

# FM CONVOCATION 2003

KEYNOTE ADDRESS BY GUEST-OF-HONOUR, DR LILY NEO

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Associate Professor Cheong Pak Yean, President of the College of Family Physicians, esteemed colleagues, ladies and gentlemen, Good evening.

It is my pleasure to be here tonight and I wish to thank the College for according me such a privilege. I would like to take the opportunity tonight to share with you some concerns that I see facing us in the medical profession here in Singapore. I shall be sharing with you some of the issues which I had voiced in Parliament over the last few years.

Tonight, I shall focus more on primary healthcare as most of us are in this area. How do I see the GPs' role? What should the emphasis be for GPs in terms of future healthcare in Singapore? There is no doubt that good primary healthcare should be prioritized in the healthcare system for Singapore. Primary healthcare provides for convenience and affordability to the population that is so essential in our continuing pursuit to contain our healthcare cost escalation. Whilst we cannot arrest the rising demands and the increasing costs of healthcare, our challenge is to find all avenues available to lessen the need for expensive medical care.

It would appear that the basic tenets for good and affordable healthcare rest upon a system that enables us to:

- κ maintain our population as healthily and for as long as possible
- κ ensure the elderly population remaining as independent as possible, and
- κ ensure the appropriate use of our medical care

GPs are most befitted to facilitate us to achieve that healthcare system. I see an increasingly important role for GPs in the following:

1. Preventive Healthcare
2. Long-term Healthcare
3. Step-down Care

## PREVENTIVE HEALTHCARE

Preventive medicine, as the key towards maintaining good health in any population, cannot be over-emphasized. The adage "prevention is better than cure" succinctly defines a fact that every one would accept wholeheartedly. In terms of maintaining the best state of health for any population, preventive medicine is the one area we can ill-afford to cut back on. Instead, we must seek out all avenues to help the healthy maintain their well being for as long as possible.

The involvement of the primary care doctors in preventive care will be the way to go in promoting this important area of healthcare because they are looking after 80% of patients at this level of care. We do have efficient and affordable primary healthcare in Singapore island-wide. Yes, the availability and convenience of the geographically placed private clinics is an advantageous asset. Our doctors are competent and their fees are relatively inexpensive. As Preventive Care often involves giving a lot of advice and persuasion to the people directly, GPs who can usually spend more time and develop closer relationships with their patients are eminently suited for this function. We should maximize on this rapport between GPs and their patients in this aspect in promoting preventive healthcare.

In the long run, the continuous and concerted efforts in promoting preventive medicine will provide the best quality life and contain the escalating cost of healthcare. It is proven that if we can succeed in preventing the development of diseases in the first place, we would have achieved the ideal. Classic examples of this would be in the management of hypertension, diabetes and hypercholesterolaemia, which predispose patients to cerebro-vascular diseases. Well-informed patients generally have better outcome and better compliance with their treatment and do lead quality life for much longer. They are spared the incapacitating end-results of strokes, heart attacks or renal failure. They are spared the agony of having to suffer and the nation is spared the burden of having to pay for the enormous treatment costs.

The Ministry of Health should prioritize harnessing our doctors in both the private and public sectors and have an integrated effort towards enhancement of preventive healthcare. We can achieve a greater success if the MOH implements directives in this important area of healthcare. What are the important areas for consideration? They are as follow:

1. To take off in this area of healthcare, MOH should revamp the existing model of preventive healthcare and put up a bold and comprehensive new method to promote Preventive Healthcare. There should be more funding and allocation of personnel for preventive medicine. The very crux of the issue is to reach out to the population and we must expand in this area. Increased funding to set up more disease prevention and disease intervention programs will reap us rewards in the future. The key to successfully reduce projected cost of future healthcare burdens is to promote healthy lifestyles and provide preventive healthcare. The rewards can be immense if this is done swiftly and targeted towards the whole population. It has been shown that, among the middle-aged in Finland, the number of deaths from heart attack and cerebral stroke could be decreased to less than half through preventive measures.
2. The Government, as the largest single employer in the country, must take the initiative and provide affordable basic medical healthcare for all civil servants on a regular basis. Spending in this area now will be worthwhile in the longer term. We will be rewarded in time with a healthier workforce and the quality of life for the workers will be enhanced because they will be less prone to chronic debilitating diseases in the future.
3. Expanding on the previous point, MOH should work with more companies to facilitate and promote preventive medicine. As an example, more doctors and nurses can be made available to help companies conduct preventive check-ups and to give talks on various topics of preventive health. Even PM Goh Chok Tong acknowledged during one of the launches of the "healthy lifestyle campaign" that the experience in many countries around the world has shown that health programmes do help control medical costs, improve productivity, reduce absenteeism and heighten staff morale.
4. An increase to about 800,000 aged-citizens by the year 2030 has been projected and it is obvious that those born in the 1950s and 1960s will make up a majority of the elderly of tomorrow. It is, therefore, urgent that we target preventive medicine on these citizens who are now in their 40s and 50s. Immediate and successful implementation of preventive healthcare now is necessary as many of these people may lapse into chronic ill health very soon indeed.
5. There cannot be successful implementation of anything unless the monetary issues are addressed. I personally feel that our Government must facilitate more people who seek preventive healthcare. For example, tax incentives could be given to employers who

provide preventive healthcare for their workers. In addition, we should allow individuals to use their “Medisave” and “Medishield” accounts to fund their expenses for basic preventive healthcare. Thirdly, we should endorse the use of “Medifund” for the extremely needy as these people would probably be those who are most in need of preventive healthcare but who are most deprived of it, either due to ignorance or lack of funds.

6. It must be a priority for the Ministry of Health to continuously identify prevalent diseases that need greater attention and to continuously monitor and study the trends for prevention of common diseases as well as the many different aspects of preventive healthcare. MOH should be proactive and remain savvy in keeping up with the changing or pressing problems that arise from time to time and be ever ready to alter course where necessary.
7. The Ministry of Health should also prioritise preventive healthcare in terms of enhanced public education. It is necessary for the public to be reminded that they should and can maintain good health. We must accept that it will be through continuous education and considerable patience before we can hope for a change of mindset amongst our people. We must impress upon the people that they should not be seeking healthcare only when they have become sick. They should be encouraged to have routine medical check-ups to detect early-stage diseases. To provide for more scope in public education, we need to provide for the training of “facilitators” who promote preventive healthcare. These “facilitators” may be polyclinic nurses, neighbourhood doctors, community centre grassroots leaders or various company personnel officers. A more integrated and a more consistent approach island-wide to promote different aspects of preventive healthcare could be initiated.

### **LONG-TERM HEALTHCARE**

For the past few years, Singapore’s national health expenditure has remained stable at about 3% of GDP. However, a recent NUS/IPS study commissioned by the Ministry of Health indicates that Singapore’s national health expenditure, at the current level of health servicing, will rise to 7% of GDP by 2030, due to the ‘ageing factor’ alone. The economic pressure is also likely to be aggravated by rapid advancement in medical science, which brings, in its wake, the introduction of many life-saving but expensive new medical technologies and innovations. The present generation of Singaporeans is savvier and will be even more so in the years to come. They will have higher expectations of our healthcare system and will demand much more in terms of their healthcare needs.

In order to cope with the changing social trend, there is an urgency to revamp some areas in our current healthcare system. Our current healthcare system has been very much orientated for a “young population”. But our demographic profile is undergoing rapid changes, and our population will become a mature one within the next generation. By the year 2030, the elderly would constitute a tremendously increased 20% of the total population. An important message for this target group will be “disabilities in old age are often due to disease and early treatment of the disease can prevent disabilities. There will be an increased prevalence of chronic diseases. The elderly, those aged 65 years and above, consume a disproportionate amount of our healthcare resources. This increasing trend of demand will strain our present healthcare system. We have to be more pro-active to meet the needs of a ‘mature population’ in the planning for long term healthcare.

The challenge for primary care for long term healthcare is eldercare in view of Singapore being the fastest ageing population in the world. In long term healthcare, GP’s involvement is crucial to enable the chronic ill patients to stay in the community as possible. Upon this basis, it is necessary

to ensure that those with diagnosed chronic diseases can get their regular long-term medications. Good control of chronic diseases will prevent disabilities that need more hospitalizations, inconveniences to patients and their families and higher costs. Long-term Care also needs a good home care system to be successful.

The ten basic tenets for such Long-term Healthcare are as follow:

- 01 The culture of self-reliance and taking personal responsibility
- 02 The premise that early preventive measures are preferable and more effective than later interventions at points of crises
- 03 The view that the family unit, with adequate support, is the principal way to provide care in the home environment rather than residential care
- 04 The recognition that residential care is costly and causes loss of independence
- 05 The need to involve the communities to facilitate the elderly to stay in the communities and at their own homes for as long as possible
- 06 Funding for long-term healthcare must be fair, equitable to all generations, and sustainable over the long term
- 07 A combination of services may be required, including personal or medical care, equipment, transport and domestic support
- 08 Older people often have a variety of inter-related needs including nutrition, nursing, medication and mobility management
- 09 The importance of support for family and other informal caregivers
- 10 The role of the different professions in delivering cost effective and life-enhancing care.

### **STEP-DOWN CARE**

Facilities for step-down care either in the institutional, day-care or home-care settings will have to be strengthened to cater to the needs of a "more mature" society. Since voluntary groups run the majority of our nursing homes, the government may have to review the present method of funding to make it easier to encourage more voluntary groups to build more and reduce our shortfall. Some of our present sharing of running costs and the capital sharing by government may have to be reviewed as well.

Another area that needs more emphasis would be in the training of more healthcare professionals and other informal caregivers for the elderly. Training in geriatrics for doctors has to be accelerated and the opportunity for such training must be extended to all doctors and nurses. All these efforts will not only provide better care for our elderly but also facilitate the availability, in due course, of home-care.

The priority on the step-down care of the elderly will be in assisting them to live as independently and for as long as possible in their own homes with appropriate support. The aim is to maximize independent living and social functioning and to minimize avoidable hospital admissions and premature or avoidable dependence on long-term care in institutional settings.

There should be appropriate support services to help maintain the frail elderly in the community for as long as possible. Homecare with domiciliary services and daycare with rehabilitation facilities as well as occupational therapy services with equipment and adaptations at homes should be made readily available.

It is also necessary to garner ample community help and community volunteers to deliver the services. Much useful work has gone on within the community all this time and I must say that the contributions from these helpers and volunteers are very significant.

Under step-down care, GPs can play a bigger role. You may say many of these are too sick to

be in the community, but the idea is that if we have good support systems, many of whom can in fact stay in their own homes being looked after by their families, friends, volunteers in the community and GPs nearby their homes. Many of the step-down care patients need rehabilitation therefore GPs can play a bigger role in facilitating them to recovery.

There is strong evidence that comprehensive assessments, followed by implementation of individual care plans, can reduce the risk of older people being re-admitted to hospitals or placed in long-stay care. It also improves survival rates and physical and cognitive functioning. To do all these, we need the involvement of relevant therapists; in particular, we need occupational therapists, speech and language therapists and physiotherapist.

Our homecare services are almost non-existent at present. We need to make this service available quickly in order to lessen the need for high cost stay in the tertiary institutions, especially the acute hospital. Most times step down care patients require rehabilitation. Older people who need rehabilitation usually suffer from a wide range of conditions and their needs are often complex.

Rehabilitation involves restoration, to the maximum degree possible, either of function (physical or mental) or role (within the family, social network or workforce). Rehabilitation usually requires a mixture of clinical, therapeutic and social interventions that also address issues relevant to a person's physical and social environment. Effective rehabilitation needs to be responsive to the needs and wishes of the user and has to be purposeful with the involvement of a number of agencies and disciplines. It must also be made easily available when required.

## CONCLUSION

I would like to end by just mentioning that there are two topics close to my heart that I have been pursuing lately in Parliament.

The first topic is the need to re-tune our healthcare financing to ensure long-term affordability. I feel that "health risk pooling" through insurance (a risk-transfer mechanism) may be better than plain dependence on savings alone. Therefore, it is time to review our "Medisave". The "Medisave System", where we save and pay as we go financing for healthcare, is becoming increasingly inadequate to serve our needs. Risk pooling through a good Health Insurance Expansion, with nationwide coverage to involve the entire population, dependable coverage year after year and adequate benefits with stable premiums together with a combination of co-payment and strict enforcement of uniform fee-schedules, should have a bigger role.

The other issue is on the development of Singapore into the "Medical Hub of the Region" and turning Singapore into the "Mayo Clinic of South East Asia". This is a worthwhile industry to pursue. I shall not elaborate on this topic now except to say that 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. We need a mindset change here. There is a need for both public and private sectors to come together, preferably through integration, for the "Medical Hub of the Region" to be realised. Hopefully, there is the will and the tenacity to see to it that we succeed before it is too late.

Once again, I am honoured for this privilege and it has been my pleasure talking to you. Have a very enjoyable evening.

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