

Movie-based Teaching: *Titanic*

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In the September issue of the *College Mirror*, *Engaging the Private Practitioners*, Dr Tan Yew Seng wrote a passionate piece on the pervasively neglected lot known as the private GPs (1). It ended with a reference to the ill-fated Titanic hitting an iceberg (2) and most of us will remember the movie starring Kate Winslet and Leonardo Di Caprio. In a recent series of lectures given by Dr Ryuki Kassai of the Hokkaido Centre for Family Medicine, he introduced a novel and effective way of teaching family medicine called 'movie-based-teaching'. We all know how effective 'story-based-teaching' is from listening to the more experienced teaching colleagues among us. Movie-based-teaching is particularly effective in drawing lessons from observing snippets of a specially selected movie and gleaning lessons from the behaviour, emotions and attitudes involved.

Personal Reflections from the Titanic

To begin with, the Titanic was an epic tragedy. We knew where the movie was going as soon as it started. Eventually most of the crew and passengers, in particular the third class passengers, would meet an icy death in the freezing depths. And on retrospect it was a disaster waiting to happen and could be averted (2). Is the private-GP-ship headed for disaster? Not surprisingly, some family physicians among us do feel as if we are on a sinking ship. It is clear that we shall not have enough time or resources for professional upgrading, research, audits (1), if we continue with bare-bone \$10 consultations. Yet with the reality that polyclinics are offering about half that amount, we find it difficult to compete constructively (3).

The arguments for keeping consultation



charges low for affordable primary healthcare is passé. Our specialist colleagues are charging five to ten times more, in both private and restructured institutions alike and hairdressers are charging between \$10 and \$50 for a basic hair cut and another few hundred for extra treatments. My feeling is that Singapore is underspending in primary care. Are GPs given enough room to survive? How do we practice effectively when our patients keep running to the polyclinics every time we diagnose a condition that require specialist intervention, since government subvention can only be obtained if referred from the polyclinics (4,5)?

The recent merger of SPH and Mediaworks was applauded on all sides as timely since both the print and TV media were bleeding from 'destructive competition'. Perhaps the healthcare community needs to take a leaf from the media experience and take a bold step to optimize our medical resources for an aging population that will increasingly tap on it. (6). Meanwhile, the private GPs are in danger of accepting the position of third class passengers after years of neglect and abuse (1).

Time to act

The R.M.S. Titanic, although doomed from the minute it was struck, took a long time to sink. A whole 2 hours of drama I may add. There was plenty of time and opportunity to avert disaster, but poor communication and selfish irrational behaviour made the tragedy much worse. The California although within range of the Titanic kept its distance and erroneously misread its distress signals (2). If one is perceptive, one can certainly sense distress signals firing off from the family physician community.

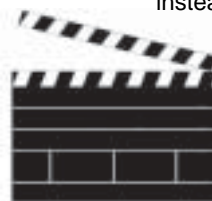
Take the recent spate of incidents relating to the over-prescription of Benzodiazepines. The unfortunate involvement of our GP as well as

specialist colleagues in multilevel marketing that has surfaced recently is certainly not just another coincidental scandal. These are unrecognized distress signals surely. Condescending attitudes may not be helpful. We should instead be looking urgently into this silent cry for help. Are enough resources and priority given for the family medicine community to initiate programmes for professional and academic upgrading, improving quality and research? Is it a wonder why GPs were caught short time and again? Dr Tan Yew Seng has brought up the Winnicottian concept of regarding the mother and child as a single entity (1). The behaviour or misbehaviour of the GP and the policies of the health authorities are in fact 2 sides of a coin. It is time to look at how to help strengthen and reverse the neglect of the family physician community.

There is a need to urgently set up a full scale family medicine department at medical school to do not just research but adequate undergraduate teaching in family medicine as well (1). We require resources to help launch and maintain the graduate teaching programmes, quality practice initiatives and family medicine research. Unnecessary practice barriers need to be removed (4,5). Not least, we require moral support to get things right. There is time and resources to avert disaster only if we behave rationally, but we need to act and act swiftly we must.

Ahoy there!

The Titanic was ill equipped, lacking life jackets and lifeboats. The few available lifeboats were in fact not fully utilised as discussions continued as to who should and should not be saved first and how the people have to do their other important things before boarding at the last minute, only to find that it was too late (2). In this story, the private GPs are the third class passengers. We did not have priority to equip ourselves in the past. But there are



upgrading Graduate Diplomas (Family Medicine), Masters of Medicine (Family Medicine) and even Fellowship classes, our proverbial lifeboats, courtesy of the College. For those of us already struggling in the icy waters, we may be in imminent danger of drowning. Hang on to whatever drift wood and debris you may find, but when the lifeboat comes along please blow your whistle hard and clamber onboard. As the world surges ahead with relentless progress, there is no room to rest on our laurels and wish our woes away. Upgrading ourselves is good for our profession, good for our patients and essential for our survival. The reduced current intakes of the GDFM and MMed(FM) classes can be disquieting. Family medicine is built on sound foundations and our fraternity should hang in there and take pride in the discipline despite the adversity.

Evidence based shipbuilding

When the Titanic was finally rediscovered in its icy grave after a century, the hull was found to be very brittle. Being built in temperate waters, the hull was not designed to sail in the sub freezing temperatures of the Antarctic Ocean (2). Family medicine is a distinct discipline. It is certainly not a discipline to capture all that is left over after filtering through the specialist sieve. Specialist disciplines instead needs to work closely to support primary physicians. In doing so, there must be mutual understanding of each of our unique roles. Family physicians do not practice like our institutionalized specialist colleagues. Family physicians often make presumptive diagnosis, based on the hypothetical-deductive model, not because we are negligent or do not follow specialist guidelines, but because it is the most efficient and cost effective manner to solve the problem under primary care circumstances.

Evidence-based-practices are mixed with a much higher proportion of narrative-based and preventive-based medicine as patient-centredness are much more

important in our practices. That does not mean getting more patients by pandering to the wants of our patients, but more accurately, meeting the needs of our patients like exercising the autonomy of deliberately choosing symptom relieve in favour of cure. Guidelines for GPs should be treated as such and not rulebooks requiring a high level of compliance or worse, ammunition for further GP abuse. If our ship designed for temperate waters is made to sail in the icy waters of our specialist colleagues' rules, we will simply break up quickly and sink. Shipbuilding needs a good frame to begin with. Inculcating the unique principles of family medicine is applicable to all healthcare disciplines and should start from the beginning of our medical education during undergraduate training.

Avoiding the Icebergs

Should health authorities behave like icebergs? Do the authorities owe us a living (1)? They certainly do. Health authorities need to perform daunting tasks of keeping the healthcare system running smoothly. It is certainly in their interest and duty to distribute limited resources equitably, provide training and research opportunities, keep primary care standards high and provide safe effective primary care. Looking after the family physicians' welfare is certainly critical to achieving some of these difficult goals. On the other hand, do GPs owe the health authorities anything (1)? The answer is again in the affirmative. Times have changed. We no longer practice in a vacuum. The provision of healthcare is not just about the doctor-patient relationship. We need to practice with responsibilities to not just our patients but also other stakeholders, like the employers, society at large, the state etc. We need to be responsive to cost pressures, ethical considerations,

national security etc.

Back to the question on icebergs, health authorities should surely behave more like lighthouses that guide ships to useful destinations and less like icebergs. Ideally health authorities would act like control towers, giving ships instructions, resources and authority to pass and yet allowing the ships to sail under their own steam and destiny to arrive at specific planned destinations.

And should we just blow our horns at the iceberg for it to get out of our way. Common sense tells us that that is foolhardy. The iceberg does not have the mechanism to get out of our way; the currents and storms in the vicinity push it along. It is up to the ship captain and its crew with the cooperation of its passengers to steer a path through the treacherous seas and avoid any catastrophic collisions. To reiterate Yew Seng's wisdom, we should not be mere "passive" victims. It is time we distinguish ourselves from the unproductive relationship issues of the past and forge a more meaningful one as responsive "parent" to the future generation of GPs.

The 'movie-based' method of teaching promises to be an exciting teaching method that can be effectively used in the teaching of family medicine.

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