

EDITORIAL

THE DOCTOR REQUIREMENT

Figures have a dreadful fascination for the modern man, and even educated man with superior intelligence are not immuned from their charms! Thus a set of findings when reduced to rates, percentages, deviations, and standard error conjures up a holy respect which is not paid to the findings themselves as such. It has been put succinctly by someone who advised medical writers that unless the article was treated statistically, then the findings could have no real value! Addison and Bright, Hughling Jackson and Babinski, if they lived today, would find it hard for them to get their findings published, for they had no statistical knowledge, and their work in a special form of anaemia, a special disease of the kidney, certain bizarre observations in cerebral disorders, and a few yet unknown reflexes, would be cast aside because of the lack of knowledge of figures! After all, what they had was no more than accurate observation, careful and intuitive reasoning, painstaking and laborious follow up — things that seemed of little moment in these "scientific" days of figures! There were no controlled trial, no assessment of subjective error, and no mathematical analysis of results. Truly, if they lived today, things would have gone hard against them!

Hence in the problem of doctor needs, people talk of number per unit population, specialist to general practitioner ratio, number of hospital beds per population, and cost of facilities per head. Quite obviously to the modern man, without these arabic numerals, there can be no exactitude, and hence no truth! Statements have been made that the ideal figure of doctor per population should be in the region of 1 per 1,000, and hence Singapore with a figure of 1 per 2,000 represents "acute shortage"! This deficiency is such that it has been urged that training schedules in medicine should not be made too rigid, that registration requirements should not be too discriminating, and that immigration of professional personnel should not be too strictly controlled! Any dissentient voice represents a selfish motivation for personal gain, and any plea for a logical appraisal of these so-called figures of requirement is met with derision and indignation.

However, emotions and pseudo-science apart, it can be readily appreciated that 2 doctors, although on paper appearing as 2 identical units with equal

pay and supposedly equal ability, in practice not only differ in their aptitude but their output. One may work best seeing 100 cases a day whereas the other excels only in 20 cases in the same period of time. Ability, aptitude, keenness, professional integrity, and doctor-patient trust are abstract items which cannot be treated mathematically. Nevertheless they are of paramount importance, and must be taken into account even though they invalidate findings based on probabilities and binomial expansions!

Hence it is a healthy attitude to begin the consideration of the problem of doctor needs with a down-to-earth view of figures; otherwise a lot of heat would be engendered needlessly all to no purpose.

In 1950, an expert committee of the World Health Organisation put up a working paper on needs of medical personnel. It stated that assuming services at the rate of 2,000 hours per annum (which means at 300 working days a year, 6 2/3 hour-day of work), the number of general practitioners needed is 1 per 1,500 population. In Singapore today, we have a doctor ratio of 1:2,000 working an average of 10 hour-day and very nearly 350 days a year. Even the least instructed must agree that we have in fact met the recommendation of this expert committee, although local doctors have to work harder and longer. If this is so, then why is there a continuous screech of acute doctor-shortage from responsible quarters like some national dailies.

Moreover, scrutiny will show that even the figure of 1:1,500 should be regarded as very tentative — "no more than an approximate mean" as the expert committee so admirably puts it. A survey of utterances all over the world will soon bring about an awakening. In the Federation of Malaya not very long ago, a responsible statement was made that the doctor per population ratio was in the region of 1:7,500 and that was regarded as a favourable figure. Simultaneously U.S.A. with a ratio of 1:700 has been bemoaning its shortages and is aiming at a goal of 1:500 which apparently would be ideal. However, Soviet Russia with a figure of 1:450 and Israel with even a better one do not appear to be worried about doctor surplus; in fact they too are talking of improving the doctor supply!

All these go to show the danger of calculating medical needs on an arbitrary figure. The matured way of meeting a problem of this nature is to utilise all available facilities efficiently and without waste, and not to plan a mansion with the potentialities of a flat only to bemoan the inadequacy of resources. The former means healthy

and economical planning, and the latter a perpetual debt like hire-purchase in an improvident family which must in the end come to grief with the Frankenstein it created. Medical need is a pressing item that all reasonable men must be interested in, but unless we cut our dress according to the cloth, such intent may not at all be a happy augury.
