



SATISFYING, HAPPY OR REWARDING

Eight years ago, I struggled with midlife crisis. One of the issues I faced then was my purpose in life. I had my own practice, my family was well looked after by my wife, and we were contributing well to the church and society. Yet, I had a strong sense of emptiness and a fear of fading away.

During that time, I was overseas performing my annual reservist duty. It was a long exercise and provided an excellent opportunity to escape from this crisis. I was alone in a sea of officers, of which I was the lowest rank, in the meeting hall waiting for our operations orders. Because of my rank, I was not entitled to any seats and had to stand next to the entrance.

When the exercise commander swung the door open, our eyes met and we stared at each other. For those brief few seconds, many thoughts went through my mind. This colonel looked very familiar; certainly, he was someone I knew. The same thought must have raced through his mind. Then, we both blurted out each other's name. We had been classmates in secondary school!

We chatted a few more times during the exercise and over the next few in-camp trainings. We both felt that

one of the answers to our emptiness was getting back in contact with the friends we had missed when we went our separate ways to establish our own lives. So, we started Facebook and WhatsApp groups and reconnected with our cohort.

As a GP, what is the parallel here? What is so rewarding, satisfying and happy about our practice? What are some shortcomings and pitfalls?

PRIMARY CARE IN PUBLIC INSTITUTION

The advantage of a public primary care institution such as a polyclinic is working with many medical colleagues. As the saying goes, "many hands make light work". Besides sharing the work via a team approach, it also makes life less lonely. Whenever there's a medical problem, we can always hop next door to consult a colleague. Or when the crowd is flooding our queue, we can get help from the nurses.

One of the shortcomings is the huge patient load and short consultation time. The stresses — not being able to see our patients on time, patients' complaints and missing potentially

grave conditions — are real. For younger doctors, GP training would not be as complete.

PRIVATE PRACTICE — GROUP

Many of our younger colleagues join private medical groups after leaving public service. The main reason is the support offered by private medical groups. This is especially comforting when one is new and inexperienced. It takes away the stress of having to find new patients, handle the clinic administration and run the business. Most private group clinics are two-men practice; hence, the doctor would not feel lonely.

However, even though the private group offers a higher pay packet than public institutions, the fact that one works hard, earns money for the practice and yet gets paid only a fraction often leaves one feeling disgruntled. Because of this, after a while, young practitioners naturally seek greener pastures elsewhere. Most start as locums, while some go on to start their own practice.

PRIVATE PRACTICE — LOCUM

Being a locum is lucrative. It also gives the doctor more autonomy and a good sense of what it's like being a boss. A locum doctor still enjoys the support of the clinic without the need to handle the business and administration side of things. If locums work regularly at the same clinic, they can garner a strong following of patients. Most advantageous of all, being a locum offers flexibility. The work essentially revolves around one's schedule and not the other way around. This is particularly important when young doctors are starting their own families.

While working as a locum brings in good money, there is a limit on the earnings. Medical locums are paid by the hour, so the amount they earn is limited to the number of hours they put in. Thus, a locum cannot afford to fall sick, as medical certificates are useless. As the saying goes, when the hands stop, the mouth stops too. Also, locums can sometimes feel demoralised if patients have misconceptions about their abilities. When I was a locum, I felt very discouraged whenever I heard patients telling the receptionists that they would rather see the original doctor than a locum.

PRIVATE PRACTICE — SOLO

The attraction of a running our own practice is immense. The satisfaction of seeing an empty shop unit transformed into a thriving clinic is beyond description. It can only be experienced and felt. To some extent, this euphoria is addictive and contagious. Furthermore, the autonomy a solo doctor enjoys in managing patients and running the clinic exactly the way he or she likes brings a great sense of pride. The joy of seeing a patient recovering or returning to thank the doctor cannot easily be put into words. This pride is something money cannot buy.

But solo private practice is tough and lonely. Being the only doctor means we have to run all the sessions ourselves. It also means time has to be set aside for administration – handle complaints and staff issues, manage stocks and inventory, submit data and claims, write medical reports and ensure all the professional and statutory requirements are met. Very little time is left for self, family, and other ventures such as professional education, research, and social leadership and service.

SOLUTION — FUTURE

The Ministry of Health (MOH) recognises the importance of primary care and has been engaging in various pilot projects to harness all the primary care physicians to help MOH deliver an efficient and effective healthcare system.

From a GP point of view, the various models mentioned above represent a phase of our lives. There is no absolute perfect place for a GP. The right system is the one that suits the stage of our lives at that time. Although the solution lies in a system to coordinate all these different primary care services, there is still room to try for a new kind of model to help the primary care physician develop.

What we need is a paradigm shift in viewing primary care. A hybrid model incorporating as much benefits and as little shortcomings of each model would be ideal. That brings to mind the family medicine clinic (FMC). Advances in technologies will also help the solo GP to function like an FMC without physically needing to relocate. But that would be another article. ♦

PROFILE



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Dr Leong Choon Kit is a GP in the private sector. He is an advocate of the ideal doctor which is exemplified by one who is good at his clinical practice, teaching, research and leadership in the society. His idea of social leadership includes contributing back to society and lending a voice to the silent.

