THE College Mirror

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Reciprocal Recognition of FRACGP and FCFP(S)

by A/Prof Goh Lee Gan, President, 22nd Council, College of Family Physicians Singapore

"I am pleased to announce the reciprocal recognition of the FRACGP and the FCFP(S) in a memorandum signed on Wednesday 6th October 2010, 2.30 pm at the Cairns Convention Centre in Cairns, Australia between the Royal Australian College of General Practitioners and the College of Family Physicians Singapore.

Before I show you some slides taken at the signing ceremony, let me share briefly the *raison d'etre*, the background and the events that took place.

Raison d'etre

This reciprocal recognition of the two Colleges' Fellowships marks another milestone in the academic and training relationship between the two Colleges than spans the time between pre-1971

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Re-defining the Art of Consultation

Highlights from the Sreenivasan Oration 2010

Reported by Dr Wilson Eu, Editor

The CFPS Sreenivasan Oration 2010, a named address in honour of the founding President of the College, Dr BR Sreenivasan (1910-1977) was delivered by A/Prof Cheong Pak Yean on 28 November 2010, on the occasion of the CFPS Family Medicine Convocation.

Dr Sreenivasan was the founding President of the College of General Practitioners in 1971 now renamed the College of Family Physicians, Singapore. He devoted over 40 years of his life to medicine, 15 years of which were in hospital practice and the rest in general practice. He had the foresight that development and advances in hospital medicine and the specialties must occur in tandem with developments in the field of general practice. He faithfully pursued continuing education throughout his life and he established, with the founding of our College, Family Practice as a separate discipline.

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from page 1 - Reciprocal Recognition of FRACGP and FCFP(S)

and today. This reciprocity is recognition of the two Colleges' academic standards.

More importantly to my mind, it is also recognition of the social capital that flowed abundantly in the collaborative efforts between Australia and Singapore in the training of our doctors all these years.

A/Prof Goh Lee Gan signing the memorandum with Immediate Past President of the RACGP, Dr Chris Mitchell

The background

The story went that the late Dr Wong Heck Sing, who was subsequently our Second College President, visited his brother in Australia and discovered that his brother's neighbor Dr Richard Geeves was the Censor of the Australian College. In the conversation, Dr Wong started talking about forming a College of General Practitioners in Singapore. The rest is history – the Singapore College was formed in 1971. The Australians came as External Examiners in the early years of the College Diplomate Examination leading to the MCGP.

Dr Chris Mitchell, A/Prof Goh Lee Gan, Prof Claire Jackson, A/Prof Jan Radford, and A/Prof Tan Boon Yeow

The College Diplomate Examination (MCGP) subsequently grew to be the Master of Medicine (Family Medicine) Examination ran by the Graduate School of Medical Studies in 1993, and up to the present day. From inception of the Masters' Examination we have had an External Examiner from Australia.

The events that took place

After a year of exchanging notes and details, the two Colleges concluded the reciprocal recognition. A holder of the FCFPS can apply to be holder of the RACGP Fellowship Ad Eundam Gradum (FAEG) and work as a general practitioner in Australia." ■CM

A/Prof Jan Radford signing the memorandum

from page 1 - Re-defining the Art of Consultation

The topic of this year's oration was "Re-defining the art of consultation". A copy of this year's oration with the slides used during the presentation will be available on the College website and also in the forthcoming Singapore Family Physician Vol 37 No 1, 2011. The following article is an abridged report.

With present day commercialisation of healthcare delivery, it becomes important that the skill elements that any GP brings to his consultation room are more clearly defined.

The art required of a practitioner in a consultation often involves elements which were variously described as the 'curious knowledge which some physicians and GPs acquire after many years' practice' and giving patients due kindness and respect whilst doing so. It was something caught perhaps, rather than taught. With present day commercialisation of healthcare delivery, it becomes important that the skill elements that any GP brings to his consultation room are more clearly defined.

A/Prof Cheong re-defined the Art of Consultation as a "humanistic discipline using the idiographic approach (of understanding the unique characteristics of individuals) as opposed to the Science of Consultation using the nomothetic approach of putting patients with shared characteristics into groups with labelled diagnoses".

Present approaches in consultations tend to be 'nomothetic'. Whilst initially casting the net wide in trying to discern the patients presenting problem, a busy clinician quickly focuses-in, to a disease-centred mind-set and assigns disease labels to patients with shared characteristics. This is efficient, allows for testing to enable validity and management follows based on the labels and evidence-based guidelines. However, in our haste disease labels are attached to erstwhile social problems. Further, labels often stick and even inappropriate ones leave 'gummy-marks' that are to the patient's detriment.

A second approach is described as 'idiographic'. Being narrative based, consultations seek to understand the meaning of a patients' story, embracing the complexities and uniqueness of the individual and his bio-psychosocial environment.

Both approaches are needed to manage the whole person. The challenge in the Art of consultation (as a discipline) is to seek understanding of the 'what', 'how' as well as the 'why' a patient is in our room this day. Rigorous training in eliciting this qualitative history, integrating and interpreting data in context is necessary. This enables the validity of such interpretations to be anchored on reliable data.

What aspects of the Art of Consultation can be more clearly defined?

A/Prof Cheong honed in on three aspects of the Art of Consultation:

1) Art as the extended Doctor-Patient relationship

This was a most interesting part of the oration. A/Prof Cheong's thesis is that there is a yin-yang dichotomy at play during the consultation. The doctor must step out of the traditional role of a expert and be a collaborator; from being clinically detached to being fully engaged in the health outcomes of the patient; and at appropriate juncture(s), emphatically challenging the patient to move on and take appropriate steps to better health outcomes.

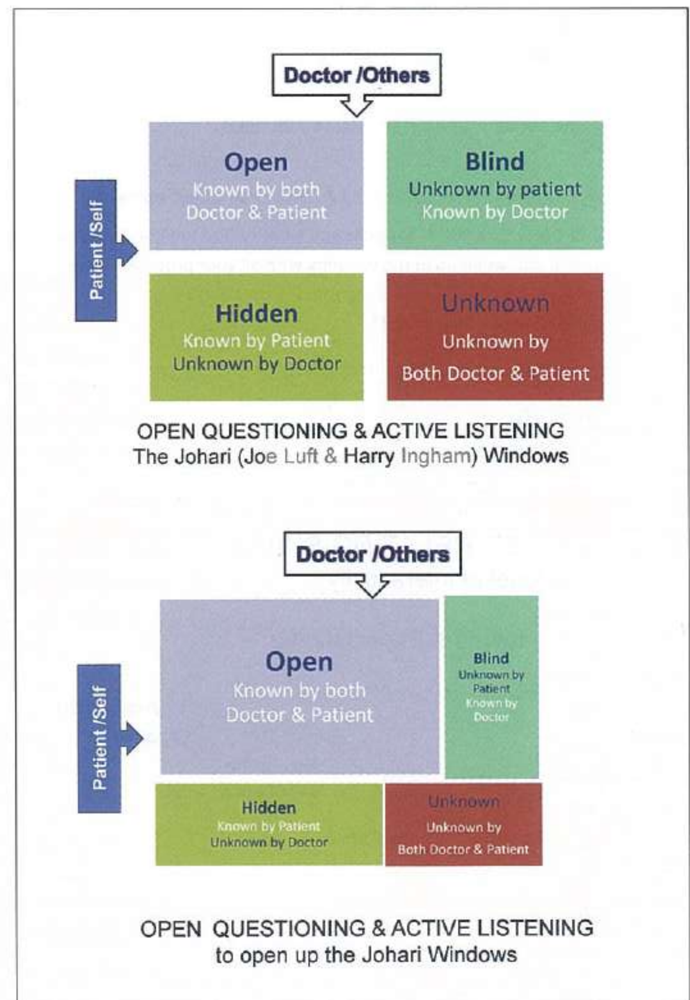
TRADITIONAL ROLE	EXTENDED ROLE
Clinically Detached	Engaged
Emotional Distance but appearing congenial	Direct or Indirect affirmation Self-affirmation in collaborative relationship
Comforting	Challenging
'To Cure sometimes, To Relieve often, To Comfort always' Ambroise Paré (1510 -1590)	To move from entrenched position to one more adaptive
Expert	Collaborator
Doctor as Expert, Patient to be patient (& not impatient)	Doctor as Collaborator, Patient to be participant (& not spectator)

Doctor as Expert, Patient to be patient (& not impatient)	Doctor as Collaborator, Patient to be participant (& not spectator)
'Principles of Diagnosis & Treatment in Heart Affections' by Sir James MacKenzie 1916	*'How Participatory Medicine improves healthcare' by Dr. Daniel Sands AAFP 2010*
'It often happens that there is an unconscious struggle who is to be dominant. Many patients come full of ideas as to the nature and cause of their sensations and eager to impart their own opinions. This must be quietly and firmly repressed.'	'Doctors need to let go and admit they don't know everything. From the patients' standpoint, patients have to be comfortable taking more ownership and getting more engaged in their own care. Patients have to know that healthcare is not a spectator sport.'

Negotiating the new relationship requires acquiring new skills in relating and communicating with our patients.

• Inquiry Skills

Johari Windows. This delightfully named model (after Joe Luft & Harry Ingham) illustrates the task, i.e. to minimise that which is hidden, blind and unknown to both doctor and patient.



OPEN QUESTIONING & ACTIVE LISTENING
The Johari (Joe Luft & Harry Ingham) Windows

OPEN QUESTIONING & ACTIVE LISTENING
to open up the Johari Windows

With training, besides getting the presenting history, trained doctors can, in addition, A.C.E. the inquiry.

Extended Inquiry Skills

Invite patients to generate their own questions in their mind & to answer them in context

Clarification

How does this relate to

- length (present, past, and future events)
- breadth (people, events, situation, culture, beliefs, society)
- depth (thoughts, feelings, behaviour & body interoception)

Assumptions

What have you assumed? What can we assume instead?

Rationale & evidence

How do you know this is true, correct, valid?

Extended Inquiry Skills

Alternatives:

- Viewpoints – What may be another way to look at this?
- Confrontation – Are you implying that ? How likely is ... valid?

Consequences:

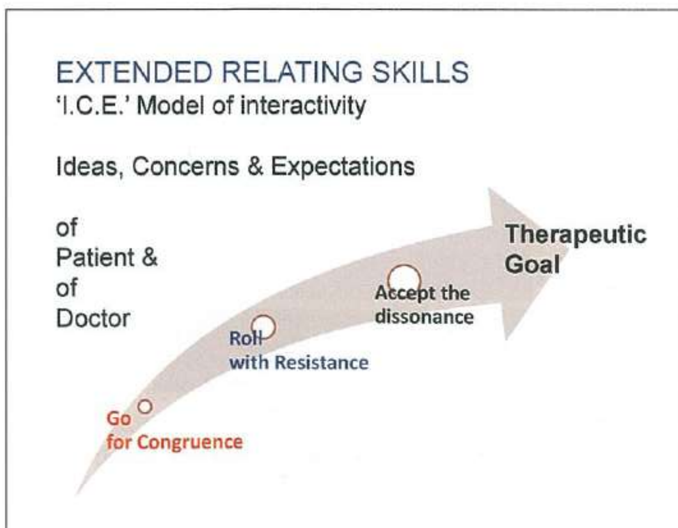
- What generalisation can we make?
- What is the outcome of each alternative / scenario?

Experience: (Circular experiencing / Relational questioning)

E-on-E, Q-on-Q Example: Suppose you went to bed tonight & a miracle happened & you woke up in the morning with all your problems gone, (1) how would you feel (2) on seeing that (3) your wife is so overjoyed (4) that you're no longer depressed?

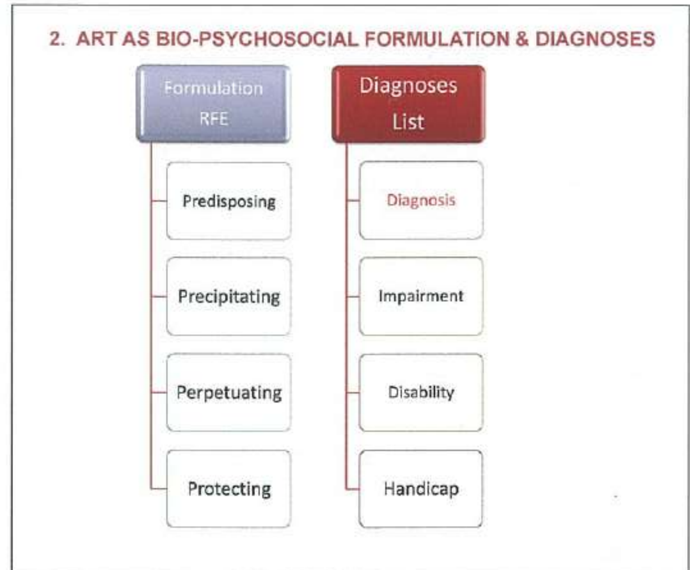
- **Relating skills**

Using the ICE model



2) Art as Formulation of issues of Reason for Encounter

In arriving at an explicit formulation, relevant bio-psycho-social issues must be canvassed fully. A rubric that can be used is represented by the 4Ps and looking at the effects of a particular diagnosis on the illness experienced by a patient .



3) Art as augmentation of 'doctor as medicine'

This refers to specific skills that are therapeutic in their application. Examples include the BATHE counselling method taught to students taking up GDFM/MMed.

Brief Integrative Psychological Therapy (BIPT) allows the application of psychological skills to formulate interventions to life troubles in order to achieve psychological balance. Patients ensnared within their own negative problem-saturated stories can be helped through talk techniques such as re-authoring, re-membering, re-framing and re-constructing stories in order to achieve a more positive and preferred story for the present and future. 'Externalisation' of a patient's medical diagnosis allows the patient to access resources to deal with his/ her diagnosis and being detached psychologically now allows the patient to focus on dealing with the problem and not be an integrated inevitable part of the disease.

Patients ensnared within their own negative problem-saturated stories can be helped...

Many psychological interventions are intuitive and doctors with good people handling skills and clinical presence can learn and apply the skills. CM

The Noughts did not Come to Naught...

by Dr Wilson Eu, Editor

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This month marks the end of the first decade of the 21st Century. (I'm a the-21st-century-started-with-2001 man). Looking back 10 years, one can see the challenges and changes that have shaped and guided the course of family practice in Singapore.

Let's walk briskly through four highlights:

1. SARS (2003) and the Influenza A Pandemic (2009)

During this decade, two outbreaks of novel viruses brought tremendous upheaval and stress to our daily practice. Seemingly overnight, our daily routines were forced to change, often in the face of as-yet incomplete information. Patient self-declaration forms, temperature screening, personal protective equipment entered our everyday list of to-do tasks. FPs had to educate ourselves about the disease and the threats it represented, plan our individual responses, then source and implement the necessary measures to mitigate the emerging risks. Having experienced SARS, last years' Influenza A H1N1-2009 response became more recognisable, but none the less equally 'disruptive'.

Often characterised as an obstreperous group, FPs responded wonderfully on both occasions, SARS and the H1N1 Pandemic.

Professor Chee in his editorial in the SMJ provides a summary of the primary care efforts and accomplishments during the SARS: *"It was on 29 March 2003 that following a symposium organised by the College of Family Physicians Singapore and the Ministry of Health that the "Interim Advisory on SARS for doctors practising in primary care and family practice settings in Singapore" was issued. The College SARS Workgroup was spearheading this effort to equip our frontline doctors with knowledge, skills and protective gear. Should they encounter any case in their clinics, they were to suitably protect themselves and their clinic staff before examining the patient and then referring the latter to TTSH via a private ambulance service.*

So while there was much focus on TTSH and the work of its staff, "GPs deserve praise and government help too". So was the title of a letter to the Straits Times forum page on 17 April 2003. She wrote, "While the Tan Tock Seng Hospital doctors and nurses rightfully deserve the cheesecakes, roses and accolades piled on them, let us not forget the unsung heroes, the humble general practitioner (GP) and his clinic assistants. No less at the front line, they face increasing isolation as they grapple with a falling patient load and increase in overheads (masks, bleaches and antiseptic washes don't come any cheaper to them) amid fears that they themselves may become infected by SARS".
- Prof YC Chee, Editorial,
Singapore Med J 2003 Vol 44(5): 221

Often characterised as an obstreperous group, FPs responded wonderfully on both occasions, SARS and the H1N1 Pandemic. During SARS many sent their own families away to stay with relatives in order to continue to come to work day by day. During the H1N1 briefings at the COMB, the auditorium was packed to the rafters, with some standing on the stage, as GPs came together to try to do the necessary. In an exigency, the true colours of our fraternity did not come to naught.

2. 2004/5 – Primary Care: a renewed mandate by policymakers for whole-body experts

Right after SARS, the current Minister of Health assumed his duties at the Ministry and promptly announced the 8 priorities of the Ministry, amongst which was priority no.2: **Manage Disease Holistically instead of Episodically** under the championship of the Director of Medical Services, Prof Satku. This focus on long term cost effective care through

So patients think they get ordinary care from a GP and special care from a specialist. This is not so.

promoting Family Medicine meant a greater role for FPs in our healthcare system. The late Dr Balaji Sadasivan made many speeches in his Parliamentary career advocating Singaporeans to seek healthcare at the right source: *"Our challenge is to maintain this high quality system at an affordable cost. For example, if a patient has caught the flu and has a cough, he could decide to see a lung specialist. He would make an appointment at the specialist clinic, wait a while and see the specialist. The specialist can treat the cough and prescribe a cough mixture. But if the patient says to the lung specialist, "this medicine is for my cough, but my nose is stuffy, do I have a sinus problem?" the lung specialist will refer him to the Ear, Nose and Throat doctor or ENT doctor. He goes to the ENT clinic, waits a while, and then get his sinus checked and will be given more medication. As the patient is about to leave the ENT clinic, if he says to the doctor that he feels bloated, he will be referred by the ENT doctor to a doctor looking after the digestive system. If he thinks, the problem is at the upper end, the referral is to the gastroenterologist, if he thinks the lower end is causing the problem, the referral is to a colorectal doctor. If the ENT doctor is not sure, the patient is referred to both. This is an example of expensive and inefficient delivery of healthcare. But if the patient had seen a GP, the GP would have treated all the complaints in one consultation. Many patients are seeing specialists when a primary physician can take care of the problem.*

The family doctor can serve as friend and mentor to the patient and as gate-keeper who directs traffic within our sophisticated healthcare system. The family doctor, whether a GP or a polyclinic doctor is the key to the proper matching of health resources in our system to the health needs of the patient."
- MOH Budget Speech (Part 3) 17 Mar 2004 by Dr Balaji Sadasivan. Venue: Parliament.

"With our high healthcare standards, Singaporeans can look forward to living into their 80s and 90s. This is good news. But it also means many will develop one of 6 chronic diseases in their lifetime, namely - hypertension, diabetes, heart disease, stroke, cancer or dementia. We must therefore be able to manage these diseases better and in a holistic manner. Unfortunately many think that specialist care is better than the care of a GP or polyclinic doctor. Perhaps this is because of the word "specialist", which is derived from the word "special". So patients think they get ordinary care from a GP and special care from a specialist. This is not so. The "special" refers not to special care but to a special part of your body. The part of your body considered special is not really special - it could be your liver, or your lung or your colon or skin. It is considered "special" by the doctor because that is the usual part of the body he treats. So depending on the

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number of parts your body is divided into, you will need that many specialists to look after you. A specialist is therefore a body-part expert and not a whole-body expert. I have said there are 35 specialties in Singapore. If we exclude paediatrics and obstetrics, which I presume a man will not need, a man may need 33 specialists for his care. So that is why many patients in our hospitals end up seeing multiple doctors which costs them a great deal. Even then, sometimes things are missed because there will be gaps between the body parts covered by the specialists looking after the patient.

We need to educate the public that GPs, family physicians and polyclinic doctors are experts in looking after the whole body just as specialists are experts in looking after one part of the body." - MOH Budget Speech (Part 3) 09 Mar 2005 by Dr Balaji Sadasivan, Senior Minister Of State For Information, Communications And The Arts and Health Venue: Parliament

3. Medisave for Chronic Disease Management Programme (CDMP) 2006

"The Medisave programme will help address some of the common difficulties faced by family physicians and patients in managing chronic diseases, such as affordability to patients, the need for national level public education and patient education materials, established clinical protocols, and community resources".
Dr Ho Han Kwee, College Mirror Vol 32 No 4

Now in its fifth year, CDMP has been watershed in the management of chronic diseases; an initial effort, of what must be a continuous process of refinements in order to tackle the increase burden of chronic illness in a fast greying population. Currently, claims via GP clinics in the programme are dwarfed by the Polyclinics and SOCs. (http://www.moh.gov.sg/mohcorp/uploadedFiles/Publications/Information_Papers/2010/Medisave%20for%20CDMP.pdf)

4) Wonca World Conference 2007

College played host to the WONCA World Conference in 2007. Wonca is the acronym comprising the first five initials of the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. Wonca's short name is World Organization of Family Doctors.

Dr Shigeru Omi, Regional Director, WHO Western Pacific Regional Office in a keynote address said: *"Family Physicians are wanted as catalysts because health is better in areas with more primary care physicians. People who receive care from primary care physicians have better health. Characteristics that constitute primary care are associated with better health. Primary care is associated with a more equitable distribution of health in populations".*

The noughts seemed like a lost decade for some Americans, so opines an article in Time magazine, Dec 6 2010. It certainly was not the case for the College. It was a decade where the objectives of the College were pursued with passion and dedication: to teach family medicine, organise and encourage participation in post-grad courses, promote and maintain standards and to enable due recognition of proficiency or attainment in family practice.

"The heights of great men reached and kept,
Were not obtained by sudden flight,
But they, while their companions slept
Were toiling upward in the night."
- Henry Wadsworth Longfellow. ■CM

yours sincerely,

Editorial Board of
The College Mirror &
The 22nd Council and
the Secretariat of
College of Family
Physicians Singapore

Reflections 2010 and Paradigm Shift for the Future

by A/Prof Goh Lee Gan, President, 22nd Council,
College of Family Physicians Singapore

The end in mind

In a twinkling of an eye, 2010 is fast marching to a close. In this issue are some reflections of the key events in the year as we prepare for 2011 and a paradigm shift for the future. Our end in mind must be the recognition and equitable worth of the Family Physician.

Begin with the beginning

In last year's November-December issue of the College Mirror, I said this: "As President, my New Year's resolution will be, to continue with the three tasks of strengthening the recognition and equitable worth of the family physicians; of implementing the accredited modular course programme for senior family physicians; and making right-siting work for FPs. Sounds familiar? Yes, these are the ongoing tasks of the Twenty-second Council." This was the road map for 2010. It will also remain the road map for 2011.

Recognition and equitable worth of the Family Physician

We need to continue to remind the four Ps –people, press, policy makers, and profession– that Family Physicians are more than cough and cold doctors. Of course, we can treat coughs and colds well. We are also moving into continuing care and coordination of care. And our enduring vision remains the same, reducing the burden disease through a preventive focus and co-ordination of care.

In terms of equitable worth, it is noteworthy that the consultation for chronic conditions takes up two or more units of acute consultation time – so by time alone, if acute consultation is paid a $20 consultation fee, then continuing care must be paid a consultation of twice or more. Only if society has a mind set change – else, the family physicians will not be receiving their equitable worth for continuing care work. Over the long term this would lead to fewer FPs actively practicing in continuing care

> **"And talking about making things happen, into the future, Family Physicians need more than the core competency in community based care."**

> **"This reciprocal recognition of the two Colleges' Fellowships marks another milestone in the academic and training relationship between the two Colleges..."**

needed for chronic disease. Behavioral change takes time, but this can be helped by sticky messages. So, the sticky message for 2011 to the 4Ps will be "Continuing care requires two or more units of time."

The Register of Family Physicians is further recognition of the equitable worth of the Family Physician. The Register as I understand, will be open for registration in 2011. Many senior GPs are already doing the Accredited Modular Courses (AMC) in preparation for this. Check the College website for more information.

FM Residency training and new competencies

Family Medicine is in the process of getting-ready its residency training programme. This will be a three-year programme. And like the MMed (Family Medicine), it aims to train family physicians to be specialists and to be on par with the hospital based specialties in terms of rigor and standard of care provision. Thanks are due to the many stakeholders making the programme happen.

And talking about making things happen, into the future, Family Physicians need more than the core competency in community based care. The Americans are coming out with the two-year Physician Assistant programme that will train people to do just that.

So, the Family medicine programmes of the coming years need to add a top piece and a bottom piece to this core. The next two paragraphs are the new competencies for family physicians to acquire. Like in all changes, we need to identify and work with the early adopters.

On top of the present paradigm of community based care is confidence in interface care – this competency will enable family physicians of the future to play a bigger and more effective role in keeping patients out of A&Es, help in the bed squeeze that all hospitals are feeling today, and reduce the "revolving door" readmission phenomenon because hitherto, not enough attention is paid to interface care and hand-off care. Think about this new competency – being confident in the knowledge of interface care, the application of such skills, and participation in solving the problem of the hospital bed-squeeze. The family physician can do a lot, if he or she knows how. It is not enough for family medicine to know and practice only what is in the community.

At the base of this new Family Medicine curriculum must be the competency for effective preventive care. Add to the armamentarium of community based competency, the competency to counsel patients on behavioral change. This must be part of the new FM programme into the future. This is the singular important skill in the successful management of chronic medical conditions. All the rest related to competency in chronic disease care management pale into lesser significance compared to this competency. Be competent in counseling patients in behavioral change and you will discover what I mean.

College Convocation

This year's Convocation recognized two stalwarts, A/Prof Cheong Pak Yean, and Dr Cheng Heng Lee, for their contributions to the College. We also listened to A/Prof Cheong's Sreenivasan Oration on Re-defining the Art of the Consultation accrued from the road less travelled and because of the road not taken. And a special announcement at the Convocation was the FRACGP and FCFPS Reciprocal recognition.

FRACGP and FCFPS Reciprocal recognition

This reciprocal recognition of the two Colleges' Fellowships marks another milestone in the academic and training relationship between the two Colleges that spans the time between pre-1971 and today. This reciprocal recognition is recognition of the two Colleges' academic standards.

FM Research

A discipline stands on the three pillars of Practice, Teaching, and Research. Family Medicine is setting its sights on developing the third pillar of the discipline. And together with its key partner Malaysia, Family Medicine research development is taking off with the F1 Formula Races' paradigm of good prizes and good training. The 2nd Asia Pacific Primary Care Research Conference held in the weekend of the first week of December is another testimony to the social experiment that started successfully in 2009 in Melaka hosted by the Malaysian Family Medicine counterparts. This year, we embarked on the social experiment of training budding FM researchers to be champions through the time honoured system of coaching. Read more about this in the year-end edition of the Singapore Family Physician.

Hope springs eternal

Together with the synergistic efforts of Family Medicine stakeholders both in and outside the fraternity of Family Physicians, and both in and out of the Singapore College, Family Medicine will find the recognition that it needs and deserves.

Thank you stakeholders

Let me conclude by thanking the many stakeholders, supporters, and colleagues in Family Medicine and the hospital based specialties for yet another year of yeoman service and social support.

Wishing everyone a Merry Christmas and Happy New Year 2011. CM

Family Medicine

22nd Council
College of Family Physicians Singapore

Council Members with the Guest-of-Honor, Sreenivasan Orator 2010, and Albert & Mary Lim Award Recipients

Standing: Dr Michael Wong, Dr Jonathan Pang (Honorary Secretary), Dr Tham Tat Yean, Dr Shirley Goh, Dr Rukshini Puvanendran, Dr Lim Fong Seng (Honorary Treasurer), Dr Leong Choon Kit, Dr Wilson Eu, Dr Tan Tze Lee (Honorary Editor), Dr Chow Mun Hong. Seated: Dr Lee Suan Yew (Past President), A/Prof Cheong Pak Yean (Albert & Mary Lim Award Recipient, Sreenivasan Orator 2010), A/Prof Lee Kheng Hock (Vice President), A/Prof Tan Boon Yeow (Censor-in-Chief), Prof K Satku (Guest-of-Honor), A/Prof Goh Lee Gan (President), Prof Claire Jackson (President, RACGP), Dr Jennifer Kendrick (Censor-in-Chief, RACGP), A/Prof Jan Radford (Immediate Past Censor-in-Chief, RACGP), Dr Cheng Heng Lee (Dr Albert and Mary Lim Award Recipient)

Photos (top to bottom): (1) Prof K Satku, Guest-of-Honor receiving a memento from A/Prof Goh Lee Gan (2) Prof Claire Jackson and Dr Jennifer Kendrick having conversation with A/Prof Cheong Pak Yean (3) Awards and mementos (4) A/Prof Goh Lee Gan welcoming Dr Lee Suan Yew and Dr Cheng Heng Lee (5) Prof Claire Jackson receiving a memento in commemoration of the FRACGP & FCFP(S) reciprocal recognition

Convocation 2010

28 November 2010, The Tanglin Club

FCFP(S)

Standing: Dr Teoh Mei Lin, Dr Farhad Fakhrudin Vasanwala, Dr Chong Tsung Wei, Dr Tan Kok Heng Adrian, Dr Yap Soo Kor Jason, Dr Koh Wee Boon Kelvin, Dr Ng Chee Chin David, Dr Ng Han Lip Raymond

Seated: Dr Wong Kay Wye Sabrina, Dr Quah Hui Min Joanne, A/Prof Lee Kheng Hock (Vice President), A/Prof Goh Lee Gan (President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Lee Sueh Ying Patricia
Not in photo: Dr Juliana Bahadin, Dr Tan Woei Jen Michelle

MCFP(S)

Standing: Dr Tan Hsien Yung David, Dr Ang Seng Bin, Dr Seah Ee-Jin Darren, Dr Tan Shu Yun, Dr Lam Chih Chiang Benjamin, Dr Moey Kirm Seng Peter

Seated: Dr Ang Lai Lai, A/Prof Lee Kheng Hock (Vice President), A/Prof Goh Lee Gan (President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Cheng Kah Ling Grace

MMed(FM)

Standing: Dr Eng Soo Kiang, Dr Lee Oh Chong Leng, Dr Subramaniam Surajkumar, Dr Chan Hian Hui Vincent, Dr Yeo Cheng Hsun Jonathan

Seated: Dr Thulasi D/O Chandra, Dr Tay Wei Yi, A/Prof Lee Kheng Hock (Vice President), A/Prof Goh Lee Gan (President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Sarina Omar, Dr Sarina Omar, Dr Jean Jasmin Lee Mi Li

GDFM

Standing: Dr Wee Shi Hui Sharon, Dr Kuan Yi Hern Benjamin, Dr Fong Qi Wei, Dr Goh Tze Chien Kelvin, Dr Lim Ang Tee, Dr Kong Jing Wen, Dr Chung Pin Soon, Dr Neelakshi Dilmini Kalambaarachchi

Seated: Dr Lee Kim Kee, Dr Premdhevi Mahalingam Venkatesan, A/Prof Lee Kheng Hock (Vice President), A/Prof Goh Lee Gan (President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Wong Janti Susanna

Citation for Sreenivasan Orator 2010 Adj A/Prof Cheong Pak Yean

by A/Prof Goh Lee Gan, President, 22nd Council, College of Family Physicians Singapore

"I am honoured to give a citation for Adjunct Associate Professor Cheong Pak Yean, the Sreenivasan Orator for 2010. Tonight is an important night for Professor Cheong. He is giving the Sreenivasan Oration. We are also giving him the Dr Albert Lim and Mary Lim Award for his contribution to the medical profession and to the College. So together with Dr Pang, we have decided to give Professor Cheong's citation in two installments. I shall leave Dr Pang to give a citation on his contributions while I will give a citation of what I know of Professor Cheong.

Professor Cheong is a good friend of mine. We have served together in the Singapore Medical Association – he was the President from 1996 to 1999 and I was his Vice-President; in the College of Family Physicians, Singapore – he was President from 2000 to 2006 and I was his Vice-President; and also in the SMA News Editorial Board – he was a member of my Editorial Board and he took over as Chairman in 2000 when I became President of the SMA. I got to know him quite well as a person. Let me share with you his three passions and the road that he has travelled.

HIS THREE PASSIONS: PASSION IN EDUCATION FOR BETTER PRACTICE

Professor Cheong's first passion is in education. Just as he has educated himself, he seeks to educate others. And he does things in a big way. Professor Cheong played a pivotal role in developing the Clinic Assistant Programme to train clinic assistants working in GP clinics in the middle

1980s when he was in the Association of Private Medical Practitioners. For many years he was on the Board of Governors of the Institute of Technical Education (ITE) and helped to develop the Clinic Assistant Programme further. Today, the Clinic Assistant Programme is still running in the Singapore Medical Association.

Another key training programme was the Programme B of the Master of Medicine in Family Programme for doctors who did not complete their formal post-grad training and were in the private sector. Together with myself, several colleagues and the Division of Graduate Medical Studies, we started Programme B in 1995.

"Professor Cheong's first passion is in education. Just as he has educated himself, he seeks to educate others. And he does things in a big way. Professor Cheong played a pivotal role in developing the Clinic Assistant Programme..."

Today programme B is still very much alive. It contributes to about a quarter of the MMed(FM) graduands.

PASSION IN TEACHING

Apart from setting up teaching programmes, Professor Cheong has a great passion for direct teaching. As an Adjunct Professor in Family Medicine Professor Cheong he played a big role in the teaching of undergraduate Family Medicine to our medical students in the Yong Loo Lin School of Medicine.

In the early years of Programme B in the Master of Medicine in Family Medicine Programme, Professor Cheong offered the rooms upstairs in his clinic premise for teaching postgraduates. The place was a hub of activity every Friday for 40 weeks a year. He actively participated in teaching together with Family Physicians trainers from the University and the private sector. His grateful students contributed a photocopying machine and overhead projector to the teaching center.

He also chaired many of the Family Medicine case study workshops. We always have a ready person in Professor Cheong whenever we needed someone to chair the sessions. This is really a great help to us in organizing the training programme.

PASSION IN BEING A COMPLEAT DOCTOR

Professor Cheong began his medical career after completing training in internal medicine before moving to community practice. Professor Cheong epitomizes one who does not stop learning. He seeks to learn things deeply in areas that he has a keen interest.

In the 1980s, when he saw a need for computerization, he not only learnt computer use in the clinic but also developed a clinic management software that had several hundred users. This was a forerunner of today's clinic management programmmes.

In 2002 his interest for mastery of everyday dermatological problems seen in the clinic led him to do a course leading to the Graduate Diploma in Dermatology conducted by the School of Postgraduate Studies, NUS.

In 2006 he became interested in psychotherapy and enrolled in a Masters class in Counseling run by Swinburne University and graduated in 2007 with the Master in Social Science (Counseling). And what he learns, he shares with his friends, colleagues and students.

> **"In the 1980s, when he saw a need for computerization, he not only learnt computer use in the clinic but also developed a clinic management software that had several hundred users. This was a forerunner of today's clinic management programmmes."**

PROFESSOR CHEONG'S PROFESSIONAL JOURNEY: THE ROAD NOT TAKEN AND THE ROAD LESS TRAVELLED

Professor Cheong's career reminds me of Robert Frost's poem on "The Road Not Taken" resulting in a person journeying on the road "...one less travelled by, and that has made all the difference". Professor Cheong started his professional life as an internist and obtained the MRCP. He chose the road not taken, unlike his colleagues, namely not to be in subspecialty medicine. He chose General Practice/Family Medicine instead. Of late, he has added formal psychotherapy to his professional work to have a collateral impact on his patients, as well as a positive impact on his personal and family life. Consequently, because of his choice of the road not taken, he has taken the road less travelled as an Internist, Family Physician and Psychotherapist. He has integrated the lessons learnt in this road less travelled and tonight he is going to share with one aspect of that journey - Re-defining the Art of Consultation.

Ladies and Gentleman, let me present to you Professor Cheong Pak Yean, the 2010 Sreenivasan Orator. Professor Cheong, please."

A/Prof Cheong Pak Yean then delivered the Sreenivasan Oration 2010 as highlighted on the cover page of this issue. ■CM

Citation for the Recipients of Dr Albert and Mary Lim Award

A/Prof Cheong Pak Yean & Dr Cheng Heng Lee

by Dr Jonathan Pang, Honorary Secretary, 22nd Council, College of Family Physicians Singapore

The Dr Albert and Mary Lim Award is the highest accolade awarded to individuals for contribution and services rendered to the College and to the discipline of Family Medicine.

This year we are honouring two members of the College who have contributed to the College. They are A/Prof Cheong Pak Yean and Dr Cheng Heng Lee.

A/PROF CHEONG PAK YEAN

Academic qualifications

A/Prof Cheong Pak Yean graduated with Bachelor of Medicine, Bachelor of Surgery (MBBS) in 1974 from the University of Singapore. In 1979 he obtained the MMed(Internal Medicine) from the University of Singapore. He also obtained the MRCP(UK) to become Collegiate Member of the Royal College of Physicians, United Kingdom. He was elected Fellow of the Academy of Medicine Singapore (1993), the Royal College of Physicians Edinburgh (1996) and American College of Physicians (1999).

A/Prof Cheong was awarded the Fellowship of the College of General Practitioners, Singapore (FCGPS) in 1997.

In 2002, he passed the Graduate Diploma in Dermatology from the University of Singapore.

In 2007, he obtained the Master in Social Science (Counseling) from the University of Swinburne in Melbourne.

Contributions to the College

A/Prof Cheong's greatest contributions to the College were during his tenure as President from 2000 to 2006. During his watch, he reformed the College's professional awards structure. He also spearheaded improvements of the administration at the College Secretariat. The position of Executive Director to administer the policy and operational matters of the College was set up during his watch.

Contributions to Family Medicine

A/Prof Cheong has also contributed in many ways to the medical profession:

- Together with A/Prof Goh Lee Gan he spearheaded the formation of the Programme B route to the Master of Medicine (Family Medicine) for family doctors in the private sector in 1995.
- Adjunct Professor in the Family Medicine teaching programme.
- Trainer in the MMed (Family Medicine) programme.

A/Prof Cheong Pak Yean receiving the Dr Albert and Mary Lim Award at the Family Medicine Convocation Ceremony 2010

Professional and service contributions to the medical profession

A/Prof Cheong has also served in various capacities in activities related to the medical profession:

- Member, Board of Directors, National Health Care Group (NHG), March 2000 – March 2006.
- Specialty Board Member, Chapter of General Physicians, College of Physicians of the Academy of Medicine Singapore, 2005-2007.
- President, Singapore Medical Association, 1996-1999
- President, Association of Private Medical Practitioners, Singapore (APMS), 1992- 1995
- Secretary-General, Medical Association of South East Asian Nations (MASEAN), 1996-2002.

The College is pleased to award A/Prof Cheong Pak Yean the Dr Albert and Mary Lim Award for his contribution to the College, to Family Medicine, and to the medical profession.

DR CHENG HENG LEE

Academic qualifications

Dr Cheng Heng Lee graduated with Bachelor of Medicine, Bachelor of Surgery (MBBS) in 1973 from the University of Singapore. He obtained the Graduate Diploma in Family Medicine (GDFM) in 2006.

Executive Director of the College

Dr Cheng Heng Lee's greatest contribution to the College was to serve as its second Executive Director from 2006 and 2009. He served in this position with great dedication and direction. He was responsible for reforming the College Secretariat administrative structure and the foundation he has laid has greatly benefitted the output of the College, as well as the satisfaction of the staff.

Apart from overseeing the major events of College Convocations, College Commencements, and Family Practice Skills Courses of the day, there was the Wonca World Conference 2007 that took place during his watch. The College is indeed grateful for his sterling yeoman service.

College Council and related Committees

Dr Cheng served in the College Council in several capacities:

Member of Council	2003-2006
Honorary Secretary	2005-2009

Other professional committees and organizations

Dr Cheng also served in several professional committees:

- Member, Committee for Self Regulation in Aesthetic Medicine (MOH) 2005
- Member, Steering Committee of Family Medicine Continuing Care, Singapore General Hospital 2005-2006
- Member, Transplant Ethics Committee, Singapore General Hospital 2005-2009
- Member, National Transplant Ethics Panel 2009-Present
- Member, National Medical Ethics Committee 2009-Present

Dr Cheng is also a Director of HMO Pte Ltd from 1990 to the present. HMO Pte Ltd is a company owned by 38 GPs to operate a drug store on a co-operative model to buy drugs in bulk and pass on the benefits of lower drug prices to small GP practices of shareholders and non-shareholders alike.

The College is pleased to award Dr Cheng Heng Lee the Dr Albert Lim and Mary Lim Award for his contribution to the College, to Family Medicine, and to the medical profession. CM

Dr Cheng Heng Lee receiving the Dr Albert and Mary Lim Award at the Family Medicine Convocation Ceremony 2010

Family Medicine

22nd Council
College of Family Physicians Singapore

Council Members with the Guest-of-Honor, Sreenivasan Orator 2010, and Albert & Mary Lim Award Recipients

Standing: Dr Michael Wong, Dr Jonathan Pang (Honorary Secretary), Dr Tham Tat Yean, Dr Shirley Goh, Dr Rukshini Puvanendran, Dr Lim Fong Seng (Honorary Treasurer), Dr Leong Choon Kit, Dr Wilson Eu, Dr Tan Tze Lee (Honorary Editor), Dr Chow Mun Hong. Seated: Dr Lee Suan Yew (Past President), A/Prof Cheong Pak Yean (Albert & Mary Lim Award Recipient, Sreenivasan Orator 2010), A/Prof Lee Kheng Hock (Vice President), A/Prof Tan Boon Yeow (Censor-in-Chief), Prof K Satku (Guest-of-Honor), A/Prof Goh Lee Gan (President), Prof Claire Jackson (President, RACGP), Dr Jennifer Kendrick (Censor-in-Chief, RACGP), A/Prof Jan Radford (Immediate Past Censor-in-Chief, RACGP), Dr Cheng Heng Lee (Dr Albert and Mary Lim Award Recipient)

Photos (top to bottom): (1) Prof K Satku, Guest-of-Honor receiving a memento from A/Prof Goh Lee Gan (2) Prof Claire Jackson and Dr Jennifer Kendrick having conversation with A/Prof Cheong Pak Yean (3) Awards and mementos (4) A/Prof Goh Lee Gan welcoming Dr Lee Suan Yew and Dr Cheng Heng Lee (5) Prof Claire Jackson receiving a memento in commemoration of the FRACGP & FCFP(S) reciprocal recognition

Convocation 2010

28 November 2010, The Tanglin Club

FCFP(S)

Standing: Dr Teoh Mei Lin, Dr Farhad Fakhrudin Vasanwala, Dr Chong Tsung Wei, Dr Tan Kok Heng Adrian, Dr Yap Soo Kor Jason, Dr Koh Wee Boon Kelvin, Dr Ng Chee Chin David, Dr Ng Han Lip Raymond

Seated: Dr Wong Kay Wye Sabrina, Dr Quah Hui Min Joanne, A/Prof Lee Kheng Hock (Vice President), A/Prof Goh Lee Gan (President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Lee Sueh Ying Patricia
Not in photo: Dr Juliana Bahadin, Dr Tan Woei Jen Michelle

MCFP(S)

Standing: Dr Tan Hsien Yung David, Dr Ang Seng Bin, Dr Seah Ee-Jin Darren, Dr Tan Shu Yun, Dr Lam Chih Chiang Benjamin, Dr Moey Kirm Seng Peter

Seated: Dr Ang Lai Lai, A/Prof Lee Kheng Hock (Vice President), A/Prof Goh Lee Gan (President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Cheng Kah Ling Grace

MMed(FM)

Standing: Dr Eng Soo Kiang, Dr Lee Oh Chong Leng, Dr Subramaniam Surajkumar, Dr Chan Hian Hui Vincent, Dr Yeo Cheng Hsun Jonathan

Seated: Dr Thulasi D/O Chandra, Dr Tay Wei Yi, A/Prof Lee Kheng Hock (Vice President), A/Prof Goh Lee Gan (President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Sarina Omar, Dr Sarina Omar, Dr Jean Jasmin Lee Mi Li

GDFM

Standing: Dr Wee Shi Hui Sharon, Dr Kuan Yi Hern Benjamin, Dr Fong Qi Wei, Dr Goh Tze Chien Kelvin, Dr Lim Ang Tee, Dr Kong Jing Wen, Dr Chung Pin Soon, Dr Neelakshi Dilmini Kalambaarachchi

Seated: Dr Lee Kim Kee, Dr Premdhevi Mahalingam Venkatesan, A/Prof Lee Kheng Hock (Vice President), A/Prof Goh Lee Gan (President), A/Prof Tan Boon Yeow (Censor-in-Chief), Dr Wong Janti Susanna

"2010 has been special for me because..."

Interviews by Dr Kelvin Goh Tze Chien, Editorial Board Member

"I gave up my clinic practice of over 30 years in 2006 to join my husband when he relocated to China. I restarted part time practice in a group practice in 2010. I first started family practice after my housemanship and was the first in my batch to do so.

I have found my present practice more enjoyable and relaxing compared to the past in terms of not having to manage the day to day affairs of the clinic. There is no stress related to the business aspect of the practice. I have always wanted to resume practice in the 3-4years while away, thus I was delighted to be able to do so, on my terms. Working only mornings and the days that are compatible with my lifestyle as work-life balance is very important at my age.

2010 was also a year I saw the world. I had the opportunity to engage in my hobby of travelling around the world. I had delayed my gratification for over 30years. I have been on the Alaskan cruise aboard the Celebrity Millennium, Vancouver, Europe, Egypt and the Middle East, Darwin, Sarawak, Sichuan and the Shanghai World Expo!

I would highly recommend the Alaskan cruise for those into nature and Egypt for its rich historical heritage.

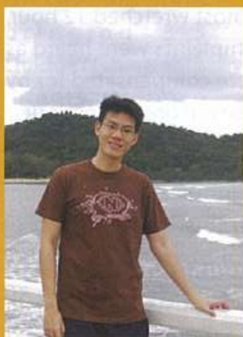
2011 IS exciting! I look forward to visiting South Africa, the Victoria Falls in Botswana, and high altitude train ride from Tibet. I am also considering Lake Baikal in Russian and Mount Everest in Nepal. Officially I will become a mother in law in March 2011. Maybe I could even become a grandmother by December 2011.

Professionally, I look forward to redevelop the doctor patient relationships that I have lost since giving up my practice. I also look forward to taking up the GDFM modular course.

I thank God for providing me opportunities to work, filling me with love that I can share with my patients and good health for travelling. Best of all I am blessed with the best husband in the world.

Have a Merry Christmas."

Dr Lim Lay Siew,
MBBS (Singapore 1976)



"2010 has been special for me because I was able to usher in the New Year with my newborn son. It has been a great experience seeing him grow and acquire new skills over the months. With a most supportive family, I was able to set aside time to prepare for my GDFM examination. I was glad that my work paid off and I was able to pass the examination.

One interesting thing I have done recently was to attend a course on hyperbaric and diving medicine which was something that was not part of our undergraduate curriculum or mainstream postgraduate training.

Having spent almost 2 years in a group private family practice, I have decided to return to the public sector. I think family physicians do have a role to play in the public hospitals. We complement the work of our specialist colleague by providing a more holistic and integrated approach to the care of the patients. I believe that FPs has a role to play in the restructured hospitals hence I have decided to return to contribute in whatever little way I can. The public sector can also provide more opportunities for learning and research that the private sector is unable to provide.

2011 looks great as I will continue to see my son surprise me with new skills. I will continue my own journey of learning to expand my horizon and hopefully provide better patient care. I hope to see family physicians take on greater responsibility and expand beyond the current accepted boundaries so that patients will not just regard family physicians as mere "cough and cold" doctors.

In the year 2011, I wish for health for my family. I hope that I can find time to do more travelling as well. Thank you."

Dr Wee Tze Chao, MBBS (Singapore 2003), GDFM (2010)

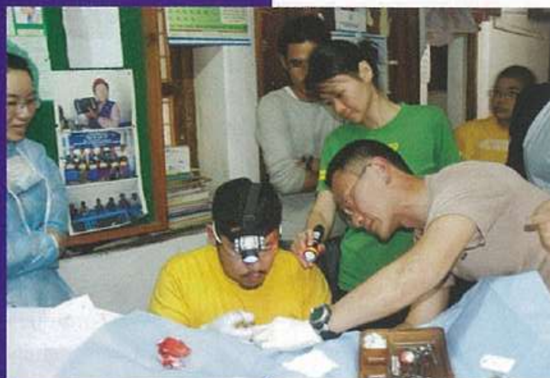
Dr Wee is currently working in a Restructured Hospital in Singapore. CM

Live, Laugh, Love Nepal

By Dr Liem Sian Yang & Ms Tan Soo Hui

Nepal, the home of Mount Everest, is decorated with breathtaking sceneries and a rich historical culture. The tradition and colors of her people and places often leave tourists from all around the world awe-inspired and longing to return to the embrace of Mother Nature.

However, despite her bustling tourism, Nepal remains as one of the poorest countries in the world. About 80% of Nepal's population live in rural areas and is dependent on subsistence farming for their livelihoods. Household food security and poor nutrition are still major concerns in rural areas. Most households have little or no access to basic social services such as primary health care, education, clean drinking water and sanitation services.



Since 2006, a group of volunteer Dentists and Doctors have decided to turn compassion into action. With our own time and money, we have managed to undertake this project year after year. Over the last few years, with the help of Rangjung Yeshe Shenpen, a volunteer-based, non-profit organization that helps the poor and disadvantaged in Nepal, the group of volunteers rallied teachers, nurses, monks, nuns, translators, local doctors and various administrative and logistic support to help bring primary healthcare and dental services to the less fortunate in Nepal.

We have been very privileged to receive the goodwill and generosity from international and local societies, associations and fellow professionals and friends and indeed have made this endeavor sustainable.

Our Experience - Live, Laugh, Love

THE PLACE: This year, Shenpen arranged for the camp to be setup at Thambuchet and Syabruk Beshe. Thambuchet, our first camp, perched at 1738m above sea level, is near the Langtang National Park of Nepal. Preparation and publicity started few months before our arrival by the local monastery contact. As these places were located in secluded mountainous areas, logistic arrangements such as medical supplies, our lodging arrangements, food/water supplies had to be arranged meticulously so as to avoid situations such as bunch of hungry Singaporeans sleeping in the cold!

THE JOURNEY: Curled up in fetal position, bumping around on a cramp bus with limited leg space, our knees ached from the bruises caused by knocking and rubbing against the front seats. Most of us got off the bus with newly diagnosed 'pressure' sores, 'whiplash' injuries, and a layer of dust from the road caking our faces and bodies. Such, were the treacherous conditions of our 12 hours bus ride. It would have been the most wretched 12 hour, but no complaints were heard as all that were compensated for by the company of great likeminded friends, amidst breathtaking view of mountains and agricultural landscape.

THE EXPERIENCE: Finally, our team of 6 dentists, 3 doctors, a nurse and a group of well trained local volunteers and translators arrived at the village of Thambuchet. This time, we also had an acupuncturist from California among the team to provide alternative therapy for patients with chronic pain and prolong ailments. Welcomed by a twelve degree Celsius chilled air and the tranquil darkness of the village, we unloaded our supplies of medications and dental equipment off the scrap-worthy looking bus, which had brought us safely up to heaven! (Pun un-intended). Prior arrangements had been made for us to set

up the clinics in a building used for child delivery, as there was ample water and electricity supply. In the past, such basic necessities were considered a luxury in such places!

Armed with simple but appropriate medicines and basic dental equipment, we provided primary medical and dental services to the village. We also taught the villagers proper hand washing and toot- brushing techniques. We performed simple weight and height checks for the children, nutrition education for the youths and blood pressure screening for the elderly. The villagers responded well to the activities and most appeared grateful for the treatment rendered. No dubious stares or negative feedback, just plain gratitude seen in their eyes; something that we do not witness often back in our daily lives. We treated over 300 patients during our 2-day camp at Thambuchet.

On the third day, we packed our 'barangs' and moved on to the next prominent village - Syabruk Beshe, which was about a 2-hour déjà vu bus ride away. The camp for the next 3 days was held at a local health post. It was common to see mothers bringing 3-5 children (some with infants strapped across the back and/or front) with multiple medical problems to be treated. We also had elderly folks who walked a full day (some even through the night) bare footed just to see us for poor eye-sight or hearing attributed by aging. Sadly, little can be done for these degenerative conditions; we could only load them up with vitamins.

All in all, we managed to see over 1,200 patients over the week of service. Majority of the cases we saw were musculoskeletal injuries, gastrointestinal ailments and upper respiratory tract infection.

All in all, we managed to see over 1,200 patients over the week of service. Majority of the cases we saw were musculoskeletal injuries, gastrointestinal ailments and upper respiratory tract infection. Hygiene and nutrition issues were commonplace and simple health education goes a long way to help the population as a middle term goal. Occasionally, there were small lumps and bumps which we could treat with minor surgery in the field (the major highlights for the 2 surgeons we had on board) but more complicated surgical and chronic medical conditions were referred to local health authorities (which are a mountain-journey away) for appropriate management as these require long term follow-up for optimal care.

Many occasions, we found ourselves unable to make much difference to alleviate their problems due to time and resources constraint. But we could provide translated advice and counseling and comfort, where-ever possible. It's funny, yet at the same time disheartening to see how mere vitamins would have to transform into wonder drugs when all else fail. Sometimes, sense of helplessness would creep in and over-shadow our enthusiastic souls when there was nothing much we could do. And its times like these that we are being reminded of how fortunate we are in modern civilization. Certain acute conditions that we saw also reminded us that we were only seeing the tip of the iceberg, where bigger problems are rooted deeper from within. As much as we would like to help, there was only so little that we could do. We are also only human after all. We do hope that these small humble gestures could make a difference in their lives, in one way or another. Namaste.

The Singapore Team (2010)

Dentists: Dr Bey Yee Hau (IC), Dr Vijayan, Dr Au Eong Kah Chuan & wife, Ms Alice Ng, Dr Yang Jing Rong, Dr Peh Yew Jia, Dr Tan Wei Min, Dr Lim Kiat Lin. **Medical Doctors:** Dr Liem Sian Yang (IC), Dr Chong Chee Keong, Dr James Ngu. **Nurse:** Ms Tan Soo Hui. **Official Photographer:** Mr Johnny Lim.

Acknowledgements

Kind Sponsors (Nepal): Rangjung Yeshe Shenpen, Nepal Medical Association. **Kind Donors (Singapore):** Q and M Dental Group, Dr Angela Chong, Dr Wilson Eu, Dr Theresa Yap, Dr Tang Kok Wang, Dr Ho Mui Fang, Dr Andrew Ow, Dr Chee Chen Sin, Dr Tan Tian Wang, Dr Latith, Dr Kannapan, Dr Cindy Chew, Wong Seng Luen, Yuan Yoke Ying, Bey Siew Ching, Khoo Wei Wei, Ng Wang Kee, Kaan Shueng Kin, Tong Ien Ling, Poh Jasmine. **Translational assistance:** Mr Nitin Maheshwari. **Well Wishers:** All our supportive families and friends.

Thank You! CM

A Simple Approach to a Patient with Weight Loss in Family Practice

by Dr Gabriel Seow, FCFP(S), Editorial Board Member

It is a rare day when one can flip open any magazine without being pelted with the ubiquitous advertisements on pills, creams and gizmos that promise to eliminate those excess kilos gone to waist. Just off hand, I can easily name a dozen friends who would gladly swallow just about anything (and at any price!) for the slim chance to emulate that Adonis with his amazing I-lost-30kg-in-12-weeks*-you-can-too phenomenon. Come to think of it, repeated efforts at losing weight, having (sometimes multiple) gym memberships and spa treatments are a major Singaporean pre-occupation!

But every now and then, we do come across a patient who is actually worried about the fact that he is losing weight. In fact, he looks just like one of those "after" photos in a typical slimming ad minus the smiles, the bikini and the make-up. Before congratulating him, we may wish to run through a check list. I hope this outline makes your job easier!

*results may vary between individuals

What constitutes significant weight loss?

Answer: > 5kg or > 5% in 6-12 months

(Although a recent study in Seattle showed that for those > 65 years, > 4% in 1 year was more sensitive in identifying those with increasing risk of mortality)

Involuntary weight loss: the unintended loss of weight; sometimes not reported by the patient and only noted on chart review.

Voluntary weight loss: the conscious effort to lose weight; frequently not a complaint among those with eating disorders.

What common causes must I think of?

Healthy dieting is common among both men and women; however among young women, significant voluntary weight loss may herald an eating disorder.

The etiologies of weight loss are myriad. A useful way to group them is:

1. Psychiatric illness - depression, dementia, the eating disorders
2. Chronic illness - any organ failure (esp. CCF/COPD), inflammatory disorder, infection (HIV, TB)
3. Cancer - particularly GI
4. Drug related
5. Idiopathic

Cancer accounts for one third of all patients with involuntary weight loss. In up to one quarter, no cause will be found up to 2 years after presentation.

What particular points in history should I note?

1. Confirm objective weight loss, two of the following:
   - clothes are looser
   - confirmed by a family member
   - able to specify how many kilos have been lost

   Calculate BMI. But, note that the amount of weight loss is unhelpful in deciding the probability of physical illness, once the cut-off point has been reached.
2. Distinguish between voluntary (dieting, anorexia, bulimia) and involuntary weight loss.
3. Ask about appetite
   - There are relatively few causes of weight loss associated with increased appetite: diabetes, hyperthyroidism, malabsorption, oropharyngeal dysfunction and increased exercise.
4. Ask about other symptoms especially fatigue, change in bowel habits and cough
5. Ask about co-existent medical conditions and drugs
   - Common drugs that may cause anorexia: SSRIs, tricyclics, L-dopa, digoxin, ACE-I, metformin, theophylline, opiates, methylphenidate
6. Ask about diet, smoking and alcohol use
7. Assess mental state and screen (formally) for depression, dementia, eating disorders
8. Assess social situation; preparation of food, eating habits and enjoyment of food

What focused physical examination I

should do?

Up to 40% of cancers could be found on physical examination, thus examine in a focused way, bearing in mind the commonest organic causes of weight loss: cancer, GI disorders, hyperthyroidism and neurological problems.

1. In addition to examining the heart, lungs and abdomen, check:
   - the neck axillae and groins for lymph nodes,
   - breast & prostate for masses.
2. Assess thyroid status.
3. Look for clues to alcohol and drug misuse.

What are the 6 clinical features that predict for an organic cause?

1. Cigarette smoking
2. Decreased activity due to fatigue
3. Complains of nausea/vomiting
4. Recent loss of appetite
5. Cough that has recently changed
6. Physical examination suggests a physical cause

What is a reasonable basic screen?

A consensus exists that the following is should be ordered:

1. FBC + ESR
2. U/E/Cr + LFT + RBS + TFT + UFEME
3. Stool OB
4. CXR

What are 5 independent predictors of malignancy from my basic screen?

1. Age > 80
2. Serum albumin < 3.5 mg/dl
3. TW > 12000 x 10^9/l
4. Alkaline phosphatase > 300 IU/L
5. Lactate dehydrogenase > 500 IU/L

When to refer?

Act on any abnormality even if it does not seem, in itself, to point to a diagnosis. E.g. the vague symptom of fatigue with weight loss is a powerful predictor of cancer. E.g. a person with weight loss and LDH > 500IU/L has a probability of cancer of > 90% even when all other tests are normal.

Those with abnormal findings are likely to require referral for further investigations.

If the above approach yields no clues, discuss with the patient whether to pursue further investigations. Upper and lower GI endoscopy are likely to be the most useful investigations but no studies have reported its value in patients without GI symptoms or signs or abnormal investigations.

In a quarter of the cases of patients with weight loss in primary care, no cause can be found after a 2 year follow up. A delay in referral may result in missing a cancer. If the clinical suspicion is low and a policy of watchful waiting is adopted, ensure that the patient is reviewed in 3 months as some etiologies may surface with time.

What is the clinical significance of weight loss?

Patients with involuntary weight loss have higher mortality rates: 10% at 24 months and 40% at 30 months. Those with idiopathic weight loss have a better prognosis than those with identified etiology.

What are some caveats?

1. The elderly population is a special case and may have more than one cause for their weight loss. Remember Robbins 9 D's for weight loss in the elderly:
   - dentition, dysgeusia (distortion of sense of taste), dysphagia, diarrhea, depression, dementia, drugs, dysfunction and disease
2. Don't forget Munchausen syndrome, in which some patients may voluntarily lose weight to get attention.

Appendix

Diagnostic criteria for:

Anorexia nervosa

- >15% below ideal body weight
- Fear of weight gain
- Body image disturbance (4 useful screening questions: "How many diets have you been on in the past year? Do you think you should be dieting? Are you dissatisfied with you weight? Does your weight affect the way you think about yourself?")
- Primary amenorrhea or secondary amenorrhea > 3 months duration

Bulimia

- Recurrent binge eating ("do you ever binge?"), AND
- A feeling of lack of control over eating
  - recurrent compensatory behavior to prevent weight gain
  - cycle occurs twice weekly for at least 3 months
  - body dissatisfaction

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2. Tierney LM, Henderson MC. The patient history-evidence-based approach. 2005; 127-133.

3. Thompson M, Morris L. Unexplained weight loss in the ambulatory elderly. J Am Geriatric Soc 1991; 39:497-500.

4. Hernandez J, Matorras P, Riancho J, et al. Involuntary weight loss without specific symptoms: a clinical prediction score for malignant neoplasm. Q J Med 2003; 96:649-655. CM

Family Practice Skills Course #38

Managing Family Violence

Sat-Sun, 29-30 January 2011
2.00-5.45pm

Venue: Health Promotion Board
Auditorium Level 7
3 Second Hospital Avenue

☐ **SEMINARS** (2 Core FM CME points per seminar cum workshop)
Seminar 1 • Unit 1-3: Sat, 29 January 2011 (2.00pm - 4.15pm)
Seminar 2 • Unit 4-6: Sun, 30 January 2011 (2.00pm - 4.15pm)

☐ **WORKSHOPS**
Workshop 1: Sat, 29 January 2011 (4.30pm - 5.45pm)
Workshop 2: Sun, 30 January 2011 (4.30pm - 5.45pm)

*Registration of workshop is on first come first served basis. Seats are limited. Please register by 24 January 2011 to avoid disappointment.

☐ **DISTANCE LEARNING MODULE**
(6 Core FM CME Points upon completing the MCQ Assessment)
• Read 6 Units of study materials in the Singapore Family Physician Journal and pass the MCQ Assessment.

This Family Practice Skills Course is jointly organised and supported by the College of Family Physicians Singapore and **Ministry of Community Development, Youth, and Sports (MCYS)**

REGISTRATION

FREE REGISTRATION for College Members!

MANAGING FAMILY VIOLENCE
Please tick (✓) the appropriate boxes

	College Member	Non Member
Seminar 1 (Sat)	☐ FREE	☐ $ 20.00
Seminar 2 (Sun)	☐ FREE	☐ $ 20.00
Workshops (Sat-Sun)	☐ FREE	☐ $ 40.00
Distance Learning (Journal)	FREE	☐ $ 40.00
	TOTAL	

☐ I attached a cheque for payment of the above, made payable to: **College of Family Physicians Singapore**.*

Cheque number: ____________________

Signature: ____________________

*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).

Name: Dr ____________________

MCR No: ____________________

(For GDFM Trainee only) *Please indicate:* ○ 2009 Intake ○ 2010 Intake

Mailing Address: (*Please indicate:* ○ Residential ○ Practice Address)

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____________________ **E-mail:** ____________________

Tel: ____________________ **Fax:** ____________________

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

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Rd #01-02, College of Medicine Building, Singapore 169854

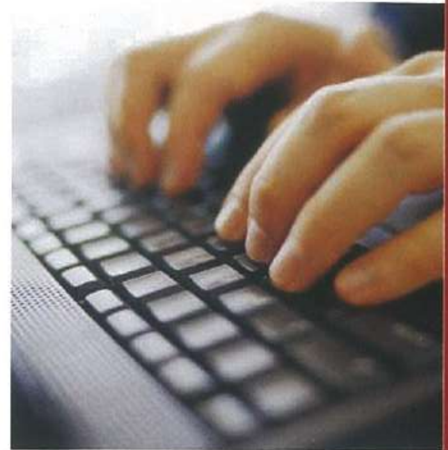
Or fax your registration form to: **6222 0204**

Family Practice Skills Course

On-line Notifications & E-Services Platforms

Sat-Sun, 5-6 March 2011
2.00-5.45pm
Venue: Shaw Foundation Alumni House*

11 Kent Ridge Drive, Singapore 119244



TOPICS:

Unit 1:	Overview of On-line Notifications & E-Services Platforms
Unit 2:	Notification of Infectious Diseases
Unit 3:	Communicable Diseases Live and Enhanced Surveillance System (CD-LENS)
Unit 4:	Notification of Occupational Diseases
Unit 5:	Immunisation Uptake and Disease Prevention
Unit 6:	Reporting of Adverse Events to Health Products

SPEAKERS:

A/Prof Goh Lee Gan, College of Family Physicians Singapore
Dr Jeffery Cutter, Ministry of Health
Dr Kenneth Choy, Ministry of Manpower
Dr Jonathan Pang, College of Family Physicians Singapore
Ms Belinda Tan, Health Sciences Authority
(More speakers are to be confirmed)

* Venue is subject to change. Please visit www.cfps.org.sg for latest updates.

☐ **SEMINARS** (2 Core FM CME points per seminar cum workshop)
Seminar 1 • Unit 1-3: Sat, 5 March 2011 (2.00pm - 4.15pm)
Seminar 2 • Unit 4-6: Sun, 6 March 2011 (2.00pm - 4.15pm)

☐ **WORKSHOPS**
Workshop 1: Sat, 5 March 2011 (4.30pm - 5.45pm)
Workshop 2: Sun, 6 March 2011 (4.30pm - 5.45pm)

*Registration of workshop is on first come first served basis. Seats are limited. Please register by 25 February 2011 to avoid disappointment.

☐ **DISTANCE LEARNING MODULE**
(6 Core FM CME Points upon completing the MCQ Assessment)
• Read 6 Units of study materials in the Singapore Family Physician Journal and pass the MCQ Assessment.

This Family Practice Skills Course is jointly organised and supported by the College of Family Physicians Singapore, Ministry of Health, Ministry of Manpower, Health Sciences Authority, and Health Promotion Board

REGISTRATION

ON-LINE NOTIFICATIONS & E-SERVICES PLATFORMS
Please tick (✓) the appropriate boxes

	College Member	Non Member
Seminar 1 (Sat)	☐ FREE	☐ $10.00 ~~$20.00~~
Seminar 2 (Sun)	☐ FREE	☐ $10.00 ~~$20.00~~
Workshops (Sat-Sun)	☐ FREE	☐ $20.00 ~~$40.00~~
Distance Learning (Journal)	FREE	☐ $20.00 ~~$40.00~~
	TOTAL	

☐ I attach a cheque for payment of the above, made payable to: College of Family Physicians Singapore.*

Cheque number: ____________________

Signature: ____________________

*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).

Name: Dr ____________________

MCR No: ____________________

(For GDFM Trainee only) *Please indicate:* ○ 2009 Intake ○ 2010 Intake

Mailing Address: (*Please indicate:* ○ Residential ○ Practice Address)

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____________________ **E-mail:** ____________________

Tel: ____________________ **Fax:** ____________________

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

Please mail the completed form and cheque payment to:
College of Family Physicians Singapore
16 College Rd #01-02, College of Medicine Building, Singapore 169854

Or fax your registration form to: **6222 0204**