

## EDITORIAL

### THE RIDDLE OF FREE MEDICINE

With the turn of the century there has been increasing support for the concept of the sanctity of man. A man is said to have his intrinsic value not to be reckoned in terms of money or position, and his intrinsic worth earns him a right to live. It is regarded as a duty incumbent on the state to see that every man is provided for, every able-bodied man willing to work is gainfully employed, and every one has an equal opportunity to live. Few people would disagree with this concept, and in a sense, other than those in rather peculiarly placed environment, the world as such is increasingly socialistic in its trend and actions. Thus, in the State of Singapore with a crop of many political parties manifestedly opposed to one another in outlook and policy, each and every one of these parties are for socialism! Truly the roads to Rome are leading from many directions!

A socialist cannot but must profess the inviolability of the gospel of socialism, namely, that the need of every one must be met, and that to achieve that utopian millennium, each one must give what he can in the way of effort, brain power, and ability. Unfortunately, it is easy to get people to come forward to demand for the satiation of their needs, but it is not quite such a simple problem to persuade a voluntary rendering of personal contributions. Hence, the difficulty of any socialist government has always been that of a man with a balance sheet, where the expenditure is pledged to the limit, but the income is dependent on the ephemeral good nature of man to do what is right and proper. If one accept the contention that man's nature is essentially evil, then obviously, socialism will be on the rocks; but the widespread enthusiasm of socialists all over the world must mean that they hold a kinder view of human nature, and history will decide whether this is just a rosy dream or truth.

Nevertheless, in the rush to satisfy needs, the man-in-the-street is being showered with promises. Free transport, medical facilities, education and other so-called essentials of living appear on political platforms galore. A doctor cannot be unconcerned in this surge of universal largesse, for his mode of living and even his professional practice are likely to be directly affected. It behoves him to scrutinise any proposal regarding

medical facilities as it is his duty to make sure that genuine benefit will follow.

The case for free medicine has usually been advocated on grounds of need. It has been alleged that medical treatment is essential to the public, and hence it should be the concern of the State to provide. Also, disease knows no difference in race, creed, status, and financial possessions, and hence medical facilities should be universal. No ill patient should be in need of treatment simply because he cannot afford the expenditure. Similarly, no one possessing essential skill should be permitted to exploit it for his sole benefit to the detriment of all. There seems very little reason for any one to dispute the justice of these postulates, and the tendency is to accept them without question. Indeed, doctors have on their own been formulating schemes to ensure an overall medical care with all these points in view, and the B.M.A. in England, and the S.M.A. in Singapore have not only been in sympathy, but have actually formulated working plans.

However, a sound idea does not necessarily guarantee a successful implementation nor a reasonable return, for after all, the proof of the pudding is in the eating. It is the result of an overall medical care provided by the State that will finally decide on the true merit of such a scheme. This result would seem to be in part available, for in the United Kingdom, the N.H.S. is now more than 10 years old, and the examination of its value must yield more than a vital clue to the merit or demerit of this widely advertised venture. at one time the pride of every Englishman, and even today the cornerstone of the political platform of the Labour Party in Britain.

The Porritt Committee was constituted to survey the N.H.S. and its implications, and whilst its conclusions are still pending, the evidence and views submitted so far have not suggested that the N.H.S. has been a bed of roses without blemish, as some ideologists fondly imagined.<sup>(1)</sup> Recently Professor Jewkes<sup>(2)</sup> in comparing British and American medical facilities has made even more startling disclosures. Facts were revealed of how in over 10 years of N.H.S. there has been no increase in the proportion of hospital accommodation, and the gap between demand and supply for medical treatment widened rather than narrowed.

Meanwhile, repeated amendments to the N.H.S. in Britain have actually been limiting the extent of the largesse year by year without definite success in reducing the upward spiraling of the cost of the service<sup>(3), (4)</sup>. Independent and scattered accounts from practitioners told of mounting morbidity with no decrease in mortality, and the attendance per capita had gone up from the estimated 2 per year to 6. This means more and more patients are being seen, and there is more illness and the same amount of death.

The conclusion cannot be that Britain as a nation is getting more unhealthy, but rather that the average British man and woman tends to demand more and more medical attention without any positive gain in health. In other words Britain has spent millions of pounds more each year, so that its population can go to the doctor more frequently but without getting better health! Not only is the picture of the health of the population gloomy, but the doctors too have been unhappy. Accounts of endless forms to fill, loss of doctor-patient relationship and frustration of more junior doctors make sorrowful reading.<sup>(5)</sup> If all these were true, then indeed, state medical service would appear to be not only "much ado about nothing", but actually "more trouble, less benefit!"

Is it really sound that a thing should be free simply because it is essential? God with his bountiful abundance can afford to provide sunshine and fresh air both of which are free and essential, but few would advocate seriously that the State should supply to all and sundry free water, light and food, although these are indisputably essential too. Medicine is not in the same category of essential requirements as water, light or food. Obviously, the desire or attempt to make medical facilities free does not arise from its alleged indispensability alone. On the other hand, free provision often, if not invariably, leads to abuse and wastage,<sup>(6)</sup> and medical facilities are far too costly to be frittered away without second thought.

Singapore has a free medical service—more than what is envisaged in N.H.S. in Britain. There is no contribution and no curbs like prescription charge and drug restriction. If N.H.S. with limited freedom can spell such financial and medical gloom to Britain, then the medical service of Singapore, completely free in comparison, must occasion some concern to any thinking man. Be-

sides, we have half the number of doctors per unit population and a lower income per capita compared to Britain. Can we really provide a grander scheme of free service with no restraint, when we have started with less capabilities? No one seriously disputes that the poor must be looked after, but that should not mean that the better off could demand similar concessions with a clear conscience.

Hence, it is time that local doctors must speak up, for it appears that free medicine is now the order of the day as it seems to constitute the platform of all political parties. If it is really a good thing, there is every reason for the doctors to lead the campaign and even make personal sacrifices to see to its implementation; but if it is otherwise, then the profession must attempt to restore sanity and balance in an over enthusiastic society, so that genuine benefit may be obtained.

Slogans are valuable in capturing public attention, but quite frequently, they are as unsound as they are valuable. To plan to send the doctor to visit every patient in his home would be a good slogan of carrying medical facilities to the door step of the sick; but the time the doctor wastes in travelling from house to house would in fact deprive many deserving cases of medical attention. To give the patient the freedom to choose doctors would be most appealing, but to insist that a doctor should respond to every request even beyond his capabilities would not really be a benefit to him or to the patient since the attention and service would be of a poor quality. The popular trend reflects the attraction of an ideology, but the professional men with their training for exactitude and practical application must assume the responsibility to extract the optimum returns from our available facilities to realise the ideological dream, and not to push a vision to the wreckage of the machinery. The future of medicine in this country is the responsibility of all the medical men. They cannot be indifferent in these eventful days.

#### REFERENCES

- Editorial (1961) The Porritt Questionary. S.M.J., 1, 1.  
 The Genesis of the British National Health Service, 1961. Basil Blackwell, London.
- Editorial (1961) Paying for the Health Service. B.M.J., 1, 418.
- Medical Notes (1961) Health Service charges increased. B.M.J., 1, 437.
- Goldman, L. (1957) Angry Young Doctor. Editorial (1961) of Idealism, Service and Practicability. S.M.J., 1, 75.