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Family Doctors Leading the Way to Better Health

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n 19th May, the College celebrated World Family Doctor Day with the fraternity of family doctors throughout the world, and used this opportunity to highlight the many contributions family doctors have made to the health of our country.

In 1963, the World Health Organisation first mooted the idea of training family doctors in every country in the world. In 1973, a WHO working group again defined the general medical practitioner (GP) as being a key player in the healthcare of a population.

Whilst medicine as a whole has, over the years, become more specialised, the family physician has remained true to the discipline of generalist medicine. We take care of those in our charge holistically, and our commitment

to the community is very often absolute. We are in that special place, where we can better understand the biomedical and psychosocial needs of our patients, as our relationship with them often spans decades and across generations.

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training programme in Singapore. The first batch of 7 diplomate members of the College qualified in 1972, and ever since then, the College has been a very strong advocate for postgraduate family medicine training in Singapore. Over the years,

In Singapore, our very own GPs set up the Singapore College of General Practitioners in 1971 (the predecessor today's College of Family Medicine, Singapore), and also started the first GP

IN THIS ISSUE:



THE LIGHT AT THE END OF THE TUNNEL

Pg 9



EVENT PHOTOS: FMRC & WFDD 2018

Pg 12



A GLIMPSE AT WHAT SMC MEMBERS DO

Pg 17

■ CM

(continued from Cover Page: Family Doctors - Leading the Way to Better Health)

our courses have evolved, and we now run courses for the Graduate Diploma of Family Medicine, the Master of Medicine (FM) course, and the Fellowship course. Due recognition must also be given to our colleagues in the public sector polyclinic clusters, who run the excellent FM residency training courses in their institutions.

Our training programmes have been very successful, and to date, we have over a thousand compatriots qualified with the Graduate Diploma in Family Medicine, 557 with the Master of Medicine (Family Medicine), 305 with Collegiate Member of the College of Family Physicians Singapore, and 166 with the Fellow of the College of Family Physicians, Singapore.

It has been proven time and time again that a healthcare system that has primary care as its core, with care delivered by family doctors, achieves the best health outcomes at the lowest cost, and with greatest patient satisfaction.

As family doctors, our lives can be very hard and demanding. We are like the Sherlock Holmes of the consultation room, teasing out the truth about the real cause of illness, and these may often involve social, psychological and environmental ills as well.

For many of us, especially those in primary care, be it in public or private practice, we have patients in every age group, complaining of every imaginable symptom and discomfort, with the expectation that we have the answer for them. In this modern 21st century, many people seek out their own medical information for themselves. They do a quick study, and teach themselves all sorts of things, including how to read and understand research reports!

> They come for consultations very wellinformed, often armed with thick dossiers of the latest literature on their condition. Very often they have seen many doctors already; they question, challenge, and sometimes have already made up their own mind. It can often be very challenging for us, but has every potential of enriching the doctor-patient relationship.

> Our advantage is that we have every opportunity to get to know our patients well over long periods of time. This long-term relationship is key to the doctor patient interaction we have in family medicine. Patients want care that is accessible and at a

level they can afford. They want care that is "holistic", which is a good word, but what does it really mean? Care that treats the whole person - a person with unique experiences, including aspects of his family and social life? People often lament that they have so many appointments to the hospital to see various specialists. Is that what they want? Some of our patients will need specialist treatment in hospitals. We are in the best position to co-ordinate this.

As family physicians, we are very often the guardians of our patients' care needs, overseeing their many treatments, ordered by different doctors, looking out for dangerous drug interactions and contraindications, working out the most appropriate regime for them. This should be something we aim to do for all our patients!

Our health system is undergoing a massive transformation now, with a tremendous effort to bring more focus to the community.

Minister of Health, Mr Gan Kim Yong spoke in his Committee of Supply speech in 2016 of the "3 beyonds":

- I. Beyond healthcare to health
- 2. Beyond hospitals to community
- 3. Beyond quality to value

These are lofty goals, with the ultimate goal of a true integration of our healthcare services across sectors.

Beyond Healthcare to Health

How can primary care and family physicians help achieve

We can indeed, and family doctors will be called more and more to lead the way to make this a reality.

Our world class healthcare institutions, staffed with highly skilled professionals providing first class healthcare, are equipped with cutting edge treatments which are the latest in technology. All these come at a price, and when you think about it, are really treating people who have conditions that are entirely preventable or if detected at a much earlier stage, could have avoided the need for such expensive

Health and the prevention of disease is indeed the way forward. How wonderful it would be if our silver tsunami consisted of healthy fit elderly, able to live independently and continue to contribute meaningfully to society!

The hospital bed crunch would become a thing of the past as the frequent fliers would be much reduced, as with inpatient care. As the old adage goes, prevention is better than cure!

Once these primary care elements are in place, we will be able to witness as reality the transfer of more and more of the care to be based in the community, grounded in teambased services in the community.

I call on all of us in family medicine in Singapore to work more closely to bring this vision to fruition, to be united in one common goal, of making family medicine the foundation on which our health system is built.

In the words of Helen Keller:

"Alone we can do so little. Together we can do so much."

Reflections from

Family Medicine Review Course (FMRC 2018)

Dr Wong Peng Yong Andrew, MCFP(S)

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