

# A HELPING HAND FOR GPs



**PROFILE**



**TEXT BY**

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*Editorial Board Member*

Dr Leong Choon Kit is a GP in the private sector. He feels strongly about doctors contributing back to society and ministering to fellow doctors in trouble. 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.

*"Hey, Choon Kit, 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?" — SMA News, July 2015*

*"How many of us actually check our blood sugar, blood pressure and cholesterol levels?" — A question I posed to fellow GPs in our WhatsApp chat group recently.*

It has been half a year since I last wrote about this and I am still receiving requests for help from fellow doctors. The various requests usually fall into a few broad categories: medical, social, financial, practice, patient complaints and matters relating to health.

It is commendable that the College of Family Physicians Singapore has organised a skills course on physician self-care earlier this year. Looking at the categories outlined above, it looks like there is still a lot of work to be done. Mental health and physician burnout is only a small portion of the many problems we face as doctors.

We still do not have a framework or structure to administer care to doctors who are suffering. We will need a point of contact, a hotline or a one-stop centre for doctors to call — one which is effective, efficient, timely and confidential.

Looking beyond ministering to doctors in trouble, we will need to move into prevention mode. The organisation of courses or talks may help doctors build up their arsenal to withstand any stressors life throws at them, or even to help minister to fellow colleagues who are suffering.

## ONE-STOP CENTRE

Physician self-care is important to all doctors. It is not peculiar to GPs or to those of us in private practice.

With that in mind, I feel that the ideal professional body to establish such a system and run the one-stop centre should be the SMA. With a single hotline or email address, any physician facing any trouble can get in touch with physician volunteers at the SMA.

It would be ideal if all doctors belong to the SMA; however, membership is purely voluntary. Despite having many privileges that come along with SMA membership, some of us still prefer to stay out until we get into trouble. Maybe with the idea of a physician self-care centre as the latest incentive, more would be persuaded to take up SMA membership.

Much like buying insurance, it would be money we need to spend but hopefully never have to utilise the "payouts". It is a paradox we must get used to; paying our annual dues to our professional bodies.

## PRINCIPLE

The main principle governing physician self-care should be that of cooperation and self-support: one where camaraderie is paramount.

In the July 2015 issue of *SMA News*, I shared in the "GP Matters" column about the fishermen's cooperative I chanced upon during my trip to Phillip Island in Melbourne a few years ago. They run a restaurant to earn money for fishermen who are too ill to go to sea and offer job opportunities in the restaurant. That is the type of model we should aim for. Other important principles we should embrace are those of prevention, empowerment and strengthening.

Not only must we cater to those colleagues in trouble, but we should also help them with prevention. We must regularly pre-empt the possible stressors and invite experts to share their experiences with us.

We should also keep a lookout for one another. We can create social groups to engage fellow doctors or be whistle blowers to warn one another of potential dangers. Often, we are not aware even when we are in trouble. There is a Chinese saying: "当局者迷, 旁观者清", which means that those who are amid trouble are clouded, while bystanders are clear.

One example is in legal and business matters. For instance, a friend was approached by the police with regard to a patient he saw a while ago. As there was no official charge from the court, my friend was not clear what his role and responsibility was at that time. Hence, I sought the help of my friend, a lawyer, for him.

In another instance, managed care companies want to start charging a percentage of the fee charged to patients by doctors in private practice. Similarly, some mall management also calculate the rental for clinic based on a fixed sum with an additional percentage of the clinic's gross takings. My friends were stressed out as they were unsure if it bordered on the organisation receiving kickbacks from the practitioners. It is obvious that my specialist friends would not like to run afoul of the Singapore Medical Council's ethical code by unwittingly offering kickbacks.

## STRUCTURE

There are many things in our lives and practices that can stress us out. We are only doctors and are certainly not specialists in life affairs. However, I am confident that we can share best practices and life lessons with one another but we will need a structure to facilitate that.

In areas where we cannot find any experts among ourselves or in situations when we should not rely on our amateurish experience, we could engage other professionals to help us.

I can think of two examples. One instance would be in the counselling of fellow doctors. While we may know a lot more about our own trade and stressors, we may also be too familiar with our colleagues for us to confide our deepest thoughts and anxieties with one another. Counsellors from non-medical organisations would serve us well here.

Another instance would be in the area of submitting income tax returns. Some of us engage accountants for help, while others prefer to do it on their own. SMA has done well in organising seminars touching on income tax returns and related matters each year. I recall many of the speakers being accountants, as well as senior tax officers from the Inland Revenue Authority of Singapore.

I only serve in the SMA as an editorial board member and I am neither privy nor able to influence any of the ideas I outlined above. I pray that these ideas will come into fruition soon, so it can cater to many physicians who are facing ever increasing stressors from all quarters. ♦

## THE SMA HAS THE FOLLOWING PLATFORMS AVAILABLE FOR OUR MEMBERS:

**Ethics consultation** — request for opinion on practice issues you are faced with

**SMA forum** — discuss issues and get suggestions from fellow forum users

**SMA CMEP resources and courses** — access archived information on medical ethics, health law and professionalism or be updated through a seminar/conference

**Medical practice management courses** — gain insight through our courses in 2016, including a tax seminar, a private practice seminar and a workplace and health seminar

Access to the above information could require you to log in to the membership portal. Other resources available via our website (<https://www.sma.org.sg>) include past position statement and advisories on areas such as Managed Care Contracts and medical fee splitting. You may also raise your queries via our **online contact form**, phone: **6223 1264** or email: **sma@sma.org.sg**. However, due to the nature of the Council and Committee being formed by volunteers and supported by a non-medical secretariat, it may require some time for a formal response to be given to your query.