

the Community hospitals and the FM departments of restructured Hospital. It is more meaningful and less daunting than what people think. In terms of work life balance, I don't think you are any less well off than working in a primary care clinic.

FV:

We must always be humble, to know our limitations and be ready to acknowledge our shortcomings, and to learn from others' good points. I personally still have so much to learn from our fellow colleagues. We should never stop learning from everyone, be it from medical students, housemen, medical officers, registrars,

fellow consultants, nurses and other allied health practitioners. No man is an island, and no man can possibly know everything there is to know. Always be ready to share what you know and help our colleagues professionally. All of us can contribute in various ways. We may not have the same personality or viewpoints but our common goal to push the boundaries of healthcare and family medicine must be the same in order to further improve our population's health. Continuing education is the key. Finally, be happy with yourself by adopting a balanced work life and seek fulfilment in the work you do. By adopting the above principles, I sincerely believe this is possible.

■ CM

A Day in the Life of a Home Care Medical Doctor

Interview with Dr Chew Sung Boon

Interviewed by Dr Low Sher Guan Luke, FCFP(S), Editor

As a result of an ageing population, low birth rates and longer life expectancies in developed countries, there is an increasing worldwide prevalence of patients with functional decline, dependence and impairment of activities of daily living (ADL). The medical follow-up of these functionally dependent patients pose a challenge, especially in the traditional outpatient settings where transport of these patients to a clinic is required. Delivering care for these dependent patients in their own homes still remains to be one of better ways of providing optimal care for them. But not many doctors have the confidence and competence to deliver care in such a manner. In this article, we attempt to shed some light on home medical by getting an insider interview with Dr Chew Sung Boon.

for me it's less distracting to just concentrate my attention and energy on this area.

Don't be mistaken, the charities receive subvention by MOH for the home visits, and I do get paid by the charities, so my medical practice is still sustainable.

CM:

Before coming to community home care, where were you practicing previously? Can you tell us how you came to be in community home care?



Dr Chew Sung Boon

College Mirror (CM):

Good day Dr Chew! We have heard of your collaboration with Home Nursing Foundation (HNF) to provide home medical and nursing care. Why HNF?

Dr Chew Sung Boon (SB):

Actually, I work with several charity organizations that are involved in providing home care services. HNF is one of these organizations that I have the privilege to work with. With the HNF, I like it that they are well-established (founded in 1976), well-organized, and have their processes well-thought out. They have a sizable group of dedicated nurses who visit patients at home, and the HNF have been focussed on home care for years. It only made sense that they were one of the first few organizations I approached, and I'm grateful for the opportunity to work with the HNF team.

CM:

Do you have any private patients of your own?

SB:

Nope, I don't. My medical practice is focused on doing the home medical visits for the patients under the care of charity organizations. I'm just going home visits full-time, so I don't have any walk-in patients. The need for home medical support for patients under the care of the charity organizations is growing, and

SB:

I had MOPEXed my way through a bunch of clinical postings before finally deciding that I was better suited for primary care. Was then in GP Land for quite a while, but had nagging doubts that it was not quite the best fit for me. An unexpected opportunity then came along for me to work with a great bunch of people doing Phase I clinical trials; that was an interesting experience and I learnt a lot from working in a MNC, but at the end of the day, I still missed the patient-care part of the profession. I didn't want to go back to the "typical" GP clinic work- I'd done that for several years and knew it's wasn't really for me - and yet I remembered that what I had enjoyed most about the practice was attending to the patients with chronic illnesses, spending time discussing care issues and building the doctor-patient relationship and rapport with them. I knew I didn't enjoy sitting in my rather small consultation room for 8 to 12hrs a day. So, what's a GP going to do if he wants to attend more to the chronic ill, have an excuse to be out of the clinic more often than to be in, and have sufficient time to do consultations instead of rushing through dozens of consultations a day? Anchors aweigh, and I set sail for the uncharted waters (for me anyways) of community home care. It wasn't plain sailing, but I had help from friends and colleagues, including the folks from Ang Mo Kio-Thye Hua Kwan Community Hospital and the TTSH HVRSS team. I worked part-time with them, learning from them, and spent the remainder of the time

(continued on the next page)

(continued from Page 23: A Day in the Life of a Home Care Medical Doctor)

trying to build a sustainable medical practice. The initial years were not easy, but I'm still around and afloat, so I must be doing some things right, or at least doing more things right than wrong.

Reading what I just wrote, it sounds like I had a mid-life crisis... possibly, but then without the dough to buy an expensive Italian car with an animal logo, the lack of culinary skills to open a patisserie or ice-cream parlour, and I cannot appreciate a \$5 cup of coffee, I suppose this "internal" career-switch will have to suffice.

CM:

What are some of the happier and more gratifying moments in community home care?

SB:

For me, it's the small things - the smiles on the faces of my patients, their families and caregivers, their expressions of thanks for what I would have thought was expected of me in the course of my duties, their request to have me specifically come back attend to them... doesn't sound like much and it's clichéd, I know, but it's an aspect of the home visits that makes a difference and keeps me going.

CM:

What are some of the challenges that you face?

SB:

I would say it is more inconveniences rather than challenges. A fair amount of time is spent on the roads driving from one home to another, and then walking a bit in the wonderful Singapore weather - blazing sunshine or pouring rain, and depending on the

time of year, inhaling the invigorating hazy air, all the while lugging along my equipment and documents along in a travel case. Finding fairly clean toilets to use is also an interesting distraction from clinical work.

CM:

Is it easy for family doctors and family physicians to make a career switch from a clinic setting to a home care setting?

SB:

I hesitate to say it's easy but neither is it very difficult. I can only share my "fun" experiences. Doing home care is not what I'd been exposed to going through the usual training and postings in the hospitals and clinics. So a fair amount of planning and mental preparation was needed to anticipate the change in working environment. The "clinic" is now the patient's home and it's often that the usual conveniences we take for granted aren't available. No pleasant air-conditioning (prepare to perspire!), no table to neatly place all equipment/ stationery, no additional colleague to call upon for assistance, and I can only work with whatever "tools of the trade" that I've bothered to cram into that bag of mine. In short, if you are adaptable and don't mind forgoing some of the creature comforts of a clinic, the transition should be OK.

Also, those who are used to running a clinic with a good revenue should count the cost of making the switch. In the home care setting, there are only so many patients that can be seen in a day (do factor in significant travelling time, and more time to enter clinical notes). For some, it might not work out to be a financially palatable choice.

■ CM



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