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My Vision For Healthcare In Singapore

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President of OGSS, Dr Lee Keen Whye; Colleagues and Friends, Ladies and Gentlemen, good evening.

It is my pleasure to be here tonight and I wish to thank the O&G Society for according me such a privilege. When Keen Whye approached me to grace this occasion, I was, at first, very hesitant to accept because I knew previous orators were all pre-eminent in their fields and had "fun to hear" topics to share. It was thus going to be a hard act to follow.

Truly, I was not quite sure what might interest a group of prominent people like you and I had difficulty in deciding whether my talk should have a political, a societal or a medical leaning. Then, it occurred to me that, you are likely to be the same as most people and have not the foggiest idea what I am about. Certainly not from the few nine-second reports on the evening news! Well, with that prompt, I thought it would be an opportune time to share with you my perceptions on the scheme of things in Singapore and my concerns for my constituents and compatriots. I would also share with you some aspirations and action-plans on issues close to my heart which I have voiced in parliament as a Member of Parliament, as a doctor, as a community worker and as a working mother.

I am sure many of you would like to know how it all started that I became an MP. Well, I was running my own clinic at Tanglin Halt when I found a calling to do something more. I decided to do some community work and started out as advisor to several grassroots organisations before being asked to be Chairman of the Management Committee for Queenstown Community Center. I think it was that initial interest with community work that led to my being recommended for selection as a PAP candidate for the 1996 General Elections.

The selection process of the PAP for its parliamentary candidates was unique to say the least. One had to go for several rounds of interviews; the last one by the big guns that included PM Goh and SM Lee. When I was first called, Ben and I thought we would let the process flow and see where I get. Little did we think I would end up being selected, especially when the Elections were almost upon us, in fact, with just a couple of weeks left to go! Well, I was nominated and duly elected to serve the Kim Seng Constituency in the Kreta Ayer-Tanglin GRC in the 1996 General Elections.

At the time, there was a dearth of women candidates. Many wondered why it was so. Let me share with you the focus then concerning women and politics and especially about Singapore women and Singapore politics.

WOMEN AND POLITICS - SCENE IN SINGAPORE

Women form half of the population in this country but you could hardly tell that from their representation in parliament. Women vote as the men do. But how many women get voted in as representatives of our people, as the men do? Or do the women seek to be voted in, as the men do? Indeed, many people have noticed that there are too few women in the Singapore Parliament. Why was this so? Yes, why were there so few women entering politics?

Looking at the trends over the years, we see that even up to about one thousand years ago in Greece, an entire meeting of the Church Synod was devoted to one question, namely, "Is a woman a human being or an animal?". Finally, it was settled by a vote, and the consensus was that women do belong to the human race. This consensus, however, was passed but by just one vote!!

Today, an inferior status for women, while not as extreme as in the example just given, continues to exist in a number of countries. Fortunately, for our women and men, Singapore is not one of them. Our women's status is equal to our men's. This has allowed women to contribute significantly to the phenomenal growth of our nation, laying the foundation for a brighter future for ourselves and our children.

So, why do women have difficulty entering politics? The obstacles are numerous; some of which are equally daunting for men. And of course, this situation is not unique to Singapore. Many other countries, more advanced than ours, have the same problem.

It is glaringly obvious that one of the main obstacles is the heavy double burden which the married working-woman has to bear, both as mother and as career-woman. Statistics, from sample polls, continue to show that women still bear the major share of housework and supervision of children. In the Singapore context, with our relatively easy access to maids, most

families have availed themselves of the opportunity to lighten the tedium of housework. When the man is willing to share the responsibility of supervising the children, it can certainly help relieve this aspect of a woman's load and allow her to contribute to public affairs. The other factor is whether our men are supportive of our women's participation in public affairs? On the surface, the answer seems to be 'yes'. But when one probes deeper, most seem more ambivalent if that woman happens to be his wife. They fear that the heavy commitment of politics will detract from their partners' commitment to their relationship and their home. Besides, many women feel the same way too. But my point, if you think about it, is that male politicians face the same problem. And, this has not prevented them from contributing and representing in government.

More often than not, however, I suspect it is the reluctance of women themselves which prevents many from seeking public office. How else can we explain the number of intelligent and qualified women who participate actively in charity and other good works? They are not laden with housework nor young children. Their businesses and careers are not more nor less demanding than those of their male counterparts. What about the single career-women who are not constrained by the usual family responsibilities?

The burning question is, "Should we change this?". Singapore has made great progress in the last 35 years. Our women have been treated with equality based on meritocracy. On the other hand, many changes are still needed for further improvement of women's current state. Some of these are subtle, many essential, if we are to tap the maximum potential of our sisters and our daughters. In many areas, women can make better contributions than our men because women have the benefit of a different perspective and insight due to their unique roles as mothers and wives.

Women bear the children who will defend this country. Women share the men's load in building homes, paying bills, rearing sons and daughters so that they will not be ashamed to call them as their own, and so on. The home is the basic block of a nation. Women's priority and commitment to the success of each household will complement that of men's whose interests are generally more external. The measures needed for better and happier families are not given the priority and urgency they warrant.

A woman's natural interest and intuitive understanding of the young, the aged and the weak; her instinctive collaborative style and her different sets of priorities enable her to spot what her male counterpart may have failed to see. A woman's strength will complement a man's and can make up for a man's weaknesses. I would certainly challenge any assertions to the contrary. No man can claim, with any credibility, to understand the urgency of a woman's needs. Hence, themselves will always lag behind on the list of changes. Such changes cannot be effected if there are not enough women in parliament because the viewpoints of their male counterparts are different. Women must take a more active stand and show a more direct hand in the governing of this country. Women have no excuse, in this age, to plea helplessness and suppression. Women cannot continue to hope for major changes by proxy, through representatives, most of whom are well-meaning and male.

So, how do we change this? Women are definitely under-represented in parliament, and I feel that we need a concerted effort to try and change this picture. There are many women who would fit the bill to represent, we all know that. But, where are they?

Well, all of us should try and recognise the suitable candidates. And we will need to give them that "little push" and encouragement to step forward. As I have said earlier, there is a general reluctance in our women to volunteer for such commitment, perhaps because of unwillingness to sacrifice status quo, perhaps due to modesty and hesitancy in declaring oneself as a suitable candidate, and so on. My earlier remarks should help resolve these situations and perhaps settle the tussle with the sacrifices and obstacles.

I have been in Parliament for just over six years now. In that time, I have voiced a fair number of points in the course of parliamentary debates and I have also raised several motions. Yes, I raised Motions on "Third-child Maternity Leave", "Preventive Healthcare", "Changing Trends - An Ageing Population", "Integration in the Healthcare System" and etcetra. Most of the topics I spoke on were close to my heart and I am very happy to say that some of my dissertations have borne fruit.

As many of you here are in the medical profession, I want to share with you some medical issues that are passionate to me. I shall dwell on two issues that I have brought up in Parliament from as long ago as 1999 and again just a few weeks ago. From the list of priorities for his Ministry and the efforts initiated by the new Minister for Health who is rather like-minded to many of us, I believe our Government is now taking heed in these issues and is implementing relevant policies to achieve the results. I do beg your indulgence if I should load you with some rather weighty facts.

DEVELOPING SINGAPORE INTO THE REGIONAL MEDICAL HUB

Malaysia and Thailand have been gaining ground in healthcare services. In 2001, Thailand's Bumrungrad Hospital alone treated almost a quarter million foreign patients - more than what all the hospitals in Singapore altogether. Procedures like open heart surgery, once considered beyond the abilities of many hospitals in the region, are something most hospitals offer today and at a fraction of the cost charged here. Both Malaysia and Thailand have declared their intention to go for a bigger slice of the healthcare pie in the region. Both these countries have the advantage of lower cost, and, the marked difference in pricing is driving large numbers of cost-conscious patients from the region away from Singapore.

What are the serious questions encountered from this idea of making Singapore into the regional medical hub that caused key players and decision makers to ditch it in the past? First, the fear of a spiraling cost of healthcare. Second, "the demonstration effect", that of increasing demand from the local populace expecting the services being offered to foreign patients at full fee-paying prices and a perception of inequality.

On the point of spiraling cost, having more full-paying foreign patients, apart from giving a spin-off effect for our other services by having more visitors to Singapore, may be a source of subsidy rather than a cause of rising

healthcare costs for local patients. There is a need for a mindset change here. Getting more foreign patients paying full rates can help hospitals defray operating costs and may moderate the need for future hospital-fee hikes. It is more cost effective and sensible to share expertise and expensive equipment in Singapore especially in the very specialised fields. There is not a sufficient pool of patients to support these areas from our population of around 4 million people. The super-specialists will then get more patients to keep the skill and improve on it and thus will benefit both the local and foreign patients. The present scheme of blurring the private and public sectors, by allowing private specialists to come back to public hospitals as visiting consultants and allowing public hospitals specialists to also practise in the private sector, will minimize the number of doctors leaving the public sector for better monetary gains in the private sector, as a result of more foreign patients. There are enough specialists, especially in the private sector, to cater for both local and foreign patients. I am sure you will agree with me that rising healthcare costs are inevitable the world over and having foreign patients will provide a cushioning effect rather than a worse-off effect.

The reasons for our inevitable rising healthcare cost are the increasing patient expectation, the demographic variables of population growth and age structure, changing epidemiological patterns of diseases with a shift towards chronic degenerative conditions requiring intensive and longer-term care and the rapid advances of complex capital-intensive technology.

On perception of inequality, consensus must be reached through more informed discussion and public education. Assurance of basic, sound and affordable healthcare to all Singaporeans must be emphasised. The demand in medical care could be moderated by the suppliers themselves, since consumers cannot exercise their sovereignty in purchasing the appropriate amount and level of medical care in most cases; they are invariably dependent on the expert judgment of the providers. Therefore, to address this issue, healthcare providers can be subjected to the audit of an effective watchdog body or a system of checks and balances. Healthcare providers should be bound by an ethical code of conduct. A-class beds in the public hospitals should be limited to no more than 13% and the public-hospital providers should have a fair allocation of time for subsidized patients.

What then are the challenges facing this path of Singapore becoming the medical hub of the region? I feel the following areas are worth elaborating:

Singapore's healthcare services are high in costs resulting in fees chargeable to be as much as double in comparison with Malaysia and triple in comparison with Thailand. In this respect, the Government should ensure adequate supply of land at institutional rates for medical hub developments. Singapore may have lost the edge to Malaysia and Thailand for many lower-end medical treatments and Singapore should aim for high-end medical treatments such a transplant surgery, complex heart surgery and other complicated advance surgical procedures. There must be a concerted effort by service providers to contain and keep healthcare prices more competitive. A responsible healthcare consumer forum for greater transparency on pricing and clinical practice norms should be the established. I feel

that integration of the private and public sectors is the way forward to enable us to maximize our resource pool, to utilise economies of scale with expenditures and to avoid duplication of services. There is a need of mindset change here by the Government to treat these two sectors as one entity. Thus, selective introduction of sub-vented healthcare at private facilities to help generate economies of scale and more cost-competitive services in the private sector should be considered.

Singapore has a good reputation as a centre of medical excellence and our healthcare professionals are recognized for their high calibre and efficiency. We must capitalise on this and should have a more structured, aggressive and coordinated marketing program undertaken by both the private and public sectors. Understandably, there is increasing protectionism of local healthcare services in other countries. Therefore, joint-ventures with reputable big names within the region to form strategic alliances may be necessary. It may also be necessary to consider offering incentives and recognition to healthcare professionals by strengthening international professional associations and promoting regional networking amongst healthcare professionals. China is a country with big potential for healthcare demands and is a new market that needs such immediate attention.

In order to have the upper edge we need to be innovative and be able in predicting future trends. For example, with the trend towards population ageing, there is an increasing incidence of chronic diseases and greater focus on strategies on eldercare and health promotion as well as development of treatments for chronic diseases will have to be enhanced. Thus, the recent improved surgical procedure by our local doctors on reshaping the heart so as to give a patient with chronic heart failure a new lease of life ought to be encouraged because this new procedure is a possible solution. This procedure costs only one-third of the price of a heart transplant and will thereby give us that advantage with foreign patients.

Research culture, especially clinical research was never the emphasis here. We must have incentives for research in our public hospitals. A lot of changes at our institutions are required to promote, identify and support the various aspects of clinical research. Research into the globally prevalent diseases should be expanded expeditiously; a good example here would be the prevention, early diagnosis and drug therapies to combat coronary heart diseases.

In order for Singapore to remain competitive, we need to pay attention to the training of future generations of our healthcare providers. Only by continuing to invest heavily on our undergraduate and post graduate medical education will we ensure that our doctors are competent and conversant with new developments in the medical sciences. The Health Manpower Development Programme (HMDP) should be enhanced. The learning of medicine is an apprenticeship; one cannot be a good doctor just by reading textbooks. Those who are willing to teach and those who are willing to learn to teach must be facilitated. It is worthwhile to include the extension of the service hub to become a training hub as this will boost Singapore's aim of being a medical hub in the region. This will promote collaboration with doctors in the neighboring countries and increase their acceptance of us. Training

is a great professional relationship creator. The goodwill and mentorship will continue long after the training period is over. Word of mouth is the most effective form of advertisement for our medical capabilities. It would be far more effective than any advertisement campaign which, incidentally, might even earn the wrath of our neighbors.

Innovations on packaging healthcare with other products such as insurance, travel, hotel and shopping needs can attract the foreign patients and benefit the providers of the various services in a big way. There should be a coordinating body that plans and complements the different services to meet the needs of the patients and those accompanying them in a mutually consistent way.

There is now a review on the regulations in the Public Hospitals and Medical Clinics Act (PHMCA) with a view to relax restrictions on responsible, institution-based advertising locally and abroad. I agree that it is the right way to go. I do, however, feel that we have to err on the side of caution here because ethical issues have always been of paramount importance in the conduct of the medical profession especially in relation to advertising for medical services. There is already provision for limited and responsible advertisement locally by individuals and an even wider provision for public institutions. Advertising abroad is restricted by the enacted laws of the foreign countries thus forbidding others to advertise in their countries. The concerns arising from relaxing advertisement locally by individuals will be the creation of unhealthy lop-sided local demand of services rather than attracting foreign patient. Overzealous advertisements may also mislead the public and may degenerate into enticement or persuasion of the public to use medical services unnecessarily. Thus, I would advocate that we tread cautiously in this area.

RE-TUNING OUR HEALTHCARE FINANCING

Whilst I am very glad there is ongoing action on the medical hub issue, nothing is happening yet on my next point though. Well, my second point is about our healthcare financing and I feel that it is now time to relook and revamp another of our "sacred cows". I mean our "Medisave" accounts. In our heavily human-resource dependent economy, our economic health has to go hand in hand with good health of our people. We, therefore, need to be able to pay for our healthcare. The present Medisave system, where we save and pay as we go financing for healthcare, is becoming less adequate to serve our needs. This is especially when our society is fast-aging and people are living longer. Medisave has low rates of return within the CPF mechanism and has inadequate real growth to be sufficiently available when needed in old age. Moreover, healthcare costs are expected to be higher. We need to make drastic changes here and now for a better tomorrow.

Risk Pooling in Health Care Finance is a good option. Currently, we have individual medical savings accounts (Medisave) with no risk pooling and a national catastrophic illness insurance scheme (Medishield) which covers prolonged and expensive treatment which does pool risks, but minimally. In addition, there is

a complex system of co-payments and deductibles, which involve direct out-of-pocket private payments. It is timely to convert savings in the Medisave into more Risk Pooling Insurance Schemes with co-payments.

Japan has achieved the lowest infant mortality rate (IMR) and highest life expectancy (LE) in the world. Long-term observers of the Japanese Healthcare System have concluded that Japan achieved these healthcare outcomes at a comparatively small price: "Japan's healthcare system ... helps to keep its population healthy at an exceptionally low cost". They rate the Japanese system as excellent in cost control and access and very good in equality. Universal Health Insurance coverage has been key in bringing about these results. Japan started their Health Insurance Expansion in 1961 and today, Japan's Healthcare System has Universal Health Insurance coverage that covers the entire population. The World Health Organization defines risk pooling as "the practice of bringing several risks together for insurance purposes in order to balance the consequences of the realization of each individual".

Risk Pooling is the health system function whereby collected health revenues are transferred to purchasing organizations. Pooling ensures that the risk related to financing health interventions is borne by all the members of the pool and not by each contributor individually. Its main purpose is to share the financial risk associated with health interventions for which there is uncertain need. Risk pooling is required because of the large uncertainty in the magnitude and timing of an individual's healthcare expenditure needs. It implies the redistributive functions: from the healthy to the sick and from the productive to the unproductive stages of the life cycle. The arguments in favour of risk pooling in health care reflect equity and efficiency considerations.

The World Health Report 2000 put emphasis on the role of government in terms of "stewardship" of the health sector. According to this report, this attractive vision of a far-sighted and public spirited regulatory capacity is hard to envisage in the absence of a strong risk-pooling function which is a necessary one for a wider range of health service functions that we associate with developed health systems such as rising health expenditure, demographic change and technical innovation.

The role of preventive care and keeping healthy cannot be over emphasized in any healthcare issues. Therefore, in our Health Insurance Expansion planning, some incentives should be incorporated to rally Singaporeans towards keeping fit and healthy. A further element of Health Insurance Expansion is to ensure coverage for Singaporeans when they are in dire need, such as when they are without jobs and between jobs, in view of our present and future trends of unemployment.

The two key features of Japanese Healthcare Financing are firstly, universal coverage that is achieved through a multi-tiered insurance system with varying degrees of subsidization according to the perceived economic vulnerability of the part of the population insured, and secondly, reimbursement according to a nationally uniform fee schedule to the service provider. It is the combination of universal coverage with strict enforcement of the uniform fee schedule that has been critical in avoiding some of the problems of cost

inflation observed in other countries. The Japanese experience thus indicates that the main risks in healthcare insurance, "incomplete coverage of the population and rising costs", may be manageable. Good Health Insurance Expansion encompasses a national coverage involving the entire population with dependable coverage year after year, stable premiums and benefits. We should, therefore, explore

ways to achieve these objectives.

That was quite a mouthful wasn't it? Well, colleagues and friends, thank you for allowing me to share all these with you. It has been nice this far and I have kept you long enough. Please do enjoy yourselves as there is still a lovely evening ahead.
Thank You.