

## AND THERE IS NO HEALTH IN US

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I am sure the title of my talk to-night "And there is no health in us" must have left some of you puzzled as to what I am about to say. A few of you from our august medical bodies like the Ministry of Health and the SMA (Singapore Medical Association) may even harbour some concern whether or not I am about to say something uncomplimentary or be critical about our health system. Let me allay your fears, I do not intend to say anything at to-night's dinner you will find hard to swallow.

Those amongst you who are Anglican Christians will immediately recognise the phrase from the Book of Evening Prayer:

Lord, we have left undone those things which we ought to have done;  
And we have done those things we ought not to have done  
And there is no health in us.

The phrase "And there is no health in us" is taken to mean here that we are all imperfect, having committed sins of commission as well as those of omission. We have only to reflect in our daily lives as doctors to know whether this phrase is true for most of us.

As a profession what is that we have left undone? We have come a long way in the medical development in this country. True, there are some things which are still undone but these have either been too esoteric or economically prohibitive.

What about those things which we have done which we should not have done? Again, thankfully we have made little of these mistakes.

Now for the things we have done that ought to be done. Here we have achieved a fair bit. We started with the concept of making Singapore a centre for medical excellence by training better and more specialists. Then we turned our attention to the restructuring of our public hospitals and quite recently the emphasis on primary health care. All very commendable.

For the things we are about to do in the near future, this is where we must pause to consider the matter most carefully and I refer to the introduction of the Managed Health Care system. Here there is no benefit from hindsight. We can copy the experience of other nations, notably the United States and Europe, but we still must be aware of the fact that their experience may not fit our local conditions.

What are the good and bad points of a managed care system?

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Let us consider the pros first. The first point in favour of such a health care system is the ability to contain medical costs. One of the recent criticisms of the medical system here and in most parts of the world is the escalation of costs in medical treatment. A plan to contain costs and cap medical expenditure is something all of us would like to be able to look forward to. It is comforting to those who have to pay for medical treatment to know that the sky is not the limit as far as medical costs are concerned.

Then there would also be better and more primary care since it is always better and cheaper to treat an ailment in its initial phases rather than wait for complications to develop and make expensive hospitalisation necessary.

Prof Lee Yong Kiat in his paper on the Early Years of the Outpatient Services in Singapore noted that the Principal Civil Medical Officer Dr Irvine Rowell believed that the large numbers of patients admitted to hospital in the late and incurable stages of disease could be reduced if they had the chance to benefit when treated early as outpatients, either with no charge or for a nominal fee. An astute observation made in 1880 or over 114 years ago!

In a managed health care system, the primary care doctor or general practitioner takes on the role as gate keeper to the country's health financing resources. He decides whether a patient should be further investigated or be admitted to hospital. To-day, most doctors are paid by their patients on a fee for service system. No fee is charged for a patient who has not been seen by the doctor. In a managed health care system, a per capita charge is levied on a patient regardless of whether he has or has not received medical treatment. Those who are healthy help to pay for those who are sick. For the doctors therefore it pays to keep their patients healthy as sick patients soak up money from the funds allotted by a managed health care system.

This idea of paying the physician to be kept healthy is not exactly a new one. In ancient China, the emperors used to cross the palms of their personal physicians with silver for keeping them healthy. Woe betide the physician should the emperor fall ill. The loss of their regular income was the least of their worries. Often they literally lost their heads as well.

What about the cons of a Managed Health Care System?

For a start, not all patients are happy with the idea that there are limitations to the investigations the primary care doctor can make. They may not also take kindly to being referred only to designated specialists in such a health care system.

This is most evident in patients who have a "kiasu" attitude. They are never satisfied unless they run through the whole gamut of medical tests, some quite unnecessary, others not without danger but almost all of them very expensive. Which doctor has not come across the patient with a headache who feels that he needs an MRI and will not be satisfied with counselling or a prescription for Panadol.

Then there is the "buffet syndrome" which unfortunately a few patients have. This want to get the money's worth out of every consultation appears uppermost in the patient's mind. Are we not familiar with the patient who comes in for treatment of a cough who says also "By the way doctor since I am here do you mind giving me something for my piles and I also have this terrible itch which keeps me awake at night"? Of course the HMO or health maintenance organisation doctor minds. He has a set budget and the more he gives out the less he will earn.

Soon there is an adversarial relationship between the patient and the doctor whom he perceives to be blocking his way to medical treatment he feels entitled to. Dr Elliot Leiter, a urologist in New York, says "The major problem is that there's an adversarial relationship that wasn't there before."

All this leads to an erosion of doctor-patient relationship and in America in many cases the warmth and caring is now replaced by distrust and leering. The widow of a Connecticut cancer patient, embittered by her experiences, said that what has happened to medical care is "hideous and grotesque". In interviews in a Gallup poll last year for the American Medical Association many patients complained that doctors were acting more and more like aloof business people.

The loss of faith in doctors is also partly caused by some misguided high expectations from the medical profession fueled by stories from the public media. Many patients have been led to believe that there is a magic bullet for every illness. Publicity given to latest medical or surgical techniques have prompted increased demand for these new services. Lots of patients have the impression that what is latest in the medical field is always what is best. This may not be so. Many doctors must have experienced a surge of NPC (nasopharyngeal carcinoma) scares in the wake of recent press reports about latest diagnostic techniques in a certain Singapore hospital.

This view is supported by an article in the New York Times where doctors say that patients hear about medical advances on television or by reading newspaper and magazines and then challenge their doctors.

The need to contain escalating medical costs in the light of modern technology is an issue that must be addressed and a managed health scheme appears to be the best solution. However it is not easy to know what is the best format to introduce the managed health care system. The American experience is that growth of prepaid medical plans meant more and more people are not able to choose their doctors. This does not sit well with most patients. A form of co-payment scheme may have to be introduced whereby the patient co-pays for anything not found on the set medical menu. This will allay his anxiety that his condition is not being properly investigated and may also let him seek the doctor of his own choice. Another way is to provide additional insurance to cover anything else not previously agreed to in the health care scheme. The danger here is the buffet syndrome when the patient seeks more than is reasonably justified. As a consequence of this, medical insurance fees are likely to be jacked up to meet the patient's increased demands.

What of the future in medicine? A recent issue of the Economist gives a peek into the year 2010, and I quote, "By 2010 or probably well before that, doctors will be on call via home personal computers, through electronic mail or teleconferencing. The consumer will anyway do a lot more of his own doctoring. Wearing a 'healthwatch' he will be able to keep a continuous medical check on his physical and mental

state. The data will be fed direct to the computer."

If you find this difficult to believe, there is more. "The latest bulletins on the prices and the performance of health-care deliverers will be available on information networks for anybody to read, just as investors keep in touch with stock market prices.. Clinics will be linked to a larger managed care conglomerate - call it Health Care Concern - that provides all medical services .. buying the most cost effective in order to attract customers by offering them the best deal."

Note the word "customer", it does not say anything about being a patient. The New York Times says "Buying medical care begins to look like going out and buying a new or used car rather than going to a physician and being sure that he or she is there for your best interests."

The practice of medicine is an art, not a trade; a calling not a business - Sir William Osler.

The Economist goes on to say the "doctors will be relegated to members of a wider health-care team, which will include clever robots ...for centuries doctors have claimed a monopoly on medical authority - to which consumers had no access. According to Stephen Pauker, professor of medicine at Tufts University, medical information will be out there for everybody."

Instead of a patient travelling miles to the nearest hospital, the operating room will come to him. Many operations will be performed by robots assisted by nurses, although specialist surgeons will be called upon (via telemedicine) in emergencies or for tasks that robots still cannot tackle alone.

What will happen to to-day's health care infrastructure? Hospitals look likely to be empty as traditional surgical wards become largely redundant. Many will close; others will tend only to emergency patients or the chronically ill. Doctors' clinics will also be far less busy.

All this sounds like science fiction, but the Economist continues to say that "open surgery with its hands-in approach will appear quite gross when viewed by the standards that will be set in the next 20 years.

The Economist further adds that "some of the medical practice for 2010 should be happening to-day -- were it not for the dogged resistance of the medical profession. However the introduction of managed care systems will give more power to those who pay for health care forcing doctors to be more accountable to managers and patients."

Note there is to be accountability to "those who pay for health care" and doctors will be forced to be accountable not only to patients but managers as well.

What has happened to the doctor-patient relationship, to professional discretion and secrecy and the nobility of the medical profession? In the age of the super computer, do all these things count for nothing?

All these thoughts of the year 2010 come from a respected magazine, from Western countries where rights of the individual have been widely touted and jealously guarded.

A patient in the year 2010 will wear a healthwatch on his wrist which is linked to a computer. Sounds like an Orwellian nightmare. He is expected to be an informed person, taking personal care of his health and consulting his doctor by computer only when he is in doubt.

This is the frightful scenario of the future. Do we want it? Will our patients be happy with it? Will there be better health in all of us? These are serious questions which we have to face at this watershed of medical care.

Managed health care has its good points but in the name of cost-containment, cost-efficiency, the precious bond between doctor and patient which we now have must never

be lost. Doctors must not be relegated to robots and patients should never be regarded as mere economic digits.

At the end of the day we must all realise that behind every sick patient there is an anxious person waiting to be

healed, a distressed human being waiting to be guided and comforted.

Only when these have been achieved will there truly be health in all of us.

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