

General Practice... Going the Way of the Dodo Bird

By Dr Wong Sin Hee



Nowadays, it is not uncommon to attend free Continuing Medical Education (CME) lunches and dinners, and sit down with my fellow colleagues to listen to the woes of the general practitioners (GPs) and family physicians. They would complain about almost everything, from the reduction in patient load to the drastic fall in income. Their litany of complaints never fail to amaze me as their apathy is incompatible with the depth of their grief.

TURF WARS

I do agree with many of my colleagues in general practice that their areas of practice have been eroded and trampled upon. GPs are no longer the cradle-to-grave family doctors they used to be. They have lost their turf and it is very difficult for them to recover it. They have been too contented and too complacent for far too long. Until recently, many feel that they have been bitten right to the bone marrow. It hurts and it is time for some chorus lines. But alas, it is too late. General practice will become a museum relic.

Many of us who are in general practice cherish and relish the days when we were accorded the respect of family doctors. We looked after the families – pregnant mothers, babies, teens, adults and elderly. We even continued to look after the grandchildren.

But the scenario now has changed. Every pregnant mother is now under the care of her obstetrician. GPs no longer have the privilege to practise antenatal care. Every child born is under the care of his paediatrician – branded like a newborn calf. GPs no longer look after babies or participate in the immunisation programme. This fundamental and basic preventive and primary healthcare has been taken away from them.

GPs are also losing patients with chronic illnesses like diabetes, osteoarthritis and hypertension to the Outpatient

Departments (OPDs) with better facilities and cheaper medicines. OPDs also offer subsidised medical care for the elderly. In fact, the OPDs have taken over the role of the general practitioners and family doctors very well indeed. Kudos to them!

Last but not least, GPs also lose their patients to Specialist Outpatient Departments (SOPD) in hospitals. Many GPs are simply nursing their wounds and suffering in silence, and trying desperately to salvage their empty nests.

MIS-MANAGED HEALTHCARE

Managed Healthcare Organisations (MHOs) started with very good intentions for general practitioners. But they have become a curse and a bane. Many MHOs have jumped onto the bandwagon and started their own schemes. They have even negotiated their own terms with companies. Many GPs have since then lost their contracts with companies and factories, which subscribed to the MHOs. In fact, many GPs who have been with some companies for many years were given the boot with no regard for the doctor-patient relationships that were cultivated over so many years. The bottom line is profitability and reduced cost. It does not matter how faithful and sincere you had been working as the company doctor. It is always about money and cost reduction.

This is contrary to the practice of good wholesome medicine. GPs and company doctors are thrown around like ping pong balls, and patients get confused and muddled. There are companies, including MNCs, which change their company doctors like changing soiled diapers. Some MHOs who took over the running of employees' healthcare get at least a 10% (plus 5% GST) cut from the company doctors who have been fortunate enough to have their services retained. But payment to these doctors has been known to

About the author:

Dr Wong Sin Hee has been a general practitioner / family physician in solo practice for the past 27 years. He is a staunch believer in family medicine as the key to developing a healthy and viable healthcare system. His other passion is competitive ballroom dancing.

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range from three to eight months! While many have been given the sack, others have opted out of the system because it is very bad for health. One GP I know has already suffered a heart attack dealing with unreasonable and irate patients who are under the scheme.

Some MHOs also impose ridiculous rules and regulations. For example, conditions pertaining to stress or mental distress will not be reimbursed – patients must pay for their own medications and consultations. We all know that as many as 75% of patients seen at the general practitioner's level suffer from stress-related conditions, and many present with psychosomatic manifestations. Yes, but the GPs are not allowed to submit any claims for these patients! You see them at your own loss and at your own peril!

And, of course, some MHOs offer the most ridiculous and competitive rates in town. Some of these rates are even below cost. Even the barber next door charges more!

STANDING UP FOR OURSELVES

The Singapore Medical Association's recommendations for fees are never followed. They are in fact viewed with derisive contempt. There are doctors who are willing to go for less than \$10 per patient per encounter, including consultation and medication. This illustrates the desperate situation and the sheer exploitation of doctors by unscrupulous MHOs. But, doctors themselves are to be blamed for killing their own medical practice by participating in such ludicrous medical schemes.

The latest help we GPs get from the College of Family Physicians is another certification. The College has proposed that the Graduate Diploma in Family Medicine be the minimum standard requirement for general practitioners. Most of us have gone through a system of certification and upgrading. We have compulsory CMEs, attended the Designated Factory Doctor course, and some of us even went through the Family Medicine Training Programme Modular Course and Master of Medicine in Family Medicine. Will another certification help general practitioners? Or is it another veiled attempt to portray the general practitioners as qualifications-loaded specialists?

I personally believe that unless the whole system of remunerating GPs is reviewed, no amount of paper qualifications will ever alleviate the plight of general practitioners and family physicians. Furthermore, unless we doctors do something, stand by our principles, and refuse to be intimidated and mowed over by MHOs and companies, our areas of practice will soon be invaded, eroded and pillaged right under our bloody noses.

We can then join the Dodo bird and enjoy the posterity of being nameless, listless and hapless cogs in the massive bureaucratic machinery. ■

Have a Blessed Christmas and A Happy New Year.

Note:

All views and observations expressed in this article are those of the author's alone and do not represent those of the Editorial Board or Singapore Medical Association.

Organised by the College of Family Physicians Singapore

TRANSFORMING PRIMARY CARE: A GRASSROOTS PERSPECTIVE

Date : 15 January 2005 (Saturday)
Time : 2.00 to 5.00 pm
Venue : College of Medicine Building
MOH Auditorium, Level 2

As reported in the press and from feedback from members of our College, primary care appears to be in the doldrums and many of our colleagues are facing difficulties. It is time we hear the voices of our grassroots and to plan positive action to improve the situation.

PROGRAMME:

- Welcome Address and Introduction
- The state of primary care: Personal perspectives
 - A veteran family physician in private practice
 - A young family physician in private practice
 - A doctor working in the public sector
- The business case for a change in the primary care funding system
- The medical education system and its impact on the state of primary care
- Quality in primary care – Beyond theory and motherhood statements
- Tea Break
- Panel discussion and feedback from the audience
- Close

For registration, please call the College Secretariat at tel: 6223 0606 or email: contact@cfps.org.sg.