

Shadow and Light

“The rain was relentless.
A curtain of falling water glistened
against a dark and grey afternoon.

One particularly large drop fell
onto my consciousness.
I traced its fall thoughtlessly.
Silently it fell, faster and faster,
finally onto the pavement with a soft ‘pat’.
And disappeared.

I traced another drop...
and another...
and another...”

I have always liked rainy days. A tropical downpour somehow creates both a staccato from nearby falling raindrops and a cacophony from faraway waters crashing onto everything else. As a surreal ‘soft focus’ surrounds the world, the ashen skies render a touch of softness and the heat melts away to a nice cool. Rainy days are always a tranquilizer for besieged psyches.

SHADES OF GREY

Afternoons at my 15-year-old clinic have become noticeably quieter in the last two to three years. Like many other GPs, I have contemplated if I should close afternoon sessions and lengthen my evening and morning sessions.

It was not always like this. There was a time when seeing 20 to 30 patients in two and a half hours was the norm. Now, I am lucky to get more than 15. What has prevented me from stopping afternoon sessions is the nagging fear that I may not get these 10 to 15 patients to come in the evenings or mornings either. They may just go elsewhere and the lengthened morning and evening sessions may not result in more patients.

Sometimes, I do not know whether I am standing there looking at the grey skies in quiet contemplation, silent desperation or defeatist escapism. The life of a middle-aged GP is like a grey sky – nothing is cast in bold relief or black and white anymore. Everything is in soft grey.

Just last week, a lady patient of mine for about five years, and one of my better-off patients, came to see me for the last time for her hypertension and dyslipidaemia. A housewife of 40-something with two kids and a husband who is a Vice President in a bank, she asked for a note so that she could be followed up at the new polyclinic nearby. She said she was

very impressed with the spanking new clinic and its modern facilities, and it was only 15 minutes away by car (yes, she drives a small car to ferry kids). She wanted a note from me to her polyclinic doctor, describing her drug and medical history. I could have charged her the fees as recommended by the SMA Guideline on Fees for a medical report. But I did not. I wrote the note and gave it to her with a sheepish smile: “Yes, the medicines and laboratory tests are much cheaper there.”

I just wished silently to myself that her husband and children would still see me, especially her husband, who unlike his wife, does not have the luxury of time during office hours to go to the polyclinic, and unlike his GP, has real work to do in the afternoons.

I do not think I practise bad medicine – I follow all the MOH clinical guidelines and practise Stott-Davis’ model of consultation.

SAINT, SCIENTIST & SHOPKEEPER

The rain was petering out. It had changed to a clumsier and scattered cadence.

I returned to my consultation room and checked the mail. A two-page advertisement in the *SMA News* caught my eye. An aesthetic medicine company was conducting courses for doctors: US\$2,500 for one day’s course on botox, US\$4,000 for a day’s course on laser, and US\$10,000 for the full aesthetic package. Surely, a botox here and a laser there is good for the pocket and cannot be very bad for the soul. But US\$10,000 is more than a month’s earnings and I wonder if they take installments? Maybe it is time to go beyond quiet contemplation. A wise colleague once told me that aesthetic medicine is the branch of medicine that satisfies some patients’

self-actualising goals, while at the same time answering quite a few doctors' basic security needs. Maslow's hierarchy of needs is being met simultaneously at both ends – a “win-win” situation. I still recall his wry smile at the end of the statement.

I went through the flyers that came with the *SMA News*. Another advisory from SMA: this one saying

we should refrain from participating in an e-coupon scheme that allows coupon holders to pay S\$8 for consultation. Was it not just last year that MOH said in its advisory that words like “discount” and use of coupons for promotion are both unethical acts under the Publicity Regulations of the PHMC Act? I reckon for some, business has long gone past quiet desperation.

Next, I picked up the CFPS College Mirror and Singapore Family Physician that my clinic assistant had put on my table for quite a while. A note from the CFPS Honorary Secretary to the Editor of College Mirror denounced the shopkeeper mentality that a previous article I wrote was purported to promote. Everyone is entitled to his opinion, I suppose. This is a free world we live in and mind-share is determined by relevance, not rhetoric.

A distant echo from some remote sulcus in my brain registered the phrase “Saint, Scientist and Shopkeeper.” I think it was said by the two brightest beacons of family medicine in Singapore: Assoc Prof Goh Lee Gan and Assoc Prof Cheong Pak Yean some years ago to describe the roles and priorities of a GP. I loved the phrase dearly – before the world became increasingly grey. Actually, I still think I do love the phrase, albeit that it has become a mortal, conditional love.

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Somewhere between the two CFPS publications was a flyer for a two-day course on Infectious Disease organised by CFPS. Nice programme and good speakers; I wrote out a cheque of S\$40 and registered for the course (member's rate – no coupon needed). For now at least, the “scientist” triumphs over Maslow.

My clinic assistant opened the little window between us and

signalled that it was 4.30 pm; time for us to leave. Rainy afternoons worsen bad business. I had gone on for almost an hour without a single patient.

IN THE LIGHT OF DAY

I stepped out of my consultation room. The rain had stopped. The sun was shining quite brightly and threw everything into ruthless relief. The ashen hue that enveloped my clinic was gone. I noticed that the vinyl tiles on the clinic floor looked old and were scarred with innumerable scratches. Several of the health education posters I had pasted on the walls were faded, torn or peeling. Even the wooden shelves in my dispensary looked a bit warped. The walls I had painted a soft pastel pink now looked dirty and somewhat distasteful. It was time for another costly renovation, my neurons fired off a volley of sighs silently. All these were not quite apparent when the sky was dark and the clouds were pregnant with rain. Now, the critical blazing sun offered no solution or even conciliation to my “shopkeeper” problems.

Even though rain is bad for business, I still wished then that the rain would come back and the sun would go away.

After all, as hobbits go, this Hobbit is but a mere mortal. And the brightest lights always cast the darkest shadows. ■