

## EDITORIAL

### ON A HOSPITAL

Although historically, a hospital was a place for the destitute, and occasionally for the isolation of certain types of cases, over the years, it has come to be an institution where sick people are accommodated and treated. The principal function of a hospital in any country today therefore is the care of in-patients and a well-designed one must pay attention to the medical care and day to day essentials of the patient. How he is to be fed or clothed would be as important and engaging problems as how he is to be healed. Since a man has many needs to be at ease, and a disease does not materially in most cases alter the basic needs of a man, the hospital, to be competent, must combine the function of a comfortable home and an efficient clinician's office.

Over the years, hospitals have acquired two other functions: that of education and research. Medical students, nurses, laboratory technicians, dietitians, radiographers, almoners, physiotherapists and other ancillaries are trained in hospitals, and where facilities permit, there would be also postgraduate education of a high calibre in various specialised disciplines, in the form of various extension courses. Simultaneously, the pursuit of medical knowledge as a science per se is done, and clinical trials, experimental medicine, animal studies, statistical compilations and aetiological and epidemiological research are carried out in terms of hospital projects.

These activities have affected hospital organisation in such a way, that, broadly speaking, three categories of hospitals may be recognised. First, the district general hospital which is principally devoted to the treatment of acute cases. The stay of a patient is short, and consequently the turnover is rapid. The illnesses dealt with are relatively simple and frequently acute, and hence facilities consist of day to day medical necessities without any high and pretentious equipment and unnecessarily specialised staff. Each district hospital presumably accepts cases from within a fixed region, but in some countries, a pooling of beds is done so that should a case fail to get a bed in the appropriate district, it can be shunted to

another where a vacancy exists. Because of the unpretentious set up, and less highly qualified staff, the running cost is low, which is as it should be, for one would never dream of fighting a street battle with fully mechanised armies!

Secondly, there is the specialised hospital which would be equipped with more specialised instruments, and staffed by highly trained staff. Cases that are seen in the district general hospital, and regarded as requiring more specialised attention, would then be transferred there for further investigation and treatment. This sort of institution may be a large one with multiple specialisations, or a smaller one with a single objective. Hence it may be functioning within narrow confines as a hospital for cardiovascular diseases, or nervous diseases, or cancer, or else it may embody several specialities in one and be adequate to meet thoracic, neurologic, and other requirements. The patients are drawn from district hospitals almost entirely, the stay is usually longer, and the turn-over slower. The running cost is also much higher and may be 3 to 10 times that of the district general hospital.

Finally, there is also the teaching hospital whose manifest interest is medical education. Generally, for postgraduate education, the specialised hospitals are used, whereas most teaching hospitals are meant principally for the teaching of undergraduates. As such, the equipment and facilities of the undergraduate teaching hospital usually fall midway between those of the districts and the specialised hospitals, because, on the one hand, the undergraduates must be shown the common and mundane problems in medicine, which will occupy the majority of the activity of a doctor, and on the other hand, some of the teachers, who are full-time, would require facilities to take them into individual fields of research.

Hospitals like sanatorium, infectious fever hospital, and mental institution are in most cases accepted as district general hospitals with a special purpose, and are generally equipped and staffed as such. In addition, there are also privately-owned hospitals and nursing

homes of varying standards ranging from one category to the other, but frequently administered with a view to financial solvency and practical utility. Hence they would vary in the set-up depending on the demand for private beds, and the financial support of the community.

Bearing this in mind, it is easy to see that the Singapore General Hospital as it is now is actually functioning as a hodge-potch of three hospital categories. It is a district hospital in that it accepts acute cases with a rapid turnover. It is a teaching hospital in that many of its departments are actually University teaching units for the medical students. Finally, it is also a specialised hospital in that it contains set-ups in neurologic and cardiovascular work with some staff to match. Such a mixture cannot be a happy one because it will be actually wasting money from the point of cost, in so far it functions as a district general hospital, since many of the highly skilled staff and a good amount of the special equipments are not necessary. Also, it will be inefficient from the point of research, when a good proportion of the facilities are being frittered away on the mundane and common problems. That this is the state of affairs must be blamed on the disorderly way the General Hospital has been permitted to develop in the last twenty

years; but if a strange mixture has been concocted, there is no reason why it should not be gradually sifted into its various useful components, so that, finally, order may prevail, and a proper return may come from the money invested.

What would be tragic would be for people to contemplate building more of this type of hospitals under the name of general hospitals so that in time to come, we will have not one monolith of confusion but two or three. As it is at present, it must be exceptionally difficult to understand why the duration of hospitalisation of a case in the specialised hospital should be so much less than in the district general hospital unless it is seriously contended that the generals should do the hand to hand fighting whilst the privates stay behind to shape out the master strategy!

Some may argue that unless our doctor ratio and finance improve, we should not aim at such an idealised categorisation of hospital function. The fact is, however, that if we can afford to waste specialised hospital facilities in accommodating general cases, and squander district general hospital bed capacity by unduly long stay, then we must indeed be more than overdue for a reappraisal of the policy of the use of the hospitals.