



“THE GRASS IS GREENER...”

Text by Dr Lee Yik Voon

I come from a class of medical students in a time when the intake of 200 was the largest in years. Upon graduation in 1987, while serving our bond, we were told that there was an excess of medical doctors and given an option of early release. We were allowed to practise medicine in the private sector but had to be based in Singapore. My seniors, who were mainly medical officers, were given one-year employment contracts. Many left and set up their own GP practices.

As for me, I joined the pharmaceutical industry to get a feel of the corporate world. It was a regional job in a multinational company where I gained lots of corporate exposure in the Asia-Pacific region and attended many international conferences.

Venturing abroad

At that time, many of my classmates also left for greener pastures overseas. Some who were trained in psychiatry gravitated towards practising in the UK or Hong Kong. Others who encountered difficulties in the local health system went abroad to find another that better suited them. Some who hailed from Malaysia went back. One of my classmates lives in Singapore but has a practice across the causeway, in Johor. When we celebrated our class reunion last year, we found out that several of our medical school classmates had moved overseas to the UK, Australia, Hong Kong, mainland China and

New Zealand. They had set up their homes there and are very content.

Apart from these classmates, I have also met younger doctors who feel that they do not fit into our ecosystem. One of them is happily settled in Canada. He had brought his family with him, worked as a factory worker and sold “*bak kwa*” on the sides. What I found interesting is that after a while there, he could not resist his calling and took the local medical examinations. He passed and has since been practising medicine in a private clinic. However, despite his initial enthusiasm, he has since developed a few familiar grouses similar to those he had when he was in Singapore.

The notion that the “grass is greener” is not confined to international borders. After some time in the pharmaceutical industry during my younger days, I felt the urge to move and have been running my own GP practice for more than twenty years. You might have also heard of other medical graduates leaving medicine to join banks, hospital administration, civil service, contract research organisations, missionary work and even the NASA exploration team. Several also became successful politicians.

The phrase “the grass is always greener on the other side” refers to the way we tend to look at and compare ourselves to other people’s lives, through rose-coloured glasses. According to Urban Dictionary, “it

comes from the idea of looking at a neighbour’s lawn and seeing it as better looking, healthier and overall greener than your own, when in reality you’re just ignoring anything negative about it and downplaying everything positive about your own.”

On the home front

Coming back to the early release programme, we ended up with a shortage of medical manpower that resulted in importation of foreign-trained doctors, including foreign-trained Singaporean doctors coming home. A good example is a UK graduate I met who returned to do housemanship in Singapore with his French wife who used to work as a nurse. He currently has his own GP/aesthetic clinic. To many of my friends who are foreigners, Singapore is the greener pasture, be it in terms of remuneration, environment or way of life.

In a somewhat parallel situation, we have measures and policies instituted to improve our lot in Singapore but some of these have been met with undesirable outcomes. We had done seemingly well implementing new policies previously, so what has happened of late? Are we facing a brain drain though we are importing seemingly more than the numbers we are losing? Or is it some fundamentals that we are gradually losing as time goes by? Could it be that it is just a difference



in ideas due to the generation gap? Or that weak implementation is causing good intentions to go awry?

I cite an example of the enhanced Screen for Life programme, where the preparation phase was too short and resulted in many hiccups. The IT system was not ready and the workflow had not been thoroughly worked through. All these weaknesses in the implementation showed up and produced negative impressions that could have been anticipated.

It looks like National Electronic Health Record (NEHR) policies are also facing similar difficulties as it was tied up with the much-delayed Healthcare Services Act (HCSA). Extensive engagements with stakeholders have been conducted but were they for fact-finding to improve the policy? Or were they done just for the sake of engagement as instructed? While the HCSA was making its way through Parliament, our healthcare system came under a cyberattack. This was the most severe attack in our country's short history and was reported by global news agencies. Our reputation as a "greener pasture" has been somewhat blemished.

Another example is the Family Medicine Centres (FMC) that were in the Ministry of Manpower's (MOH) work plan to empower and upskill GPs, and transform primary care so that nursing, paramedical and other allied health professionals can better

manage elderly and chronic patients. This plan includes team-based care to produce improved outcomes for our patients. However, the financial policies put a hefty strain on their operations with too many restrictions in control measures. These perhaps are some reasons why the FMCs did not do well. Most have not lived up to their original intent and one has since closed.

Another component of the MOH Primary Care Masterplan 2020 is the Community Health Centre (CHC) that also did not do well as it was not well sited (perhaps with geospatial analysis, their location could have been optimised) and the generously allocated size of the premises resulted in unsustainable rental costs. There was no "buy in" from the GPs in the surrounding areas and, as a result, the utilisation rate was poor. There was little publicity to encourage its role, and with the poor siting, the utilisation rate by regional GP clinics was low.

On the home front, our SMA office, with our two sister organisations, has moved to greener pastures as we cannot afford to pay the increased rent of our previous location – our home of some 30 years.

In conclusion

The focus of this edition of *SMA News* is on the idea of "greener" pastures.

You find doctors leaving public service for private practice. You find

doctors leaving Singapore to work in neighbouring countries and across the globe. You find doctors leaving medical practice and finding a career in non-clinical and non-medical work. There are also doctors who brave the unknown and bring their families to faraway places to seek a new life there. What I find in common is that these doctors want to go all out to strive to find a better place and a better life for themselves and their families.

I would like and hope that our policy implementers will have a similar mentality of striving to make our lives better instead of just following instructions by the book. In doing so, our grass will be greener. If not, the outcome would be very different and our patch of turf may become parched. ♦

Dr Lee is a GP practising in Macpherson. He is also a member of the current National General Practitioner Advisory Panel. He is a pet lover at heart who is the proud owner of a dog, and regularly feeds neighbourhood community cats. He also enjoys playing online war games and thinks that playing Pokemon Go is a good form of exercise.

