

An Irrelevant Lot

The "Insight" article on general practitioners published in the Straits Times on 15 April 2000, if not for anything else, has confirmed a suspicion that not all is well with the GPs, of which I am one. The publication of the article came at a time when coincidentally, I come to know of GP colleagues who have decided or are seriously contemplating hanging up



their stethoscopes. These doctors, although belonging to the older age group, are definitely able to contribute professionally for some more years but I reckon they have lost their enthusiasm or they no longer feel

they have the job satisfaction or recognition.

A/Prof Goh Lee Gan and Dr Lim Lean Huat, Presidents of the Singapore Medical Association and College of Family Physicians Singapore, whose replies to the "Insight" article were published in the same newspaper have shown quite clearly that the postgraduate training and continuing upgrading of GPs is now well established. The infrastructure is in place and the doctors are responding to CME. However, my observation is that the skill and knowledge of the GP or the lack of it, is not the only issue or for that matter the most important issue behind the "woes" of the GP. By and large, the GPs have

done a good job. We may not be the best in the world but we are certainly not by a long shot a disgrace. In my opinion, the real issue or problem lies in several other areas viz, the public perception of a GP, the failure to understand the role of a GP, the growing affluence, the information age, changing values, the fierce competition and the rapid commercialisation of medicine, which together, have made general practice less than attractive to some.

THE PUBLIC PERCEPTION OF THE GP

I still remember one very senior officer in the public sector who described GPs as those doctors who have failed to proceed to postgraduate studies. This statement was made many years ago. In other words, we are dropouts. I am not qualified to say whether there is or isn't any association between passing examinations and intelligence. It is a fact that many champions of the Brian of Britain contest are people without a string of degrees behind their names and many high achievers are not very well qualified academically. However, in our society, a person's ability is judged very much by his or her examination results.

This is the reality. Our doctors are part of the elitist system and are ranked accordingly. There is no reward for guessing which category of doctors are placed at the bottom of the ladder. It has not changed since I was upset by what was said many years ago.

The Minister for Health himself was quoted by the "Insight" article as saying that GPs have to prove themselves. In other words, general practice, the chosen field of practice for the vast majority of doctors and which provides by far the bulk of the health care for such a long time has been found wanting.

The public therefore does not have a high regard for GPs. It is not an uncommon experience for doctors to find that people whom they were introduced to at social functions lose interest in them quickly when they discovered that they are mere GPs. Their perception is that GPs are not the clever ones among the doctors and that they practise soft option medicine. This view is aggravated by the fact that the public does not really understand the role of the GP. It is no wonder that GPs are so maligned and are low in the public esteem.

THE ROLE OF THE GP

Perhaps it will be clearer for all if GPs are designated as Primary Health Care Providers and the specialists, Secondary or Tertiary Health Care Providers. The health care delivery system is designed as a pyramid system, with the GPs at the base of the pyramid. The patient, unless he or she has a broken leg, a gun shot wound or other obvious emergency is supposed to consult a primary health care provider first. The function of the GP is to manage the patient as far as possible within the limits of his skill, knowledge and facilities available to him. It must be emphasised that GPs are not mini-specialists. By definition, they are generalists with an overview of medicine who act as the first line of defence for the patient. My own estimate is that less than 1 in 30 patients

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actually require secondary care.

The next important role of a GP is to identify those patients who require secondary or specialist care and to refer them appropriately. The GP obviously is one who is best placed to know who, when and where patients ought to be referred to. A referring doctor can help substantially by providing the patient's relevant history and data to the specialist and also to provide follow up management if necessary. However, the GP is increasingly bypassed. Ours is a free market and GPs are viewed as unnecessary middleman adding to patient's expenditure. In practice, the referral system works for the benefits of the patients. It is a safeguard at very little or no additional cost to the patients. In fact, it often saves patients time, money and anxiety.

A GP relies mainly on clinical examination to make a diagnosis. He prescribes basic and simple medicines as far as possible and tries to avoid polypharmacy. A stepwise approach in the management of the patient is adopted, and investigations are ordered only if there are clear indications. The aim is to reap the maximum benefit for the patient at the minimum cost and in the great majority of cases, it is possible. It is not our style of practice to scope every patient with abdominal pain or to X-ray everyone presenting with a cough or CT scan everyone with a headache. Unfortunately, this is often taken to be due to ignorance on the part of the GP or that he is out of date.

A large number of patients who consult GPs suffer from anxiety and depression and presents with a whole host of psychosomatic complaints. Problems arise because of difficulties with work, old age, finance, relationships and examinations, etc. A GP is best placed to help such people. Often, the GP has known the patients and their families for a long time and is familiar with their background. He is not only their health care provider, but their friend, confidante and counsellor. A GP's job is sometimes just lending a sympathetic ear and showing the patient that his problems are not

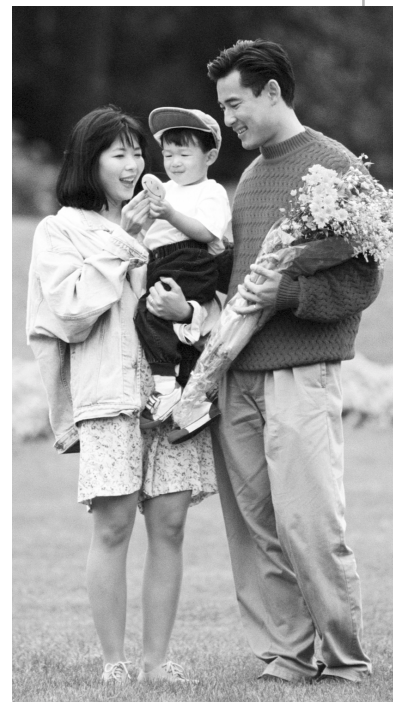
insurmountable and workable solutions can be found.

The above is what I perceive as the role of the GP. It is essentially low profile, unglamorous and unobtrusive but it

the state of the art treatment is unlikely to consult the GPs.

Society too has changed at a very rapid pace. Relationships have become short term. CPF has replaced pension,

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makes a lot of sense and it serves us well. However, the growing affluence, the arrival of the information age and changing values have altered consumer behaviour.

GROWING AFFLUENCE, THE INFORMATION AGE AND CHANGING VALUES

Patients want the best treatment for themselves and their families. With the increasing affluence, many can afford to "upgrade" their health care. They are bypassing the GPs, specialists are their first choice doctors. GPs find that nowadays they are increasingly not being consulted in areas he is able to handle comfortably. Antenatal care, vaccination, uncomplicated hypertension and diabetes are just a few examples.

Patients are more knowledgeable now and are getting to be more so. There is an explosion of medical information in the media. There is an increasing expectation. The literature on the latest advances in medicine can be obtained with the click of the computer mouse. Patients who want

hire and fire is now the corporate creed. Success is measured by profit and gain, the larger and speedier, the more efficient one is perceived to be. Loyalty and compassion are almost dirty words replaced by performance and reward. The younger generation especially has a different set of values. They are impatient. They want instant gratification. In general practice, patients and doctors are supposed to cultivate and develop a long term relationship, the new mind set does not encourage it.

COMPETITION & RAPID COMMERCIALISATION OF MEDICINE

One of the main reasons for the declining attendance in GP clinics is that there are simply too many of us. For example, a stroll through any HDB estate will reveal that the number of clinics has grown many times. Competition is fierce and uncompromising. 24 hours clinics appear to be mushrooming everywhere. The situation is likely to get much worse. Doctors without higher degrees

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somehow are unable to remain in practice in institutions and they continue to swell the ranks of the GPs.

The institutions, where traditionally secondary and tertiary health care are carried out, have not made the plight of the GPs easier. In fact they are competing with the GPs for patients. They are carrying out health screening, providing the medical needs for travellers and are even setting up general practice clinics. Self referrals are accepted if not encouraged and referred patients not infrequently are not returned to the GPs for continuing care. There is really no urgent need for the institutions to provide such services.

Above all, the days of independent GPs could actually be ending. Instead of being independent practitioners, they may become just part of the bureaucracy of some centralised organisation. Take-overs and mergers are not going to be confined to oil, pharmaceutical or telecommunication industries. The big business boys are muscling in. This could be likened to the situation during the

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Period of the Warring States of the later part of the Zhou Dynasty, where eventually the smaller states are all absorbed leaving a few big ones around and who knows, a single most powerful one like the Qin may finally emerged. Where would this leave the poor GPs? A digit in a feudal system, hopefully ruled by a benevolent monarch.

CONCLUSION

Readers may find the above rather pessimistic. Have we really become an irrelevant lot? Not quite if we were to stand up. We have one big advantage, we are a large group, 1721 out of 2535 doctors in private practice are GPs. We have strength in numbers and we can be a powerful force if we can be united and believe that we have an important role to play in society.

We will have to ask our government, the university, the SMA and the CFPS what is their stance regarding general practice. General practice is meant to provide good health care without incurring exorbitant cost. If one is to believe in it then it would need nurturing and the interest of the GPs safeguarded. Besides our image there are many practice problems which cannot be solved by individual GPs alone.

Equally important is that the GPs must reach out to the public. Our service to the community is not given its due recognition. Another round of GPs bashing appears at hand. "THE END OF GPs?", the "Insight" article ventured to ask rather provocatively.

At the end of the day, we have to help ourselves. We got to get organised. We need a Voice. ■