



# WHEN WE *Grow Old*

Text by Dr Lee Yik Voon

The Chinese song “当你老了” (“When you are old”) by Karen Mok reminds me to ponder about life as I age.

## Declining pool of familiar doctors

In my younger days as a practising GP, I had my preferred network of specialists whom I usually refer my patients to. I knew who could handle what sort of patients. For instance, patients who require doctors with high EQ, patients who like “no nonsense and cut straight to the chase” doctors, or patients who have mental and financial constraints needing colleagues who will do pro bono work.

As some of us approach the statutory retirement age, we may find our network of specialists dwindling as many would have retired from practice or have passed on. How many of them can we seek help from when we are struck down by illness ourselves?

Similarly, when we retire and no longer practise medicine, who do we see for our primary care needs? Will

we think that our younger colleagues are still “wet behind the ears” and not experienced enough to look after our relatives and us?

If you look at the number of titles that our younger colleagues display, it would seem that they have undergone more rigorous training. Titles such as Graduate Diploma in Family Medicine (GDFM), Master of Medicine (MMed), Fellowship in the College of Family Physicians (FCFP) and Fellow, Academy of Medicine, Singapore (FAMS) – you name it, they have it. But will they have the practical experience, or the ability to interpret medical conditions and results in the right context? I have a younger colleague who is a good friend of mine. He has been a professor for many years and being humble, he told me that he is just a paper tiger. Can paper tigers deliver the healthcare that will meet the expectations of our loved ones?

Unlike laypersons, we have more domain knowledge, more medical

information and more insights to have a better understanding of whatever “Dr Google” throws up. However, we have our inherent biases and blind spots that will give us subjective impressions that could form very non-objective assessments of the medical conditions of our loved ones and ourselves.

Alternatively, would you prefer an older GP who has worked beyond his/her retirement age? Would he/she be on cruise mode and just collecting tons of continuing medical education (CME) points and attending many CME lectures, or really keeping in touch with the latest advancements in medical science and technology and still able to maintain his clinical skills and acumen?

If we were to refer patients to our senior specialists, would their hands still be as nimble and deliver the same results expected of them? Many would have stopped operating and be more involved in a supervisory role to younger surgeons. Their years of

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Dr Lee is a GP practising in Macpherson. He is also a member of the current National General Practitioner Advisory Panel. He is a pet lover at heart who is the proud owner of a dog, and regularly feeds neighbourhood community cats. He also enjoys playing online war games and thinks that playing Pokemon Go is a good form of exercise.



invaluable experience make them a rare and precious commodity in the current medical community, especially when many of our younger specialists are now trained in the sub-specialties.

The young specialists have received advanced training from top medical centres all over the world. Would they be a better choice than our elderly specialists for ourselves and our loved ones?

However, overseas training comes with challenges in extrapolation. The overseas patients are different in race and ethnicity. Their cultures, habits and lifestyles are also different from ours. Even their healthcare systems are different.

### Facing our retirement

I will now like to take a step back and think about our own retirement.

What is retirement to you? What would you do in your retirement? Or would you do nothing at all? Sitting around doing nothing may be a sure way of leading to dementia.

What are your plans for retirement? Most of us, I presume, have walked the straight and narrow path of practising medicine. We eat, sleep and breathe medicine. We have barely spent time on anything else other than our family and medicine. Retirement would be a massive change in our lives for us to adapt to.

In our retirement, those of us who have pastimes and hobbies may no doubt spend more time on these activities. Or maybe we will adopt new hobbies like travelling to places we have not been to and perhaps do social work in needy communities, here and abroad. We may also try our hand at sports we have never had time to pick up or invest time in, or projects we scarcely had time for or to think about previously but had always wanted to embark upon.

In doing all these, one must not forget to check with oneself if these pursuits will make us happy. Are we as satisfied as we were when we were practising medicine? Will we have the

same fervour as when we were running our own medical practice? Or are we just making ourselves busy so that we will not miss practising medicine?

One would also need to consider our physical and mental health when we retire. Will we age gracefully and be ambulant to travel all over the world or will we be suffering from chronic debilitating illnesses that will rob us of quality of life and our ability to practise medicine? Will we lose mobility and sanity and be stuck to a wheelchair or worse – be bed-bound?

As for me, I will be practising medicine until I can do it no more. I believe that as a medical doctor, I would forever be one in this lifetime. However, that does not mean I will not be spending time on other things and people, like family, friends, hobbies, other projects and my pet.

As Karen Mok's love song reminds us to carry on loving when we age; I would like to remind us to keep our love of our craft forever. ♦