

Generally Speaking

By Dr Tan Poh Kiang, Guest Editor

There were two myths that pervaded my psyche in my medical student days viz. those who could not get into the medical faculty applied to study dentistry, and those who did not get to become specialists ended up as general practitioners (GPs). I am confident that such erroneous ideas are history but I must confess that my own calling to general practice had to undergo testing early in my career to be confirmed.

The first happened when I was a houseman. At the end of my orthopaedic posting, I discovered to my surprise that the senior medical officer who I had admired most was a family medicine trainee. He was four years older and extremely competent in orthopaedics. As he was also adept in internal medicine, all the orthopaedic consultants relied on him to manage the difficult medical problems of the patients in the department. In fact, I heard that the heads of the internal medicine and orthopaedic departments had offered him jobs. And so I confronted him innocently to remark that it was such a pity that he had chosen to become a GP instead! He gave me a stern lecture that altered my thinking forever. I learned that it was precisely such distorted thinking that drove him to want to be a GP. He convinced me that day that unless talented doctors intentionally trained to be good family doctors, the community would perpetually suffer from reluctant GPs who had failed to make specialist grade.

My second testing happened during my internal medicine posting as a medical officer. The renowned and well-respected head of that department had called me to his office one day to commend me for my fine work. However, the primary reason for that meeting was his concern that I would be "wasted" doing GP work. He offered to speak with the relevant authority to help me switch over to a traineeship in internal medicine. I was given the assurance that the transfer would be easy with his recommendations. While I was flattered by such affirmations and kind gestures, it became clear that day I really wanted to be a GP. And so, I politely turned down that offer.

This February issue focuses on general practice / family medicine. Lined up are a few interesting articles providing the reader a kaleidoscopic view of different expressions and concerns of general practice today. Dr Tham Tat Yean's piece begins with a pessimistic tone but ends with a hopeful message that well-trained, broad-based and well-organised GPs play a crucial role in our healthcare system. We are also privileged to interview Dr Tan Kok Soo, a veteran GP and Past SMA President, who has served on various professional bodies since 1987, including the Singapore Medical Council. He gave an impassioned view of the significant role of the solo GP despite the sweeping changes he has observed over



37 years of practice in the community. The juxtaposition of Dr Tan Sze Wee's view of how the government can enlarge the role of the GP, with Hobbit's 12 wishes that strongly advocate a level playing ground for private GPs, adds spice to a lively forum on burning issues facing GPs in the present age. Family medicine as a counter-culture is a key concept as Dr Wong Tien Hua applies the core values and principles that make GPs unique and valuable. A book review leads us down the adventurous track that Dr Tan Lai Yong has taken to Yunnan where he runs the Village Doctor Training Project. A compelling anecdote of community psychiatric care is provided by my classmate, Dr Tan Yew Seng. It confirms what many psychiatrist colleagues have always preached – much of mental healing can and should take place within the community and not the mental institute.

There are substantial challenges that need to be overcome for primary healthcare to fulfill its potential role in the national healthcare delivery plan. The "pessimism and diffidence" among GPs observed by Dr Tham Tat Yean, and the humorous cynicism regarding unfair competition so well articulated by the Hobbit, are understandable. But there is hope for the future. I concur with Dr Tan Kok Soo that in the age of increasing sub-specialisation and overwhelming medical information, the GP is the one who can be the patient's health manager, coordinator, advocate and friend. He is the doctor who can provide holistic healthcare to the patient and his entire family where domiciliary care as well as opportunistic preventive health education fill the gaps left by the health institutes. In addition to practising patient-centred medicine and charging a decent professional fee, the GP who has a calling and enjoys his practice will thrive for a long time to come. ■



About the author:
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