

Withdrawal of GOF – 15 Things to Do



OK, folks, GOF is deader than the paraffin slide of liquefied necrotic brain tissue you last saw in pathology class under the sonorous commentary of Prof Shanmu. But fret not, chances are, you will not see that slide again, although you do miss THE VOICE. (OK, you can still catch a weaker version of THE VOICE when the Budget is delivered every year in February nowadays. But you know, it is just not the same. The BUDGET VOICE is not as charming as the PATHO VOICE. Sigh).

Sorry, I ramble. Back to GOF. Or rather, back to the future – without GOF. Is there life on Mars and is there life after GOF? How do we live life without GOF? Do we mourn the death of GOF by commissioning Michael Bolton to do a GOF version of his monster hit “How am I suppose to live without you?” Or does Elton John sing a third version of “Candle in the Wind”? Or worse, get Britney Spears to do a cover of “Tears in Heaven”?

Seriously folks, there is life after GOF, just as there are usually locutions after a bad I&D. Here’s what you can do to make life more bearable in a GOF-free world. (Note: GOF-free, NOT Golf-free. The latter will be catastrophic for doctors, not patients.)

1. Dismantle the SMA tent-card and lay it flat on your tabletop and use it as a teacup saucer. It is made of good quality – thick cardboard, which is a fantastic insulator of heat.
2. Remember to quote wisely for civil court attendance fees. Remember, it is not uncommon for a lawyer to charge 10,000 to 20,000 bucks for a day of appearance in the courts. And they do not even need a guideline for that.
3. Learn from other professionals: start charging 50 cents for every page of photostating. Or charge by the minute. You will be surprised now how quickly the previously “*cheong-hei*” patient leaves your room.
4. Please do not give financial counselling to a guy in a fine Indian restaurant who is choking on a fishball and on whom you are going to immediately perform a Heimlich manoeuvre. Just ignore him, have better clinical acumen – fine Indian restaurants do not serve fishballs.
5. Learn from the fast food industry – offer an upsize consultation rate up front. (“Sorry, your 15-minute short consultation may not be enough. Would you like to upsize your consultation to a long one for \$20 more only?”)
6. Stack your obsolete GOF booklet together with the gahmen *Clinical Guidelines*. They are of the same size so they stack nicely and you do not read the stack of stuff anyway. Just be careful it does not become a fire hazard.
7. Alternatively, put the booklet in a glass case and mount it on the wall. Label it “In case of emergency, break glass.” You may just need to refer to it when you get really desperate. Just please do not say this is the *SMA Guidelines on Fees* to the patient. You are on your own for whatever price you quote.
8. Follow the petrol companies – have a big sign that says outside “Today’s consultation price: Super 98 consultation: \$X. Premium 95 consultation: \$Y. Value 92 consultation: \$Z.” And these prices can fluctuate anytime. Also, follow the restaurant business – have daily specials. Have a blackboard displaced inside the clinic: “Today’s special – Botox: \$100, ECG: \$20, Nebuliser: \$20,

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- Deluxe Nebuliser: \$40”. (If placed outside, the blackboard may be construed as advertising.)
9. Remember, the next kid who asks for “Doctor, can I have a sweet?”, you should counsel the accompanying parent that it costs 30 cents each before letting the kid take the sweet. Someone’s gotta cover the cost for the sweet.
 10. Manage expectations, dude. The guy who has been told something costs between \$80 and \$800 and pays \$100 is going to be way happier than another patient who has been told something costs between \$80 and \$120 and also pays \$100.
 11. Learn from the airlines and how they inform passengers of safety procedures – continuously play a video in your clinic detailing the charges. It is the patient’s problem if they do not watch what is being shown continuously in the waiting area. *Sama-sama* to the situation if plane crashes and passengers do not know how to use life vest – why did you not pay attention to the safety video that was shown earlier?
 12. Put up all your medication prices (all 136 of them) on the glass partition that fronts your clinic. Make sure it is glass, because people want more ‘transparency’ now and also use non-permanent ink (prices change!). Maybe print your receipts on tracing paper too.
 13. Have a vomiting clean up charge. Everytime you have to clean up your clinic when a patient vomits, you should charge the patient this vomiting clean up charge. Maybe also consider a toilet-clean up charge for patients with explosive diarrhoea. And throw in the flagyl for Giardia infection, just for good measure.
 14. Consider having a last-minute patient charge. Put clearly “Patients who walk into the clinic within 15 minutes of closing time may be charged \$5 extra.” This will deter those pesky patients who always walk-in just as you are going to close the clinic. But be nice, please consider stating the charge will be waived if the patient warrants a 911 call.
 15. Hold a GOF withdrawal party with your old medical school classmates. Pop a champagne. Finally, you can now charge what you think the patient can pay and not what the stupid SMA says. Hurray!
- Disclaimer: The Hobbit accepts no responsibility if any adverse outcome arises from anyone following the above stupid advice. This is a caveat emptor world. So you guys are on your own (just as your patients are without GOF).*