EDITORIAL

REORGANISATION OF OUTPATIENT SERVICES

The presence of an outpatient service in the Singapore General Hospital has been a fact for many years, but it was not until after the second world war that its popularity increased. Even then, it did not have a full-time doctor at night, and a large proportion of the cases seen between 4 p.m. and 8. a.m. comprised accidents, drunks, and assaults. Free treatment was available only to those who were earning an income below $200/- a month, and the demand on the medical staff was relatively small compared to that on the hospital itself.

From 1956, free treatment was instituted, and with the increasing popularity of western medicine locally, the outpatient department underwent the most rapid expansion amongst all the branches of local medical facilities. By 1962, it had more than one-fifth of the Government doctors in its network, and the 24-hour service in the General Hospital alone required the attention of almost sixteen doctors. Meanwhile, its branches like the tentacles of the proverbial octopus, spread all over the island in the form of day clinics, mobile vans, and even a medical launch, until it was said that instead of patients seeking treatment, the medical services were being brought to the doorsteps of the patient!

From the concept of current political thinking, this would appear to be a major step of advance, for it was a point of pride that the state should provide all the personal needs ad lib, and there seemed very little denying that medical treatment was one of those needs. Thus the National Health Service, once called by some visionary the pride of Britain, came into being in Britain more than fifteen years ago, and all over the world, one or another form of subsidised or contributory schemes was in existence, under which a patient might get treatment without undue anxiety as regards the financial burdens.

However, it has become increasingly clear that personal health, like human contentment, is relative; and rather like the Midas' touch, unlimited provision of medical treatment does not bring about satisfaction. The phenomenal increase in service does not engender the feeling of good personal health. The improvement in the alleviation of organic illnesses like infectious diseases, malnutrition, and metabolic disorders like diabetes, has been overshadowed by the sharp rise of functional diseases, and a patient cured of his vitamin deficiency, now complains of insomnia, palpitation, and other hypochondriacal symptoms, requiring even more attention and therapy! Admittedly, this rise in psychologic illnesses is due in part to many other causes, such as the increased sophistication of the patients, the particularly stressful environments of modern life, the unstable family structure of the present era of personal sensuality cult and so on, but there seems fairly obvious evidence that the unrestricted provision of any service will inevitably lead to abuse, and the relief of organic diseases can be related to the rise of hypochondriasis.

Hence it is that personal health is difficult to define, for one deals with more than organic illness. In fact, until one can bring about human contentment, it is certain that the demand for gratification will never cease, and would actually increase if uncurbed.

The provision of a totally free medical service in Singapore — a scale more grandiose than the contributory form of the British National Service — has cost us dear, and the courage of the present Minister for Health to call a pause is praiseworthy indeed. It is not difficult to do what is right, but to do right when such action may run counter to the desire of the majority needs more than conviction in a democratic society!

However, a good medical scheme for any country not only provides for the essentials like public health and treatment, but also education and research. It is easy to see that without education, we shall soon be depleted of trained personnel essential for the proper functioning of any medical scheme. It is not quite so apparent, however, that without research, the medical education and the essential provisions can quickly be out-dated, and therefore useless, and even harmful. So far, in newly developed countries, the belief seems

current that progress may be maintained by using hard cash to import a few experts, send a proportion of our own men away for training, and finance a few of the chosen to be observers in overseas conferences. A reference to the developmental history of medicine in the so-called advanced countries would tell us that the true solution lies elsewhere. Perhaps the question can be taken up again with profit at a later date, but for the time being, let us take comfort that at least, a major stumbling block to the progress of local medicine has been removed.

Gwee Ah Leng