



COLLEGE OF FAMILY PHYSICIANS  
SINGAPORE

# THE College Mirror

VOL. 48 NO. 1 MAR 2022

## INTERVIEW WITH DR YEAP ENG HOOI - Perspectives in the Face of a Critical Illness

Interviewed by  
Dr Lim Khong Jin Michael, Family Physician,  
Editor (Team B)



Dr Yeap with the loves of his life relaxing in Perth during one of their regular "foodie" trips.

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#### College Mirror (CM):

Hi Dr Yeap, thank you for agreeing to this interview. Can you begin by sharing with us your journey as a doctor?

#### Dr Yeap Eng Hooi (YEH):

Well, I belong to the class of '76 (University of Singapore) and have been a General Practitioner (Family Physician in 2012) almost my entire medical career. Initially I joined a small group practice but am now working towards retirement as a part-time locum.

As a family doctor the daily work can be mundane yet fulfilling, because every patient brings with them their own unique set of issues. Dealing with patients can be challenging at times, but it is also rewarding as I witness improvements in my patient's psychological and physical well-being. I guess this is what keeps me going.

Another highlight of my medical career is the opportunity to be involved in mobile medical and dental clinics in nearby developing countries for the last twenty years. Together

with a small team of doctors, dentists and volunteers, we worked with local healthcare professionals and NGOs to provide aid to underprivileged people who have limited or no access to basic medical and dental care. However, in recent years as these countries develop, the demand for foreign healthcare professionals has declined as local health authorities become better equipped to handle the country's primary health needs.

#### CM:

When we met up last year you mentioned that you had a major operation. Would you be comfortable sharing with our readers what you went through?

#### YEH:

It started when I noticed a change in my bowel habits (frequent loose stools) for a few months in 2020, which made me decide to go for a long overdue colonoscopy. The colonoscopy revealed I had stage 3 sigmoid colon cancer, which was treated with surgery followed by adjuvant chemotherapy.

(continued on Page 4)

(continued Cover Page: Interview with Dr Yeap Eng Hooi - Perspective in the Face of a Critical Illness)

Some of the side effects from the chemotherapy were daunting. I had nausea, fatigue and neuropathy (an irritating tingling sensation and numbness in my hands and feet). Thankfully, side effects aside, I was still able to function normally, exercise regularly and eat well, sustained by the prayers of my family, friends and church community.

**CM:**

Can you share with us three of the greatest changes in your perspective of life after going through this challenging period?

**YEH:**

Firstly, I am incredibly thankful to God that I am now in good health, having faced a sudden life-threatening illness just over a year ago. The lesson learnt is that while one has the ability to enjoy the pleasures of life at the moment, one should also have the preparedness and courage to face suffering and possibility of death when it comes, because it is something we all will have to face sooner or later.

Secondly, I have adjusted some of my priorities and am trying to become more caring, patient and prayerful, as well as be more aware of the needs around me.

Lastly, I have become an advocate for colonoscopy as the “gold standard” for colorectal cancer screening for those aged 50 and above. But for people with increased risk, like those who have a family history of colon cancer, they should consider screening earlier. I would regularly advise patient and friends who are 50 and above to go for a colonoscopy if they have not done so.

In Singapore, colon cancer is the most common cancer in males and the second most common cancer in females. Yet despite these statistics, there are a number of people who are reluctant to undergo the procedure and tend to put it off. Some may find the procedure embarrassing in terms of personal exposure. Others dread drinking the bowel prep that tastes like dirty sea water that will keep them going to the toilet. I offer some reassurance that the newer bowel prep is not as unpleasant as it is made out to be and sedation is available during the procedure. I will continue to stress that colonoscopy is necessary as colon cancer is preventable and curable if detected early.

**CM:**

Has your approach to patients and friends who are sick changed after being a patient yourself?

**YEH:**

Having gone through a major surgery and hospitalization for the first time in my life, I believe I am in a better position to show empathy to those in need of medical attention.

My own experience as a patient has enabled me to better understand other people’s emotions and see things from their point of view especially when they are going through a health crisis.

For instance, when a good friend was recently hospitalized for nearly four months after surgery due to an accident, I made a conscious effort to encourage him and monitor his emotional well-being.

**CM:**

Do you have any advice for others going through a challenging health issue?

**YEH:**

The brevity of life is an undeniable fact. Life is uncertain – the fact is that any one of us may die today or tomorrow. Being a senior, I have friends who have suddenly fallen ill or died due to a variety of health issues.

When we face challenging health issues, we need the support and care of people we love, especially our family and good friends. They are the ones who are more willing to share the burden with us in times of crisis, making the journey much easier to bear. I feel that having good relationships with our loved ones are the only things that really matter at the end of the day.

Meanwhile, let us treasure life, be it long or short, endeavoring to live it to the fullest – making our days count, instead of counting our days.

■ CM

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# Editor's Words

by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

In this issue, we explore some of the things that we value and spend our time on other than doctoring.

We begin by reading how Dr Yeap Eng Hooi, a GP, comes face to face with stage 3 sigmoid colon carcinoma. He is thankful to God who sustains him. Through this critical illness Dr Yeap grapples with what is important to him and the fleetingness of life. He realizes that as much as we value life, we need to be prepared that it may be taken away from any of us at any point of time. He advises that we should not count our days but instead make our days count.

Dr Pang Ningyi shares with us how he embarked to help set up St. Andrew's Migrant Worker Medical Centre in 2021, to help meet the basic healthcare needs of migrant workers. Migrant workers are collectively a vulnerable group in Singapore as they have significantly less resources, generally a less healthy diet and less access to primary healthcare as compared to the general population. However, with Ministry of Manpower's latest intervention to set up a primary healthcare infrastructure for the migrant workers they will have more access to affordable primary healthcare through Medical Centres run by passionate doctors such as Dr Pang Ningyi and Dr Ong Hui Yi.

Dr Lois Hong is serving in Timor Leste. A flood in Timor Leste in 2021 brought the reality of the impact of climate change to their doorsteps. Dr Lois shared with us how the flood swept away homes and possessions in a matter of hours and days. She goes on to share with us how we can modify our lifestyle to reduce damage to our environment and help to combat climate change.

Dr Koong Heng Nung and Dr Lynn Ong share with us how they are encouraging and equipping youths in Singapore and abroad to be the driving force to stop smoking and vaping in their generation through a social movement called Tobacco-Free Generation TFG.

Dr Charity Low is in Australia with her family as her children embark on higher education there. With a Fellowship (FCFPS) from Singapore she has successfully joined a vibrant team at an Australian Clinic to help take care of a community in Mundaring area. She shares with us her observations and her ups and downs adjusting to life as a doctor in Australia.

As the sun slips into the horizon Dr Lye Tong Fong shared with us his ideas of why and how General Practitioners should prepare for their retirement, what he terms the tequila sunset. He reminds us not to forget the importance of relationships in our pursuit of career.

Living is a privilege and also an enigma. To some it is a pleasure while to others it is suffering. Some have more in life while others have not enough. As much as we enjoy it we cannot determine whether it stays or goes. Are not our lives like grass and our glory like the flowers of the field? It stands in majesty today and tomorrow it withers. As doctors, we are generally better resourced than the average person. May we set aside time in our schedule to enjoy the breeze with our love ones, as well as to be a wind beneath the wings of some we do not know. Let's live our lives not all for ourselves but also a little for another who looks longingly to the heavens.



# A Day in the Life of Doctors working at St. Andrew's Migrant Worker Medical Centre

Interviewed by Dr Ng Liling, Family Physician, Editorial Team Member (Team B)

## College Mirror (CM):

Hi Dr Pang and Dr Ong, would you like to introduce yourselves to our readers?

## Dr Pang Ningyi (PN):

I am a doctor with interest in Family and Community Medicine. I love learning about other cultures and enjoy cross-cultural interactions.

## Dr Ong Hui Yi (OHY):

I graduated in 2015 and worked mainly at the polyclinic. I completed my Family Medicine training in 2021. At work, I enjoy interacting with patients and optimizing their medical care. At home, I enjoy baking, cooking, cross-stitching and solving puzzles.



Dr Pang Ningyi, Head, and Dr Ong Hui Yi, Senior Resident Physician, Migrant Workers' Health Services, St. Andrew's Community Hospital

## CM:

I understand that both of you are based at the St. Andrew's Migrant Worker Medical Centre (SAMWMC) at Penjurong. Can you describe the services that you provide at the Centre?

## PN:

We provide primary healthcare, dental care, physiotherapy, occupational therapy, counselling, X-ray and vaccination services.

## CM:

What inspired you to work at SAMWMC?

## PN:

I had lived in India and Nepal before the pandemic and understand the difficulties one may face in navigating a foreign healthcare system. The migrant workers in Singapore have a lot of healthcare needs that are greater than the average Singapore community partly because they do not understand our system. Lower social status, financial constraints, culture differences and language barriers hamper their access to basic healthcare.

There was a need for doctors to help develop SAMWMC and I gladly joined this meaningful venture.

## OHY:

Just as my bond with Ministry of Health Holdings ended and my Family Medicine training was drawing to a close, I received news of this job opportunity where there was a chance to set up a new clinic that would enable me to

contribute meaningfully to a less privileged community in Singapore. It was the perfect opportunity at a perfect timing and so I was inspired to join the team.

## CM:

How was it like starting SAMWMC?

## PN:

As the migrant worker medical centre concept is relatively new in Singapore, we face challenges in understanding what works best for the migrant workers. Various finance and operational models had to be constantly explored, debated and revised.

Adding on the uncertainties of the COVID-19 pandemic and the evolving workflows, we find ourselves in uncharted territories. We have to build not just a pandemic-ready medical centre but also a team with vision to serve and love the workers. It is exciting to see the project and staff pool developing and I feel privileged to be part of this important period in the history of migrant worker healthcare.

## OHY:

Establishing an entirely new centre with a comprehensive range of services was a daunting task. There were many requirements we had to fulfil and licensing tests that we had to pass. There were also several stakeholders involved and we had to communicate with each one of them effectively. Despite the challenges we face, we will continue to strive

(continued on the next page)

(continued Page 5: A Day in the Life of Doctors working at St. Andrew's Migrant Worker Medical Centre)

on for the migrant workers who are at the heart of all we do.

**CM:**

What advice would you give to doctors who are keen to do similar work as yourself?

**PN:**

Migrant worker work is meaningful and fulfilling. We do not expect monetary gains as we serve workers and employers with financial constraints. If we are motivated by our concern for migrant workers, then it is easier to serve for a long time in this sector. One must also be ready to face challenging situations because there are too many external factors affecting our patients' choices of treatment.

**OHY:**

One must be prepared that the healthcare system for migrant workers is less well-established and hence not as systematic and organized as our public healthcare sector. We constantly have to navigate through uncharted territories which is daunting but yet fulfilling. While there may not be much financial gain as compared to that of the private healthcare sector, the spiritual and emotional gains, as well as unique job challenges and experiences, are abundant.

**CM:**

How do you foresee the landscape of primary care provided to migrant workers evolve in the future?

**PN:**

This landscape is rapidly evolving because of the government's current focus on the new health system for migrant workers. I foresee it developing into a more comprehensive system where workers can readily access quality and affordable healthcare. It will be a fulfilment of the dreams of many who have strived hard to serve the migrant workers.

**OHY:**

I hope that we can strive towards providing the workers with the same standard of medical care that the rest of the general population enjoy at an affordable rate.

**CM:**

Thank you very much for your sharing and nuggets of wisdom for those who wish to join you in your work.

■ CM

## The Singapore General Hospital COVID Virtual Ward

by Dr Tan Woei Jen, Michelle, Family Physician

The Singapore General Hospital (SGH) COVID Virtual Ward is an initiative by the Department of Family Medicine and Continuing Care (FMCC) and the Population Health Office and Integrated Care Office (PHICO), to support the safe recovery of higher risk COVID-19 patients in their own homes. The programme serves to expand the capacity of COVID-19 isolation wards in SGH, whether through early discharge of existing inpatients, or through direct admission of community cases into the Virtual Ward. In order for patients to recover at home, our medical staff remotely monitors these patients for signs of deterioration, and manages minor medical issues that would otherwise compel these patients to return to the hospital. Our focus is on patients who are not eligible for the current Home Recovery Programme (HRP) or Community Isolation Facilities (CIF).

The FMCC, in partnership with the PHICO, have long been the drivers for transitional care services in SGH. In fact, the COVID Virtual Ward is an extension of SGH@Home, our existing "hospital at home" service. The pivot to COVID-19 patients was made at the request of the Ministry of Health

(MOH) in mid-September 2021, in the face of an exponential increase in the number of SARS-CoV-2 infections in the community due to the Delta variant. The COVID Virtual Ward was opened on 6th October 2021 and the first patients were admitted into the programme shortly after. The primary team for the Virtual Ward has the capacity to care for up to 100 patients simultaneously, and currently includes a Consultant Physician, Four Resident Physicians and Medical Officers, as well as a Nurse Clinician and five Staff Nurses.

The inclusion criteria is deliberately broad (see table 1), and encompasses patients 18 years or older with mild-to-moderate COVID-19 symptoms and otherwise stable co-morbid medical issues. Conversely, the exclusion criteria is quite narrow, barring patients with active medical issues that requires inpatient care or those with logistical issues that cannot be managed in the community (eg hemodialysis). SGH inpatients may be referred to FMCC for an assessment on their suitability, based on the patient's medical condition, social support and home environment. Patients must also be keen and ready to return home, and informed consent

(continued Page 5: A Day in the Life of Doctors working at St. Andrew's Migrant Worker Medical Centre)

on for the migrant workers who are at the heart of all we do.

**CM:** What advice would you give to doctors who are keen to do similar work as yourself?

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to participate in this programme is required. Selected patients in the community are highlighted to our service on a daily basis by the COVID-19 Case Management Task Group Operations (CMTG) office, and our Virtual Ward staff conducts screening of these patients to determine suitability.

A home monitoring package is provided to all patients enrolled in the Virtual Ward; the package includes a digital thermometer, a pulse oximeter, and written information about the Virtual Ward. A digital blood pressure machine and glucometer are also issued to selected patients that required these parameters to be monitored. At home, an "admission assessment" is conducted by a doctor and a nurse from the Virtual Ward via video consultation, and the patient and caregivers are instructed on the remote monitoring requirements as well as the escalation protocols in event the patient becomes unwell. Our medical staff performs a daily telephone and/or video consultation, to monitor patients' general condition and changes to their symptoms. Patients also check and submit their vital signs three times a day to us. This is done via the Telegram Messenger app to our "DrCovid+", a clinical dashboard that automates the collection, organisation and display of patients' vital signs during their time in the Virtual Ward.

Currently, there is a time-based discharge criteria from the Virtual Ward – patients are discharged from the Virtual Ward without the need for a PCR test on Day 7 of their infection if they have been fully vaccinated, or on Day 14 if they have not been fully vaccinated.

Exceptions are immunocompromised patients, who are discharged upon reaching Day 21 of infection. However,

**TABLE 1.** Inclusion and Exclusion Criteria for the SGH COVID Virtual Ward

Inclusion Criteria	Exclusion Criteria
Age 18 and older	End-stage renal failure on hemodialysis
No severe symptoms of COVID-19 infection (eg shortness of breath, chest pain)	Active cancer requiring close inpatient treatment or monitoring
Assessed by the patient's primary physician to be medically fit for transfer to the COVID-19 Virtual Ward	Cognitive Impairment (moderate to severe)
Functional status: capable of carrying out Activities of Daily Living (ADLs) independently, or otherwise has a dedicated caregiver if assistance is required for ADLs	Medical issues requiring daily inpatient treatment (e.g. intravenous antibiotics)
Access to a home internet connection and a smart device or phone, to facilitate telemonitoring and teleconsultations	Persistent fever (T≥38.0) ≥ 3days
Home and social environment suitable for home recovery	Residents of intermediate or long-term care facilities (e.g. nursing homes)

under the direction of the primary infectious disease physician, some severely immunocompromised patients do undergo a SARS-CoV-2 PCR nasopharyngeal swab test administered at home by SpeedDoc staff. The test is performed on Day 21 to determine if the patient can be de-isolated or require a longer period of isolation.

To date, our COVID Virtual Ward has demonstrated that a well-selected group of inpatients with COVID-19 can safely recover at home with remote medical support and monitoring. A review of our first 50 cases found the total number of days of inpatient hospitalisation avoided was 381 days, with an average of 7.6 days saved per patient. Of these

50 patients, only 2 required a return to hospital for non-COVID related symptoms. Since then, the Virtual Ward has admitted and managed more than 200 patients, and the percentage requiring re-hospitalisation has remained at a low with no mortality while at home.

At the time of this writing, the Omicron variant of COVID-19 infections once again threatens to stretch the capacity of our healthcare system. The SGH COVID Virtual Ward will continue to be an important component of COVID-19 care in Singapore, as we seek to free up inpatient hospital resources for the severely ill, while allowing mild-to-moderately affected patients to recover in a familiar environment without compromise in their care.

■ CM

## Thinking about cyclones, floods and protecting our climate

by Dr Hong Yinghui Lois, Family Physician, Editorial Team Member (Team B)

The rain fell all night, sometimes in a steady patter, sometimes in sheets that struck the zinc with muted roars. We woke to a gloomy Easter morning; it was still pouring. The grass around our house had disappeared in a pond. The electricity was not working. Just another rainy season day in Dili, the capital of Timor-Leste.



Dr Lois Hong and her colleague Dr Joaquina joining a government-led mobile clinic to provide care to communities affected by flash flooding in Timor-Leste. Image courtesy of Maluk Timor, Dili

I wish I could say this rarely happens. But Cyclone Seroja was just the latest of a series of tropical cyclones that have occurred with increasing frequency in recent years. Timor-Leste experienced merely its fringe; the cyclone itself flattened tens of thousands of homes in neighbouring countries.

The Indonesian Meteorology, Climatology and Geophysics Agency attributed the increased frequency of cyclones to climate change. One reason Cyclone Seroja (and its ensuing flash floods and landslides) was so devastating is that the affected communities rarely experienced cyclones before the last couple of decades; they were not adapted to withstand them.

Grimly rinsing mud from the precious bottles of anti-retroviral medication in my NGO's HIV clinic, I thought, "Climate change just got real".

Climate-related disasters (from extreme weather changes) are not a "poor country problem"—there's footage aplenty showing similar scenes of devastation from developed Western Australia. It's not a stretch to imagine similar scenes unfolding in our small, low-lying island state. You don't need to see the water level reach your sofa to believe it either; floods in Malaysia have already sent food prices higher this year.

Until we opened our social media apps. Elsewhere, many families had not slept through the night. Women woke to find rainwater trickling through the ceiling, pooling in their children's mattresses. Men raced to move cars and generators uphill before they were overtaken in a rising muddy tide. My heavily pregnant Timorese colleague, standing beside the swollen Comoro River, watched numbly as part of the house she had bought with her first savings — the very house and the ground it stood on — washed away in the floodwaters.

From 29 March to 4 April 2021, flash floods and landslides ravaged Timor-Leste as Tropical Cyclone Seroja swept pass. Almost 9,000 people lost their homes. More than 25,000 households were affected in some way: a valuable motorcycle ruined; broken pipes and fallen electricity poles cut off water and power for weeks; families had to defecate in the open while trying to repair plumbing. It was the worst flooding Timor-Leste had experienced since the 1970s.

### What can a GP do?

My suggestions:

#### 1 Cheer up.

Most sustainable lifestyle choices also just happen to confer cardiovascular benefit. For example:

- Less-processed foods (such as whole grains) are less resource-intensive than processed foods.

- Plant-based foods are less resource-intensive than animal-based foods (because you need more water and energy to produce a kilo of beef than a kilo of mushrooms).

- Order just enough food (Singapore generates more than 700 million kilograms of food waste a year).

- Walk or run or cycle to work (if your timetable and workplace facilities allow it).

#### 2 Give sustainable, practical health advice.

As we implement these lifestyle changes for ourselves, we can realistically support our patients in doing likewise.

### 3 Get with the Plan (the Singapore Green Plan 2030).

The Green Plan identifies 5 key areas for sustainable development in Singapore, with trackable and realistic targets. Check out [greenplan.gov.sg](http://greenplan.gov.sg) which is full of specific, context-appropriate guidelines for individuals and businesses. A quick Google search reveals plenty of ways to get involved: e.g. NParks, the OneMillionTrees movement and [plasticlite.sg](http://plasticlite.sg). If you run your own clinic, can you use natural lighting and ventilation?

### 4 Follow the conversation, not just the politics.

The conversation on climate change and sustainability is nuanced and complex. One Health (the interface between human, animal

and environmental health) is a good place to begin as it examines issues ranging from emerging zoonoses to antimicrobial resistance. The Lancet maintains a whole journal on planetary health, which "broadens health research to include the external systems that sustain or threaten human health". *The Lancet Planetary Health* poses fascinating questions such as "Which weather conditions are linked to increases in cardiac admissions?" and "How might urban planning affect rates of dementia?"

If you've had enough of reading scientific articles (no matter how interesting), Sir David Attenborough's *Our Planet* series and Netflix movie *Breaking Boundaries: The Science of Our Planet* explore these issues with breath-taking, sometimes heart-

breaking cinematography and narration.

### 5 Think global and count the cost.

I don't mean to incite climate anxiety about global warming — we already have enough to be anxious about. But perhaps we need to count, not just the monetary value of our transactions, but their environmental impact as well. I have friends who use soap nuts and are vegan for the sake of the environment. Perhaps the rest of us can begin by taking some small steps towards protecting and sustaining our environment, including our climate. I've never been able to watch rain fall in quite the same way since experiencing the floods last year in Timor Leste.

CM

## GRADUATE DIPLOMA IN MENTAL HEALTH

Mental Health Course for General Practitioners and Family Physicians



Doctors in primary care are often the first source of help for persons with mental health issues. With heightened mental health awareness due to the COVID-19 pandemic, more people are likely to seek help.

More than 180 doctors have completed the **Graduate Diploma in Mental Health** since its launch in 2010. Feedback from past participants include how the course has enhanced their expertise to assess, identify and treat common mental health conditions and enabled them to provide more holistic care for their patients.

The next run of the course opens for registration from **28 March 2022 to 4 July 2022.**

This one-year programme is jointly offered by the Institute of Mental Health and the Division of Graduate Medical Studies, National University of Singapore.



For more details, visit [www.imh.com.sg/GDMH](http://www.imh.com.sg/GDMH) or email: [gdmh@imh.com.sg](mailto:gdmh@imh.com.sg)

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# An interview with the past editor and the current editor of Singapore Family Physician

Interviewed by Dr Fok Wai Yee Rose, FCFP(S), Editor (Team A)



The Singapore Family Physician Editorial Team, Past and Present. Clockwise From Top Left: A/Prof Low Lian Leng (Immediate Past Honorary Editor), Immediate Past Associate Editors Dr Luke Low and Dr Xu Bangyu, Dr Grace Chiang (Current Honorary Editor), Current Associate Editors Dr Chong Tsung Wei and Dr Linus Chua

the public one issue late. With the Council's support, we have made all our articles fully available to the public as soon as they are copyedited and typesetted.

Improving SFP's reputation. SFP participated regularly in the Asia Pacific Association of Medical Editors (APAME) and Western Pacific Regional Office (WPRO) meetings and conferences to learn the best practices and editorial standards from our counterparts. The SFP continues to be indexed in the Western Pacific Regional Index Medicus, and was also indexed in the Global Index Medicus (GIM) since 2019.

## CM:

What were your thoughts when you were invited to be the new Editor of SFP?

## Dr Grace Chiang (GC):

I was extremely honoured and humbled to be invited to take up this role but nervous at the same time as I had "big shoes to fill". A/Prof Low is a mentor whom I admire and he has accomplished so much during his tenure. Being an editor also comes with heavy responsibility. Editors of medical journals have a responsibility towards authors who provide the journal's content, peer reviewers, readers and medical community, the journal's publishers, and the public. In addition, the SFP has a rich history, it was first published in 1975, and is the official journal of the College of Family Physicians Singapore (CFPS). Taking these factors into consideration, I deliberated for a period of time with regards to whether I would be up to the task. I am thankful for A/Prof Low's guidance, reassurance and trust as it has been a very rewarding six months since I began this journey. Being an editor of SFP has enabled me to combine both my joy of writing with medicine. I hope to be able to follow in A/Prof's footsteps in carrying forward the legacy of the SFP in focusing on clinical problems, peer communication and fostering critical reading among family physicians in Singapore and even regionally or internationally.

## CM:

What makes you passionate about being the Editor of SFP?

## LLL:

The College of Family Physicians Singapore (CFPS) was formed in 1971 by a group of family physicians in Singapore who wanted an institution to enshrine and promote the values and ideals of family medicine. Some of CFPS's mission include to advance the art and science of medicine, and to

Under the previous leadership of Clinical A/Prof Low Lian Leng and the current leadership of Dr Grace Chiang, Singapore Family Physician (SFP) continues to be the main wagon which supports the continuous medical education and clinical updates for primary care physicians in the local community.

## College Mirror (CM):

Can you share with us some of the key developments of the SFP during your three terms as Editor?

## Clinical A/Prof Low Lian Leng (LLL):

I became Honorary Editor of the Singapore Family Physician (SFP) since August 2015. It has been a wonderful 3 terms over 6 years, leading and journeying with the SFP editorial team and developing the SFP into a credible family medicine journal.

Some of the key developments include:

1. **Online publication.** One of the key challenges when I first took over as Editor was the late submission and subsequent delayed hardcopy publication of articles. This resulted in our College members receiving their journals late after the Family Physician Skill Courses (FPSCs). We addressed this by copyediting, typesetting and publishing the articles online on our College website as soon as they are ready.
2. **Regular publication.** Working closely with the Institute of Family Medicine (IFM), we were able to organise regular FPSCs, webinars, and identify regular authors and contributors to the SFP, publishing 5-6 issues each year.
3. **Enhancing SFP's Open Access.** Our articles used to be only fully available to college members, and available to

discuss medical and scientific problems. The SFP is an academic symbol of the College of Family Physicians Singapore (CFPS) and our representation to the scientific community and family physicians globally. Therefore, I am passionate to improve the editorial standards of SFP, and to grow the editorial board, the authorship and readership of SFP. In 2015, I just completed my FCFP and was completing my Master of Clinical Investigation. I became active in research and publication and was glad to contribute as Honorary Editor of SFP.

#### GC:

As an editor of SFP, I have been given the rare opportunity to exercise my creative spark in envisioning the direction of the journal to align with the future of family medicine; and employ my love of language. As I have to discern not only what SFP readers might want but more importantly what they need, I am constantly learning and growing as a family physician by watching the medical, social and economic events that are shaping family medicine. With challenges of an aging population and infectious diseases, the role of family physicians has become increasingly important. There is a need for well-trained family physicians who are able to provide holistic and integrated care. I hope to continue to improve medical care by publishing sound scientific articles and focusing on topics that are important to SFP readers.

#### CM:

**What do you see as the most fulfilling aspect of being an editor?**

#### LLL:

There are so many fulfilling aspects, so I am spoilt for choice. I learnt a lot in editorial standards from other APAME editors and our editorial consultants A/Prof Goh Lee Gan and Prof Wilfred Peh. These have contributed to my own academic growth as well. I am also indebted to Prof Goh and my Associate Editors Dr Xu Bangyu and Dr Luke Low Sher Guan for their tireless assistance. In turn, I imparted skills such as copyediting and referencing to our editorial assistants to develop a core team for the SFP. I am proud and pleased to have Dr Grace Chiang who is capable and passionate succeed me as editor. I am confident Grace will bring the SFP to much greater heights, and you just have to read our upcoming 50th Anniversary commemorative issue to agree with me.

#### GC:

Medical journals are a special part of the world of medicine and have an ability to inform discussions about the future of medicine. Being an editor is fulfilling in so many aspects, but the most fulfilling would be in helping researchers improve their work. As an editor, I have been given the opportunity to provide constructive feedback to researchers when making decisions about which manuscripts to accept, which to reject and which to revise. Original research papers



*Editorial Team for the SFP  
College of Family Physicians  
Singapore 50<sup>th</sup> Anniversary  
Special Commemorative  
Issue. Clockwise from top left:  
Dr Grace Chiang (Honorary  
Editor), Chester Kwan  
(Professional Development  
and Programme Executive),  
Terence Lee (Editorial  
Executive) and A/Prof  
Goh Lee Gan (CFPS Past  
President [2007-2011])*

are fundamental to medical journals; however, research projects are incomplete till the work has been reviewed by a researcher's peers, published in a journal, and critiqued by the medical community. Such research papers then become the underpinning for further research and the basis of medical practices.

#### CM:

**What do you envision for SFP's future?**

#### LLL:

We should aspire to professionalise the SFP to serve an international readership. This will require greater investment and an enlarged editorial team to maintain the highest editorial standards, culminating in potential indexing in PubMed. To achieve this, we also need more journal submissions from our family physicians. I hope the strength of the SFP can grow in tandem with the academic rigour of our family physicians.

We can engage the 3 medical schools and 3 public healthcare clusters family physicians to increase awareness, and co-develop strategies to encourage submissions that are relevant to family medicine and primary care. The continuous engagement with international family medicine journals, WPRO and APAME will also be key. We look forwards to reaching out and continuing the engagements as Covid-19 restrictions ease.

#### GC:

Medical journals play an important role in disseminating medical knowledge. However, medical journals have to transform and innovate with the appearance of new platforms propagating medical knowledge. The SFP must continue to improve the quality of its publications and contribute to the advancement of medical care. One of my goals as SFP editor is for the SFP to be indexed in an international database such as PubMed. The editorial team will work towards applying for the SFP to be selected as either a MEDLINE journal or be deposited to PMC to facilitate this goal. I am grateful to have a supportive editorial team (Terence Lee and Chester Kwan) and assistant editors (Dr Chong Tsung Wei and Dr Linus Chua) working alongside me as we work towards this endeavour.

*(continued on the next page)*

(continued from Page 11: An interview with the past editor and the current editor of Singapore Family Physician)

**CM:**

Can you share with us what you find most memorable being an editor?

**LLL:**

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It has been six months since stepping into this role, but I can say with certainty that one of the most memorable pieces of work during my tenure will be the special commemorative issue of the SFP celebrating the 50th Anniversary of the CFPS. I am immensely thankful and indebted to my fellow colleagues in the 50th Anniversary editorial team (A/Prof Goh Lee Gan, Terence Lee and Chester Kwan). This was a major undertaking spanning many months of effort and commitment; involving countless zoom meetings, calls and emails. Work on the commemorative issue began in early August 2021, and over these past few months, the support from the editorial team has been invaluable: from content curation; conceptualizing the layout and aesthetics of the issue; reaching out to invited authors; obtaining permission from government bodies to publish content; editing articles; and liaising with the typesetters.

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The 50<sup>th</sup> anniversary of the CFPS is one to be celebrated. Much has been achieved since the early pioneers in family medicine had the foresight to establish the College five decades ago. The SFP commemorative issue showcases what the CFPS has accomplished and sheds light on the future direction of family medicine. This issue serves as a legacy of this memorable historical milestone.

We hope that you will enjoy reading this special edition.

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Is there any message that you will like to convey to our readers?

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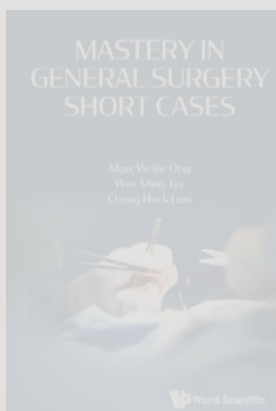
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This book is useful reading for family physicians as it emphasizes the systematic way of examining the various surgical systems (e.g. thyroid, breast, inguinal area) and shares “pro tips” on how to avoid the usual pitfalls as well as red flags of common complications.

There are succinct summaries of the treatment for each surgical condition and the complications associated with them. Having this knowledge will enable the family physician to better counsel the patient on the diagnostic approach, treatment and road to recovery.

For some readers who have an affinity for evidence-based medicine, this book compares the efficacy and safety between various treatment and diagnostic options based on the latest landmark trials and delivers an overall conclusion and recommendation after listing the evidence. It is useful for the busy practitioner who needs to make a quick clinical decision as well as one who wishes to research further in these domains.

Equipped with dozens of photographs, illustrations, tables, charts and Q&A style of presentation, this book provides family physician with bite-size up-to-date information at his fingertips which can be instantly translated into clinical work and medical education.

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# 2022

by Adj Assoc Prof Tan Tze Lee, President, 28<sup>th</sup> Council, College of Family Physicians Singapore

As we said our goodbyes to 2021, many of us looked with anticipation to 2022 and the hope that it holds for us. We had just held our celebration of the 50th anniversary of the College in December 2021 and that was a wonderful time for all of the family medicine fraternity. We looked back on the achievements of the last 50 years and gave thanks for all our dedicated volunteers who had contributed so much to our College programmes. Family physicians have been at the forefront of many of the initiatives of our primary care evolution and going forward will constitute the backbone of Singapore's commitment towards population health.

Traditionally, health care systems tend to focus on treating diseases only once they have been diagnosed. Although Singapore has one of the highest life expectancies globally, in the latter years Singaporeans tend to be in poor health. There is indeed a disparity between life expectancy and health adjusted life expectancy. This is a situation that needs to be much improved, and population health seeks to address that.

So, what is population health? Population health is focused on health promotion, preventing illness long before it happens. The ultimate aim is not just to help patients live longer, but longer in a better state of health.

There is a need for a paradigm shift in our thinking of healthcare. Most people live life as usual and go to the doctors only when they feel unwell. This approach is piecemeal and only addresses illness after the fact, and oftentimes is already late in the healthcare continuum. Traditional healthcare only makes up around 15% of a person's total health; so what do we do as regards to that remaining 85%? That is where population health comes in.

The 85% depends on a whole host of factors, often coined as the social determinants of health. These include socioeconomic factors such as income, education, social networks, living environments and so on. It's only by addressing these very important but often neglected factors that we can really make a difference to the total health of our patients.

All this may seem very high brow and you may say that it is way above us as primary care practitioners, and I admit I felt very much the same way as these concepts are way above what I as an individual doctor can achieve. A useful way to look at this was very helpfully summed up by Dr Edwin Low from SingHealth, who said that what "we're trying to achieve as doctors is a deeper, wider appreciation of the social dimensions of health, asking "what matters to you?", as opposed to "what's the matter with you?". It is only when you understand what is important that you can build conversation around it."

So, it is not about just trying to find out what's wrong with our patient from a healthcare point of view, but actually to look at what is important to them in their whole of life experience so that we are better able to tailor services and tools for them to improve their health and prevent illness. It is a very tall order, to go from a light touch approach to a whole of society approach, but I believe we are getting there.

It will require a lot of collaboration between the different agencies, both public and private, in order to make this work. Already the public health institutions have in place various schemes, but as the GPs make up almost 80% of our manpower in primary care, it only makes sense that we should also be fully engaged, enabled and supported to provide this care.

We will need to see more collaborations between the healthcare clusters, private practitioners, healthcare professionals and community partners like Social Service Agencies and grassroots organizations. In an ideal scenario, all of these agencies and partners will be fully coordinated and integrated and we will be able to provide a care continuum for patients that will be the envy of the world!

I wish one and all a happy, healthy and successful year of the Tiger!

<https://www.singhealthdukenus.com.sg/news/tomorrows-medicine/population-health-a-new-way-forward>  
Accessed 02 Feb 2022

■ CM

(continued from Page 11: An interview with the past editor and the current editor of Singapore Family Physician)

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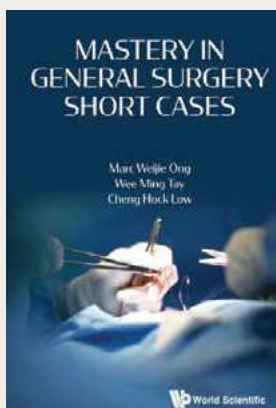
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■ CM

## Tobacco-Free Generation: an interview with Dr Koong Heng Nung and Dr Lynn Ong

Interviewed by Dr Aziz Noordin, Family Physician, Editorial Team Member (Team B)

Over the decades, family medicine as part of the larger healthcare fraternity has been tackling smoking cessation from a disease management and behaviour change model.

Tobacco-Free Generation (TFG) is a concept started from Singapore in 2010. It was first presented to the global audience at the 2012 World Conference on Tobacco or Health held in Suntec City. This has blossomed into a social movement based on an ideology to phase out tobacco products from a particular generation as defined by those born in and after a predefined birth-year. TFG works with the youth to achieve zero smoking incidence through inspiring tobacco prevention education and youth leadership.



Dr Koong Heng Nung (second from left) and Dr Lynn Ong (fourth from left) at the African Capital Cities Sustainability Forum 2018.

As recently as Dec 2021, New Zealand proposed raising the legal smoking age by one year every year, effectively banning the sale of tobacco to people born after 2008. Similar legislation has been rolled out in Brookline, United States of America and Balanga City in Bataan, Philippines where these two jurisdictions have TFG law prohibiting the use of cigarettes to those born in and after the year 2000.

Smoking has been a leading cause of lung cancer, strongly correlated with coronary heart disease, stroke and lung disease such as COPD. Smoking increase pregnancy complications

The addictive nature of nicotine within tobacco products fuels the continued use of these products. Locally we have 6 Singaporeans who die prematurely from smoking-related illness each day, with the social cost of smoking in the range of 700 to 840 million dollars in 1997. That was 25 years ago; the cost is likely much higher now.

College Mirror was able to speak with Dr Koong Heng Nung, a thoracic surgeon in private practice and Dr Lynn Ong, a Family Medicine Resident on their involvement in this movement which they helped to start a decade ago.

**College Mirror (CM):**  
What is TFG?

**Dr Koong Heng Nung (KHN):**

Tobacco-Free Generation TFG is a social advocacy that is increasingly being adopted across various parts of the world as it is actionable and appealing in contrast to punitive measures and fear mongering. More importantly, it sends a consistent message that smoking and vaping are harmful at whatever age.

**Dr Lynn Ong (LO):**

It's a social advocacy journey that mobilises youth, smokers, non-smokers, and the entire community. We have been able to encourage youths to make their own decision not to pick up smoking. From our experience, our teaching content even inspires those already smoking to stop.

**KHN:**

From my experience, an adult family member speaking to an addicted family member to stop smoking is never as effective as their children telling their smoking parent to stop when conveyed with sensitivity, love and care. So, our key focus is to teach these youths the right words and sensitivity, just as how we doctors are sensitive to breaking bad news. This has a more profound impact and better appeal in effecting change.

**CM:**

Why TFG? Why a change in perspective?

**LO:**

Current framework by WHO, anti-tobacco laws, decreases tobacco usage incidence. Nevertheless, we notice a plateau in decrease, especially when new devices are present, like e-cigarettes. Having presented TFG at Abu Dhabi in 2015, South Africa in 2018 and Malaysia in 2019, I worked with

local youths, who contextualised TFG knowledge to their local language to teach their peers better. This is much more invigorating than smoking cessation counselling. In my work as a doctor, I have seen patients suffering from smoking-related diseases, many of whom attempted but failed abstinence multiple times.

**KHN:**

For years, we have trodden the same approach, such as health promotion boards globally following WHO's framework. After my 2010 paper written with Deborah Khoo, Yvonne Chiam, Priscilla Ng and AJ Berrick, titled Phasing-out tobacco: proposal to deny access to tobacco for those born from 2000, was published and was well received by adults, youths, smokers, and non-smokers worldwide, TFG gained traction.

**CM:**

What made you decide to get involved in TFG?

**LO:**

As a medical student, I wanted to do good, and I am still on that journey. I also had a grandpa who was smoking, and there was much tension in the family when getting him to quit smoking. I joined TFG in 2013 as a medical student, organising youth summits in Singapore. I experienced empowerment and fulfilment. The youths' passion and enthusiasm inspired me.

**KHN:**

After my HMDP, I wanted to increase awareness on lung cancer and as part of that, wanted patients to go smoke-free. Thereafter, I published a paper showing that up to 60 percent of smokers even supported the idea. Although it often seems like a radical idea at first impression, people who dwell deeper and have a good grasp of the complex, revolving conundrums in tobacco control become strong

supporters. They even champion this approach in their own communities.

**CM:**

What are the benefits of TFG?

**LO:**

The benefits of TFG is that it mobilises the youth to engage their larger community to promote the common TFG principles so that an entire new generation can become free from the ravages of smoking and vaping. Moreover, it is beyond borders. It is self-sustaining, and each generation uses its own lingo to reach out to their peers. The ultimate outcome is achieving no new smokers in our future generation.

**KHN:**

Intangible benefits include showcasing the soft power of Singapore advocacy in leading such movements and, as a spill over effect, can promote other social causes, where youth drive the change.

**CM:**

What is your hope for TFG, and how can one help?

**KHN:**

Interested supporters are encouraged to organise themselves with their friends and colleagues in groups of between 6-10 to attend Zoom presentation cum Q&A session. These can be organised any time after you email your details to us. Our experience is that youths can become very eloquent advocates for TFG. We are confident that you will find your time meaningfully invested as you are fighting for the lives and health of our future generations. Equally important, together, we will bring down health care costs by prevention.

■ CM

## Venturing into Australia

by Dr Charity Low Cheng Hong, Family Physician, Editorial Team Member (Team B)

The "Land Down Under" is amazing for a number of reasons. The country endowed with natural wonders and beaches, filled with wineries and agriculture, koalas and kangaroos; the nation with the highest skin cancer rates, ... and the highest job satisfaction rate for doctors in the world! I am privileged to have a glimpse of these as I venture forth!

In Feb 2021, I brought my family over to Australia to be with my elder son who had enrolled into UWA. In this time of COVID, travel is restricted. Hurdle after hurdle had to be cleared – application for ECMFG, AMC, work visa, exemption letter, negative swab, G2G application. We had to ensure two weeks of hotel quarantine and two negative

swabs before being set free with a hearty letter of Welcome to Australia!

International Medical Graduates (IMG) such as me are assigned to Priority District Areas (PDA) for work. The PDA maps is re-drawn yearly. I have obtained a job in Mundaring area. What followed was application for Provider number, Prescriber number, PRODA account...I recollected that when I was taking the MMed (Family Medicine) examination of the College of Singapore Family Physician, our local laboured to secure the presence of Australia Professors as external examiners to assess the standard of our candidates. This was done for consecutive years before

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*(continued on the next page)*

(continued from Page 15: Venturing into Australia)



Dr Charity Low as part of a vibrant, sporting frontline team in Australia!

FRACGP extended the right hand of fellowship to mutually recognise and accept our Fellowship cross-country through the Specialist Pathway. I am much grateful for the prestige of our post-graduate degree. I am a beneficiary of the hard work of our predecessors!

The clinic I am working at is a private GP medical centre but it is a bulk billing clinic, as it claims from the government for services rendered to citizens and Permanent Residents. These have Medicare which entitled them to free consultations, blood tests, X-rays, CT scans as long as the investigations could be justified by relevant history and physical examinations. Patients purchase medications from pharmacy next door at subsidised rates. Radiological centres are in region nearby. In this clinic, there are 3 to 5 doctors on duty with 2 nurses and 2 receptionists for different sessions, with a phlebotomist who assists in blood taking. Ranked among the better equipped clinics, there is a full range of primary care surgical equipment including liquid nitrogen, hemorrhoid ligator, surgical loops and operating microscope for aural suction.

In this pandemic, patients with flu symptoms are generally advised to stay at home and go for COVID swab test in designated drive-through regional centres. Tele and video-consultations are available. Thanks to the strict border restriction in WA, there are mainly sporadic positive cases which have led to different restrictions of masks wearing at specific periods; the plan is for cautious step-wise opening. In general, with safe-distancing precautions, functions and activities are almost as per normal at the beaches.

I have to juggle to learn the different healthcare system in Australia: the PBS and MBS system, the Wagpet portal, clinical guidelines. Patient profiles are different too. Mundaring hills is filled with scenic beauty of trekking tracks, forests; multi-coloured flowers, wild parrots and other singing birds are part of its flora and fauna.

A number of retired, elderly stay here, either in their own homes or in retirement villages. Most of them have multiple, complex co-morbidities, are still independent and able to walk around the house, attending to light house chores and garden works. Some of them have regular help from support workers. They are mostly well-taken care of by the state, enjoying their old age with retirement benefits. In collaboration with the specialists, I see a number of unfamiliar specialists' medications. Mental health is greatly

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www.nzlocums.com



emphasised here. A number of patients have anxiety and depressive symptoms right from their teenage days. SSRIs are commonly prescribed. Chronic fatigue syndrome, chronic pain syndrome, and fibromyalgia are not uncommon. Skin cancers are managed at primary care setting with frequent biopsies and wide-margin excision. I have to learn the use of dermatoscope for the diagnosis of skin cancer. With most patients well-read and knowledgeable, communication skills are of paramount importance.

This is a free country. Free for all. I can see workers from all nationalities in shopping complexes, retail shops, restaurants, and banks. Respect for persons is highly upheld here; you will see passer-bys greeting and wishing one another, "How are you?" "Have a wonderful day!" Though I am an international graduate and new to the practice, I am surprised to see patients respectful and grateful. Innumerable times daily, I could hear so pleasantly, "Thank you for your time, doctor;" "Thank you very much." You

can be sure that patients are also vocal in expressing their displeasure and views concerning aspects of treatment. They write freely and extensively in feedback. Anti-vax movement is prominent. There are those who would rather lose their jobs than be vaccinated.

Daily I will see groups of mountain bikers swishing through the streets with full gear at dawn. When summer starts, windsurfing, kite surfing, stand-boarding, canoeing, kayaking, sailing, picnics and all sorts of sports fill the beaches and gym.

Yes, I do enjoy it all --- but not without hard work and a steep learning curve! My work day starts at 5.30am from home and ends at 5.30pm in the evening, with about 3 hours of travelling to-and-fro. Please be reminded that there are 18 hours of daylight in midsummer!

■ CM

## Learning about Marshall Rosenberg's Nonviolent Communication

by Dr Hong Yinghui Lois, Family Physician, Editorial Team Member (Team B)

Recall the last time you experienced these scenarios. How did you feel, what did you say, and what did you do?

- Your teenager rolls their eyes at you when you're expressing concern for them.
- Halfway through a challenging consult, you realise a patient's relative is recording the conversation.
- A colleague texts you a sarcastically worded criticism of the way you managed a couple of patients.
- At a staff meeting, a decision is announced that you strongly oppose.
- A family member argues vehemently with you about COVID-19 vaccination.

These are not enjoyable experiences to recall. Yet, our responses to these very moments define and shape our leadership style, our values and our approach to resolving conflict.

The book "Crucial Conversations", by Patterson *et al.*, described situations where "stakes are high, opinions vary, and emotions run strong". In these moments, we may start off calm, cool and collected. Then, often without warning, the conversation takes a turn and we are yanked into conflict. Our hearts race, our pupils dilate, our protective goggles fog up. We respond with silence (withdrawing,

mentally "checking out", physically leaving) or with violence (hostility, aggression, sarcasm).

Psychologist Marshall Rosenberg (1934–2015) developed Nonviolent Communication (NVC) as a set of skills based on the principles of shared humanity, compassion and connectedness. My inner skeptic initially dismissed these as platitudes. However, I became interested when I heard how Dr Rosenberg had developed NVC while helping desegregate American public schools in the '60s, and that NVC has been practiced in post-conflict settings such as Rwanda, Sierra Leone, Croatia and Israel.

Rosenberg begins with two deceptively simple questions:

1. What is alive in you?
2. What would make life more wonderful?

These questions are not merely inspirational- they engage our thoughts, emotions, and behaviours (the classic triad of Cognitive Behavioural Therapy). They help us connect with the experiences and needs of the other person, as well as our own.

Rosenberg described four components of successful NVC: 1) **Observation**: Describing, without judgement. He writes, "Keeping observation and evaluation separate in our thinking and communication is one of the hardest things

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(continued on the Page 19)

(continued from Page 17: Learning about Marshall Rosenberg's Nonviolent Communication)

to do. There's a time to observe and a time to evaluate – almost never a good idea to do both at the same time.”

- 2) **Feeling:** You might not have frank alexithymia (problem with feeling emotions), but many of us demonstrate a kind of “dyslexithymia”: we don't distinguish between our feelings (e.g. anger), and our evaluations (e.g. that someone deliberately slighted us). NVC encourages us to identify and express our feelings (e.g. I feel lonely) instead of expressing our evaluation, interpretation or judgment (e.g. I feel that you are always too busy to care about me). Expressing an emotion without tying in a criticism of the listener is more likely to get a compassionate response instead of leading to an escalation of conflict.
- 3) **Needs:** We're to state what need we're experiencing that's not being met (What would make life more wonderful). The first time I tried this, I choked on the word “need”—and yet, we *do* have needs. Everyone does.
- 4) **Request:** This is a clear, specific way that we're asking the other person to help us.

“**Identifying and sharing our feelings and needs or making a request may at times be restrained by our cultural upbringing, our trust of the person in front of us and our pride — it takes time and much effort.**”

Identifying and sharing our feelings and needs or making a request may at times be restrained by our cultural upbringing, our trust of the person in front of us and our pride — it takes time and much effort. To encourage us to learn and practise NVC Rosenberg describes how different people have successfully used NVC: embittered spouses; feuding West African warlords; disenfranchised inner-city youth; even a woman who deflected a physical assault using only her words.

We can also help others express themselves with elements of NVC., e.g. “Am I right to say that in this moment I'm not meeting your need for (efficiency/understanding/orderliness/pain relief)?” Rosenberg pointed out that these empathic statements don't have to be accurate. Just by eliciting their feelings, needs and/or requests, we're guiding them towards constructively expressing what is alive in them.

***Out beyond ideas of wrongdoing, and right-doing, there is a field. I will meet you there.***

- Rumi

■ CM

## What concoctions make a fulfilling GP's tequila sunset?

by Dr Lye Tong Fong, Family Physician, Editorial Team Member (Team B)

**T**equila sunset? ...What cocktail is that? We probably heard of tequila sunrise more often than tequila sunset. Now let us look at the recipe of tequila sunrise to appreciate the difference between these two cocktails. (Feel free to go ahead and try it)

**Tequila sunrise:** Pour the 3 parts tequila and 6 parts orange juice into a highball glass over ice. Add 1 part grenadine, which will sink to the bottom. Stir gently to create the sunrise effect. Garnish with orange slices and cherry and serve.

**Tequila sunset:** The main difference is grenadine is substituted with dark rum, Soda (with red food coloring) or blackberry brandy which is less sweet.

Please allow me to share with you my perspective on preparing for our sunset years as a General Practitioner (GP) who just passed 50. Having run a 24-hour medical practice for the last 20 years, it is probably a blessing for me to meet locums of different shapes and sizes (some of them are concurrently running their own clinics). I got to know some of their stories. Some do it to supplement

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(continued from Page 22: What concoctions make a fulfilling GP's tequila sunset?)

their monthly income, some do it to pass time while some need some extra support for their newly established practices. But there is one interesting group that I get to meet, which will be our senior locums who share some stories with me.

*Some stories:*

*Dr A, a GP who runs his own practice, decided to give up and start working part-time for us in the mid-2000s. He was in his mid-50s with kids who graduated. He decided to migrate to New Zealand to enjoy the fresh air and pursue his interest in strawberry farming.*

*Dr L, a GP in his 60s, flies in from Canada to work 3 months before returning to take a break from work for 9 months for about 4 years.*

*Dr. O, a GP in his 60s gave up his own practice to come and work for us. He was happy working his allotted hours as he gets to travel a few months a year doing his favourite photography. Till this day, he is still actively practicing with us.*

These are just some interesting stories I have come across of our GP colleagues in their twilight years.

Of course, there are some of us who work till our life or mental capacity expires. Some luckier ones get bought out and rest on their bounties. Others may be struggling with failed contracts of promises of mergers and acquisition.

Whichever the endings are, we cannot avoid the truth of life that one day we will have to come to a stop. The question is how and when will we stop.

To start with, as of all good cocktails we need a good recipe.



A tequila sunset

A few good ingredients are important:

**Main ingredients:**

1. Business plans (winding down/out — probably start planning a good 10 years ahead, exit strategy)
2. Personal plans (e.g. LPA, AMD)
3. Family plans (e.g. Will)

**Garnishes**

1. Bucket list
2. Wish list (yet to be fulfilled)

Remember the difference between the two cocktails? Grenadine substituted with other less sweet alternatives.

We should keep in mind that health (both physical and mental) will dwindle as time goes on. Much effort will need to be allocated towards our health in order for us to enjoy a more fulfilling life.

**What about Money?**

While it is an essential part of retirement life, money is not the most important. Many of us have already pursued money most of our lives. There will come a time when the value money brings to us just does not justify the time and effort we have to invest to obtain it. Our perspective of the value of money will change as we age. Money cannot be used to exchange for time or relationship lost. For some of us, money can even bring with it chaos, infighting, breakup among partners or future generations. So be mindful not get too engrossed in money.

Having a good life is about being balanced. Just like in a good cocktail the amount of each ingredient have to be right, so that the best flavour may blossom in one's taste buds. Hopefully, this article reminds us that we should not be blindly pursuing wealth or career, casting aside relationships.

Lastly, I believe that we should actively pursue goals and objectives in life, enjoying our time with our loved ones when we are still basking in good health, before our sun sets. Hopefully, by then, we should be smiling as we have already lived our life the way we had envisioned.

Wishing everyone all the best in health and happiness as we walk into our sunset years or for the younger ones as you prepare well in advance for them!



## Family Medicine Review Course 2022

Organised by:  
Academy of Medicine, Chapter of Family Medicine Physicians &  
College of Family Physicians Singapore



We are pleased to inform you that the 6<sup>th</sup> Family Medicine Review Course (FMRC), jointly organized by the Chapter of Family Medicine (Academy of Medicine) and the College of Family Medicine will be taking place on 2 separate days this year to allow participants to benefit more from the wealth of information our speakers have to offer.

The confirmed dates are on the afternoons of 21<sup>st</sup> and 28<sup>th</sup> May 2022 and will be conducted via Zoom Webinar in view of the evolving COVID-19 pandemic.

The FMRC is designed to help keep Family Physicians abreast with the latest developments in Family Medicine practice, as well as assist the aspiring Family Medicine trainee and medical student's learning needs.

This year's theme, 'From Cradle to the Grave', ties in with the Family Physician's duty to deliver care to patients at every age and every stage, from newborns to the elderly. As such, we aim to deliver the latest updates on the management of common childhood conditions encompassing childhood wheeze and rash as well as adolescent mental health. As part of aging gracefully, we also want to touch on important topics such as how exercise can be used as medicine, menopause management, and the role of community hospitals which have become an important part of our Family Medicine landscape.

We are honored to have a line-up of eminent and distinguished speakers who are renowned in their respective fields who will be sharing updates and practice pearls with us.

We look forward to having you at the webinar.

FM Review Course 2022 Organizing Committee,  
FCFP(S) Batch 2021-2023

## FAMILY MEDICINE REVIEW COURSE 2022

### Care from Cradle to Grave

21<sup>st</sup> & 28<sup>th</sup> May 2022

2.00pm to 5.00pm

Delivered via Zoom

2 CME points per day (Total 4 CME points)

### Registration is FREE!

*Zoom details will be sent to all members at a later date.*

MAY 21		MAY 28	
1400-1415	Opening address by President, College of Family Physicians Singapore Welcome address by Chairman, Chapter of Family Medicine Physicians, AMS		
1415-1500	<b>Childhood Wheeze: Diagnostic Dilemmas</b> Dr Mahesh Babu Ramamurthy, NUH Paediatrics Respiratory Medicine	1415-1500	<b>Prescribing Exercise as Medicine</b> Dr Benjamin Soh, KTPH Sports Medicine
1500-1545	<b>Common Pitfalls in Paediatric Dermatology</b> A/Prof Mark Koh, KKH Dermatology	1500-1545	<b>Management of Menopause</b> Dr Ang Seng Bin, KKH Family Medicine
1545-1600	Tea Break	1545-1600	Tea Break
1600-1645	<b>Mental Health in Adolescents</b> A/Prof Daniel Fung, IMH Psychiatry	1600-1645	<b>Frailty Across the FM Continuum</b> Dr Gabriel Yee, SCH
1645-1700	Q&A / Closing	1645-1700	Q&A / Closing



# Family Practice Skills Course (FPSC#101) (1 Day)

## Putting A Stop To CKD

Sat, 7 May 2022: 2.00pm - 5.30pm



In view of the current COVID-19 situation, FPSCs will be conducted on the online platform "ZOOM".  
A Zoom registration link will be sent to participants who have registered.

### TOPICS

Unit 1: Current Management & Treatment for CKD Patients

Unit 2: Applying Latest Evidence in the CKD Treatment Algorithm

Unit 3: Complications of CKD and What Can Be Done to Halt the Progression of CKD

### WORKSHOP

Case studies (Unit 1 - 3)

### SPEAKERS

TBC

■ **SEMINAR** (2 Core FM CME points)  
DAY 1 • Sat, 7 May (2.00pm - 4.00pm)

■ **WORKSHOP** (1 Core FM CME point)  
DAY 1 • Sat, 7 May (4.30pm - 5.30pm)

\*Registration is on first-come-first-served basis.  
Please register by 2 May 2022 to avoid disappointment.

■ **DISTANCE LEARNING MODULE**  
(3 Core FM CME points upon attaining a minimum pass grade of 60% in online MCQ Assessment)

• Read 3 Units of study materials in The Singapore Family Physician journal and pass the online MCQ Assessment.

This Family Practice Skills Course is sponsored by **AstraZeneca Singapore** and organised by **College of Family Physicians Singapore**.



COLLEGE OF FAMILY PHYSICIANS SINGAPORE

All information is correct at time of printing and may be subject to changes.



## REGISTRATION

Putting A Stop To CKD

Please tick ( ✓ ) the appropriate boxes

FREE REGISTRATION for College Members!



### Online Registration Available

Scan the QR code or access the link below to register online

<http://www.cognitoforms.com/CFPS/FPSC101>

Name: Dr \_\_\_\_\_

MCR No: \_\_\_\_\_ Clinic HCI Code: \_\_\_\_\_

Mailing Address: (Please indicate:  Residential  Practice Address)

E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

Note: Any changes to the course details will be announced via e-mail. Kindly check your inbox before attending the course. Thank you.

	College Member	Non-Member
Seminar 1 (Sat)	<input type="checkbox"/> <del>\$32.10</del> FREE	<input type="checkbox"/> \$32.10
Workshop 1 (Sat)	<input type="checkbox"/> <del>\$32.10</del> FREE	<input type="checkbox"/> \$32.10
Distance Learning (MCQs Assessment)	<input type="checkbox"/> <del>\$85.60</del> FREE	<input type="checkbox"/> \$85.60
	<b>TOTAL</b>	

All prices stated are inclusive of 7% GST. GST Registration Number: M90367025C

I attach a cheque for payment of the above, made payable

to: **College of Family Physicians Singapore** \*

Cheque number: \_\_\_\_\_

### We also accept payment via PayNow

PayNow UEN: **S71SS0039J**, key in your MCR No. and Name under the UEN/Bill Reference No.

\*Registration is confirmed only upon receipt of payment. The College will not entertain any request for refund due to cancellation after the registration is closed OR after official receipt is issued (whichever is earlier).

Please mail the completed form and cheque payment to:

**College of Family Physicians Singapore**  
16 College Road #01-02, College of Medicine Building, Singapore 169854

You may send your completed form to: [sfp@cfps.org.sg](mailto:sfp@cfps.org.sg)  
**Successful applicants will be confirmed by email.**

College of Family Physicians Singapore  
Registration Number : S71SS0039J  
Registration Period : 7 Aug 2021 to 6 Aug 2023