the fleecy clouds. The provision of a service must be judged not entirely on its ideological basis, but also on its practical value, and only in this down-to-earth assessment may one gain a clarity of perception amidst a sea of dizzy ideals.

Medical service is a costly one. The training of personnel is tedious and exacting. A doctor takes 6 years to train, a nurse three, a technician three, and these but represent the minimum. From here to further refinements such as specialisation may mean many more years. The increasing cost of modern medicine may be speculated from a recent statement of Horder when he said that an addition of a new antibiotic to the National Health Service might mean a couple of million pounds. Expense, of course, does not constitute an excuse for neglect, and no government has the right to neglect medical service; but it is certainly a strong reason for discriminating use so that no waste of manpower, valuable material and expensive equipment can result. To provide too lavishly can be as serious and inexcusable an error as to provide too little. In the zest to give and give liberally, serious faults of waste can easily arise. Hence if a man is provided already with medical attention, to provide him with an additional doctor without charge does not seem to be a justifiable generosity!

Moreover, it is well to ascertain if the provision indeed meets the demand. To ask for meat and be given a stone reflects a want of human charity, but to provide luxurious treatment when a common cure is available is unwarranted waste. In Singapore, the doctor to population ratio is 1 to 2,500. In the population, at least 30 to 40% do not accept Western medicine if one can judge by the number of Chinese physicians (Senseis), Malay apothecaries (Bomohs), and the importation and consumption of Chinese herbs. Taking this into account,

the doctor to population ratio is roughly 1 to 1,500, a figure which is one of the best if not the best in South-East Asia. With such a figure, if there is the allegation of an acute doctor shortage, then there would be no adjective suitable to describe the situation in places like the Federation of Malaya where the figure is about 1 to 10,000!

Perhaps one may point to the phenomenally rising figure in attendance of Government Out-patient Clinics, and conclude thereby that there must be a shortage of doctors if in a population of $1\frac{1}{2}$ million, the attendance at the Outpatient Department alone for 1 year is 2,719,858(1). This may be valid argument, but to judge demand by the rush on free samples does not seem sound business acumen, and to attempt to satisfy a rising demand by giving away even more free samples may not be sound strategy either. In fact, figures before N.H.S. in Britain showed a morbidity rate of below 2 visits per person per year, but recent figures 10 years after the N.H.S. came to more than twice, and in places like Israel, the figure approached eight! By no stretch of imagination, it can be alleged that illness has increased by one to four hundred per cent in spite of so called health and medical

advancement. It certainly seems that dishing out free items is the best and surest means to promote abuse. Some may see in rising figures an increasing health consciousness and hence earlier detection and treatment of diseases. Nevertheless, it is good to remember that figures are notoriously dangerous to interpret, and the increasing incidence of neurosis and medical litigations suggest that this rapid increase in demand for treatment is by no means an entirely healthy trend. The soaring consumption of sedatives, tranquillisers and tonics; the increase in demand for attention for trivialities which people used to attend to themselves, and the many amendments to N.H.S. Act in Britain within the last 10 years must spell caution to the idealist in medicine. Give everyone his drugs and treatment freely and liberally by all means, but a little exacting of returns in the way of checking up on the real benefit this has produced, would appear to be timely indeed.

REFERENCE

- (1) Report of the Ministry of Health, 1958. Government Printing Office, Singapore.