# "Lost and found"

## *– the "team family medicine" spirit and camaraderie beyond our territorial walls*

by Dr Low Sher Guan Luke, FCFP(S), Council Member, Editor, College of Family Physicians Singapore

For many years, I have never been a fan of dogs. I'm not exactly sure why, but there might have been a number of reasons which led to this silly world view of mine. For one, I was chased and nearly bitten by a couple of wild dogs in my younger days. Even as I walk or jog past dogs who are leashed, some of them will stray too close to me for comfort. Lastly, I often get barked by dogs for no good reason. Needless to say, all these resulted in my phobia for dogs.

Then during one of the days in July when I was doing my usual after-work jog, I noticed a dog with a harness on – but not leashed to any visible owner – wandering at a park near where I would usually jog past. It was a large-sized dog, likely to be a German pinscher. After making a cursory judgment that the owner was really irresponsible to off-leash his large dog and leaving it to wander, I jogged off.

A few days later, as I was passing through the same spot in the park at a different timing, I spotted the same wandering dog. At that time, I thought it was quite a coincidence to bump into the same dog at a different timing.

A week later, I saw the same dog but this time, it looked more lethargic and dehydrated. No owner again. Many thoughts raced through my mind. Should I approach the dog and see if any owner comes up to me? What if this dog was aggressive, or worse, was rabid and bit me? These were severely played on by my fear of dogs. However, my gut feeling was telling me that the dog may succumb if it is still not given food and water. I made the reluctant choice to approach the dog and see if its owner might come up to me. Thank God the dog did not bite me or display any signs of aggression. Still, no one came up to me after I circled the dog for 5 minutes. It dawned on me then that the dog was lost and had been wandering around for about a week. That explained why it looked dehydrated and hungry. I tugged on the harness, and after much reluctance, the dog gave up struggling and followed me home.

Over the next few days, we gave the dog a roof over its head; fed, nurtured and showered it, and even brought it out for walks and jogs. At every opportunity, the dog greeted me faithfully and was always ecstatic to see me. It was obvious that both the lost dog and I were extremely happy with each other. We brought it to the vet for a health check and it was then that we found out its microchip number. We could call up AVA to report a lost dog found, have the owner traced to reclaim the dog. Still assuming that the owner had abandoned the dog by deliberately taking him off-leash, I wondered what good would come out from calling up the ex-owner. Keeping the dog as mine would certainly work for me. Besides, our household was happy with our newfound member.

After much deliberation, we did what was right and called up AVA to trace the owner. We soon found out that the dog belonged to a temple nearby. It had ran out and lost its way. The earnest owners were overjoyed that we found their dog and reclaimed him on that very same day. As it was a working day, I never had the chance to bid farewell to the dog when my wife returned him back to his rightful owners.

As much as I hate to admit, a huge part of me was depressed over the lost opportunity to adopt a well-behaved dog. By calling up its rightful owners, I had given up the chance to keep the dog selfishly. It was a good thing I was working when the owners came to claim the dog, or I would have been struggling to fight back tears of sadness onsite. Yet, a small part of me was happy that I abandoned my selfish thoughts which resulted in a happy reunion for the dog and its owners. Any loss? Depends on how you see it. The dog was never mine, and was someone else's. So I never really lost the dog, and I had ensured that someone else found his dog rightfully. Any gain? Of course, I had gained the invaluable experience and joys of this human-canine relationship, no matter how short-lived it was. Through this, I had overcome my ridiculous phobia for canines; understood how a close human-dog relationship can be fulfilling, and began to appreciate the joys of keeping a faithful dog in the family. But importantly, not at the selfish expense of another man. I suppose this is what it means to have the greater good in mind (for the dog and his owner), *and not to be too possessive or territorial, which can result in pain for someone else (owner).*

Recently, I got wind of a discussion on whether Family Medicine should only be in Primary Care, or only in hospital, or all encompassing. The values of Family Medicine remain the same in wherever it serves its function. A Family Medicine physician based in Primary Care seeks to deliver holistic, preventive, broad-based care to his patients. Does not a Family Medicine physician based in a hospital seek likewise? A Family Medicine physician based in a hospital seeks to upgrade himself through trainings and courses. Does not a Family Medicine physician based in Primary Care seek likewise? It is my personal hope that Family Medicine physicians unite together to serve the greater good of patients. We have to! Was that not why we took up Family Medicine in the first place? Was that not why we bravely took up "the calling of medicine" in the first place? It is only when Primary Care and hospital Family Medicine put their differences aside and come together for a united purpose, can Family Medicine be bridged and become strong enough for our patients. We talk about bridging care between Primary Care and hospital. Is it really that possible then – when Family Medicine physicians in both settings are not even "bridged" together as one united discipline?

Speaking of bridging care across settings, the strength of Family Medicine physicians lies in their intricate knowledge of both the community and the hospital. This knowledge of both settings allows us to help patients transit from hospital care to community care, thus shifting the focus of care back to the community where they can be better cared for. It is the winning formula in transitional care. Recently, some started believing that the training of Primary Care Family Medicine physicians should be different from hospital

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Family Medicine physicians, and there was some talk about having two discrete programmes for these two "different" tracks. What they had failed to realise was the common training ground and programmes that enabled Family Medicine to function in unison across both settings. A Primary Care Family Medicine physician who has knowledge of hospital medicine can better appreciate what his patient had gone through during the recent hospitalisation and who has now returned to his care. In such an instance, he would be the best physician to care for his patient.


What I found really heartening was the formation of the SingHealth Family Medicine Academic Clinical Program (ACP). This is a strong show of unity as our Family Medicine leaders in SingHealth put their differences aside and come together to complement each other's areas of strengths and weaknesses, for the greater work to be done in clinical services, education and research in the realm of family medicine. I have seen for myself how long this has taken, and how much resolve is needed to overcome the barriers. It did not come easy and overnight, but I'm glad it came eventually. It is the start of a new chapter, hopefully where Family Medicine physicians in Primary Care and hospitals are bridged and patients enjoy the seamless transfer of care between settings, which to date still remains one of the biggest reasons why patients are unnecessarily stuck in hospital care. The "team Family Medicine" spirit in SingHealth has been found again, and this certainly bodes well for the fraternity and patients alike.

The camaraderie even extends beyond the walls of SingHealth. On the education front, we are seeing more collaboration between SingHealth FM residency program and M.Med (FM) College Programme, coming together to share resources such as recommended reading materials for the residents and trainees as well as the possibility of a combined grand teaching round. Some of the core and physician faculties in SingHealth FM Residency programme also contribute towards the M.Med (FM) College Programme and vice versa. Such exchanges and collaboration between Singhealth and our college can help both sides and bring education and research to a higher level than if each sponsoring institution were to operate in siloes.

What have these few months shown me? Lost and found… not just dogs, but our "team Family Medicine" spirit.

***What was once lost*** – As Family Medicine diversified in services and settings to cater to our increasingly geriatric population and enabling transitional care, we previously witnessed a split in our fraternity, with people and institutions drawing boundary lines, defining to what belonged to Family Medicine and what did not. That was mostly in the past and things are much different now. But even then, not everybody subscribes to the "team Family Medicine" spirit beyond their own walls, and neither can we expect everyone to share the same dream.

***Has now been found*** – Many of us in "team Family Medicine" have re-found what it means to help each other as a team, to share resources and work alongside each other without the limits of territorial walls, be it in the realms of clinical services, education or research. With such a positive team spirit, we shall forge forward in courage and allow the next generation of Family Medicine Physicians in our team to continue this good work and make Family Medicine stronger and more united in purpose and people. Together as one, we can do greater things!

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# My country's family medicine is better than yours?

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A friend of mine sent me a homemade comic strip on healthcare costs and family medicine specialization, titled "My country's family medicine is better than yours". It was obviously just a comic strip, and the dialogue was quite hilarious. 2 healthcare administrators from 2 countries i.e. Country A (CA) and Country B (CB) were arguing on whose family medicine is better than the other. This was what was said between the 2 of them.

CA: You know, healthcare costs are climbing and we have tried everything we can to keep costs down, but these cost saving measures just don't work.

CB: What measures did you take?

CA: We ensure that family medicine in our country is not recognized as a specialty.

CB: Did how will that help to keep healthcare costs down?

CA: We are worried that if family medicine is recognized as a specialty, then these family medicine specialists will start charging exorbitant consultation rates! That will drive up costs!

CB: Hmm, that's only one myopic way of looking at things. In our country, we recognise family medicine as a specialty, and as a result, many of those who choose not to specialize in single-organ specialty, but prefer a broad based discipline such as family medicine will want to specialize in family medicine so as to gain the training and recognition in the process. Through this rigorous process, they are trained to a level where they can manage more complex cases right sited from the hospital specialists to their clinics and there are cost savings through this consolidation process.