

## Public Healthcare – Welfare, Market Share or Laissez-faire? – A Sentosa Carlsberg Skytower View

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### Abstract

**How much the Government should provide for its people in sickness and in health, till death do us part, is open to different interpretation in different societies. One of the great paradoxes is that welfare states with high taxation can be globally competitive, innovative, successful market economies, and still provide quality universal healthcare. The Nordic countries, classical welfare states, have achieved top global ranking in economic competitiveness. Denmark's people are the most satisfied with their healthcare in the world, and the world's fourth most responsive healthcare system. This paper examines some of the factors that have made Denmark a successful, open and civil society that provides free-access healthcare to all of its people.**

*Ann Acad Med Singapore 2006;35:119-22*

**Key words:** Denmark, Free access health system, Work-life balance

### Great Danes

Recently, two doctor-administrators commented to me separately, “*Singapore probably has the best public healthcare system in the world.*” While I understand the basis for their view, the accolade of world's best healthcare system, according to the World Health Organization's ranking, actually goes to France.<sup>1</sup> But it is another European country, Denmark, that has left a deep impression in me, after several visits to that country. This perspective paper looks at Denmark, its societal structure and healthcare system, through the eyes of a clinician, not a learned health economist. Denmark is the smallest Nordic country, with a population of 5.4 million, not much larger than Singapore's at 4.2 million. Denmark also probably makes the best beer in the world, *Carlsberg*.

### Defying Dogma

Whether it is walking down the world's longest pedestrian shopping walkway, the Strøget, or taking the train to Orestad to attend academic collaboration meetings, my impression of Denmark is that of a vibrant, energetic, organised and open society that has many tall people. A classical welfare state with a high tax rate, Denmark spends 9% of its gross domestic product (GDP) on healthcare

(compared to 13.6% in the United States (USA), 6.7% in the United Kingdom and 3.7% in Singapore). Its GDP spending on education is 7.7% (compared to 4.7% in both the USA and the United Kingdom and 2.3% in Singapore). How can this generous welfare state, with a high level of social security and tight economic regulation, even compete in an aggressive globalised world?

The nation has been voted the world's best business climate by The Economist Intelligence Unit,<sup>2</sup> the world's best test market,<sup>2</sup> the world's top Information Society (followed by Sweden and the US),<sup>3</sup> the 4th most competitive economy (with Finland at No. 1, the USA at No. 2, Sweden at No. 3 and Taiwan at No. 5),<sup>4</sup> the 3rd least corrupt country in the world (Finland at No. 1, Iceland at No. 2, New Zealand at joint 3rd and Singapore in 5th place),<sup>5</sup> the number one developed country in helping poor nations,<sup>6</sup> and the world's freest media.<sup>7</sup> In my mind, the Nordic countries like Denmark are the truly open and civil societies, more so than even that great democracy, the United States. And as for the theory that prosperous nations without hungry stomachs cannot be creative, one should consider the experimental director Lars Von Trier (founder of the famed Dogma school of film-making), uber designer Arne Jacobsen, the sleek superlative technology of *Bang and*

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*Olufsen*, cool *Carlsberg* advertisements, shiny *Georg Jensen*, the iconic Sydney Opera House, and colourful *Lego*.

American neo-liberals, and even neo-conservatives, sipping Starbucks mochas in Washington DC might balk at the idea that such a socially liberal and decadent welfare state, that was the first country to legalise same-sex marriage, can even be competitive and livable. Without the dynamic liberal market economy of the USA and value system of their Founding Fathers, Denmark must surely be filled with more beggars, drug addicts, criminals, sex offenders, losers, lowlifes, sick poor people, and cheap greasy food. The Beltway politicians obviously do not walk in their own backyard (only 1% of Americans use public transport compared with 15% Danes), because there are more murders, more armed robbery, more rape, over twice the teen abortion rate, a higher infant mortality, higher divorce and suicide rates, more poverty, and several times more obese people in the US than in Denmark.<sup>8,9</sup> The Danish model of success does depend in part on continuing economic prosperity in and around the Nordic nations, but its ability to flourish in a flood of globalisation is laudable.

Danish healthcare is largely a public, tax-funded universal healthcare system. Private hospitals and clinics account for less than 1% of national hospital beds. While it has the expected maladies related to free, equitable public healthcare, it works at a surprisingly efficient level. Denmark has the 4th most responsive healthcare in the world (the US ranks No. 1), the 3rd fairest in financial contribution to healthcare and ranks higher (34th) than the US (37th) but lower than the UK (18th) in overall healthcare performance (Singapore, ranked at 6th best, is higher than all 3 countries).<sup>1</sup> Some features of the Danish health system are decentralised, inclusive health policy decision-making at county level that fosters greater consensus, a small role for their ministry of health in overall operational responsibilities, and strong political will to control healthcare costs. Importantly, globally the Danish people are the most satisfied with their healthcare (91%), compared to the US (40%) and the UK (47%).<sup>1</sup> This must reassure their doctors and nurses.

Not infrequently in our own public hospital outpatient clinics, we encounter impatient subsidised class patients and their relatives asking, ‘Two days to get a non-urgent CT scan appointment? If I go to a private hospital, I can get it this afternoon!’ In countries like the UK and Canada, it can take over 6 months to obtain a CT scan or MRI. Perhaps it is the unique co-payment, shared responsibility 3-M (Medisave, Medishield, Medifund) financing system of Singapore healthcare that engenders a more assertive citizenry, especially in deciding how the 30 billion dollars of Medisave funds should be used for their own healthcare provision.<sup>10</sup>

Can a wholly welfare-based free-access public health system succeed in humid, multicultural Singapore? A general practitioner friend, who once offered ‘free treatment days’ in his clinic, lamented that people in luxury cars would pull up to get free treatment in his clinic. Similarly, well-dressed patients in luxury cars would pull into our local polyclinics for treatment or referral letters for subsidised care in public hospitals. What about the scores of cars queuing at Bukit Timah and Dunearn Road petrol stations whenever discount petrol is on offer? However, *kiasuism* (colloquial English for *fear of losing out*) is not an exclusive Singapore trait. Stories of well-fed and healthy-looking local people collecting medicines at international medical relief clinics in tsunami-stricken Asian nations, and abuses of public health services such as Hong Kong’s are not uncommon. But the majority of lower income needy people do not abuse the system, and do need access to quality healthcare.

On my first visit to Denmark for the European Cancer Conference in 2003, I was having lunch at a major department store called *Magasin* when a countrywide power blackout plunged Copenhagen into a standstill. The café I was sitting in calmly handed out free ice cream as their freezer had shut down. Being an ice cream lover and *kiasu* Singaporean, I took two cups, as encouraged by the friendly waitress, but there was no mad scramble for the ice cream. The entire underground train system was paralysed but everyone calmly waited for buses, sat outside coolly or simply cycled home. There was no panic, looting, mayhem or madness.

### Little Mermaid or Merlion ?

In the quest to improve quality and responsiveness in healthcare, policy-makers often turn to technology. One such initiative was to provide hospital cell phones for doctors to enhance medical responsiveness. I once conducted an informal unblinded, non-randomised survey of how often my hospital cell phone rang during morning ward rounds. In one, I was called more often than my medical officer on rounds with me. The calls and short messages concerned patients’ symptoms, clinic appointments relatives discussing care issues, prescription queries from patients and pharmacists, colleagues discussing patient care in outlying wards, doctors informing me of mutual patients admitted under another discipline, laboratory results, secretarial staff reminding me of meetings to attend, and clinic nurses informing me of patient numbers in the outpatient clinic. Less commonly were the cell phone consults on acute and urgent medical decision-making issues. One such cell phone conversation is replicated below (It is similar to the original dialogue. All names have been changed except mine). I had agreed to speak to a patient’s relative connected via the hospital operator:

- Patient's brother: Hallo, Loctor Toh ah? I am Ah Tee's brudder. I call you so many times yesterday, why you never answer? You think I so free to call you is it?
- Dr Toh: Yes, what can I do for you?
- Patient's brother: Yesterday, Ah Tee got discharged from the B2 ward, why you never see him? Some other loctor saw him instead. Now he donch know what medicine he is taking at home and only he trusts you.
- Dr Toh: Well, actually Ah Tee is in good hands because we have been seeing him as a team, and the medical team that saw him yesterday would be fully aware of his case and prescription. I was out of the hospital at a full-day medical conference yesterday.
- Patient's brother: Eh? How can you like that? I only want you to see my brudder, understand? What if they give the wrong medicine to him. These young loctors, cannot trust them, man.
- Dr Toh: By the way, can you or he tell me what medicine he received upon discharge from the hospital?
- Patient's brother: Friend, its your job to tell me, not my job to tell you! Got red one, long yellow one, white round one, some blue one also got.
- Dr Toh: I am sure the doctors and pharmacist have explained the discharge medicine to him and the family.
- Patient's brother: donch know lah. Sick people hard to follow instructions, understand? I am also not happy with the nurses' attitude in the ward, you understand? I donch like your tone of voice doubting me, understand?
- Dr Toh: Well, for Tee Jio Peh, he is a diabetic and hypertensive, and I believe I can check his prescriptions if you can wait a while.
- Patient's brother: Tee Jio Peh? I am brudder of Tee Kow Peh. Aren't you Loctor Toh Kan Chiong?
- Dr Toh: No, I am Dr Toh Han Chong. I can still help you find out the prescriptions.
- Patient's brother: Hah, Lim Peh! Solly solly, Kow Peh only trusts Dr Toh Kan Chiong. Long lumber! Long lumber!

This dialogue, depicting a 'Towgay (Towgay is the Chinese dialect word for beansprouts) Not Enough' scenario (from the 2005 Singapore National Day Speech by the Prime Minister), illustrates that a breakdown in communication means a breakdown in trust at all levels – between patient and doctor, among healthcare professionals, between doctor and management and between the people and the Government. It also illustrates that patient expectation has increased in public healthcare, even as service quality is upgraded for public benefit and to give better medical service. In addition to floods of cell phone calls, SMSs, tonnes of e-mails a day, and even more paperwork, doctors, like many modern-day professionals, will likely end up with attention-deficit trait and disorder. While personalised medicine is more the domain of Private Medicine, creating strong clinical standards with low medical error rate as a trademark of public healthcare will lead to a more trustworthy team-based healthcare for the people.

### To Be or Not to Be

Close to Kronborg Castle in Helsingor, the dramatic setting for Shakespeare's *Hamlet*, is the Hotel Marienlyst, which has a casino. The casino is the main revenue stream for the hotel overheads and profits. Similarly, during a recent visit to Singapore's Wild Wild Wet, a theme park run by the National Trades Union Congress (NTUC), I learnt that the revenue from the jackpot room in Government-owned NTUC Downtown East subsidises this NTUC hub's operations. It is clear that public health funding is not capable of keeping up with inflationary pressures and rising health costs worldwide. Hospital administrators have emphasised that creating market share in public hospitals is necessary for the hospitals to stay on top of limiting fiscal resources. But zealous attempts at growing market share in public hospitals may create a potentially dichotomous mindset amongst public healthcare providers. Older doctors have waxed lyrical about the rolling good times, when a certain nobility in healthcare thrived mainly on clinical enterprise and performance despite a culture of consumerism and fiscal performance in public medicine.

### The Ugly Duckling

So, what is the secret of a country like Denmark, that is big hearted locally and abroad, is one of the least corrupt (rare these days), has the world's best business climate and one of the most competitive global economies, is environmentally-friendly (also rare amongst industrial powers that tend to poison the air, earth and water) and the leading wind power nation of the world, makes great pastries, is highly satisfied with its healthcare system, and probably makes the best beer in the world? Three generations ago, the Nordic countries were the poorest in Europe. The

Nordic Ugly Ducklings are now Scandinavian Swans. Is it their coordinated market economies with institutional competitiveness, progressive labour reforms, or their flexible, highly skilled work force and innovative knowledge-based industries? What about their enhanced social capital like reduction of income and gender inequalities, respect for individual freedom, minimal State corruption, their Lutheran roots amidst modern secularism, or the Viking spirit of enterprise? Just in case one decides to emigrate there, Denmark does have one of the stickiest immigration policies with concerns of xenophobia creeping in.

One of my most pleasant afternoons was spent with the husband of a Danish woman cancer researcher I collaborate with. He was on paid paternity leave and spent his days looking after their two lovely children. Every day, he took his baby daughter to a beautiful Copenhagen park. I had the great pleasure of accompanying them once and then for a coffee next to the Hotel d' Angleterre. Danish men can take up to 1 year of paternity leave. In 2004, 46,000 Danish dads did take paternity leave, an average of 3.6 weeks off work, while Danish mothers spent an average of 42.3 weeks.<sup>11</sup> Successful private Danish companies have given their male employees up to 10 weeks of paid paternity leave, citing that in the long term, it would be good for their companies. I could see a very special bond between father and daughter through that single afternoon. The elder son was at a childcare in a forest 45 minutes by bus from downtown Copenhagen. Heavily state-subsidised Danish childcare is one of the world's best. Their childcare workers possess 3-year degrees, for a highly sought-after job in Danish society. Children are encouraged to interact positively with each other and with nature, and to develop initiative and team building,<sup>12</sup> in a curriculum that would have made philosopher Jean-Jacques Rousseau proud.

When I asked my Danish friend his views on how a society big on social safety nets and work-life balance can motivated people, be a leading global economic powerhouse, a civil society and an engine for breathtaking creativity? He replied: *"Its simple, Han, we nurture our children to feel loved and be confident adults."*

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