WE REMEMBER the day when we passed the final medical examinations. We remember the day when we started work in the hospital wards and were first addressed as "Doctor". Some of us remember the day when we took the bold step out to commence private practice. Yet not many of us celebrate the day when we stop practice. I remember two doctors who did.

"There is a Dr Oon waiting to see you," my clinic receptionist buzzed me over the intercom on the morning of 2 October 2005. I quickly finished the ongoing consultation and invited him in. It was Dr Oon Chong Lin, who ran a private diagnostic radiology clinic with several partners. While I had never met him in person, we nevertheless carried out countless conversations over the phone regarding the imaging needs of particular patients that I had referred to him in the past 20 years.

Diagnostic radiology then was mainly plain X-ravs. times with at intravenous contrast media. I remember a particular call from him one day in 1997 to inform me that he believed the plain X-ray I ordered, of an innocuous lump in the left foot of an Indonesian domestic worker, was suggestive of dactylitis. He advised further imaging to confirm his suspicions. Chest X-rays showed that the lungs were normal but the shadows of the spine were not. Subsequent spine X-rays confirmed Pott's disease. Taking the lead, my master's trainee, Dr Yanny Ong, obtained histological confirmation and published it as a case study of small joint tuberculosis in the Singapore Medical Journal.¹

"I came by to inform you that my partners and I are closing our clinic," Dr Oon said, and thanked me for the years of professional interaction. He presented me with a copy of his book, *The Naked Face: Unveiling the Mysteries of the Human Face*² as a parting gift. It was a beautifully illustrated scientific treatise on the science and beauty of the face, more remarkable that it was written by a radiologist whose life's work was to peer into the human body. I was, however, more touched that he had travelled from his practice in Tanglin Shopping Centre to my clinic in Jalan Jurong Kechil just to say goodbye – a gentlemanly closure to a fulfilling professional relationship of two decades. Goodbye, dear colleague.

Doctors also say goodbye to patients when they hang up their stethoscopes for good. Dr Tan Cheng Bock wrote in his Facebook page on 22 November 2012: "Today is my last day of medical practice in Ama Keng Clinic. It is indeed very sad



to part with my clinic which I started in 1971, 41 years ago. I named my clinic after the village, Ama Keng." He reminisced about the early days when Ama Keng was still *ulu* (Malay for "rural, out of the way"), with the "nearest hospital being 28 km away" and the nostalgia of doing house calls for poor patients in the kampongs of old Singapore. Dr Tan recalled, "My medical fees were low yet some still (could) not afford, so they (paid) me in kind like eggs, vegetables, and chickens. For those who (could) not pay, I waived the fees. They were very grateful. Over the years the villagers and I developed a special bond that money cannot buy... a deep trust and respect." Such was the simple joy of practising Medicine in the Singapore of yore. I concur as I too started my practice in an *ulu* area around the same time as Dr Tan.

I first met Dr Tan in the 1980s, when he was setting up the Association of Private Medical Practitioners Singapore (which I later took the helm of). Dr Tan has always been the passionate doctor. I had, during my years in public office, huddled periodically with other doctors in his house to ponder over issues facing the practice of Medicine in Singapore. He has not left the national arena, but has made a very fitting goodbye to a part of his life that he loved, along with the patients he loved. He concluded his Facebook post thus: "I have come to accept the fact that Ama Keng Clinic will finally close its (doors) on 22nd Nov. 2012. I want to thank all my patients for their faith in me. Goodbye AMA KENG CLINIC."

Some of my doctor friends, however, did not have the opportunity to carry out a congenial closure. "Pak Yean, I have not heard from you for a while. Don't listen to that rumour," a doctor friend insisted in a telephone call one morning.



We had trained together and shared many memorable moments running the Internal Medicine wards of various hospitals. Although he was very private, even secretive, I heard from the grapevine that he was terminally ill. I thus stopped burdening him with more referrals. Nonetheless, he stubbornly soldiered on in denial until he was incapacitated and ebbed away. With regard to another friend, I had to help him draft letters to refer his patients to other doctors when he was suspended from practice by the Singapore Medical Council. Besieged with the misfortune of diseases or strife, these doctors' medical practices were sadly terminated abruptly and fitting goodbyes denied.

All that begins must end

In his farewell address to the US Congress in 1951, General Douglas MacArthur famously quoted an old army ballad: "old soldiers never die; they just fade away". Similarly, doctors may cease their clinical practices, but do we ever stop being doctors? In a February 2014 *Psychiatric Times* article, retired US psychiatrist Dr Steven Moffic stated that he now recognised the insidious emotional and physical toll of practising emphatically.⁴ With a lightness of being from not practising, he now writes and speaks on psychological issues at public forums. Everyone still calls him "Doctor".

Dr Moffic advised that one must "plan for retirement, even if you don't plan to retire. This means sound financial planning, developing other interests, and nurturing your relationships with significant others." He further counselled that one must "retire, even if you are not retired. Take enough time off periodically, and completely, with no connections to work, so that you can feel emotionally free from concerns about patients and practice."

There are doctors who never plan for retirement as they think that they will never retire. If they are blessed with good physical and mental health, they can still balance their workload with declining functions and continue practising. However, the outside world continues to change – the expectations of patients and regulators, and the advent of new technology pose inordinate challenges. There will come a time when there is no longer a choice, for it is a given in life that all that begins must end. When that day arrives, I hope to say goodbye to my colleagues and patients in the way Dr Oon and Dr Tan did.

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