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Editor's Words

by Dr Irwin Clement A. Chung Wai Hoong, MCFP(S), Editor

Heraclitus, a Greek philosopher, is quoted as saying "change is the only constant in life." Indeed, in a fast-paced go-getter society like ours in Singapore, it is common day occurrence, and oft disguised by the cloak of improvement, innovation, adaptation and evolution. There is no constancy in this constant, to be sure.

Just across the vast Pacific Ocean, in the "land of the free", where not too long ago the echoes of "change" rang through the presidency of Barack Obama, we hear today from Donald Trump the resonance of "change back" – give us back the America we once knew. I reckon that many of us could have watched Donald Trump's election to the US presidency with a mix of amusement or outright incredulity. Surely, the American public could be trusted to know what it would take for their country to survive in these times, couldn't they? Looking back at its industrial heyday is not going to help its global position as the rest of the developing economies surge forward. Living in past is not going to help it face the future.

Fast forward a couple of months into the new year, we in the healthcare family come face to face with our own change of seismic proportions – public healthcare is being restructured again. Was it not too long ago when we sprouted 6 regional health systems from 2? Now we are being shrunk to 3 by merger more or less according to geographical divisions. And this time round, it has really hit home for some of us – the impact on primary care is more acutely felt with the redistribution of polyclinics, the bulwark of subsidised, open access public healthcare. Each of the resultant healthcare clusters will therefore be endowed with a ready suite of services spanning much of the healthcare spectrum. Taking a more geographically limited approach to service planning is supposed to also support better health and social care integration as well as population health management at large. Could we not do that with 6? Apparently not.

After the news of restructuring was released, I happened to chance upon an old acquaintance of mine, now a GP in private practice. He was quick to ask me "which side of the fence I was on", as if deciding where I pledged my allegiance (or rather, plied my trade) was an epic moral quandary. So I told him I was "happily stuck" in NHG. In turn I asked him if he had any concerns or saw any opportunity with this latest reform, from his position as a neighbourhood GP operating in the territory of the "NUPpies" – nope, it's life as usual regardless of whoever sits on the throne, or what kind of throne it is, for that matter. So perhaps the more enterprising of our kind out in the private sector take better to change, but I am tempted to think that the rationale behind this reform has failed to strike a nervous chord in the likes of him. And why is that so?

Unlike some of us who are inadvertently caught in the emotional, operational, legal, financial and even political dust storm of restructuring, folks on the ground are simply focused on their basis for existence – there are sick people out there and they need a doctor. If I look after them well, they will bring with them their father, mother, brother, sister, uncle, auntie, cousin, spouse, children and grandchildren who need my attention. I will care for them, soothe their ills and keep them healthy to the best of my ability. They will also help me pay my rent. You folks in the ivory tower can play your musical chairs; I will simply practice family medicine the way I know how. Simplistic though it may sound, perhaps it is also a good reminder to us who pride ourselves as stewards of an affordable, accessible and good value healthcare system that at the heart of change, there is truly a constant – a nexus of calm in the crosswinds of restructuring – we are here for our patients, and that sacrosanct relationship is something we can ill afford to change.

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