

**AUTHOR'S REPLY**

Dear Sir,

I refer to the letter to the Editor by Dr Paul Tambyah regarding my editorial<sup>(1)</sup>. Indeed, there has been a 12% drop in the HDB 1- to 3-room flat dwellers among the patients seen in the one-day morbidity study between 1993 and 2001. A study of Table IV in the paper by Emmanuel et al<sup>(2)</sup> also shows an increase of 10% in the HDB 4- to 5-room/executive/HUDC flat dwellers for the same period. The increase in private apartment/house dwellers and others were, respectively, 1% and 1.5%. We could interpret the figures as a shift of people mainly from HDB 1- to 3-rooms to HDB 4- to 5-room/executive/HUDC flats. There is more than one possibility, namely, either increasing affluence prompting an upgrading of flat type or decreasing numbers of smaller flats available resulting in more patients staying in bigger flats. The point about the need for primary care doctors to be in step with the sophistication and aspirations of our patients is valid and well-taken. However, there are also practical issues. It may mean more time will now be required per patient. It may also mean the patient will now need to pay more because of the extra time needed to go through the consultation. We need to know more about the willingness to pay, doctors' views about keeping in step, patient satisfaction and other information by encouraging colleagues to conduct more studies into health service delivery. We will then have a better insight into the points highlighted by Dr Tambyah.

Yours sincerely,

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**REFERENCES**

1. Goh LG. One-day primary care morbidity surveys: a feasible means for obtaining valuable healthcare services data. *Singapore Med J* 2004; 45:193-5.
2. Emmanuel SC, Phua HP, Cheong PY. 2001 survey on primary medical care in Singapore. *Singapore Med J* 2004; 45:199-213.