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Barts and the London.
Elective Write-up: Singapore.

1) Describe the common diseases in Singapore and discuss this in the context of global health.

The life expectancy in Singapore is one of the highest in the world. Men and women in Singapore have life expectancies (from birth) of 79 and 83 years respectively. The top 5 causes of hospitalisation in Singapore are:

- Accidents, poisoning and violence
- Cancer *
- Ischaemic heart disease
- Obstetric complications
- Pneumonia

(*Of the cancers, colorectal, lung and prostate were the most common in men and breast, colorectal and lung were most common amongst women.)

With longer life expectancies, Singapore's healthcare system is also facing the urgent problem of an ageing population. The percentage of persons over 65 years old is expected to increase from 8.5% in 2008 to 19% in 2030. This trend is also seen in various developed countries including the UK, where the numbers of people aged over 65 are projected to increase at a faster rate than any other age group. As the population ages, chronic health problems (such as diabetes, hypertension, dementia and arthritis) and their complications are on the rise in both Singapore and the UK. Furthermore, the susceptibility of the elderly population to ill-health combined with their reduced independence and increasing disability place a huge strain on both healthcare systems as well as social support networks alike. Thereby requiring healthcare systems in these countries to implement changes to prepare and accommodate for this trend.

This trend differs from the disease burden seen in low-income countries where infections, diarrheal diseases and HIV feature highly on hospitalisation and mortality lists. Furthermore diseases are seen much more in younger patients with only 21% of deaths occurring in the over 70 age group. Therefore, unlike Singapore and the UK, low income countries are not facing the problems associated with an aging population. Rather, 79% of deaths are occurring under the age of 69 compared to high income countries, where only 30% of deaths are occurring under 69 years old.

2) Describe the healthcare system in Singapore and how it compares to the UK.

Although the healthcare systems in Singapore and the UK both provide universal healthcare, the manner in which the systems are implemented differ vastly.

In Singapore, primary healthcare is delivered through government polyclinics or private clinics. Patients can walk-in for consultations at either of these centers. The majority of primary care is delivered through private clinics (80%) with only a small proportion of patients (20%) attending government polyclinics. Secondary care is provided through either government or private hospitals and various specialist clinics. Singapore's healthcare system consists of 13 private hospitals and 10 government hospitals. Unlike primary healthcare, 20% of hospital admissions are managed by the private sector. In case of an emergency, patients can attend A&E services which are available in both private and government hospitals. Government services are delivered by both the private and public sector. The delivery of government sector institutions are clustered into 2 groups (sing health and national health group) to ensure better integration and co-ordination of primary and secondary services as well as ensuring affordability and good standard of care through competition between the two groups.

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The healthcare make up in the UK differs from Singapore. It too provides universal healthcare through publicly and privately funded systems. In the UK, the publicly-funded system dominates healthcare provision.

Funding

The healthcare system in Singapore is financed largely by private expenditure. Although government subsidies are available to help with the cost of healthcare, Singapore's system requires individuals to take responsibility for their own healthcare. Of the total healthcare expenditure, 33% is from the government and 67% is from private sources. Both individuals and employers contribute. Both of these sources make up the '3M' framework – Medisave, Medishield and Medifund.

Medisave

This is a compulsory saving scheme in which employees contribute part of their income (6.5%-9%, according to age) to an account from which funds can be deducted to pay for hospital bills for themselves and their immediate family.

Medishield

Medishield is a national insurance scheme against catastrophic or prolonged illnesses. In such conditions, many patients' medisave funds may be insufficient to cover the long-term costs of treatment. This scheme aims to reimburse a proportion of the incurred expenses (80%-90%) during hospitalization. The amount a patient is reimbursed depends on the class of ward they choose to be admitted into. This scheme works ensures payment of medical expenses through deductibles and co-insurance payments. The deductible is a fixed price a patient pays (dependent on their chosen ward and age). The co-insurance scheme is the percentage of the remaining bill the patient pays on top of the deductible. The amount payable is tiered and is usually 10%-20% of the remaining bill. Medishield contributes to the rest of the bill.

Medifund

Medifund is a fund which acts as a safety net for those who cannot afford to pay their subsidised medical expenses. The government uses interest from a capital fund to help patients who have exhausted all other means to pay for medical treatment. It is means-tested – this means the patient's financial circumstances are assessed at the time of the application.

This differs vastly to the UK's system where healthcare is provided for by England's public health service, the National Health Service (NHS). The NHS provides healthcare to all permanent residents of the UK that is free at the point of use and paid for by general taxation. Private healthcare runs alongside, which is completely funded by patients who chose to use private providers.

3) Describe the top 5 causes of mortality in Singapore. Compare these to those in the UK.

Top 5 causes of death in Singapore	Top 5 causes of death in the UK
Cancer	Cancer
Ischaemic Heart Disease	Ischaemic Heart Disease
Pneumonia	Cerebrovascular Disease
Cerebrovascular Disease	Chronic Lower Respiratory Disease
Accidents, Poisoning and Violence	Diabetes Mellitus

The top 5 causes of death in the UK were not very different from those in Singapore. This was not surprising to me as Singapore is a regional hub for healthcare and has one of the world's best healthcare systems (rated 6th in the world by the WHO). The patterns of mortality are in keeping

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with developed and high-income countries. Death by infectious disease and infant mortality are low here compared to other lower income countries in Asia.

4) Reflect on my ability to communicate with patients and practice medicine in the context of a different cultural background. Assess my communication skills when faced with a different language.

Singapore is a multi-cultural society with patients from various backgrounds and ideas. However, all patients were similar in the fact that they all had respect for healthcare workers and very much appreciated the help they received. Although Singapore is an advanced and westernized country, the population still maintained many Asian values. In particular, caring for the elderly – the elderly patients were often accompanied by their children who were very involved in their care (and who also contributed to paying for their healthcare). Unfortunately, I also noticed that the social care network in Singapore was not as extensive as that in the UK. Singapore is a young country and over time I am sure more social care will be readily available for patients, especially as this need becomes more urgent as the population continues to age.

Having spent my part of my childhood in Singapore, I was not surprised to find the diversity of spoken languages in Singapore. Although the younger generation generally spoke English, and I had no problems communicating with them, the older generation often did not speak very much. Patients spoke various dialects of their mother tongues. In this situation, family members and staff nurses were required to translate consultations. Having learnt a little Malay as a child, I tried to use this tool to communicate with patients. This was helpful as a proportion of elderly patients could speak basic Malay. Although I could not speak enough Malay to carry out a full formal consultation, I was able to take basic histories from patients. Patients really appreciated the effort that was put in and also worked very hard to string English words together to tell me their stories. I was touched by this.

I was very impressed that local doctors made every effort to learn key words in all the main languages spoken – Malay, Chinese and Tamil – so that they could put patients at ease and deliver instructions (such as breathe in, are you in pain?) and also reassure patients. This was most effective in reassuring patients and their relief and appreciation was visible on their expressions! This really drove home the importance of creating rapport with patients.