# RATIONALISING THE GP WORLD

Many GPs encounter the scene above and much more in our daily practice. What are some common features in these questions? Two things sprung to my mind: diversity and survival.

## THE DIVERSE GP WORLD

The GP world is not a homogeneous one. For that matter, the medical world is never homogeneous. No two doctors will give the exact same answer and yet both are likely to be correct.

General practice specialises in generalism and it covers a huge spectrum of services — from birth, pre-marriage and pre-pregnancy to the grave. It extends to those who are well, are acutely sick, who suffer from chronic diseases and many more. It treats, prevents, beautifies and maintains health and well-being. Nothing escapes the GP realm.

Yet in reality, there is a limit to how much a GP can learn in his lifetime, let alone become an expert in every aspect. Therefore, each GP's passion, interests and factors that will bring in the much needed income will determine how each practice is going to be.

For instance, I am an asthmatic with bad atopy. I have frequent gastric pain and a strong family history of cardiovascular conditions. Naturally, when it comes to choosing Continuing Medical Education seminars and

courses to attend, I tend to narrow my selections down to these topics. As I learn more about these conditions, my patients self-select themselves to see me mainly for these ailments too.

I believe my colleagues when they tell me they do aesthetics because they love to see people beautiful. Who doesn't? I also believe my colleagues when they tell me that they want their patients to eat well and prevent illnesses. After all, which doctor did not start out with this ideal?

Because of these, and with the full autonomy every private solo GP has, we shape our practices as such. This gives rise to a plethora of varying GP practices which then became a hurdle when the Regional Health Services (RHS) and the Ministry of Health (MOH) sought to engage the GPs for help with right-siting patients.

Streamlining the services provided by the GPs is the obvious solution. However, it would reduce the effectiveness and the efficiencies of the private sector. The free market principle should as far as possible be allowed to operate and create the widest spread of the types of GP clinics.

For the same free market principle, some GPs may aspire to work in the public sector, while others prefer to be in the community hospitals or perhaps as internists in the tertiary hospitals. Every one of them should be encouraged to excel in the areas they have chosen.

Instead of streamlining them or generalising everyone into one mould, it is better to let everyone flourish and at the same time create a system to help the public select the services they need.

## A UNIFIED GP GARDEN WORLD

"Let a hundred flowers bloom," A/Prof Goh Lee Gan often said whenever we discussed primary care matters, quoting a Chinese saying. The challenge is then to create a beautiful garden by arranging all these different beautiful blooming flowers.

First idea on my mind is to create chapters. There can be a group of GPs doing mainly community hospital work, another group working among our specialists in the tertiary hospitals by moving patients out into the community, and a third group of community GPs receiving the public and patients.

Another permutation would be in the types of practices offered. Some GPs prefer to see patients with chronic diseases, while others prefer treating acute conditions or attending to contract patients, patients for screening, or wellness and aesthetics practice.

With proper division and labels, the public will not be confused. Similarly, MOH, RHS and the Agency for Integrated Care will have an easier time in right-siting patients. Even the young family physicians will probably have a clearer picture of where they want to work at or who they can aspire to be.

However, with all these divisions, the fraternity will also have to determine the core to the GP world. If not, it will be fragmented.

Wherever GPs are placed or choose to work, they will have to fulfil the statutory obligations. For example, a GP may focus on home visits and provide mainly palliative care, but he should still clock in some hours doing the usual duties such as treating acute and chronic conditions.

If employment terms restrict such opportunities, the GPs can always do pro bono work at charity clinics like HealthServe or Karuna Clinics.

## SURVIVING THE PRIVATE WORLD

All doctors are smart and hardworking. We know how to survive. That is why the Ethical Guidelines becomes relevant and important. Without it, some practitioners may get very creative.

In the forthcoming instalments of the "GP Matters" column in *SMA News*, I will have a few GPs share their start-up experiences. Meanwhile, there are two upcoming events that those in the private sector can look out for.

First, the World Immunisation Week, initiated by the World Health Organization, will be held from 24th to 30th April 2016 with the theme *Close the Immunisation Gap*. It is a good time for GPs to help review our patients' vaccination records and update them if necessary.

The second event is the World Family Doctors' Day, first launched by the World Organization of Family Doctors, to be held on 19th May 2016. Although it is a day to celebrate the GPs, we can always use the opportunity to focus the event on the public and our patients.

When we put the public at the heart of what we do, we know for sure that we will not only survive, but thrive and do well. ◆

PROFILE

TEXT BY

**DR LEONG CHOON KIT**

*Editorial Board Member*

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.