

WHEN DOCTORS SUFFER

By Dr Leong Choon Kit, Editorial Board Member



I FREQUENTLY receive distressed SMSes from fellow GPs. Many of us are solo practitioners who enjoy autonomy as doctors and businesspeople. There are certainly beauty and benefits in solo practices. However, life is not always smooth sailing; often, it springs surprises on us in unexpected ways. Like our patients, we face all kinds of life challenges – personal health, family problems, emotional issues, practice difficulties, even perceived unfairness and injustice. The list is endless.

Physical well-being

Being in the frontline of the healthcare system, GPs are constantly bombarded with all kinds of viruses. We are seasoned warriors against influenza, hand, foot and mouth disease, dengue, shingles and chickenpox. We get knocked down, rest a day and are back on our feet,

albeit with the loss of a day's worth of income.

From time to time, we hear remotely about some new outbreaks like the MERS. Many of us have volunteered as Public Health Preparedness Clinics and have been promised supplies of personal protective equipment and antiviral medicines. Despite the support, we still feel the jitters.

Some of the older GPs may suffer from chronic diseases. A few may have strokes. While we can still comfortably practise as GPs, our emotional strength and stamina would have diminished. We may not be able to last an entire day of clinic.

Financial well-being

Many young GPs are struggling to make ends meet because of the high rental of their commercial units.

They may still be servicing their study, housing or car loan. At the other end of the scale, patients are deterred by the perceived higher GP fees. These GPs are stuck between a rock and a hard place.

"Hey, bad news! My neighbour has just rented his unit to a young, new GP."

"Hi, my landlord wants to increase my rental from \$3k to \$8k. How?"

"Oui, the GP behind my clinic has just gotten CHAS. Should I apply too?"

"Hi bro, just received a letter from a management company wanting to introduce a penalty system. How?"

All these SMSes reflect the very dynamic and hostile environment in which GPs operate. The bottom line is money. At the forefront of our minds is how to survive, or is it even worth the effort continuing?

Psychological well-being

GPs undergo multiple stresses daily, and over time, they can certainly wear us down.

“Look, Choon Kit, being a GP can be very bipolar. If your clinic is empty, you are stressed by the fear of no income. If the clinic is too full, you are stressed by not being able to finish seeing the patients, or missing potentially life-threatening conditions and complaints from patients.”

A senior GP had warned me when I first started my clinic. I can understand that perfectly well now.

Social well-being

I have heard of colleagues who work so hard that they have hardly any time to socialise. I have also tried counselling fellow colleagues whose spouses have left them. To a lesser extent, I sometimes feel stressed when my patients ask about my children’s academic performance, or lack thereof. I also feel stressed when my friends and relatives stop me in church, at weddings or funerals to ask about their medical conditions. It seems rude to avoid them and it is difficult to explain to laypersons about our ethical obligation regarding kerbside consultation.

Where will help come from?

A few years ago, while holidaying on Phillip Island, Melbourne, my family stopped at a quiet restaurant by the quay for lunch. I found out from the restaurant staff that it is an establishment set up by a fishermen’s co-operative to help ill fishermen who could not go out to sea – an interesting concept. Their self-help spirit is admirable. The chef, waiters and waitresses worked tirelessly and always wore a smile.

They knew that their work supports one another to bring collective good to their community.

Similarly, in mission work, it is recognised that missionaries experience all kinds of stresses. Not all return from the field unscathed. Many of them need regular doses of tender loving care, which is provided by the member care department of the mission agencies.

Doctors too are human – we get bombarded by all kinds of stresses and get wounded physically, emotionally and psychologically. Despite that, we are supposed to carry out our duty to care for others and in the name of professionalism, hide our hurts while doing so.

It is about time that our professional bodies look into a formal structure to look after our kind. We should learn from the fishermen on Phillip Island and the

learn from one another.

Another useful and practical help would be for GPs to cross cover one another during periods of unavailability. For smaller clinics, employing a locum may not be feasible. We can help to look after patients from neighbouring clinics, allowing our colleagues to take leave for holidays, mission trip or medical follow-up at hospitals.

There is so much we can do for one another; the time to act is now... or maybe yesterday?

“Hey, CK, do you have a moment? I’ve just received a letter from a management company and I am disturbed by the new clauses they have added in. Can you help?”

Looks like it’s time to help again. I will share what I learn from this friend in the next issue... ■

“ There is so much we can do for one another; the time to act is now... or maybe yesterday?”

mission agencies. We should not expect others to take pity on us or look after our welfare, nor should we expect a hand-out.

I am familiar with the GP scene. Chat groups and regular meetings to share industrial knowledge can be therapeutic. These platforms allow GPs to openly discuss problems faced in the different phases of our lives and practice, and enable us to



Dr Leong Choon Kit is a GP in the private sector. He feels strongly about doctors contributing back to society. As a result, he tries to lend a voice to the silent majority in every issue he has come across, particularly those in healthcare, educational and other social concerns.