Putting the patient first in health care

HEALTH Minister Khaw Boon Wan last week wrote in his blog about the need for a more “patient-centric” system that puts patients at the heart of everything a health-care provider does, especially in the care of the elderly. For instance, more resources might be devoted to providing patients with care in their own homes.

In the meantime, there is some promising new developments with the Lee Kong Chian School of Medicine, which is due to open in 2013. The school, which is a partnership between London’s Imperial College and the Nanyang Technological University, aims to use technology to improve standards of care and to ensure that the patient always comes first. This will include remote check-ups via videoconferencing, or using portable devices to monitor health at all times and sound the alarm when a diabetic’s blood sugar reaches high levels.

But, as Mr Khaw pointed out in his blog, a patient-centric system would entail more than only technology. It would also require a “mindset change”, for the need to put the patient first is not a tradition here.

Hopefully, the Lee Kong Chian School will help to foster this change as well. It has said its programmes will be designed to produce doctors who think about the big picture of patient care, and not just issue prescriptions. For example, students could be asked to follow individual patients over several years, to learn to read their symptoms and to communicate with them properly.

The school is part of a larger wave of changes that has gradually taken effect over the last decade, as Singapore’s population grays and there is an increasing need to provide them with seamless, relevant and accessible care.

One example is the launch of ElderShield in 2002 as a long-term care insurance scheme to help Singaporeans pay for their long-term step-down care should they become severely disabled. The restructuring of health-care institutions in 2008 to allow regional hospitals to work closely with their network facilities in their respective zones is another; as is the setting up of the Agency for Integrated Care in 2009 to ensure that patients enjoy a smooth journey through the health-care system according to their needs as they age.

These are all “hardware” improvements. The new breed of doctors the Lee Kong Chian School aims to produce will cater to the “software” and “heartware” changes that we also need, especially to cater to Singapore’s growing elderly population.