

WHY FAMILY MEDICINE?

Text by Dr Ajith Damodaran



When I applied to study medicine, I could not think of what to put down as my second or third choice. I would not have known what to do if I did not get admission. It was thus a big relief to have gained admission and the rest of medical school was a journey. I never saw it as being five years “long”. The next big relief was passing the finals. For me, it was just getting over another hurdle so that I could just get on with becoming a doctor.

I found all of medicine to be very interesting; while I could have been good in orthopaedics (I like repairing things) or obstetrics and gynaecology, I could not let go of the rest of medicine. Therefore, there was only one “specialty” to consider: general practice. After serving National Service, I was off to the UK to find a way into their General Practice Vocational Training Scheme. After three months of trying, I had to cut my losses and come back.

In the early 1980s, Dr VL Fernandez was a very prominent GP and I wanted to work with him. I was fortunate to have the opportunity to do so in the group practice. Dr Fernandez was very active in promoting the recognition of general practice as a unique “specialty”, and it was a privilege working with him and his partners. I picked up many pearls of wisdom from him, which has, in many ways, left a big impact in my practice.

My venture into solo practice

I made a decision to start my own practice in late 1989. I was initially very scared as I did not have any idea how to run a business and I sought advice from several senior colleagues who had gone on to do solo practice. Finally, at dinner with a close friend (a much older person), I was asked what my worst fears were. I was then newly married, afraid of losing too much money and basically feared failure. He then led me through several “what if’s” and “then what’s”, which helped me realise that I was capable of dealing with all the worst-case scenarios. I was not so scared anymore and got on with setting up my own practice. I was also very fortunate to have had the opportunity to take over Dr Fernandez’s practice.

I cannot remember ever having a tough time. From the beginning, I worked only two sessions a day from Mondays to Saturdays, and mornings only on Sundays and public holidays. Then came SARS, and I was exposed to a nursing home's staff member, who eventually died from it. Those were the most frightening days – having to check my temperature several times a day until I was cleared. I promptly made a decision to stop working on Sundays and public holidays, and to work only one session a day on Fridays and Saturdays, with two sessions for the rest of the week. I have not looked back since.

Being a part of each family

I have always enjoyed practice and over the years of working as a family physician, I now have a few four-generation families who look to me as their “family doctor”. I have experienced so much joy in seeing young parents and their children go through years of school, university and then work and marriage. I have been invited to countless weddings and I shamelessly shed tears of joy at each one. I have walked someone, whom I looked after since she was a child, down the aisle at her wedding in Stockholm, because her mother had refused to have anything to do with her choice of husband. I spent many sessions helping her through her struggles until she finally had the courage to follow her heart. I still meet her and her husband whenever they are in Singapore with their two lovely children.

I was once referred a lady who lost her husband suddenly while her children were still young. When patients need more time with me during a consultation, they somehow come at a time when I actually have no other patients waiting. This has happened many times. After spending some time in my counselling mode, I realised that she just needed someone to understand her struggles, and to assure her that it was OK to be happy and wear colourful clothes and to start life over. She also needed a prescription for some sedatives, so I wrote one for ten tablets and never

saw her again. I received a Christmas card some months later. She said that after she left my clinic, she knew that she was “cured”. She never had to use the medicine I had prescribed and she had no trouble sleeping. This was an important point in my early professional life: realising the potency of a doctor as the therapeutic agent. I knew the theory from reading Eric Berne and his concept of Transactional Analysis. This was my epiphany, and I have never separated the mind from the body since.

I keep my practice very simple, prescribing the least number of medicines that would make a difference. I hold the words “doing the common things uncommonly well” closely. There was once a mother who brought in a child with an intractable cough, despite having consulted a prominent paediatrician several times. The medications were escalated as the child's condition was not improving with the prescribed inhalers. After taking a history, I asked the mother to show me how she used the inhaler. She very confidently did so, plugging the inhaler upside down onto the spacer. She did this consistently with both types of inhalers. Very gently, I demonstrated how the inhalers will not work when used upside down. A written plan was worked out and a week later at review, the child was doing very well with the inhalers alone. I feel so much joy when I am able to solve such issues with simple or “elegant” solutions. It is a joy when the child stops getting asthmatic attacks with a simple plan of action I wrote, involving all the medicines they already have.

Joy in imparting knowledge

Another big source of joy is in teaching. I have always enjoyed having students – I have had pre-medicine students who make a decision to do medicine, and also those who choose not to. One student (patient too), who chose not to do medicine, is thankful for the decision he made to pursue another discipline. For me, students have always been a stimulus for self-reflection. They ask questions that get me thinking about

why I do what I do and the basis for my conclusions. I discover my own gaps of knowledge. I keep a journal of my students' reflections written at the end of their posting – this is my source of inspiration to continue being a teacher.

I have often been asked if I will retire. How can I, when I am doing my best work now? It would be a waste if I stopped. I am still a work in progress and I am learning so much from my ex-students who are now in the early and midpoints of their careers. I look forward to having them as my coaches and also passing on what I have learnt from my 40 years of practice. My relationships with my patients keep me coming back to work every day, knowing that the simple things I do make a big difference to their lives and health. I feel safe being honest with them and not having to practise “defensive” medicine. I am happy when they trust me enough to take my advice even with no medicine prescribed.

I wanted all of medicine and family medicine is where all of medicine comes together. I have it all.

A candle loses nothing by lighting another candle. – James Keller. ♦

Dr Ajith graduated from the University of Singapore with an MBBS in 1978. He has been a tutor for medical students and trainees, and is also involved in geriatric and palliative care. Outside work, he does dance classes and is a tinkerer. He dabbles with electronics, photography, cooking and hydroponics, among other things. He received the Dean's Award for Teaching Excellence (2013/2014) from NUS Yong Loo Lin School of Medicine.

