

Taking Care of Patients and the Profession

By Dr Tan Poh Kiang & Krysania Tan

A veteran GP who has been practising for 37 years, DR TAN KOK SOO shares his thoughts on how family medicine has developed through the years, his work with the professional bodies and what makes a good doctor.

THE DEEP END

"In the early days, the army top brass was made up of people like teachers and civil servants. We were the first batch of doctors called up for National Service; there were 12 of us. The army did not call up everyone from the graduating class of housemen, nor was there a ballot system, which would have been fairer. We made our case, which was eventually accepted by the army. So, after six weeks of NS, we were asked to leave – ROD – with no NS liability."

However, the 12 found out that the Ministry of Health would not take them back. So, six went overseas while the rest stayed behind and went into general practice. The late Dr Chan Kah Poon, Dr Neo Eak Chan, Dr Tan Cheng Bock and Dr Tan Kok Soo set up a GP group practice, one of the first in Singapore, and each practised in a different location. The four friends provided one another with mutual support, both financial and emotional.

Dr Tan Kok Soo set up his first clinic in Jalan Jurong Kechil where he grew up, and practised alongside the big names in general practice, like Dr Wong Heck Sing, who was the first President of the College of Family Physicians, Dr Koh Eng Kheng and Dr James Chan.

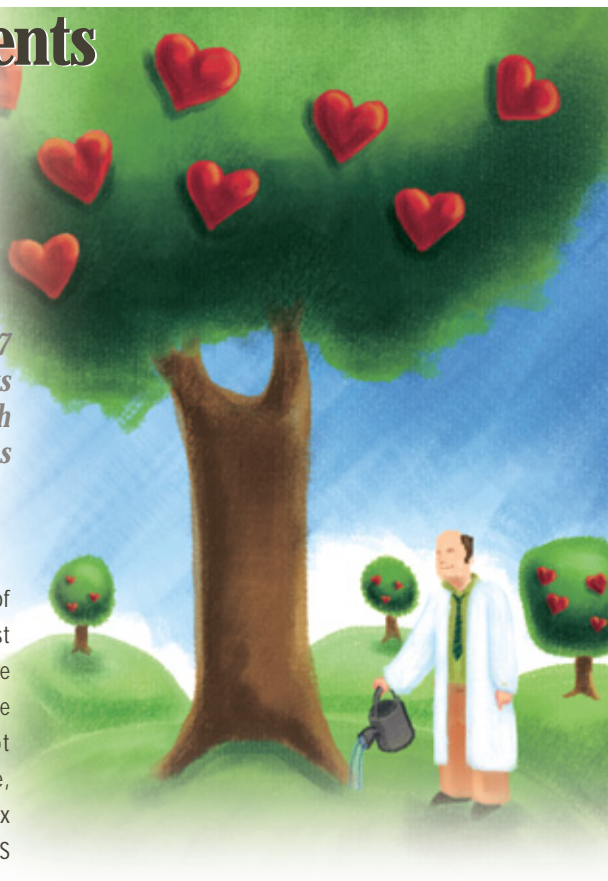
In those days, the young doctors ran busy practices. It was not unusual to see up to 100 patients a day and Dr Tan had an assistant doctor. Three of them also ran night clinics, as the demand and volume was there.



37 YEARS LATER

The general practice scene has since changed.

"The GP used to be a Jack-of-all-trades who did a lot of minor surgeries, such as removing lumps and ear-syringing. Today, we only do a few procedures. Another striking change is that we hardly see antenatal cases, and paediatric patients have gone over to the polyclinics since the latter provide free immunisations. Statutory examinations for maids and drivers, pre-employment check-ups and various health screenings make up 20% of my practice now. We have also been doing lipid screening for the last five years,



and hyperlipidemia has become our third biggest group of chronic patients, after hypertension and diabetes."

Another development has been the deluge of new drugs. Although Dr Tan does not stock 80% of these drugs, he now carries lifestyle medications for conditions like hair loss and erectile dysfunction, which take up about 10% of his dispensary practice.

Dr Tan has also stopped running night clinics two years ago, and cut back on weekend sessions to just Saturday mornings.

"There are hardly any night clinics in Australia, Canada and the States. But society's health doesn't suffer. So, why is there a lengthening of hours here, with GP clinics open for nights, weekends and even public holidays? Some have hardly any patients in the afternoons and nights – they are wasting their time. I think we should rethink night hours. Even the polyclinics are slowly phasing out night clinics."

"The sick should not work the whole day and only visit the clinic at night. It's not fair to themselves. It's also not fair to expect the GP and clinic staff to continue working the same hours when even the civil service is working five-day weeks now. Perhaps SMA could educate the public and our doctors. Also, some doctors practise long hours because they are afraid of losing to competitors. But, if you have a good practice and rapport with your patients, you should not worry. I don't worry about the 24-hour clinic a few doors away. I'm very happy it's there for patients who need its services!"

Notwithstanding initial grumbles about the shorter hours, Dr Tan's loss of patients has been minimal. For practices just



◀ Page 17 – *Taking Care of Patients and the Profession*

starting up, the well-established GP recommends alternate nights, which can be slowly phased out when the new clinic builds up its patient base.



FROM THE CRADLE TO THE GRAVE

As the medical profession in Singapore becomes more sub-specialised, Dr Tan believes there is an even greater need and role for the GP, who will be the patient's health manager, refer him to specialists when necessary, and provide continuity of care. Greater awareness of good health has also brought some patients back to GPs for general screening.

"This is where you can differentiate between a good GP and 'bad' one. The good GP will interpret the results and recommend a follow-up health plan. I have seen more than 30 assistant doctors pass through my clinic, and when they leave, I know which ones will do well. As long as there is interest in solving patients' problems and good rapport, they will trust you and stay with you. This is more important than how much medical knowledge you have. So, we need to upgrade doctor-patient communication skills. Big medical groups have a role in corporate healthcare but they can never touch the basic family practice."

"My greatest satisfaction is seeing patients, especially young children, and their families grow up. Within 37 years, I have seen one family through four generations – even the great grandparents have already passed away. You feel like you are a part of the family, and if the patient feels the same way, they will stay with you."

Dr Tan also shared his view of the ideal setting for community healthcare. "A new town has about seven neighbourhoods, and each one can support up to three doctors comfortably, with contract practice. This can work if the government steps in. Each neighbourhood should have one clinic with three family physicians, who each sub-specialise in dermatology, paediatrics and geriatrics. Such a medical group will function like a mini polyclinic."

Concerning many GPs' misgivings about third party healthcare, Dr Tan thinks there is still a place for health management organisations. "In the past, corporate clients were in the hands of big players. When NTUC came in, I was very happy because corporate clients were spread out among GPs overnight. But HMOs should pay doctors reasonable professional fees. I have given up schemes that don't pay reasonable consultation fees."



SPEAKING UP FOR GPs

Dr Tan remembers seeing a patient many years ago, who was misdiagnosed with and treated for kidney disease which he did not have. Dr Tan felt something should be done; he brought up the case to SMA who then invited him to join the Ethics Committee. He also joined the Association of



DR TAN KOK SOO (MBBS 1967, Sydney) is a senior family physician in private practice. He is also a Past SMA President (1993-1996). Some of Dr Tan's past appointments include:

- 2nd Vice President and Editor of APMPS Newsletter, Association of Private Medical Practitioners of Singapore (APMPS)

- Chairman and Member of various SMA committees
- Chairman, Medical Association of Southeast Asian Nations (MASEAN)
- Council Member, Confederation of Medical Associations in Asia & Oceania (CMAAO)
- Member, Visiting Board to Woodbridge Hospital
- Member, Singapore Medical Council (SMC)

Currently, Dr Tan is Member of the MOH Advisory Committee on Family Medicine, Vice Chairman of the SMA Private Practice Committee, and Member of the SMA Professional Indemnity Committee.



Private Medical Practitioners of Singapore (APMPS) as a Council Member in 1987, and since then, has continued to participate actively in various professional groups (see side box). The APMPS was set up in 1981 to represent doctors in the private sector. In 1994, it was disbanded, and its functions were taken over by the Singapore Medical Association's Private Practice Committee, to provide a stronger and more united voice for the profession.

The price of medication was a major point of contention in the early days. "The biggest sore point was the Hepatitis B jab. The cost price to GPs then was \$40, and only half to government clinics. We brought this up to the drug companies and the Singapore Association of Pharmaceutical Industries – it is not fair to use the profit from the private sector to subsidise the government. But such pricing policy persists till today. So, on the ground, we boycott some drugs. When Losec / Omeprozale was popular a few years ago, I told my patients to buy it from one of the restructured hospitals because its retail price was the same as my cost. GPs were also not allowed to use certain generics, which were reserved for the government. This was lifted less than ten years ago when many generic drugs flooded the market."

"Although our encounters with the authorities were not always successful, we did some good work. The clinic assistant course initiated by APMPS was well-received and even obtained skill development funds from the government. The SMA also fought very hard on the disposal of sharps by official contractors, which would increase our costs substantially. In the end, the Ministry of Environment agreed to let us use cough mixture bottles filled with Clorox for domestic disposal."

◀ Page 18 – Taking Care of Patients and the Profession

ALL WORK AND NO PLAY

“A few years back, when MOH went to Australia and UK to recruit doctors, the success rate was low. The number of Singaporean doctors returning is also very small. The working hours here are killing! There is a shortage of doctors everywhere now. If we don’t improve our hours, we won’t attract Singaporean doctors overseas to return, there won’t be job satisfaction and we’ll lose our doctors here to outside. My son just completed his housemanship in Sydney. They have night duties but are well-paid. And more importantly, their weekends are usually free.”

Although working conditions for our Medical Officers are generally better now, especially since the SMA Medical Officers Committee successfully lobbied to raise MO pay 10 years ago, Dr Tan observes that they are still not as good as overseas.

“The UK is already adopting the European standard of a 40-hour work week. While Australian doctors work 50 to 60 hours, they are well-paid. The MOH has been recruiting foreign doctors because of a 10% shortage in the public sector. I think this will persist unless the Ministry phases out night polyclinics and redeploys some MOs back to the hospitals.”

“Our young doctors should fight for better working hours. Don’t talk about pay. Doctors need a certain number of hours off for self-study and family, and to recover from fatigue. A tired doctor is a dangerous one – the chances of medical errors are higher. It’s not fair to the doctor and the patient. This is where the public needs to be educated.”



WHO WANTS TO BE A DOCTOR?

So, what makes a good family physician or doctor?

“To be a GP, you don’t need to know all the rare diseases; just know all the common diseases well. From my observation of doctors who have worked for me, the highly qualified ones

do not necessarily do better if they lack rapport with patients. You must like people and you must talk to them. If you can’t stand or feel for patients, you should not be in medicine.”

But Dr Tan admits that patients are becoming more demanding. “This morning, I had a patient with dry skin. When I opened a new tube of the prescribed cream in front of her to demonstrate the application, she complained that I was giving her a used tube! That’s why you need a lot of patience and tolerance as a doctor – there will be such encounters and minor irritations everyday.”

“I hope the medical school will seriously consider giving our medical students a Bachelor of Medical Science at the end of three years, like in Australia. We don’t want misfit doctors in the profession. A lot of students study medicine for the wrong reasons, like pressure from parents and peers, and expecting huge monetary rewards. So, at the end of three years, they can decide whether to continue with their training as doctors. They would not be forced to complete the course and end up as frustrated doctors.”



AT HOME WITH

A collection of 20 types of heliconias is a source of pride for Dr Tan, who is constantly looking for new specimens. Ginger and banana plants can also be found in his carefully tended garden, which is spread over 12,000 square feet.

Dr Tan’s wife keeps herself busy with charity work at the Young Women’s Christian Association, while their daughter is a senior psychologist with the Civil Service College. Their son is now back in Singapore, serving the rest of his National Service with the SAF Medical Corps. “One thing is for sure, my son does not intend to go into family medicine. That’s why I’m cutting down my hours. Eventually, I’ll stop slowly or ask somebody to take over my practice.” The easy-going GP muses. ■