

Two Generations of General Practitioners in Singapore over the last 50 years

Interviewed by Dr Lim Khong Jin Michael, Editorial Board Member

I am glad to have had the opportunity to catch up with my primary school classmate, Dr. David Tay (DT). I interviewed him regarding his medical practice, which is a continuation of his father's family clinic that was started fifty years ago. We hope this article will give readers a glimpse of some changes in general practice over the last 50 years and how some doctors feel and cope with them. Dr. David Tay's father (DTF) has also kindly shared some thoughts with us here.

College Mirror (CM):

When was this clinic started and when did you take over the clinic from your father?

Dr David Tay (DT):

My dad started Tay Clinic in 1967 with the help of my mom, a registered nurse and midwife, who was trained and qualified in Surrey, UK. Both of them worked in the clinic at Changi Road, situated in the old UMNO House. The clinic had air-conditioning only in the consultation and procedure rooms. As the Tay Clinic was very far from their home, my parents would stay over in the clinic in the afternoons, running three shifts with a heavy workload.

He later briefly joined a medical group that looked after the people around Chinatown and the Singapore River, including the workers and coolies laboring on the riverside tongkangs, but eventually returned to a solo practice in 1987, when he started a clinic up on the 40th floor of the iconic I. M. Pei designed OCBC Centre. Upon completion of my medical studies and training in 1999, I joined my father's clinic. My father handed the management of the clinic to me in 2005, and in 2007, I moved the clinic to the ground floor of OCBC Centre East.

Dr David Tay's Father (DTF):

After David joined my practice for a number of years, I was very happy to find that although some of the older patients still liked to see the older doctor, most of the patients, both young and old, liked David a lot. My old patients gave me



Dr. David Tay and his father in The Medical Clinic consultation room.

feedback that David was a very good doctor, both in medical knowledge and bedside manners. I therefore felt at ease letting David take over the practice.

CM:

What were the challenges of running a medical practice now as compared to many years ago during your father's time?

DT:

My dad had more freedom to run his own practice. Modern medical practice present challenges in different ways. Administrative work such as those involved with managed healthcare, insurance and more complex health regulations add to this. As the clinic grew, there was also the challenge of hiring and managing a bigger headcount. I still work with two staffs from my dad's tenure, but the total staff strength has increased. My staffs continue to be like a family to me. I feel blessed as they are reliable, careful and honest, having been with us for a number of years.

CM:

How would you describe your medical practice?

DT:

It is important to practice evidence-based medicine and there's never been a better time to do so. Back in my father's

time, there were fewer clinical practice guidelines to steer general practitioners in good practice and educate our patients on disease progression, prevention and reduction of complications.

Patients are also much more savvy nowadays and they bring reams of research printouts to discuss their concerns and conditions with their doctors. Regardless of who they are, it is my principal to practice 'ICE'. This means paying attention to the patients' ideas, concerns and expectations.

In all my interactions with patients, I aim to be compassionate, and am guided in faith and morals by Micah 6:8,

*"He has shown you, O mortal, what is good.
And what does the LORD require of you?
To act justly and to love mercy and to walk
humbly with your God."*

Despite being in the Central Business District, there are still many opportunities for pro bono work due to the wide disparity of income among my patients. Many part time workers still do not receive sufficient medical insurance cover and can barely spare the time or money for necessary care. Being in private practice does allow me to exercise some degree of flexibility in caring adequately for these individuals despite their limited financial resources, as

well as for those who have given up their lives in the commercial world to serve in the mission field.

I share the same core value as my father in providing medical care to our patients -with humility and gratitude to God for the opportunity to serve and show God's love to His people.

I am also extremely grateful I am able to practice medicine unencumbered to a certain degree as I have my wife to help me with administrative matters in the clinic. This allows me to focus on what I love about general practice, that is, the patients I meet and the friendship, trust and respect that we develop along the way for each other. Their encouragement always spurs me on to be a better doctor and indeed a better person.

DTF:

My patients belong to the older generation. They like to talk a lot about their families and home surroundings. They also tend to have more time to chat compared to the younger patients nowadays who always seem to be in such a hurry and have less time to talk about anything else other than their medical problems.

I still have fond memories of my first practice in the old "Tay Clinic" at Changi Road. It was a medical practice in a village setting. The patients were friendlier, more courteous, humble and respectful. They would greet my staff and I with "good morning" or "good afternoon" and say "thank you" after each clinic visit. They always remembered us during festive seasons such as Christmas, Hari Raya and Chinese New Year, sending us greeting cards and presents, such as cakes and eggs.

At the old "Tay Clinic" I saw patients from the very poor to the very rich and I subsidised those who could afford little. We made house calls to patients in their humble homes where their kitchen larders were empty, and would quietly waive their medical bills. Practicing medicine in a village setting was very fulfilling as we had the privilege to care for families and we in turn grew in the warmth of their trust and friendship.

Starting your own general practice is not easy. Do it only because you believe in looking after people in a caring and holistic manner, and find meaning and fulfillment in that practice.

Listen to all your patients and prescribe in a thoughtful manner. They all have a story to tell and a reason for being who and what they are. The patients whom I have met have helped to shape the way I practice.

Be involved in volunteer work such as with Healthserve or other medical missions in order to maintain our perspective and responsibility of caring also for the less privileged.

Have a mentor. For me, other than my father, I have found a mentor in Dr Goh Wei Leong, who runs Manhattan Clinic at Chin Swee Road. He chairs the Christian Medical & Dental Fellowship and has been actively involved in medical missions through Operation Mobilisation and Linking Hands, which

we started together. Wei Leong has been helping me throughout my career, praying with me and encouraging me to keep to my original values of desiring to care for people humbly before God.

DTF:

In my opinion, there is still a place for solo general practice today. In medical practice the important things to remember are that the doctor must be compassionate, possess sound and current medical knowledge, and keep to the Hippocratic Oath in upholding ethical standards in practice.

■ CM



Dr. David Tay and his wife, his parents and the staff of the Medical Clinic. All images courtesy of Dr David Tay

CM:

What do you see in the landscape of private GP clinic today? Is it possible to survive as a solo GP clinic surrounded by group practices? Any advice?

DT:

I think it is possible to survive as a solo general practice if you are earnest, sincere and practice with integrity. People will still come to you. The general practitioner is earning less money than before, given the pressures from managed health care and our current competitive environment, including leases and manpower costs.