

WELLNESS — ATTAINABLE GOAL OR IMPOSSIBLE DREAM

Wellness is an emotive cry. It has become an "in" word among the popular medical press, the mass media and even the conservative medical profession. But what is actually "wellness". Among most lay people wellness simply means a sense of feeling well. Nevertheless in this period of change in the medical scene in Singapore, it is perhaps permissible to raise a question or two about it. What does wellness really mean to the doctor, the health delivery system and the consumer, i.e. the public? How does one pay for it or evaluate the appropriateness of its costs? Is it the individual's responsibility or should it stem largely from other sources — the health profession, employers, the government or society in general. All these are difficult questions but the first, the definition of wellness is probably the most difficult. Is it really the absence of physical disease or does the term wellness embrace both physical and psychological disorders. If it includes the latter then the achievement of wellness would include not only abolition of medical diseases but also stress-inducing factors like oppressive bosses, permanent secretaries, heads of departments, nagging spouses, income tax department and immigration control to name only a few. Taken to its logical (or illogical) end, does wellness mean sitting under a tree contemplating one's navel oblivious to one's surroundings and environment.

With the definition of wellness effectively escaping us, little wonder that we are confronted with a host of different kinds of people who want to sell us this elusive product. Hence we see wellness counsellors urging us to eat less carbohydrates and more fibre, to pray, to meditate, to jog or run, to get in touch with one's own feelings (whatever that means), to change jobs, to retire if we are working, to return to work if we have retired!

Paying for all this wellness advice is most difficult and evaluating its worth is next to impossible. Does the medical profession really believe that one can live longer by running twice around a block of HDB flats, or it just makes the runner feel more healthy and alive. The annual physical examination, once extolled widely as the key to keeping well has been severely questioned with respect to its effectiveness especially in its relation to its cost (1, 2). This comes as no surprise to the medical profession since all doctors are aware of patients dropping dead a few days after receiving "a clean bill of health" from his practitioner.

Much of the "wellness movement" in fact has a subtle anti-doctor slant. Doctors are perceived as being more interested in the sick patient than in the well person. This is true of course from the reward point of view — one is paid to treat a sick rather than a well person. Most physicians also obtain more intellectual gratification from examining a sick person with its myriad of physical signs than a well person without any abnormality. Still physicians and medical researchers have been in the fore-front in stamping out the great epidemic infectious diseases, in tracing

the relationship between smoking and lung disease and between diet and heart disease. They have been prime movers in a number of effective and proven public health measures but not with the fervour for unproven procedures that some zealots would like to see.

So where does all this leave us — the public? Wellness like charity should really begin at home. The individual's responsibility is paramount. We Singaporeans eat too much, smoke too much and take too little exercise. A section of the community also drink too much, drive too fast and indulge in too much promiscuous sex. It does seem irrational to promote esoteric and unproven wellness programmes while avoiding these simple measures known to be associated with good health — and they are infinitely cheaper.

What then is the role of the health profession? The most important role is that of health education. Our population must be made to understand that to keep healthy is the responsibility of everyone in the society and not just the medical profession. In simple terms our people must know the basic facts of common diseases like hypertension, diabetes, heart diseases, the dangers of smoking and other harmful life-styles. Doctors of all specialities and persuasions must counsel and advise patients accordingly. The recent move to enhance the activities of the Health Education Unit in the Ministry of Health is a move in the right direction. On the other hand, one should be quite realistic and realize that not all diseases or even the majority are caused by harmful life styles, self-inflicted or preventable. In one on-spot survey done in a female medical ward only three patients were admitted for a "preventable disease" and all of them were attempted suicides following domestic strife! Therefore one must not seek immortality through preventive medicine or the person will be sorely disappointed.

Finally I am reminded of a story in ancient China where physicians were paid only so long as their patients remained well and that payment stopped when illness began. Although no one recommends such draconian measures now-a-days, physicians working in concert with other health professionals can be particularly influential in convincing patients of the old-fashioned truths regarding good health. Wellness — attainable goal or impossible dream, the choice is yours.

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1. Canadian Task Force On Their Periodic Health Examination: The Periodic Health Examination. *Can Med Assoc J* 1979; 121: 1193-511.
2. Dales L G, Friedman G D, Collen M F: Evaluating Periodic Multiphasic Health Check-ups: A Controlled Trial, *J Chronic Dis* 1979; 32: 385-404