



# THE College Mirror

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Dr S R E Sayampanathan

## CFPS Commencement Ceremony 2019

*Dr S R E Sayampanathan, Master of the Academy of Medicine, Singapore, was invited as the Guest-of-Honour for the CFPS Commencement Ceremony 2019 on 27<sup>th</sup> July 2019. Dr Sayampanathan gave the following address*

**A**dj Asst Professor Tan Tze Lee, President of the College of Family Physicians Singapore;

Council Members of the College;

Fellow Colleagues and Friends;

Ladies and Gentlemen.

Good afternoon. I am honoured to join you today on this joyous occasion of the Commencement Ceremony of the College of Family Physicians Singapore.

First and foremost, let me congratulate the College on all its achievements since 1971. Since its beginning, the College has focused on advancing the art and science of medicine, and conducting post-graduate courses, examination and accreditation. By the end of 1972, the first examination for diplomate membership, M.C.G.P., was held. This was the first post-graduate examination for family medicine to be conducted in Singapore. And over the years, many more courses, examinations and accreditation of Family Medicine were conducted.

Today, it is good to note that this has not stopped, but conversely, it is accelerating exponentially.

The number of doctors who are commencing on courses is a testament to this phenomenon. I congratulate all of you on your commitment and drive to improve your practice of the art and science of medicine.

With aging population, the role of Family Physicians has become even more important. We need many more well-trained doctors to provide better holistic, less fragmented and more integrated care at the community level. If the provision of such care by our Family Physicians is rock solid, the burden and strain on more specialized or acute hospital care would be markedly reduced, allowing specialists to provide more focused care and get our patients back to the community care earlier and faster.

In order for specialists to optimize our finite resources to provide better downstream intervention at acute care hospitals or tertiary outpatient clinics, we have to work very closely with our Family Physicians colleagues to enhance upstream prevention of complications in patients with chronic diseases and multiple comorbidities.

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In view of the important role of Family Physicians in the healthcare setting, the Academy of Medicine, Singapore chartered a new milestone in 2014 by inaugurating the formation of the Chapter of Family Medicine Physicians. Membership to this Chapter is open to registered medical practitioners who are registered in the Family Physicians Register and have completed the rigorous advanced family medicine training programme conducted by the College of Family Physicians Singapore and have exited with the Fellowship of the College (FCFPS).

I am pleased to share that a total of 66 Family Medicine Physicians joined the Academy the year the Chapter was formed. History was made on 25 October 2014 with the induction of the first batch of 24 Family Medicine Physicians at the Academy's second Induction Comitia 2014, with Mrs Tan Ching Yee, the then Permanent Secretary for Health, gracing the event as the Guest-of-Honour.

In her address, Mrs Tan commended on the formation of the Chapter of Family Medicine Physicians as it was timely to assist with the growing needs of the greying population in Singapore. She also mentioned that the Ministry values the holistic care provided by the Family Physicians whose practice is defined by its breadth and patient-centricity.

The Chapter of Family Medicine Physicians has been actively organizing CME programmes and conferences since its formation. Last year, it organized the 3<sup>rd</sup> Family Medicine Review Course, together with the College of Family Physicians Singapore, in conjunction with World Family Doctor Day. Next month, the Chapter will hold the 6<sup>th</sup> International Health and Care Collaboration (IHCC) 2019 with the theme 'Social Inclusion and Empowering the Population – The Value of Community, Primary Care, Equipment and Diets in Nurturing an Age-Friendly Society'.

I also wish to highlight that the Chapter plays an important role in the Advisory Committee of the upcoming 4<sup>th</sup> AMM-AMS-HKAM Tripartite Congress of Medicine cum 53<sup>rd</sup> Singapore-Malaysia Congress of Medicine and Hong Kong Primary Care Conference 2019. A/Prof Lee Kheng Hock, Chairman of the Chapter, is leading the development of the scientific programme

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(continued from Page 3: CFPS Commencement Ceremony 2019)

together with our counterparts from our sister academies from Malaysia and Hong Kong. I hope you will join us at this Tripartite Congress themed 'People-Centred Care: Towards Value-Based Innovations' which will be held on 6 – 8 December 2019 in Hong Kong.

The Academy of Medicine, Singapore has enjoyed a close and strong relationship with the College of Family Physicians Singapore. Together with the Singapore Medical Association, these three professional bodies often come together to discuss issues on professionalism and ethics, as well as upholding professional standards. We also actively engage the Ministry and regulatory bodies on a regular basis.

Before I end, I wish to emphasize that Family Medicine is not only an important field of medicine in Singapore but also an integral part of our healthcare system. As such, we look forward to have more Family Medicine Physicians in our Association, College and Academy families. Each Professional Body has an important role to play in the Singapore healthcare landscape.

Thank you.

■ CM

## CFPS wins WONCA Asia Pacific 2023 bid

by Dr Xu Bang Yu, FCFP(S), Hon. Treasurer, 27<sup>th</sup> Council, College of Family Physicians Singapore

### An introduction – What is WONCA?

To know the significance of winning such a bid, we must first know what WONCA is about. The World Organization of Family Doctors (WONCA), as it is known, is a global non-profit professional organisation that represents Family Physicians from all regions of the world. But then, shouldn't the acronym be WOFD? The acronym WONCA was originally derived from the initials of the **W**orld **O**rganization of **N**ational **C**olleges, **A**cademies and **A**cademic Associations of General Practitioners/Family Physicians. The name WONCA is therefore the short form of that very long name. WONCA's mission is to improve the quality of life of people around the world through high standards of care in Family Medicine.

Presently, WONCA has seven regions: Africa, Asia Pacific (AP), Eastern Mediterranean, Europe, Iberoamericana-CIMF, North America and South Asia. Each region is represented by a Regional President and Regional Council. The Asia Pacific region is one of the largest regions of WONCA, comprising member organisations from Singapore, Australia, New Zealand, Hong Kong, Japan, Korea, Taiwan, Thailand, Malaysia, Myanmar, Mongolia, Philippines, China, Fiji and Vietnam.

### Singapore bids for WONCA Asia Pacific 2023

The College of Family Physicians Singapore (CFPS) sent a team to WONCA Asia Pacific (AP) Conference 2019 in



Support from College Elders, (from left) Dr Alfred Loh (immediate past CEO WONCA); A/Prof Goh Lee Gan (Past Asia Pacific Wonca Regional President 2001-2007), Dr Ryuki Kassai (Scientific Chair, Kyoto Conference), A/Prof Cheong Pak Yean (Past President CFPS, 2001-2007).

Image courtesy of A/Prof Goh Lee Gan

Kyoto to bid for Singapore to host WONCA AP Conference 2023. The team comprised of CFPS President, Adjunct Assistant Professor Tan Tze Lee, Honorary Secretary Dr S Suraj Kumar, Honorary Editor Dr Low Lian Leng and Council Members Dr Wong Tien Hua and myself, with support from College Secretariat's Assistant General Manager Ms Jennifer Lau. CFPS's bid was also supported by the Singapore Tourism Board (STB), and they provided our team with a promotional video of Singapore which we incorporated into our bid presentation.

### A bid supported by College Elders

A/Prof Goh Lee Gan, A/Prof Cheong Pak Yean and Dr Alfred Loh attended the Kyoto 2019 conference with our CFPS delegation. College seniors might remember that A/Prof Goh was a past regional vice-president of WONCA Asia Pacific region and Dr Loh a past CEO of WONCA. Their presence no doubt lent weight to our bid. Besides going up to Kyoto for the bid, these seniors also gave our team valuable insights from their past experience. A/Prof Cheong Pak Yean lent his support by providing free copies of his new book "Being Human: Stories from Family Medicine". This book was very well received by various members of the WONCA Asia Pacific Council and many were left disappointed due to limited stock!

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Dr Wong Tien Hua

**CENSOR-IN-CHIEF**

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**HONORARY TREASURER**

Dr Xu Bang Yu

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Dr Lim Hui Ling

**HONORARY ASST  
TREASURER**

Dr Lim Ang Tee

**HONORARY EDITOR**

Dr Low Lian Leng

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Dr Lim Lee Kiang Julian

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# The Commencement Issue 2019

by Dr Chan Hian Hui Vincent, FCFP(S), Editor (Team C)

How time flies, another year has passed by, and on the 27th July 2019 the College conducted our Commencement Ceremony 2019. The ceremony was to mark the start of another academic year, as we welcome new trainees who embark on further post graduate training with us. College is happy that so many of our Family Medicine colleagues decided that MBBS “no enough” (to quote Jack Neo partially), that we must push the limits and train higher. Perhaps, excellence is the best way to gain recognition for our fraternity, as we continue to fight for Family Medicine to be a specialty in Singapore.

College warmly welcomes all new trainees into our 3 signature courses. We wish each and every trainee success for the courses. May all trainees persevere, complete and succeed in your respective courses. And of course, do return to serve and teach, after you have passed.

## AGM and the new Council Term

In this edition of College Mirror, we also feature President's Column. As we also conducted our 48th Annual General Meeting after the Commencement Ceremony, College President Adjunct Assistant Professor Tan Tze Lee will be recapping the highlights of the last Council while introducing his new Council members. There will also be a section on who's who in the new council (see page 7 and 8).

## Winning WONCA Asia Pacific 2023 for Singapore

One highlight from the last Council term, was our College winning the bid to host the WONCA Asia Pacific Conference 2023 in Singapore. We won this bid at the WONCA Kyoto Conference held in May 2019. Our bid was spearheaded by Dr Low Lian Leng and Dr Xu Bangyu, who put in many hours to prepare for this. Dr Xu will share with readers what WONCA is about and his experience at the bid.

## Reflections on the LLA case and H&L

Here, Dr Wong Tien Hua shares with readers about his reflections on the Lim Lian Arn (LLA) case and its implications on Family Physicians performing the H&L steroid injection procedure. Dr Wong advises us to continue performing the procedure and encourages us to constantly upgrade our skills to “maintain (our) skills sets to prevent erosion and deskilling.”

## WHO's ICD-11 on Burnout

Readers may recall, that the World Health Organization did classify “burn-out” as an “occupational phenomenon” in the International Classification of diseases 11th revision (ICD-11). College Mirror is delighted to share with readers, Dr Lawrence Ng's take on burnout and the physician, and how we should reflect on our own professional lives, align our priorities, seek support and support other colleagues who may be facing burnout. In that way, hopefully we can achieve happiness at our various workplaces.

## Representing CFPS

As College grows in stature, more and more specialist organised conferences are now seeking speakers to represent Family Medicine's points of view. College Mirror is proud to present a sharing from Dr Wong Wei Mon, who represented College at the 9th ASEAN Dengue Day held on 22 June 2019. He spoke to conference goers and even addressed the media alongside “heavy weights” like Prof Leo Yee Sin. In a way, College is glad that more and more specialists and policy makers are starting to realise the importance of Family Medicine and are thus actively seeking our viewpoints.

Other articles in this issue, include Dr Hirantha's sharing on his rather serious hobby as a musician. We have also included 2 excerpts from the well-received book “Being Human – Stories from Family Medicine.”

■ CM

(continued from Page 3: CFPS Commencement Ceremony 2019)

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Image courtesy of A/Prof Goh Lee Gan

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← Catching up with old friends and also making new friends at the networking dinner.

### Strengthening CFPS through networking

CFPS arranged for a networking dinner with the various member organizations of the WONCA Asia Pacific region. The evening is filled with lots of catching up with old friends and also making new friends. The progression of Family Medicine, the challenges and new horizons for each member organisations were discussed over a traditional kaiseki dinner. Many new insights and ideas were gained, as this was one way to bond the leadership of Family Medicine across the Asia Pacific region.



### CFPS Singapore wins the bid

The bidding process was held on the 15th May 2019 during the WONCA Asia Pacific Council Meeting. Dr Low Lian Leng and I had spearheaded the bid, with strong support from College President and Council. Prior to the actual bid, both of us had done much preparatory work, from budgeting, to looking for conference venues to exploring various possible conference themes. And that of course included the all-important power point presentation for that bid day. We were so delighted to have hit the "bull's eye" with unanimous support from all members of the WONCA Asia Pacific Council. With the initial elation from CFPS's victorious bid, we soon realised that we have much work to do in preparation for WONCA Singapore 2023! And yes, College will put up a great show!

■ CM



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# Introducing the 27<sup>th</sup> Council

The 27<sup>th</sup> Council was recently formed following the Annual General Meeting on 27 July 2019. Here's a peek into their lives!

## PRESIDENT



### Adj Asst Prof Tan Tze Lee

Family Physician in private practice in Choa Chu Kang.

A GP at heart, he is a strong supporter of family physicians working in the community.

Loves cooking for family and friends, and having long walks with his husky.

## VICE-PRESIDENT



### Dr Wong Tien Hua

Family Physician practising in Sengkang Interested in patient communication, medical ethics, and issues affecting primary care.

**Personal philosophy** - create more, consume less, make things simpler.

**What's in my bag** - camera, passport, iPad pro with Apple pencil.

## CENSOR-IN-CHIEF



### Dr Paul Goh Soo Chye

Dr Paul Goh is currently Director, Polyclinics Development in SingHealth Polyclinics.

He is an active clinician in SingHealth Polyclinics with a keen interest in Medical Education, as well as in Medical Law, Clinical and Research Ethics.

He has a passion for classical music and enjoys playing the piano.

## HONORARY SECRETARY



### Dr S Suraj Kumar

Family Physician in private practice at Drs Bain & Partners.

Loves teaching Family Medicine.

Fanatic of the music of the 60's & 70's especially the Beatles.

Fan of all sports especially Liverpool FC.

Getting on in years but still young at heart – just made it into the Merdeka Generation.

## HONORARY TREASURER



### Dr Xu Bang Yu

Family Physician in Sengkang Community Hospital

Involved in FM teaching: both CFPS and Residency

Loves Gundam and Japan

## HONORARY ASSISTANT SECRETARY



### Dr Lim Hui Ling

Senior Family Physician at International Medical Clinic.

GDFM tutor and examiner. I would like to represent the interests of private family physicians at a National level.

I run Marriage Enrichment courses for couples through my church and I enjoy cooking, gardening and ballroom dancing.

## HONORARY ASSISTANT TREASURER



### Dr Lim Ang Tee

Consultant Sports Physician & Family Physician at Changi General Hospital.

Passionate about medical education, especially in furthering the training of Family Physicians.

Budding harpist who secretly wants to be a musician even though not very musical.

## HONORARY EDITOR



### Dr Low Lian Leng

Family Physician, leads the Population Health & Integrated Care Office in SGH, and HOD in Outram Community Hospital

Passionate about integration of health and social care

Still a strong supporter of Manchester United FC, even though they are playing really crap these days!

(continued on the next page)

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COUNCIL MEMBERS



**Dr Chua Lee Lea Im Elaine**

Family physician at Bedok Medical Centre.

Believer of holistic and progressive perspectives.

Likes nature and adventures, from scuba diving to amateur mountain climbing.

When indoors, does some yoga, meditation, cooking and loves to read.



**Dr Seah Ee-Jin Darren**

Dr Darren Seah is a Family Physician Senior Consultant at the National Healthcare Group Polyclinics (NHGP).

Dr Seah has clinical interests in endocrinology and metabolic conditions. He serves as Program Director of the NHG Family Medicine Residency Program and has led the program since July 2013.



**Dr Fok Wai Yee Rose**

Family Physician in multi-settings

Advocate for lifelong learning and professional development of the family physician

Loves to write inspiring stories in College Mirror

Keen to help develop Ethics teaching in Family Medicine



**Dr Tan Hsien Yung David**

Head of Pioneer Polyclinic, and PD for the NUHS FM Residency Program. Passionate about Family Medicine Advocacy and physician burnout. He is married to his childhood sweetheart and has 2 daughters who take up most of his time. A believer in continuous education, he believes that the best is yet to be!



**Dr Koong Ying Leng Agnes**

Family Physician

SingHealth Polyclinics

Clinic Director (Designate) Tampines North Polyclinic

Hope to inspire others along the journey of advancing Family Medicine

**Fun facts:** Foodie, loves dance, music and art



**Dr Tan Wei Beng**

FP at NUP polyclinic, enjoys listening to patients with their beautiful enriching stories, constantly finding ways to manage patient cases within the time constraints. Always believes in objectivity and positivity. Encourages listening and trying to believe before understanding. Openness can be vulnerable but authenticity is who you are. Married.



**Dr Lim Lee Kiang Julian**

Julian is semi-retired - computerisation has burnt him out. To recover, he is into birdwatching, bonsai and singing to himself on the piano.

Thursdays are *Weiqi* and *Rummy-o* with parents. The rest - swim, cycle, run or recover.

Ironically, he has been *re-tyred* to computerise the College programmes.



**Dr Wee Wei Chieh Nelson**

Family Physician in private practice at Silver Cross Holland Village.

Actively involved in teaching family medicine and strong advocate of diversity in the family medicine community.

Avid collector of South East Asian antiquities and hopes to hold an exhibition before my 50th birthday.

# 2019 has been a roller coaster of a year for us

by Adj Asst Prof Tan Tze Lee, President, 27<sup>th</sup> Council, College of Family Physicians Singapore

**2019** has gone by in a flash. Much has happened in these short nine months, both in Singapore and abroad. As we mull the challenges before us, we have also had our fair share of trials and tribulations in our medical world.

The College has been listening carefully to the feedback from all sectors of our fraternity, and working hard to address the concerns and needs of our FP community. Top most was regarding the disciplinary process of the Singapore Medical Council (SMC). This was brought to a head when news of the Lim Lian Arn case as well the case of Dr Soo Shuen Chiang surfaced. The two rulings caused much disquiet, for both the profession and the public.

As there was much concern on the ground about hydrocortisone and lignocaine (H&L) injections, we addressed that by conducting a survey of doctors regarding H&L injections. From a practice point of view, we wanted to study how the ruling might have affected the provision of H & L injections. It had indeed; the survey results revealed that fewer of our doctors were now offering H&L injections after the ruling. Furthermore, the median charge had risen from below \$100.00 to the \$100-\$200 range for the procedure. It demonstrated how a disciplinary decision can affect how doctors practice, and this has far reaching implications. You can read about this in more detail in the article by Dr Wong Tien Hua, which can be found on page 10.

As one of the members of the Review Workgroup for SMC disciplinary process and informed consent taking standards, College had organised town halls, and also reached out to our members by email for feedback regarding the issue of informed consent and the SMC disciplinary process. Thanks to all of you who came forward with your concerns and suggestions, which were most helpful and enlightening. These were fed back to the twelve member workgroup who welcomed our contribution. They have collated this and other feedback from over 20 townhall sessions, and are working tirelessly to get the report out. We can look forward to the workgroup's report and recommendations

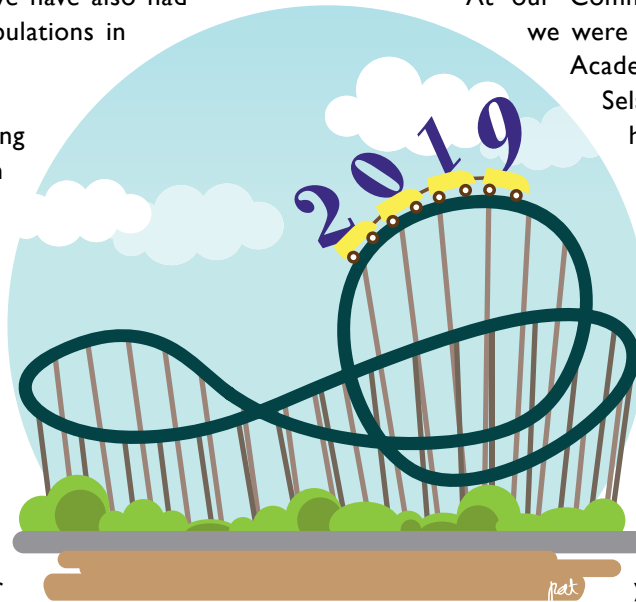
to the Ministry of Health, which should be released in the later part of this year.

At our Commencement Ceremony this year, we were privileged to have Master of the Academy of Medicine Singapore, Dr Selan Sayampanathan, as our guest of honour. In his speech, he reminded us of the important roles we play as family physicians in the community and in the health of our nation. We are encouraged by his support, and are also heartened by the strong interest and enrolment in our courses this academic year. We have 222 enrolling for the GDFM, 36 for the MMed(FM), and 18 for Fellowship for this academic year. As more of our brethren

embark on the road to becoming family physicians, family medicine can only become stronger, increasingly recognised as the foundation of our nation's health. Our strength lies in our unity, as we bring the development of healthcare in Singapore into the next phase.

On 27<sup>th</sup> July, we held the College's 48<sup>th</sup> Annual General Meeting at Singhealth Academia. Over 120 members attended and the atmosphere was festive. We would like to thank our retiring council members, A/Prof Lim Fong Seng, Dr Luke Low, Dr Ng Lee Beng, Dr Vincent Chan and Dr Goh Lay Hoon for their many years of service to the college. We have 5 new members to the council, namely Dr Julian Lim, Dr Nelson Wee, Dr Rose Fok, Dr Elaine Chua and Dr Tan Wei Beng. The renewal process brings a fresh perspective and energy to the council as we embark on our many projects in coming 2 years. One of these projects will be the College's 50<sup>th</sup> anniversary in 2021. We plan to organise a series of events to showcase family medicine and family doctors. Family medicine and family doctors have sustained the health of our nation for generations, and we want the world to know about it. This is an opportunity for the whole family medicine fraternity to showcase our specialty! Let's all take part in this celebration, to show who we are, what we stand for, and what we can achieve for our community.

■ CM



# Lessons from the LLA case - *Why You Should Not Avoid Doing Minor Procedures*

by Dr Wong Tien Hua, FCFP(S), Vice-President, 27<sup>th</sup> Council, College of Family Physicians Singapore, Editorial Board Team C

## Summary

- Family Physicians are trained in performing minor procedures.
- It is cost effective, offers immediate relief, and saves the patient's time from a referral to the surgical specialist.
- FPs are at the frontline of the healthcare system, and have to constantly upgrade and maintain their skills sets to prevent erosion and deskilling.

## The LLA case

In November 2018, a SMC Disciplinary Tribunal (DT) found Dr Lim Lian Arn (LLA), an Orthopaedic Surgeon, guilty of professional misconduct and he was fined \$100,000 under the Medical Registration Act, for failing to advise his patient about the risks and complications of a steroid (H&L) injection to the wrist.

Dr Lim had performed the H&L injection on the patient's wrist on Oct 2014. The patient subsequently developed a "paper-thin skin with discoloration, loss of fat and muscle tissues" in the injected area, and lodged a complaint to SMC.

The DT's grounds of decision was published and made public in Jan 2019. The DT was of the opinion was that Dr Lim should have informed the complainant about the complication, but did not, thereby breaching the relevant section of the 2002 ECEG.

### SMC's Ethical Code 2002

*"It is a doctor's responsibility to ensure that a patient under his care is adequately informed about his medical condition and options for treatment so that he is able to participate in decisions about his treatment. If a procedure needs to be performed, the patient shall be made aware of the benefits, risks and possible complications of the procedure and any alternatives available to him."*

The charge read that Dr Lim's conduct amounted to such serious negligence that it portrayed abuse of the privileges accompanying registration as a medical practitioner.

Dr Lim pleaded guilty, presumably on the advice of his lawyer. SMC pushed for a suspension for 5 months, but Dr Lim's defence counsel proposed that the DT impose a fine of \$100,000 (the maximum allowed) to avoid the suspension. The DT agreed "having regard to the gravity

of the professional misconduct in this case, and the need for a general deterrence sentence, ...the imposition of the maximum amount of fine of \$100,000 would be appropriate".

The release of this decision led to a major outcry from the medical community, which resulted in an online petition that garnered more than 6400 signatures, many of whom thought the penalty was unreasonably high.

Doctors were alarmed that unforeseen complications arising from a common minor procedure, and the failure of covering all aspects of informed consent for such procedures, could result in a censure and a harsh fine of \$100,000. The decision would certainly set an unacceptable benchmark for other future cases.

There was a lot of concern and discussion in particular amongst junior doctors working in hospital wards who perform procedures daily, oftentimes based on implied consent (eg. taking blood samples and giving injections), and for primary care General Practitioners who perform clinic based minor procedures.

## Impact on Primary Care

The impact on primary care was immediate with doctors relooking their willingness to perform H&L injections, and their pricing structure with regards to the risks of performing such procedures.

Popular medical blogger known as The Hobbit wrote on his Blog entry dated 25/1/2019, that with the risk doctors face of a \$100,000 fine in a "post LLA era", the H&L injection can no longer be a "cheap, effective and common office procedure". Some clinics charged a price range of \$50-\$150 for this procedure, which is clearly inadequate. [<https://hobbitsma.blog/2019/01/25/about-that-100000-fine-for-an-injection/>]

The Hobbit calculated that the "risk premium" should in fact be \$1000 per procedure, and therefore doctors should charge \$1000 over and above the \$50-\$100 per H&L injection, to cover the risk of having to pay \$100,000 in the event of a complaint and censure by SMC.

CFPS and Singapore Medical Association (SMA) conducted a joint survey (SMA-CFPS study) of its members on the attitudes and charges for H&L injections in Feb 2019. The results of the study were published on July 2019 in the Singapore Medical Journal (SMJ).<sup>(1)</sup>

Of the 1927 doctors who responded to the survey, the number of doctors who provided H&L injections decreased by 14.6%, after the LLA DT decision was published. Pre-decision, doctors who determined their own price for H&L injections charged a median pricing less than \$100. Post-decision, the median charge rose to the band between \$100 to \$200.

The DT decision had affected practice by the increase in doctors practising defensive medicine (avoiding the procedure), and increasing the overall cost of healthcare provision.

### Court of Three Judges Overturns Disciplinary Tribunal Conviction of Dr Lim Lian Arn

Prompted by the Ministry of Health (“MOH”), SMC applied to the Court for a review of the Tribunal decision. The High Court published its decision on 24 July 2019, and described the case as the unfortunate result of an ill-judged prosecution, an unwise decision to plead guilty and an unfounded conviction. According to the Court, there was a “miscarriage of justice, with dire consequences for [Dr Lim]”.

Setting aside the High Court’s criticism of the SMC complaints process, the entire judgment is worth careful reading and analysis because it made some very important practical points for practising physicians.

### 2 limbs and 3 stages

Firstly, the High Court stated that a breach of the ECEG “does not necessarily or inevitably lead to the conclusion .... of professional misconduct under s 53(1)(d) of the MRA”

Professional misconduct can be made out in at least two situations –

1. where there is an *intentional, deliberate departure* from standards observed or approved by members of the profession of good repute and competency (commonly known as the first limb), and
2. where there has been *such serious negligence* that it *objectively portrays an abuse of the privileges* which accompany registration as a medical practitioner (commonly known as the second limb)

A three-stage inquiry must also be done to determine professional misconduct, which entails: -

1. establishing what the relevant benchmark or standard is;
2. considering whether the medical professional had departed from the applicable standard; and
3. determining whether the departure was sufficiently egregious to amount to professional misconduct under the limb in question.

### Negligence vs Misconduct

We can see that simply breaching the ECEG, for example by not taking consent, does not automatically mean that a doctor is guilty of professional misconduct. There is a place for technical and minor breaches, and even one-off honest mistakes, to be addressed at the complaints committee level instead of being escalated to a formal disciplinary inquiry.

In the LLA case, the DT had pursued the second limb of serious negligence amounting to misconduct. This is a judgment call that involves a sliding scale from mere negligence on one end, to professional misconduct on the other. In other words, there must be some *threshold* of wrongdoing that has to be determined before misconduct can be found and *disciplinary action* warranted. Mere negligence or incompetence on the part of the doctor will not be enough to demonstrate misconduct.

The court gave examples –

- Serious negligence portraying an abuse of the privileges is when the doctor showed *indifference* to the patient’s welfare or to his own professional duties, or where his actions *abused the trust and confidence* given him by the patient.
- Misconduct would not typically cover one-off breaches of a formal or technical nature where no harm was intended, and isolated and honest mistakes, as long as the doctor had not abused his professional duties.

### Application to Family Physicians

The provision of minor procedures such as H&L injections is a basic and fundamental component of the services that primary care physicians offer. If done competently for the appropriately medical condition, such procedures offer immediate relief for patients, saves them a referral to the surgeon and therefore saving time and further duress, and benefits the entire system by reducing healthcare costs.

We are reminded that one of the objectives of the College is -

- *To preserve the right of the family physician to engage in the practice of Family Medicine, including engaging in medical and surgical procedures, for which he is qualified by training and experience.*

The LLA case and the initial DT decision was therefore of particular significance to the primary care community. The SMA-CFPS study found that there were significant numbers of doctors who stopped providing H&L injections post LLA, and some even increased their charges as to effectively price themselves out of the market. The survey recorded 65 doctors who raised their charges to > \$1000 for the procedure post LLA (up from just 8).

(continued on Page 16)

(continued from Page 11: Lessons from the LLA case - Why You Should Not Avoid Doing Minor Procedures)

The High Court ruling to overturn the DT decision should hopefully address the concerns of GPs, and stem the tide moving towards defensive medicine.

Specifically, the three High Court judges stated that:

- A breach of the SMC's ethical code and ethical conduct does not automatically equate to professional misconduct.
- Doctors should not fear isolated errors and honest mistakes.

Family Physicians should therefore be relieved and reassured that such essential services as H&L injections can continue to be offered to patients in the primary care setting.

### Informed Consent

The DT's basis for the charges against Dr Lim was that he failed to obtain informed consent from his patient.

On this issue of informed consent, the High Court referred to its previous stand on adopting the modified-Montgomery test, which stated that a doctor is not under obligation to convey every conceivable risk to a patient. However, informed consent must include reasonable and relevant information that a doctor has knowledge of (contextualized to the patient), and to give justification if important information were to be withheld.

The LLA case did not change the requirement to take informed consent before performing minor procedures. However the DT's charge was that Dr Lim had not even talked to the patient about the risks and had not recorded any consent being given.

The take home message is that there must always be some discussion about the risks and benefits before any procedure, and it would be prudent to record that this discussion took place.

### Resist Deskillling

The SMA-CFPS study was enlightening as it showed the breakdown of respondents who did not provide H&L injections.

Of the 934 GPs in private practice who responded to the survey, 236 (25%) did not give H&L injections (this increased to 377 after the LLA case was published).

There could be various reasons why GPs do not provide H&L injections in their practice, but it would be disheartening if the reasons were because of lack of time, financial disincentives, or inadequate training. The problem with minor procedures is that it can sometimes be a chore to set up the equipment, and the extra time involved to get

it done. The GP may find it far easier to refer the patient rather than doing it himself.

This sets up a negative cycle whereby the doctor becomes less experienced in minor procedures and as a result less and less confident in performing it, preferring to refer such cases to the surgical specialist. This is a kind of *voluntary deskilling* and it has to be recognized and resisted.

Any lack of training has to be addressed, and this is one area that CFPS must continue to provide - training courses to allow doctors to upgrade and refresh their skill sets.

### Establish a Standard of Care

Finally, as a fraternity of primary care Family Physicians, we need to clearly establish a standard of care with regards to minor procedures such as H&L injections.

As noted in the High Court judgment, the legal system employs a three-stage inquiry to determine whether a doctor is guilty of professional misconduct. The first step being: *establishing what the relevant benchmark or standard is.*

It is therefore imperative that we continue to perform common minor procedures, and to set the standard that such procedures are usually done in the primary care setting by Family Physicians who have received the required training and are therefore fully competent to do so.

### References:

- (1) Wong CY, Surajkumar S, Lee YV, Tan TL, A descriptive study of the effect of a disciplinary proceeding decision on medical practitioners' practice behaviour in the context of providing a hydrocortisone and lignocaine injection. Singapore Med J. 30 Jul 2019. <https://doi.org/10.11622/smedj.2019086>. [Epub ahead of print]

■ CM



# Family Medicine COMMENCEMENT CEREMONY & AGM

Academia SGH  
27 July 2019 (Saturday)



# Physician Burnout

by Dr Ng Chee Lian Lawrence, FCFP(S), Editorial Board C Member

## What is Physician Burnout?

“*Dukkha*” is a Pali Buddhist term usually translated as “suffering” but also as a state of dissatisfaction. In some recent doctors’ WhatsApp Chatgroups and doctors’ Facebook pages, many of us have expressed negative feelings or dissatisfaction about our work. This is a form of *dukkha*. We expressed concerns about our practice where we are exposed daily to many risks for burnout (hectic work days, demanding pace, time pressures, and emotional intensity). We point the blame at our practice, patients, government, electronic health records, recent seismic changes in the medicolegal climate, new or additional regulatory requirements, long hours and low pay.

However, we also need to take a step back and reflect on ourselves. We may come to realize that, perhaps, the problem is often inward as much as it is outward (individual vs systemic factors). Although a large part of the issues are external, we need to focus on what is happening to us - on the inside. After all, there is nothing much an individual can do about external factors.

## The Roots of Dissatisfaction

The roots of this dissatisfaction lies in burnout. Hey! The problem is right under our noses. So up-close-personal that we, the sufferers, cannot see it. All these negative sentiments are but the result of long-term stress reactions of burnout.

Over 3 decades of published studies have come to affirm that there are **3 hallmarks of burnout**, as first described by Christina Maslach in the 1970s. These are a) emotional/physical exhaustion, b) cynicism and c) a lack of a sense of personal accomplishment or efficacy.

For the “burnt out” physician, there is no joy in the work day. In fact, it is not really just a work day. It is more like working every morning, afternoon, evening and night, seven days a week, including public holidays and weekends. Indeed, many of us General Practitioners insist and persist in keeping to this work schedule, to our own folly and detriment. Thus, we single-handedly destroy our own work-life balance. Not to mention what it does to our marriages, families, and personal life. Oh wait, we even ignore the incremental toll which night and weekend clinics takes on our health. Just look at our ever expanding abdominal girth, compared to those who do not run night clinics, but instead run regularly at the gym instead!

The once-exciting career is now a tiring job, no longer motivating, filled with drudgery and without any fulfilment or satisfaction. Almost a state of “*ennui*”. The most, no, the only important thing in life is happiness. Yet, happiness eludes even the richest, most qualified and oldest amongst us. It is transient, mercurial and seems to slip through our grasp like the sands of time.

## What are the signs of physician burnout (red flags)?

Firstly, we need to know the warning Signs & Symptoms of Physician Burnout:

- Exhaustion. For many physicians, the most obvious and persistent symptom of burnout is exhaustion.
- Emotional Detachment. Do you ever find yourself making sarcastic comments about your patients, or feeling cynical about your work?
  - Feeling Useless or Meaningless.
  - Work Is Taking Over Your Life.
  - Making Mistakes.

<https://www.physicianspractice.com/blog/five-signs-physician-burnout>

## How big is this problem? Has it assumed the proportion of a public health crisis?

According to a 2018 systematic review, different studies reported different prevalence of overall burnout or burnout sub-components: 67.0% on overall burnout, 72.0% on emotional exhaustion, 68.1% on depersonalization, and 63.2% on low personal accomplishment.

In other words, at least two thirds of the medical workforce are exhausted, feel depersonalized or that their work has no meaning anymore.

Rotensein et al. Prevalence of burnout among physicians. A systematic review. **JAMA September 18, 2018 Volume 320, Number 11** <https://jamanetwork.com/journals/jama/fullarticle/2702871>

This is a worrying trend. Physician burnout has become so pervasive that a new paper published in January 17, 2019 by the Harvard T.H. Chan School of Public Health, the Harvard Global Health Institute, the Massachusetts Medical Society and the Massachusetts Health and Hospital Association (MHA) has deemed the condition “a public health crisis”.

<https://www.hsph.harvard.edu/news/press-releases/leading-health-care-organizations-declare-physician-burnout-as-public-health-crisis/>



## When did WHO accepted it into the ICD 11?

On 28 May 2019, burn-out is included in the 11th Revision of the International Classification of Diseases (ICD-11) by the World Health Organization as an occupational phenomenon. It is not classified as a medical condition.

It is described in the chapter: ‘Factors influencing health status or contact with health services’ – which includes reasons for which people contact health services but that are not classed as illnesses or health conditions.

Burn-out is defined in ICD-11 as follows:

“Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
- reduced professional efficacy.

[https://www.who.int/mental\\_health/evidence/burn-out/en/](https://www.who.int/mental_health/evidence/burn-out/en/)

## Why is it important? To the physician? To the patient? To government?

Burnout not only causes physicians suffering, it also can adversely impact patients. It may increase the risk for medical errors. In recent years, the rising prevalence of burnout among clinicians has led to questions on how it affects access to care, patient safety, and care quality. Burned-out doctors are more likely to leave practice, which reduces patients’ access to and continuity of care. Burnout can also threaten patient safety and care quality when depersonalization leads to poor interactions with patients and when burned-out physicians suffer from impaired attention, memory, and executive function.

[https://www.mayoclinicproceedings.org/article/S0025-6196\(17\)30547-5/pdf](https://www.mayoclinicproceedings.org/article/S0025-6196(17)30547-5/pdf)

## How do we prevent PBO? What are the protective factors/ how do I protect myself from PBO?

The prevention depends on the causes or factors at play. If it is systemic, policy-makers and administrators need to be convinced of the need to help make systems and institutions more protective of physicians from burnout.

For the individuals, there are interventions which have been shown to work in preventing or minimizing the effects of burnout such as:

- Mindfulness exercises outside clinic hours and mindful breathing-relaxation exercises (MBRE) during clinic hours is an evidence-based proven intervention.
- Work-life-family life balance
- Hobbies outside of work.
- Reading non-medical books either on an electronic device (Kindle e-book is preferable) or a paper book is always a relaxing as well as edifying, mind-expanding

activity. No need for extreme sports such as bungee jumping or expensive skiing holidays to take one outside of oneself. A good book, an hour to be alone and a cup of hot tea will do.

- Social interaction with friends and family outside of work
- A meaningful activity which is non-medical related such as volunteering or church activities.
- As well as many other tools and suggestions, which is beyond the scope of this essay.

## In the Singapore context, what resources are available to the Burnt-out physician? Any resources available in or through the various government or professional bodies?

Support groups are very helpful and it can come from:

- Peer-group support such as WhatsApp chat groups related to practice issues or face-to-face Balint group meetings
- “Outsider” counselling from a non-colleague or friend.
- Religious groups, such as Church or pastor support.

This author is not aware of any formalised support from professional and governmental bodies, probably due to the stigma which burnout carries for doctors. It is unlikely we will want to step forward, seek help from and be identified as a weak sufferer to those with whom we interact professionally.

## Conclusion

We can start by making physician wellness a top priority at health care organizations, especially if we are our own bosses (self-employed). We can do more by knowing the signs of burnout and doing something to help ourselves. Government, policy-makers, hospital and medical group managers, and employers of physicians have a role in creating organisational situations which prevent burnout among physicians. They should be held responsible and accountable for protecting the people who protect the patients. In the end, all we all seek what our patients seek: Happiness, peace and contentment. Is that too much to ask for? For happy doctor can only lead to better patient care. Let society restore purpose, meaning and joy to our profession.

For readers who have any questions/ comments/ suggestions/ feedback, please contact the author at [lawrenceclng@yahoo.com.sg](mailto:lawrenceclng@yahoo.com.sg)

## REFERENCES

<https://www.ahrq.gov/professionals/clinicians-providers/ahrq-works/burnout/index.html>

# The *Singing* Doctors

by Dr Hirantha Ariyadasa, MMed(Family Medicine) College Programme B student

*The College had invited Dr Hirantha and his band to perform at the World Family Doctors' Day dinner held on 25th May 2019 at the ParkRoyal on Pickering hotel. The audience and this editorial board were so impressed by the performance that we asked Dr Hirantha to write this piece.*

My name is Hirantha Ariyadasa. I am a medical doctor by profession and work as a Resident Physician at Bright Vision Community Hospital, Singapore. I'm also a trainee in the Masters Programme in Family Medicine at the College of Family Physicians Singapore.

## Music – Creative De-stressing

It's quite a stressful and demanding profession to be in and music has always given me an avenue to destress as well as to channel my creativity. It's not always that you get to simultaneously pursue two entirely different paths that you are passionate about and bring a smile to someone's face. I'm fortunate to be able to do that with my medical profession and music career.

## My Band

Suran Kuruppu and Gananath Dassanayaka are my other two band members, who are also medical doctors by profession. Dr. Suran is a Resident Physician at Changi General Hospital's Anesthesiology Department. Dr. Gananath is a family physician by training. He is based in Sri Lanka at the moment as Head of Quality Assurance at Asiri Group of Hospitals.

Suran and I have been friends since we were in secondary school. We used to spend a lot of time singing and playing music after school those days and soon realized that our voices and guitar blended very well. We met Gananath during our first year of medical school and he made a great addition to us.

What started out as a simple pastime, quickly became a passion for the three of us. We started discussing taking this a step further and started playing as a band in 5-star venues back in Sri Lanka. This was an unexpected twist to see three medical students pursuing music, and we were received very well by our audience at the time.

All three of us have been introduced to music at a very young age with formal training and it has been an important part of our lives growing up. I think this is one of the



*Dr Hirantha Ariyadasa playing the cajon.*

main reasons why we have chosen to pursue it even after becoming medical professionals. Suran and I have always been very fond of American folk and country music. We both value the tunes originated during the 1960s -1980s. Simon and Garfunkel, James Taylor, Cat Stevens, and The Beatles are some of our musical heroes. Gananath, on the other hand, is a fan of old school Jazz music. Frank Sinatra is his biggest inspiration.

## Our Early Music Career

I started my musical career as a violinist and vocalist when I was 11 years old. Later on, I developed an affinity towards percussion instruments and I learnt the acoustic drums and the Cajon on my own. Suran has been trained in western classical guitar and both of us have also

been in the same choir at one point. Gananath started out as a vocalist and a Jazz saxophonist, and he has specialized in old school Jazz music.

## Performing Music

We have played at numerous 5-star venues for quite a number of years now - from hotels, pubs, cocktail parties and weddings to corporate events and even 5-star hotels overseas. I think this is where we got our first exposure to professional performance, to really understand the audience and how to entertain them with our musical skills. With all the amazing reviews and responses we got, this gave us the confidence to take live performance to the next level.

Since then, we have participated in many concerts and we have even had our own concert in Sri Lanka in 2011, which was a tremendous success.

Over the years, we have also been able to individually gain performance experience at different levels. With Gananath's special interest in old school Jazz music, he has had 5 sellout concerts with another Jazz band, while Suran has backed up for many live TV shows. All these experiences have helped us to elevate our performance today as a band.

*(continued on the next page)*

(continued from Page 17: The Singing Doctors)



All images courtesy of Dr Hirantha Ariyadasa

We like to feature people with different musical talents that may complement what we do as musicians. This helps us to provide something different and vibrant to our audience each time. We do charge a nominal performance fee. But all our gig proceeds are donated to charities.

We love experimenting with music from other cultures and different genres. Music is an infinitely creative process and this helps us to creatively explore different dimensions influenced by the vibrancy of different cultures. I believe this will help us to continuously evolve as musicians and to continue to deliver something new and fresh for our audience.

■ CM



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# Sharing on the 9th ASEAN Dengue Day Seminar

by Dr Wong Wei Mon, FCFP(S)

## Representing CFPS, a great honour

I was given the honour to represent the College to speak in the 9th ASEAN Dengue Day Seminar 2019, organized by the National Centre for Infectious Disease (NCID), on 22 June 2019. The seminar cum media sharing session took place at the newly retrofitted building on the home ground of NCID. NCID's mission and vision is to keep Singapore safe by protecting her people from infectious diseases. The centre's facilities and capabilities were put to the test as Singapore encountered her first imported case of monkey pox. Now, a fortnight later, NCID battles a dengue epidemic.

The College, the Environmental Health Institute - National Environment Agency (EHI-NEA) and the Saw Swee Hock School of Public Health have been working together to organise this annual event for several years

now. The professionally organized seminar was attended by some 400 participants; a quarter was primary care physicians, the remainder comprised of 200 nurses, 30 pharmacists and other allied health workers.

## Singapore, a Dengue hot spot

The tiny red dot is an endemic hot spot for dengue. With an effective vector control program, Singaporeans had enjoyed several years of low prevalence and Disability Adjusted Life Years (DALY) of dengue as compared to our neighbouring countries. Nonetheless, there is no resting on laurels as our ancient foe, the *Aedes* mosquitos, has adapted itself to survive in our environment of concrete jungle. Over 5200 dengue cases were reported from January to May 2019; a 60% surge as compared to the whole of 2018. EHI's surveillance network of gravitraps reported an increase in mosquito population, contributed partly by global warming. Ironically, we are victims of our own success. A successful vector control program resulted in low herd immunity. An aging population shifted the disease burden to the elderly as sero-prevalence increases with age. To complicate matters, the elderly with dengue present with atypical symptoms and are at risk of severe dengue and complications. This risk is further increased with secondary dengue, comorbidities such as diabetes, and polypharmacy.

## The Role of Family Physicians

Family Physicians, being first touch points for patients, need to maintain a high level of suspicion to enable timely and accurate diagnosis. Dengue is a dynamic disease requiring supportive care. There is a need for close surveillance, with care escalation in the presence of warning signs or where bio-psycho-social factors necessitate. Family Medicine Physicians also play a vital role in continuity of care in terms of longitudinal monitoring both in the out-patient and post discharge period. The value of a "one patient, one family doctor" system is clearly evident and cannot be

overemphasised. Conversely, "doctor-shopping" behaviours can prove detrimental, especially to the frail elderly.

To keep grandma and grandpa with dengue out of the hospital (ambulatory care), prevention

is better than cure. Family Medicine Physicians play a significant role in patient education; in advocating vector control and in giving practical advice to prevent being bitten by mosquitos.

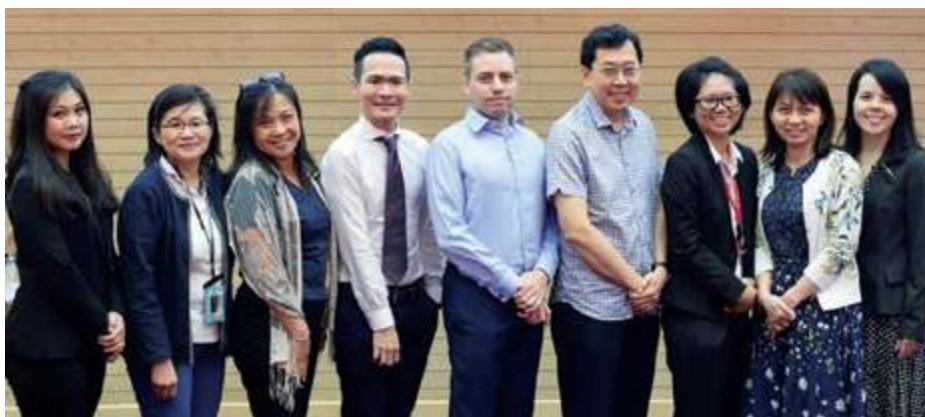
## Other initiatives in vector control

Research in vector elimination such as the Wolbachia project is an on-going effort. The move toward therapeutic platelet transfusion in dengue is evidence-based; the fruit of research. Research in other areas, such as dengue and diabetes, are crucial in shaping future practices. Seminars like this serve as excellent platforms for mind sharing, networking and collaboration.

## Threat of the Aedes Mosquito

Besides dengue, the *Aedes* mosquito is also vector to other acute viral haemorrhagic illness, including yellow fever. The wanderlust bug makes the world smaller. Singapore and our healthcare system face threats from emerging infectious diseases, in addition to threats posed by the silver tsunami and chronic diseases such as diabetes. Besides war against diabetes, there are many wars to fight. Family Medicine Physicians have to remain vigilant and relevant by up-skilling.

(continued on the next page)



Dr Wong Wei Mon (4<sup>th</sup> from left), with the other experts at the 9<sup>th</sup> ASEAN Dengue Day.

Images courtesy of Dr Wong Wei Mon

(continued from Page 19: Sharing on the 9th ASEAN Dengue Day Seminar)

### A Central Role for Family Medicine

Family Medicine is a specialty of breadth. Family Medicine Physicians, being experts in trans-disciplinary and inter-disciplinary domains, have unique contributions to share with their specialist colleagues. We already have Family Medicine Physicians who are trained in providing high-quality specialised care in ambulatory chronic disease management, and geriatrics and rehabilitation in community hospitals. There may be a need for us to be trained in the speciality of emerging infectious diseases. Primary care research is another area where efforts can be ramped up. We can value-add by contributing to evidence-based, cost effective and quality care. Besides acquiring core competencies in clinical care, Family Medicine Physicians would benefit from acquiring skills in pedagogy and media communication. Some of us are already in the process of being trained as expert witness.

Family Medicine Physicians wear several hats and play diverse roles. There is no lack of opportunities for aspiring Family Medicine Physicians with a keen interest in bringing care from hospital to the community. A career in Family Medicine can be very fulfilling and rewarding. Art is long, life is short.

■ CM

## FAMILY PRACTICE SKILLS COURSE

### Mental Health Update

The College of Family Physicians Singapore would like to thank the Expert Panel for their contribution to the Family Practice Skills Course #81 on “Mental Health Update”, held on 29 & 30 June 2019.

#### Expert Panel:

Dr Kwek Thiam Soo  
Dr Cyrus Ho  
Dr Ong Kian Chung  
Dr Alvin Lum  
A/Prof John Wong  
Dr Wong Tien Hua

#### Chairperson:

Dr Aysha Reema Muhusin

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THE DOCTOR AND THE PATIENT  
CHAPTER 1.4

## COMMUNICATION

*The single biggest problem in communication is the illusion that it has taken place.*

— George Bernard Shaw

**Commentary**

Time was when the doctor said and the patient did. The framework was unapologetically authoritarian. Doctors, teachers, and parents all knew best. Those were the days of a legion swift consultations, and the good doctor depended on touch and telepathy to reach his patient.

Communication frameworks have changed. Mindsets have altered radically. Patients expect – and sometimes we doctors tell ourselves patients expect even more – detailed discussion before management. We tell patients the options available. We tell them the expected consequences of their potential choices. Also, we tell them all material foreseeable problems!

What we talk about has changed. *If you don't watch your sugar I will have to start insulin*, we said. *Here's what we can do,*

we say instead, now. *What are your goals of care? What values matter to you? Do you want antibiotics? Do you want tubes? How are you doing in school? What does your partner think?*

The languages have changed. It's no longer just the four main languages and the usual Chinese dialects. Patients come from all manner of other places. Some come with all manner of expectation of politically appropriate language too. And of course, doctors' language capabilities have changed. The old doctor who spoke any number of Chinese dialects and Tamil to boot has given way to the modern graduate, schooled in proper English.

What has not changed, I think, is us doctors thinking we communicate effectively.

- Dr. Ong Chooi Peng



*This drawing was produced by third year medical students at Yong Loo Lin School of Medicine, National University of Singapore between 2012 to 2017.*

**Blah, Blah, Blah**

A doctor had just attended a lecture on dietary strategies in patients with elevated cholesterol. He enthusiastically put his new knowledge to use with the next patient he saw, who had raised LDL-cholesterol, and delivered a discourse on how to make better food choices at the hawker centres. When he finished, the patient looked at him and said But doctor, I do not eat hawker fare.

- A/Prof Cheong Pak Yean

**Aaah, Aaah, Aaah**

She announced her presence in the clinic by a succession of loud, agonised groans. A series of strokes had left Madam W severely dysarthric and dependent. Over time, we learnt that she groaned the most when she was unwell with fever and urinary infections. Doctors like to say that patients are our teachers. I learnt to be humble from Madam W.

- Dr. Ong Chooi Peng

THE DOCTOR AND THE PATIENT  
CHAPTER 1.9

## BEYOND COMPREHENSIVE CARE

### Commentary

At times, doctors deal with paranormal phenomena. Patients may report seeing ghosts in their homes and even hear ghosts talking to them. Relatives may be “demon-possessed”, hexed by black magic. If there are manifestations of psychiatric illnesses, referrals to psychiatrists should be promptly made. Sometimes though, these may be spiritual or cultural problems of living, and not psychiatric in nature. One example is a wife insisting that her straying husband is possessed by black magic cast by the other woman.

The medical students who drew the picture were so impressed by *My all-powerful GP* attending to one such patient that they bestowed upon him a super-hero costume, a glowing halo, and a magical mace. Skills to handle such situations are not specifically taught in medical school. It requires understanding of the culture, religion, superstition, and beliefs of the patient, a strong therapeutic alliance,

*We often talk about the biopsychosocial model of care. Perhaps we should add a spiritual component to the equation as well!*

and an ability to think and act out of the box and from experience.

Respect for the patient’s world-view is of utmost importance, while also focusing on the therapeutic objective. The distraught mother in the first vignette is given hope so that she remains grounded to continue caring for the child. Many parents blame themselves for bringing a malformed child into the world and doctors can help alleviate this guilt. In the second vignette, the medical priority is that the patient takes the allopurinol.

Beyond the biomedical and psychological, patients at times do consult their family physicians on problems of living which may be spiritual and even paranormal in nature. The compleat family physician attends.

- Dr. Julian Lim



*This drawing was produced by third year medical students at Yong Loo Lin School of Medicine, National University of Singapore between 2012 to 2017, by CG2*

(continued on the next page)

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### To Comfort Always

A mother was overwhelmed when told that her child, born with inoperable complex heart deformities, would not survive infancy. Yet the family doctor did not refuse to provide the infant with routine vaccinations and developmental assessment. The day came when the infant was brought in dead to the clinic. The doctor performed a brief resuscitation, lest the mother blame herself for not bringing the child in earlier. An umbrella was then used to shelter the deceased child to the ambulance as the superstitious believe that the soul would otherwise wander to the open sky. This doctor attended to more than the child alone.

- Dr. Julian Lim

### Witch Doctor

A man afflicted with recurrent gouty arthritis was unshakeable in his belief that it was caused by *datuk*, the malevolent earth spirits he had stepped on, and refused medication. He only agreed to take allopurinol when the doctor convinced him that the pill when taken daily was the magic talisman that would prevent those spirits from intruding. The man did not have any more gouty attack!

- A/Prof Cheong Pak Yean

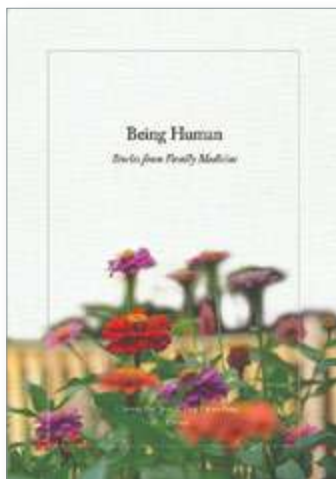
## Further Reading

### Chapter

1.9 Julian Lim. "Death in the Clinic." *SMA News* Mar 3303; 9-10

Cheong PY. "Chasing Dragons & Exorcising Demons." *SMA News* Nov 2015; 20-21

**Being Human: Stories from Family Medicine** combines the observations of medical practice by young medical students with the reflections of seasoned practitioners. The result is a work that spans the breadth of Family Medicine and gives the reader an honest glimpse into the heart of the family doctor.



## About the Editors and Contributors

The following doctors have dipped deeply into their troves and shared liberally. As the focus of this book is on the human experience, details of post-graduate qualifications and institutional affiliations have been omitted. The year of graduation is included to provide a context to the reflections shared. The numbers refer to the chapters contributed by the individual doctors. Unless otherwise stated, they are all family physicians.

### Editors

**Cheong Pak Yean (MBBS 1974)** is a family and internal medicine physician who is also a psychotherapist in private practice. He teaches undergraduates and has an interest in medical humanism and communication, and is a past president of the College and the Singapore Medical Association. (1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 2.6, 2.15, 3.6, 4.1, 5.8, 5.11, 5.14)

**Ong Chooi Peng (MBBS 1988)** practices in a polyclinic and also in a community hospital. She counts it her blessing to have been part of Family Medicine in Singapore through a time of formation and growth. (1.4, 2.6, 4.1, 5.2, 5.6)

### Contributors

**Julian Lim (MBBS 1988)** is in private practice. He actively teaches in the College graduate diploma and fellowship programmes and is the long-suffering and longest-serving past director of the College Master of Medicine programme. (1.9)

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