

WORLD FAMILY DOCTORS' DAY 2014 GALA DINNER

PANEL DISCUSSION

17 MAY 2014, MARINA BAY SANDS BEGONIA BALLROOM

Panel of Past Presidents of the College of Family Physicians Singapore:
Dr Lee Suan Yew (LSY), Dr Alfred Loh (AL), A/Prof Lim Lean Huat(LLH),
A/Prof Cheong Pak Yean (CPY) & A/Prof Goh Lee Gan (GLG)

Moderated by CFPS President, A/Prof Lee Kheng Hock (LKH)

(LKH): I have just returned from a conference in Japan where I met many professors of Family Medicine (FM) from Japan and from the USA including the legendary Professor John Frey. Those of you who know Prof Frey, he is among one of the pioneers in the FM movement in US. He was there when the term 'FM' was invented, or actually came into being. That was way back in 1969 when the American Board of Medical Specialties recognised FM as a distinct specialty. So it was a great pleasure to meet and to have a discussion with him.

We attended each other's talks. Japanese Professor, Prof Maruyama, who is the President of the Japanese Primary Care Association, was also there. The strange thing is that though we did not rehearse our speeches, we all spoke about the same thing. We all talked about how

bad the system is, how challenging it is, how we are short of hospital resources and other issues like aging population and the rise of chronic diseases. So actually, the challenge we faced in Singapore is not unique as it happened around the whole world too. It is actually a global problem that we have.

There is resemblance to the global warming phenomenon that we are also struggling with. This global crisis of shortage of healthcare resources is very real. I think everyone is struggling to look for answers. So I think it is very timely that we now take this opportunity to reflect on what has happened to FM in Singapore in the past 40 years and then to go forward and see where we should be heading.

I am very very privileged to have with me my predecessors, my mentors. I have served in the councils of all the Past-Presidents in the panel except for Dr Lee Suan Yew. However I remember as a young doctor, listening to Dr Lee when he delivered the Sreenivasan Oration. The topic he spoke on was “Dare to Dream”. Actually I am here today largely because that speech really inspired me. From him, as my past-president, I learnt **the importance of being an inspiring leader**, to inspire people to do better.

The first President that I served under was Dr Alfred Loh. I do not know whether he remembered. I just passed my MMed examination. I was this young, arrogant doctor who thought I knew everything about FM. I was sitting at the back the Annual General Meeting, just musing, “oh so this is what College is about’. Then when it came to election of office bearers, they said ‘okay let’s nominate some guy’ My name just came up. I got the shock of my life.

I told Dr Loh ‘No, I am too young, not so good, I do not know what is going on, I do not think I should be in the Council’. But he said, “Young man, don’t worry. All you need is just strong shoulders.” He intended to work me very hard and I realised that it is true. You **really need strong shoulders**. Beyond that I think **you need a very strong spine** as well because you have to stand up to against a lot of resistance and pressures against the people and organisation you lead. **You also need very thick skin** because whatever you do. If you are lucky maybe 66% will agree with you and there will be 33% who think that you are a very lousy council member or president. So that is the best you can get out of it.

The next president that I served under was Dr Lim Lean Huat. From him, **I learnt how to be a good statesman** because as a young council member, he brought me to Beijing, China for a conference. That was

China in 1990s. It wasn't so well developed. When you buy things, you actually have to go to a counter and you got to sign some paper and after that you go and collect the goods from them later on. But I saw the way he handled himself in the international audience, the way he maintained his dignity, the way he carried himself so well, representing Singapore in a very positive light. From that, I really learnt a lot from Dr Lim Lean Huat.

The next President I served under was Professor Cheong Pak Yean. Those who know him, you know what I learnt from him, which is **passion and the willingness to stand up against odds when you believe the cause is just.** I really learnt that, especially during those times, I think during his presidency, we were trying to push for the Family Physician Register. So now that it is a done deal, everyone congratulate one another, pat each other and said that was a great idea. But at that time, I think about one-third of the people were very angry with this. They believed that 'this is a terrible idea, why did you make life more difficult for GPs.' But Prof Cheong was very resolute, he stood the ground against all these people who were very very angry and hostile. He rallied the Council and he rallied the College to push this through. From him, I learnt passion for your cause and being willing to stand up against odds to push for what you believe in.

Last but not least, from Prof Goh Lee Gan who is both my teacher and my mentor. From him, **I learnt the art of being kind and flexible with people who disagree with you.** You do not always have to bash them into submission. Sometimes you can be nice to them, talk to them nicely and win them over. I didn't do that very well as you can see. I still have a lot of rough edges when it comes to persuading people. But just be thankful that it could have been worst if not for Prof Goh.

So, I think that is the best introduction that I can give to you about my past presidents, my mentors who are always there to support me when I am in trouble. They will always come out and stand up for and help the College whenever we are in crisis.

At this very opportune moment, I would then like to tap on their wisdom and would like to ask them some questions. I think we should really treasure these words that they are going to share with us.

The first question that I want to post to the panel is this: **Looking back, what are some of the important moments and changes that happened during your term in the council and also during your time as the president of the College.** The Past-Presidents have decided to

go by chronological order of office. We shall start with Dr Lee Suan Yew. Dr Lee?

(LSY): Thank you, Kheng Hock. Well ladies and gentlemen, I don't know what you can gather from us, past-presidents here, but as far as we are concerned, we are honoured to have served the College during our term of office and we're going to thank our fellow family physicians for their support. I don't think we had that kind of opposition that you described.

We had pretty good unity, my time anyway, it was the mid-80s, and at that time we were called General Practitioners. The name changed because it came during the period where we felt that there must be a new concept. Therefore, we had to follow advanced countries and they used the word Family Physicians. Because the old General Practitioners, GPs gave a different connotation. **Now, we are called Family Physicians because primary to our treatment is a family.** We may do hospital work, like Kheng Hock, but he's still dealing with families. So our emphasis is family. Most of us see patients of three generations.

At that time **in the early 80s, we had the WONCA conference.** That was the first big international conference that came to Singapore and College did it due to the good work of Alfred, Lee Gan and others who made a bit of it. We had 10,000 delegates to Singapore and we worked very hard, they all worked very hard to make WONCA a success.

It was that period, I wasn't the president yet, I was in the committee, sub-committee to read all the papers that was submitted and we had to select them. We discovered that there were more to it than we thought, in FM. **There was a very solid FM practice that was taking place internationally.** We learnt a lot. When I read the papers I said, "My goodness, **we are many steps behind. We got to do something about family practice**". We met the international doctors who came here and they inspired us. We learnt something more about FM.

So during my term of office, I said **we must improve our continuing medical education.** That was our primary function to make sure that all our colleagues, old and young, must keep up-to-date as things were changing very fast. I remembered the first lecture I gave, in the early 80s was on cholesterol. You just imagine that. At that time, we were eating eggs and all the fatty stuffs happily. It was in the early 80s that the world discovered that cholesterol is bad for our cardiovascular system.

I just gave you one example of how important continuing medical education was. So we keep on going, every month we had one lecture and we invited guests, senior people, some from the family physicians or GPs at that time, some from the universities, some were practising specialists in Singapore and we learnt a lot from them.

Secondly, at that time we were still young in the post-graduate diploma course called the **Member of the College of General Practitioner (MCGP)**. Luckily we kept on having that examination thinking that maybe that way, we will have a proper course, proper examination. All we wanted was to improve ourselves. The diploma proved that you went through the course. When you passed it, you knew that you have attained a certain level. There was nothing attached to that diploma. It doesn't mean that you can earn more. And we told them, when you get the diploma you must not overcharge your patients. It does not mean that you are a super doctor. **It just proved that you have kept up with continuing medical education.**

The hospitals were very helpful. The Ministry of Health people were very helpful. We were able to get cases from the Singapore General Hospital. For clinical cases, we had cases from Alexandra Hospital. I still remembered that Dr Chen Ai Ju was then the Director of Medical Services. She was amazed that Family Physicians could hold

examinations. Candidates must pass the theory and then go to the hospital for the clinicals with oversea and local examiners. We have lovely cases presented by the hospitals who helped us. That way, we kept on going and **we had more and more doctors who passed the MCGP exams.** That was the seed that was planted for the next phase.

At that time, when Dr Koh Eng Kheng took over the Presidency of the College from me, officials from the Ministry of Health and the University said, “We must go one step further. Why not work with the university and have the Master of Medicine (FM)?” So Goh Lee Gan, Alfred Loh and a few others, were invited to the steering committee to work with the post graduate medical school of the university. We said that **this was the right time that we have a proper post-graduate examination called the Master of Medicine (FM).**

Then, with the examinations, I think Kheng Hock was one of the pioneers who passed. I remembered that. He was one of the very good doctors. He sailed through without any trouble and I see some other faces that I recognised. We got to thank the Ministry of Health for their trust in us, thank the university for trusting us. We are partners and from then on, I heard now we have over, how many graduates? More than 200 hundred graduates. We started with 5 or 6 only. 17 is it?

(GLG): 16 sat for the first examination in 1993, 9 passed.

(LSY): It is wonderful and I don't know whether I should mention to you, (Kheng Hock did you mention to the College, to the audience?) The good news for our College is that the Master of the Academy of Medicine Singapore wrote to us and said that **it is time now for those who have the post-graduate degree (FCFP) to be invited to join the Academy of Medicine to be part of the Chapter of FM Physicians** and we should be called specialists, Family Physicians specialists, on our own right. This is to follow what the Americans have done.

I think this is the right time. I hope you will give your support whether you have the post-graduate degree or not. We all work together. We must all try our best to give our shoulders, put our shoulders to the wheel. For those who are older and have no chance to do post-graduate, we need your shoulders to climb on and keep on improving so that the College will keep on improving. I hope that the AGM of the College will approve the whole concept of (some of our family doctors) joining the Academy of Medicine and put FM on par with the other specialists. It is about time and I hope that the College members do

not disappoint us. I think I have spoken enough and I will pass the mike to somebody else. Thank you.

(LKH). I feel inspired as before. Thank you very much. Maybe at this juncture, I will ask the other past-presidents to give their views on this matter as well as things that happened during their term. Dr Loh would you like to continue?

(AL) Thank you, Kheng Hock. I think as far as the issue of specialisation eventually being considered for FM, I think it is not surprising. Because all around the world, especially those societies where aging is a problem, it is becoming recognised that the cost **effective way to keep the health expenditure down is to make sure you have good, well-trained family doctors at par with any other specialty.**

So for FM to be specialist, those with properly trained background, it is the only natural way to go. In the early days when the World Organisation was formed in 1972, from 1972 to the year 2000, the membership in the World Organisation was 64. Between 2000 and 2010, that membership grew to 128 which goes to show that worldwide, all these ministries and governments are beginning to recognise that properly trained family doctors will definitely be the

way to go to keep health cost down. So I think we are going in the right way. We should not stop just because we have already achieved the initial objectives of our earlier leaders. I think is to should move on **and encourage more of our family doctors to go on and improve themselves and be Fellows of the College and eventually join the Academy as a specialist.** Thank you.

(LKH): Thanks Dr Loh. Prof Lim?

(LLH): Well, we have heard Suan Yew and Alfred talked about our academic achievements and the post-graduate qualifications that our our family physicians have achieved,. I want to tell you that producing specialists and specialist degree is only one end of the story. The graduates or specialists with further degrees must prove themselves.

Over the years while in the private practise, I have noticed that those **Family Physicians who have got their Masters of Medicine/ Graduate Diploma in FM have proven themselves** so much that patients have come back to me and said, “You know I went to see such as such GP and I noticed after the consultation I was so happy and pleased that he has got the MMed beside his name.” That is the post-graduate degree.

These post-graduate family physicians have proven themselves, to the point that even the **hospitals and institutions have invited us to participate in their monthly ward rounds**. As family physicians we were invited back to the various disciplines, in orthopaedic, in paediatrics, in the different disciplines. We were invited to participate in their monthly specialist rounds. So this gives further credence that we are not only producing family physicians specialists but effective and recognisable and well-planned Family Physicians.

I now want to bring you back to the 1970s when our council was first formed. The first council was in 1972. I served in the second council in 1975. At that time, we were producing MCGPs. That means you go and sit for a post-graduate degree and it is called the Member of the College of General Practitioners. The Ministry recognised it as a registrable post-graduate degree. I am glad to mention that the Ministry all along has worked with us in the days of 1970s to now and we are happy that they are still continuing to do so. I think the other members will give you their different views but I just want to mention that **our family physicians have done us proud**. Thank you.

(CPY): I would like to take off from what Dr Lee Suan Yew mentioned just now that FM would soon be recognised as a specialty by the Academy of Medicine Singapore.

I come from the tradition of Internal Medicine. because in our times, there was no structured training in FM. Dr Lee Suan Yew, Lee Gan and I are from the same background. We are generalists in outlook as are specialists in general Internal medicine, general paediatrics, geriatrics and now FM. **FM is a specialty, a generalist specialty. Generalist specialties are needed in medicine because it fills in the gaps between many specialities.**

The other thing I am quite proud of is **the programme we called Masters of Medicine programme B. for doctors who did not have the opportunity to go for formal training or residency to work towards the Masters.** In fact, it is still an informal programme, not formally funded. It is self-funded. We have more than 100 doctors in FM trained through this course.

We started the course above my clinic in 1994, that's the training ground for many years where doctors come every week for a 2 year period to train themselves for the Masters. It is self-funded. I remembered when he passed his examinations, Dr Tan See Leng who is in the audience tonight, donated \$1,200 to buy a photocopier because we do not even have a photocopier to duplicate the notes., I

frankly think that this **programme should now be officially supported** because a little money added to the passion of the doctors would bring a lot of benefits to the profession.

We have a **system of training now leading to the Fellowship and I think this is quite unique compared to many countries**. In fact if you look at even Australia, they do not have the integrated system of formal training from diploma to masters to fellowship. We should be proud of that. However I think it is a matter of capacity, **the numbers are not large enough to make a big difference**. So I would appeal, to all the people here to make sure that the numbers are enough to make a difference.

Lastly, I don't know why I'm here because in the year 2006 which is 8 years ago, I threw a great big party for all my friends and said I will retired hencefore from public offices. I supposed my wife has to resign to the fact now that you will see a bit more of me in the next few months until the FM specialists move is stabilised.. Thank you very much for your attention.

(GLG): 'Well, I am the immediate past-president. I think the most important thing that happened under my watch (I was the President

from 2007 to 2011) was the **hosting of the WONCA World Conference** the second time round. That was the 18th conference in 2007.

Actually, the president for that year was supposed to be Professor Cheong but he said, “Look, Goh Lee Gan. I don’t know all those World fellows. You better go and run the show.” So I took over from him one year premature and hosted the world conference. That was the defining thing for us because it is quite **a prestige to host the world conference a second time round.**

But I want to say that I actually did a fair bit of the technical things in the College. I supposed I am the technical person, in the sense that what my colleagues say, I would go and carry it out.

So I remembered when I was a Council member, that was when we passed the idea of setting up FM as a post-graduate programme and at that time, Dr Lee Suan Yew was the President. So he said, “Look, Goh Lee Gan, you are in the university. Can you go and settle all the technical things?” So I said okay. So I remembered one evening, somewhere in December, at about 12 o’clock midnight I went to his house and said, “Suan Yew, you got to sign these papers because tomorrow got to submit it to Professor Tock.” So with that, of course **we formed the Masters in Medicine (FM).**

Then I discovered that Masters in FM is hard to fly. So, I was talking to Professor Cheong and said, “The Masters have high attrition rate. What should we do with the people who dropped out?” So Prof Cheong said, “Look, why don’t you start programme B?” And **that was how Programme B was formed in 1995.**

Then I look again, my goodness even then, a lot of them dropped out. Maybe we need a second tier, so rather than have one jump, **why don’t we have two jumps? So the idea of Graduate Diploma in FM was created.** That was in 2000 that we started the programme. In 2002, we had the first batch. I think today we have about 600 people who have the Graduate Diploma. So I think we did the right thing together.

Now there’s one other thing that I created, or rather I was partake to. **That was to set up the Fellowship programme** because we want more people who are better trained. That was the genesis of the Fellowship programme. In 2000, we actually had the graduation of the first batch of Fellows. I think there were 8 of them. Doctors like Paul Goh and Kheng Hock as well. That was what I did in the past in trying to get FM to be on the main road.

But there is one other thing I want to say before I hand the mike back to Kheng Hock, and that is what are we going to do into the future? Thinking into the future, we need to grow the pipeline for FM, that's for sure. But how do you grow it? So we would certainly need to have a programme that gives people a specialty. **I think FM without being a specialty attached is not going to fly.** That I am sure.

But there is one other thing that has been troubling people, the MOH ever since the FM programme was started and that's how do you get the family doctor to charge if they are a specialist? Of course this is the thing that I don't think it will bankrupt the patient, neither will it bankrupt the state if you have a specialty. Rather, **by having FM as a specialty, I can see that the number of referrals to the hospitals and to the specialists probably would go down,** and that will be a saving. Then, **the number of patients admitted for complications should come down. Re-admission should also come down.** My feel is that FM is not going to bankrupt the patients, neither the state. We should take heart on that.

Of course there is also the idea of **how do you pay family doctors.** Basically, I would say that at the moment everything is paid for as acute consultations. Into the future, for chronic diseases, you need more time, maybe two units of time. So, if the FM consultation is \$25 for acute disease, maybe double that? Then, for more complex

conditions, maybe triple that. That will be some **ways of time-based charging**. But these are some thoughts of mine and certainly it has to go through the processes of my colleagues as well. Thank you.

(LKH): Thank you, Past-Presidents. That is really a good trip down memory lane., the good old days. Without ACGME protected time, we are all busy GPs but **on our own time, we wanted to study**.

So we sacrificed family time, we sacrificed sleeping time and we just gather together. Through all these, we made lifelong friends you know? I mean among all the senior family physicians of my generation, we met each other through the exams, through the little room in the second storey above Prof Cheong's clinic. I think this is what bonds people together. Sometimes when you get too clinical and too calculative, a lot of things get lost, you know checklist and things like that.

But I have to make a confession. **My confession is that I did not pass my MMed exams the first try**. I did not breeze through because I was young and I can't control my speech very well. So Prof Goh will remembered that **I said something that was considered inappropriate by the external examiner** who was this very senior and serious, white-haired professor from UK. I think I was criticising the healthcare system even then. So you can see that this is my habit.

(GLG): Some of you would like to hear why Kheng Hock didn't get through. Actually **he did not get through, not because he was not good. He did not get through because he was politically honest.**

He said that we are just GPs and the external examiner got upset with him and said, "How can you pass a chap who said that we are just GPs?" So our poor Lee Kheng Hock has to go down and take the exams the second time, which he passed very well. So, I think I would say that even though he failed the first exam, he's honest about it. He sincerely believed that as a GP at that time in 1993, where are we?

That honesty I really admired. I think that is probably his most important virtue. So keep it up.

(LSY): Kheng Hock, if I may say a few more words? **You have actually converted defeat into victory** and because of that, you are a much better president. That is a plus for you and for our College.

Maybe I can fill in a few things which I have forgotten to add. When Lee Gan spoke, he reminded me of a very important turning point in the College, which we did not mention. That during our term of office,

we met up with very erudite international people and the first thing they said was, **“How come you don’t have a chair in FM in the university, or even division?”**

So we had our discussion and then I said let us meet Professor Edward Tock, who was then the Dean of Medical Faculty and I remembered vividly, I invited him and a few members of the College to a simple dinner and I put it across to Edward. I said, “Edward, you have been a Dean and you have been attending lots of international conferences. Have you not met the professors of family physicians overseas?” He said yes. Now, I think we should start, make a beginning. **We should have at least a division of FM in the University of Singapore** and that was the momentous dinner that we had. You remembered?

We followed up. We met Prof Wong who was the head of the department of social medicine. And if you remembered, social medicine at that time was on a decline and FM Singapore was on the rise, at least in the academic field, not just clinical. **So we started FM in the University of Singapore (within the Department of Social Medicine)** and we nominated Goh Lee Gan to be the first person there. We chose the right person and he continues and FM in the university has flourished.

Now, I come to the next point. Maybe we can invite the president of the University of Singapore NUS and Dean Yong Loo Lin School of Medicine and say, “Look, it’s about time we have a (full) department of FM. How about it?”. If not, let us go to (Lee Kong Chian Medical School in) National Technological University(NTU) and see who is going to be the first to accept that. I think it is going to be a challenge. This will be **my challenge to the universities and see which one will have a full department of FM.**

Because I think the time has come. Now, why is it important? When you have a **proper chair in the universities, the students will realised that FM is important. The Ministry, I know, will back us up because it has practical implications.** This was brought up by Alfred just now and I will further enlighten you on this.

When I was helping the Singhealth organisation in SGH, we try to off load the SOC (Specialists Out-Patients Department). The patients who were discharged there, refused to go back to see their family doctors or go to polyclinics. They want to stick on to SOC because they felt that they get proper care, it was cost effective and they didn’t want to leave. So the SOC got more and more crowded. The Ministry of Health was very concerned about it and if you remember that time, the

Minister, Mr Khaw Boon Wan, was under pressure to down load the number of people who hang on to SOC.

Once you have a university department in the university with FM, the students will be trained. They will be post-graduates, there will be research and then **it will help the down streaming of difficult cases because the patients will know that when they go out, they will be followed up by expert generalist who are well-trained.**

Now, this points out to another point which Kheng Hock mentioned. When I made the speech maybe about 15 years ago, when I was invited to speak on “Dare to Dream” at the Screenivasan Oration. One of the points that I mentioned in my speech, I still remembered, I said that **“The Family Physicians of today will be the full General Physicians of tomorrow”** and I think this will come to fruition. I think to me, this dream will come true.

You will notice that general physicians today have become sub-specialist, they become endocrinologist, geriatricians and there’s no more role for the general physicians. **I think the time has come, with the post-graduate that we have, with the chair that we are going to have, with the training that we have, I think the time has come that Family Physicians will be the General Physicians of today, not of**

tomorrow. The time has arrived. I think we got to make the step.
Thank you.

(LKH) So I think I would like to wrap up by asking one short question and that is how do you think the primary care should be organised in the future?

The proportion of 80% of the GPs in private practise and 20% in the government polyclinics have served us well in the 1970s and 80s. Moving on, I think we need to come up with new way of delivering primary care. So if we train our doctors to be very very competent, how else can we make the system better by reorganising? Are there any thoughts from any of the past-presidents?

(AL): Given the nature of our society where our patients are staying, almost 90% of Singaporeans stay in flats. All of us knows that at the bottom of these flats, there are usually practising GPs. The very proximity between the doctors (GP & family doctors) and patients would be a very big advantage if we were to be able to **assign families to specific doctors in the vicinity.**

What you need is proximity. Proximity because as you look after the aged, you want to be able to have them accessible to you easily. You

also want to have the doctors see the elderly in their homes easily. So the present way that we have our population staying in flats, with the family doctor practising at the bottom, I think makes it so much more convenient for us to have this **'family doctor for the family'** concept which is now being applied in UK and in Australia.

If I may just add something else. Some of you may know that **I have been with the World Organisation of Family Doctors, WONCA as the CEO for 12 years**, I have had the privilege of seeing how they accredit family doctors in various countries. I am proud to say, be it Australia, US, Britain, Netherlands, any of the European countries, **I think the exams that our family doctors go through to acquire and get their MMed family cert, FM qualifications, is the world's toughest**. I can say from experience because I've gone through all these colleges and saw how they accredit their senior doctors. Let's keep the standard of the MMed high. We can be proud that our exams really test our doctors to be truly well qualified family doctors.

(LKH): Thank you, Dr Loh. Any other comments? Prof Cheong?

(CPY): Making FM a specialty and the move to train better doctors would all play a part. However, if you want to improve the whole healthcare system, I think there are other things to be done.

Primary care itself does not have the answer because the issues are very complex. Prof Goh and I have recently written articles in both the Singapore Medical Journal and the SMA-News about **the need for clinical and financial governance to be unified**. Otherwise, for any single patient, there are so many financial pots held by so many different providers. In the sense then, no one body is accountable for both clinical and financial governance. This is referred to as 'the tragedy of the greens' situation.

I can't see how such a system can go on even if your primary care system, your hospital system, your polyclinic system are excellent. Ultimately, it is beyond just family doctors, in fact it is beyond doctors.

(LKH): The accountability part is very important because it is a trade-off. **Patient choice is great but once you have freedom of choice, you can go anywhere, then who is really accountable for the patient?** I think that's the challenge. Yes, Prof Goh?

(GLG): I certainly think that that (unified financial & clinical governance) will be the way to go. That means wherever the patient goes, there must be financial and clinical governance. Otherwise, it's now all over the shop. I think I will leave our colleagues to think about it.

I just got one more idea into the present and the future, and that is what the Americans have been pushing as well; **patients-centred medical homes**. As healthcare becomes more fragmented, somebody needs to host the patients. We talk about transitional care, integrated care, apart from acute care, I think that is the idea that the family doctors' clinics become that home for the patients. That is something for everybody to think through as well. Thank you.

(LKH): Time is catching on. I would just like to put our past-presidents on the spot. There are many young residents and junior doctors here. Is there a one take home message, maybe a one sentence or something to tell them that you would say, "**This is what I want to tell you, now that you are starting your journey in FM.**" Do you think that's doable?

(LSY): I know all doctors must be rewarded according to what they think is right though there are different levels. But whatever it is, to Kheng Hock the one sentence is this: **You must practise medicine, with a heart, with a mind.** This is a take home. It's nothing new. This is the statement when I was the president, I put it right in front of our gate, our door. You must practise medicine, medicine is not a trade. It's an art, as something that you must practise medicine with your head and with your heart. I think that's important.

(LKH): Thank you, Dr Lee. Dr Loh? Any words for our young doctors?

(AL): I just like to reemphasize what I said earlier, and that is that as far as training of family doctors in Singapore is concerned, I think we have got a good system going and I would say don't change it. You can be proud that **we have a very strong, very effective training of family doctors.**

(LKH): Thank you, Dr Loh. Prof Lim?

(LLH): I think there is a lot of talk about how much you charge your patients and whether the fees are right or wrong. If you look back,

when you have a very satisfactory consultation, the patients don't mind paying what you have charged them because they have had a very complete consultation. **You must be honest, there must be caring and you must be holistic.** When you expressed all these views, the patient will respect you and they will give all the word and support for your work. I think that is very important. You must see your patients with care, with empathy and be honest about it.

(LKH): Thank you, Prof Lim. Prof Cheong?

(CPY): Well, I would like to give you an anecdote. A family friend attended a dinner like this met one of my class-mate from medical school. My class-mate told her "I don't know why Cheong Pak Yean wants to do FM. He is one of the top students of our class." So I supposed they think I am foolish as I took up FM.

It was always very difficult for me all these years when I tell the younger doctors "Follow me, follow me." But now, I can say with an open heart "Follow me" because I think **FM has come of age in Singapore and is now recognised as a specialty.** At least their class-mates would not say the same thing over a dinner table like what my class-mates said of me.

(LKH): Thank you, Prof Cheong. And the last word goes to Prof Goh.

(GLG): Thank you. I will say two things. The first is that actually **FM is not easy. You need a tough mind and tough heart** to go through all that. The second is to remember what Hippocrates said in 600BC. He said: **'Life is short. Art is long'**. The family doctor or rather the physician needs to do what is the right thing and to get all others to cooperate, including the patients. I think that is the idea. You must do the right thing. If you don't do the right thing, then nothing will be right. **You need to get the patient and all the externals to cooperate.** Thank you.

(LKH): With those words, I would like to end this session. Can you please join me to thank our past-presidents for their words of wisdom. Thank you all very much. Thank you.