

# General Practice in an Age of Anxiety

By Dr Tan Poh Kiang

## Editorial note:

All names have been changed to protect the identities of patients.

My patients tell me that they worry about being struck suddenly with a serious illness and not being able to afford the treatment. Many people fret when they hear stories of sudden death in individuals who were otherwise well till the point of the incident. My GP colleagues feel threatened that the health management organisations (HMOs) are squeezing them out of business. That even if the deal to join the HMO schemes is unattractive, it is a necessary evil. Many in general practice have expressed concerns that the need to accrue compulsory CME points is going to diminish what is already scarce discretionary personal time. If left unchecked against more optimistic events and developments, one can easily slip into despair and become reactive and defensive in our practice of medicine.

## HEALING WITH COMPASSION

A happy event gave me hope the day before I left for a week of voluntary medical service in Phnom Penh, Cambodia in December 2003. *Hannah* brought her asthmatic daughter for me to review. As I was ending the consultation with my prescription, *Hannah* hesitatingly asked if I could help her. She admitted that due to her shyness, she had gone to see two other female doctors in the past two weeks for her painful perineum. After a few days of anti-fungal cream by the first doctor and later a course of Amoxicillin by the second, her pain became worse and she could hardly sit. I was dismayed that the first doctor did not even examine her. With her consent and my female clinic assistant's chaperon, I found multiple small ulcers all over the vulva and perineum with bilateral tender inguinal lymphadenitis. I explained her condition and treated for chancroid. *Hannah's* agony was alleviated only when she could overcome her embarrassment through the trust we have established over the past two years that I have been caring for her daughter. This incident reminded me of the pivotal role of the GP to render compassionate care over and above cost-effective cures. While I firmly support evidence-based medicine, I am also a believer in the maxim, "People don't care how much you know till they know how much you care." The good that a primary physician can do is often diluted or nullified by callousness.

## THE INTERPRETER

The GPs are spread out in the community to provide a wide a spectrum of services. One of the less obvious is being

the interpreter for his patients. In the information age where health knowledge is readily available in unprecedented volume through various media, many of my patients are misguided while others are confused. It is obvious that much of the medical information is driven by commerce and packaged by ingenious marketing techniques. I recognise that the family physician has to assume a mediatory role in order to provide context and proper perspective to all that the patients are reading and hearing. The GP can seize the opportunity to develop partnership in healthcare by inviting the patient to share and discuss the knowledge he has acquired in the context of his health needs. This certainly promotes the patient above his sick role to an important stakeholder who is a pro-active and motivated partner.

Another recent story reinforces my conviction that it is the appropriate application of knowledge that can make a real difference. *Jane* had just bought a top-of-the-range natural oil aromatherapy apparatus through an MLM (multi-level marketing) scheme that her ex-colleague was involved in. It was supposed to help her pre-school son with



his chronic asthmatic cough. Her mother-in-law had been treating the boy with crocodile meat among other traditional home remedies. I made a comment to *Jane* that she was already spending a considerable sum of money, and suggested that she adhere to the clinical guidelines used for the management of asthma. Although the combination of Singulaire 5mg and Seretide Evohaler was not cheap either, her compliance to use them on her son eradicated the frequent cough within six weeks. We live in a time of a thousand choices and a GP can certainly guide his patients to steer away from products that are not based on sound clinical research evidence.

## PREVENTIVE MEDICINE

My final thought regarding the GP's role in the community is in the area of preventive medicine. The best value for the



### About the author:

Dr Tan Poh Kiang (MBBS, 1990) is a general practitioner in the HDB heartland. Correspondence can be directed to [liejoan@singnet.com.sg](mailto:liejoan@singnet.com.sg)

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health dollar is in prevention. It is common knowledge but not common practice. Preventive medicine is tedious because it usually involves persuading an asymptomatic patient to change his lifestyle habits. However, a GP with a professional relationship built on trust is poised to influence the patient to adopt practices that will prevent him having to spend top dollars in high-tech diagnostic procedures and advanced therapies.

This was illustrated in my patient *Chandra*. He had handed me a newspaper cutting and was very keen to be put on Avandia. I had been nagging about his poor blood glucose levels during the past two visits, and I could tell from his excitement that he thought he had found the solution. Notwithstanding that the aforementioned drug has an excellent therapeutic profile, *Chandra* could ill-afford it. Moreover, his four cups of coffee a day with extra sugar plus

his favourite Bengawan Solo  *kuehs*  needed to be eliminated from his diet first. That was last year. It took a long time and much gentle persuasion before he recognised that there is an inexpensive and effective method of reducing his HbA1c. It is a lasting satisfaction to him and me that he is able to prevent, or at least delay, the onset of diabetic complications with a simple lifestyle change that is effective and yet not financially straining.

### IMPROVING PATIENTS' LIVES

Life is paradoxical. Patients who try harder to eliminate their worry become more anxious. Practising medicine with an eye on the bottom line is likened to playing tennis with the eyes on the scoreboard instead of on the ball. GPs can choose to do the right things even in such worrisome times. The natural instinct is to confront business competitiveness to ensure survivability. Yet, I believe that the GPs who will thrive despite the adversities, are the ones who improve the lives of their patients. The values we can add to our patients' life and health include engendering trust through our compassionate care, interpreting and making sense of the information mass, as well as influencing radical lifestyle changes to avert medical complications. In so doing, GPs contribute to a robust healthcare system that will serve the people well in this age. ■