

Dare to Dream II

Dr Lee Suan Yew, President, Singapore Medical Council (SMC) and past College President (1985-1988) delivered the 15th Sreenivasan Oration entitled "Dare to Dream" in 1995.

In it, he outlined 5 'dares' or challenges for the family medicine community:

- to actively participate in the CME programme
- to sit for the M.Med (Family Medicine)
- to understand the impact of Traditional Medicine in Singapore
- to practise a high ethical standard of medicine
- to practise medicine with compassion.

9 years on, College Mirror revisits the oration. We spoke to Dr Lee on how the landscape of family medicine and medical practice has evolved thence.

CM: In 1995, you delivered the 15th Sreenivasan Oration and titled it "Dare to Dream".

You dared doctors to actively participate in voluntary CME

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programme in spite of their busy schedules. Voluntary CME was first launched by SMC in 1989. 15 years on, CME is now compulsory. Has there been a positive push by doctors to keep abreast in the past year?

Dr Lee: I must admit that voluntary Continuing Medical Education (CME) was not successful across the board. The majority of doctors did not achieve the voluntary 25 points per annum.

Now that it is compulsory, many doctors will need to complete a minimum of 50 points within 2 years. In fact, in my conversations with fellow colleagues, many have already achieved more than the 25 points required in 2003 and expressed a sense of pride in that

achievement.

There are 2 groups of doctors: one group is highly motivated and keeps abreast with modern medicine, those in the institution attend ward rounds, write

papers and give lectures; the other groups of doctors feel that they know enough medicine and are practising comfortably without having to attend any CME. From experience in advanced countries, where compulsory CME exists, this group of doctors needs to be motivated. Once they attend lectures, seminars and read journals... they would soon realize that medicine is advancing so rapidly that they find the need to keep abreast.

New knowledge and jargons are surfacing very rapidly. If Singapore is to

maintain its role as a medical hub in this region, we doctors need to update ourselves.

CM: Interestingly, you mentioned and I quote "Internet and teleconferencing will be more commonly used by doctors... The whole scenario on transfer of medical information using "electronic skyways" will make it easier for younger doctors who are computer intelligent.

Those of us who are older may have to learn computer technology or gain information through conventional methods."

Dr Lee: Yes, medical information will increasingly be disseminated via the internet using the "electronic skyways". The College of Family Physicians Singapore did the right thing in launching e-learning and in using webcast to inform doctors about SARS during the outbreak in 2003.

CM: In your Oration, you quoted a US study "Evidence for the effectiveness of CME" by Davis, Thomson, Oxmen and Haynes on enabling and reinforcing factors that would improve physician performance, would you like to elaborate further?

Dr Lee: Ideally, effective CME should be conducted by "opinion doctors and eminent leaders". They lecture with authority and they share their experience



Dr Lee Suan Yew giving words of encouragement to young doctors who had successfully passed the 2000 examinations.

which textbooks cannot provide. CME with modular courses are certainly better than ad-hoc lectures. This is where College is doing an excellent job. It is up to each doctor to individualise his/her CME. Each doctor has a particular interest or has a gap in certain areas in the doctor's medical practice.

CM: Organising courses that are 'enabling and reinforcing' take considerable effort, how could we further encourage such development?

Dr Lee: Organising courses such as the College's Asthma and Homecare Skills conducted last year are steps in the right direction. The role of the College or institutions is to organise such courses, although I understand that such activities can be taxing. It is important to get good, hard working and dedicated leaders, who would in turn embrace the right people to organise and teach.

CM: Moving on...to the dare for more younger doctors to sit for the MMed (Family Medicine) Examination. In 1995 when the first examination was conducted, 19 doctors obtained their MMed(FM). Now, we have a total of 180 doctors with MMed(FM).

Younger doctor readers may not appreciate the obstacles surmounted in establishing this programme. Could you share some of your thoughts on this?

Dr Lee: I challenged the younger doctors to take up the vocational course and to sit

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for the MMed(FM) when it was introduced. It took us some time to convince the relevant authorities that family medicine was the key to effective medicine when the nation was faced with an escalating healthcare cost. Once that was accepted, the facilities and processes were provided.

The next step was to convince bright young doctors that there is an important role for good family physicians. As in advanced countries, the family physician status is equally high amidst a rising trend in specialisation. The authorities also realised that preventive medicine also saved healthcare cost. The best doctors involved are the primary healthcare doctors. However, they need to undergo vocational training and to take post-graduate examinations.

Finally, when the post-graduate school of medicine, under the aegis of the NUS, agreed to conduct the examination, the MMed (FM) finally reached its legitimate status as a formal post-graduate examination equal to the other MMeds. This was an opportunity for our doctors to take up the challenge and sit for the MMed(FM) examination. I am very glad that there are now 180 doctors with the MMed(FM) degrees.

CM: The Graduate Diploma was started in 1999. Would your 'dare' in the oration also include the GDFM route to vocational training?

Dr Lee: We certainly still need more such doctors including those taking the Graduate Diploma course. The more doctors signing-up for the GDFM or MMed courses and examinations, the better it is for Singapore.

We do not know. There may come a day

when MMed(FM) may be a requirement for a principal partner in a group practice. For example in the United Kingdom, a group GP practice must have at least one doctor who is a Fellow of the College of General Practitioners, U.K.



Dr Lee Suan Yew at the Examiners meeting of 1988 FM Post-graduate Examinations.

CM: There has been talk about the enhanced role of Family Physicians beyond that of a "cough and cold" doctor. Our Health Minister Mr Khaw Boon Wan positively said "I am a strong believer in every citizen having a good GP who is your family physician."

Dr Lee: Mr Khaw Boon Wan, Acting Minister for Health, is absolutely right in stating that everyone should have a good GP/Family Physician. He knows what he is talking and he does not mince his words. He has been in the Ministry of Health for many years, including being the CEO of NUH and Chairman of the Board of Directors of SGH.

We need to progress in the various specialties and sub-specialties but good basic primary healthcare doctors are equally important. A trusted and knowledgeable Family Physician knows how to diagnose serious diseases early, when to refer his/her patients to specialists and how to follow up post-hospital discharged patients.

Under those circumstances, such patients are experiencing comprehensive care, and not a fragmented impersonal

care. In fact, I would even say that everyone should have a 'Personal Physician'. Patients would be able to share their medical, family and personal history with a friendly and trusted doctor.

CM: *Thirdly you dared doctors to understand the impact of Traditional Medicine in Singapore. I believe there is now some regulation of TCM. What are your current views?*

Dr Lee: Singaporeans often use the services of Chinese sinsehs/physicians and the bomohs because that is their cultural inclination. All doctors should try to understand the way they practice and the message they convey to their patients. It makes it so much easier to manage such patients when their doctors understand why they consult both Physicians. Fortunately, the Ministry of Health has formed the Chinese Physicians' Medical Council and in the near future all Chinese Physicians will have to pass a formal examination.

In Singapore, it is unlikely that the two types of medical practices will merge. One is scientific evidence-based medicine and the other is generally empirical. The Singapore Medical Council is quite clear in its ethical code regarding doctors associating or even practising TCM.

CM: *Beyond that, could a paradigm be that GPs are generalists but there will surface groups within the generalist population with a special interest in certain areas of family medicine, TCM included? This year saw the start of Family Medicine Grand Ward rounds together with start of SIGs or Special Interest Groups in Elderly Health and Mental Health.*

What is your view of GPs with special niche interests coming together?

Dr Lee: I think GPs/Family Physicians are best when they can use both lenses, that is, the wide angle lens and zoom lens. In other words, they are good in general medicine but can narrow down their interests in a particular field. Certainly, a caution is for doctors not to pose as the experts, for example in plastic/cosmetic

medicine. They should respect the territory where specialists are good at. They should try to c o n f i n e themselves to their field of general medicine. A fine example happened during SARS. The role of the family physician was a b s o l u t e l y important as frontline first contact. The management of SARS, flu and dengue in the general population by family physicians during the epidemic was crucial.

CM: *Perhaps now to end on a practical note, how would you encourage younger doctors to balance work, family life, community activities and yet do vocational training?*

Dr Lee: It is possible to balance work, family life and community activities by budgeting one's time! As a young single doctor, go for the vocational post-graduate training programmes and sit for the examinations. If a doctor gets married and starts a family he/she has to prioritise his/her time. It is only when the children have grown older and are more independent that they can have more time for leisure and community activities.

With compulsory CME and the rising importance of post-graduate diplomas, the role of the College is critical. For those who wish to be Family Physicians, it is certainly worth while for young doctors to take up the challenge of the various post-graduate courses conducted by the College.

CM: *Thank you for bringing the 5 'dares' you first enunciated in the 1995 Sreenivasan Oration up-to-date.*

(The Oration can be found at: <http://www.cfps.org.sg/sreenivasan/index.htm>)



Dr Lee Suan Yew presenting awards as the President of the College at the 1988 MCGP Convocation ceremony.

