

By Dr Lee Pheng Soon, Outgoing SMA President

# Reflections, after three years as your President

"E pluribus unus." (One composed of many.)

- Virgil (70-19 BC)



Dr Lee Pheng Soon, BSc (Hons), MBBS (1982), FFPM, MBA, has worked full-time as a pharmaceutical physician and part-time as a GP since 1985. He is Honorary Fellow in Human Nutrition at the University of Otago, New Zealand. The main weakness that he will confess to, relates to moderate amounts of the beautiful Central Otago Pinot Noirs. He looks at 2003-2006 as wonderful years, during which he served with humility among many good Doctors.

Two weeks ago, I attended a presentation given by the American CEO of a "Big Pharma" company. He spoke about how well his company and its R&D team had served society, by discovering and introducing new drugs. They had launched more new drugs than any other in recent years, with two of these among only five that the USFDA considered as 'significant' in 2005. Some targeted cancer and HIV, and one even suppressed viral replication in Hepatitis B carriers to below one million times the original load – thus reducing the risk of liver cancer in coming years.

During conversation at dinner, I was tempted to tell him that while all these new discoveries were truly wonderful to the physician and augured well for investors, I had different reasons to be grateful to his company. Before my father passed away two years ago, he was treated with Florinef, which his loved ones still credit for giving him an extra couple of years of reasonable quality life. When my father-in-law was unexpectedly hit by atrial fibrillation of sudden onset a year ago, he was stabilised on Sotacor and restored to normal activities. Both these are very 'old' discoveries. Workhorses of a previous generation, they still continue to add to, and save, lives even today. But I could not be sure that this brilliant young man was even familiar with such old names.

There are strange parallels between this situation and our Profession. In the field of surgery alone, wonderful new techniques that were not even the stuff of dreams when many of us were students are now the norm. Just as random examples: many patients with coronary artery disease can now be managed with stents instead of requiring bypass surgery; others with gall-bladder disease can now have laparoscopic surgery and be discharged by the third day; yet others with bleeding hemorrhoids can have these stapled with a gun in the morning and assuming they want to, be back at work the next day. There are many more examples, like the minimally-invasive spinal procedures that now save many with prolapsed intervertebral discs the excruciating pain of, and months of rehabilitation after, open spinal surgery. These advances offer benefits and improved treatments previously not dreamt of. They are like the wonderful new drugs his company launches each year.

But in a parallel universe to our Specialists at the forefront of medical technology are anonymous neighbourhood GPs practising general medicine the only way they know how – based largely on what they learned in medical school, augmented by self-study and updates from CME sessions. They are just like the old-fashioned mineralcorticoid that gave my father

◀ Page 6 – Reflections, after three years as your President

two more years, and the ancient beta-blocker that returned my father-in-law to normal daily life, drugs that probably do not even contribute to the company's profitability. But both GPs and reliable old drugs do exist – working quietly for long hours, insignificant except to their patients. These doctors diagnose without drama, then treat illness efficiently and relieve suffering with compassion – and refer to Specialist colleagues for higher-level care when appropriate.

Arguably, because Specialists are needed for Singapore's advance as a Global Leader in Medicine, the practical difficulties they face often reach the ears of policy makers. They are even mentioned in speeches by the Minister Mentor. The three years I have been President of the SMA have shown me that many GPs, in contrast, feel very helpless indeed. It was an omen that one of my *first* actions was for a GP. Within a few days of my being first elected, I was testifying to the SMC for him – arguing that it was not necessarily unethical if a GP certified a death brought to his attention by an undertaker (from whom he received nothing) as opposed to the deceased's relative. It is perhaps more telling that one of my *last* actions was for four GPs, who wrote to the SMA lamenting that some patients they referred for tertiary care (e.g. a cataract operation) were likely to be shunted away for continued treatment even of their *primary* care conditions (e.g. diabetes) in clinics offering subsidised rates that GPs can never match. In between these first and last occasions, was perhaps the greatest service that any of the last three SMA Councils rendered to the Profession – organising information, education, and personal protection equipment for private practitioners, when they were left in an exceptionally vulnerable position during SARS – something that offered GPs hope most.

Somebody once told me that nobody wants to offend Specialists because “you never know when you need to depend on one to save your life”. This same person said that in contrast, “GPs are generic and substitutable.” This generalisation is unfair, because the role of the GP in initially preventing, and later in containing damage from a wide spectrum of diseases, is a cornerstone in healthcare. Such early intervention helps keep healthcare costs from ballooning as our population ages. More importantly, it helps to prevent much avoidable individual pain and suffering.

But the truth is that while most patients will pay doctors to attend to their pain and suffering, few will give priority to disease prevention, or to avoiding future complications. Similarly, because

the cost of practice is very significant, most GPs cannot follow an acute consultation with a significant preventive health education message, while other patients wait frustrated outside. Hopefully, the new initiatives by the MOH emphasising chronic ailments will recognise this gridlock, one that cannot be resolved by market forces alone. Asking patients to see GPs for their acute management (which they will pay for) and leaving health education to Polyclinics (where this can be heavily subsidised) is both an impractical and a sub-optimal approach.

What do I see as the main challenges to the Profession in the years ahead? We will always need to survive unpredictable disasters (e.g. SARS returning, or a mutant strain of influenza arising) – and for this, we need to stay together as a Profession. Supporting the trans-specialty leadership of the SMA is a good start. In the long run, for the sake of all Singaporeans, we will also need to keep GP work as a viable (dare we say financially rewarding?) and attractive alternative for doctors, and find a way to allow them enough time with each patient for preventive medicine. The CFPS is already working on this with the MOH and hopefully, the Family Physician's Register will meet this need. We need to ensure that somehow, GPs will be able to afford the time needed to keep up-to-date with advances, learning these with enough detail to incorporate them into their practice. Otherwise, our baseline healthcare will never improve. CME is but a small start. Finally, as our top Specialists move forward practising cutting-edge medicine, our GPs, on whom most of Singaporeans depend on for day-to-day healthcare, must not be left standing, in every sense of the word. Science progresses, other countries catch up, our patients' expectations change. The greatest challenge our Profession faces, therefore, is “Staying ahead by moving together.”

One of my classmates asked me recently, “Do you want to be remembered as the SARS President or as the openly human President?” (The latter comment, I presume, arose from my occasional ‘ordinary man’ contributions to the *Sensory* lifestyle magazine.) I replied, “As the human President of the great SARS Council.” Most of us do not know that the greatest contribution during those dark days was led by Dr Wong Chiang Yin, the Incoming President. I urge all of us to support him, as will I, as he addresses these challenges ahead. He is human, too, and should never feel he stands alone when he stands for us. ■

*Lee Pheng Soon, your President, 2003-2006*