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GP... a BORING job?

Standing on the driveway of a remote motel in Nang Rong, north-east Thailand, our group had to wait for our mini van to bring us to visit a cluster of farm schools which MILK (Mainly I Love Kids) had sponsored. A Singapore Red Cross volunteer nurse made small talk with me and popped the perennial question: "Isn't it boring for you to see so many coughs and colds everyday as a GP?" I might have rolled my eyes as I thought to myself: "Oh man, when will I ever stop having to dispute this notion that a GP like me is not a "cough and cold" specialist?" It was a beautiful morning in rural Thailand and I was in a cheerful mood. Hence, the answer was free of defensiveness: "Actually, I have to admit that in the past 13 years practising as a GP in the HDB heartland, boredom has never been my lot."

I might have recounted to my nurse travel companion the weird incident at the neighbourhood 7-Eleven store after my morning run. Mr Lim, a 76-year-old patient of mine was buying *The Straits Times* for his son when he spotted me paying for my isotonic drinks.

"You are just the person I am hoping to meet!" he exclaimed with glee almost.

"Oh oh," I mumbled to my sweaty self.

(In Teochew) "I have this enlarging swelling in my right scrotum but not in my left. It's not very painful of course. But when I cough or sneeze, I can definitely feel it. My wife says I'm imagining it but my friend says he has it too. His doctor claims it has to be operated but I'm scared of the hospital. So Dr Tan, what do you think?" He was clutching his crotch and for a moment, I thought he looked like he was going to lift up the bottom of his Bermudas to demonstrate that indirect inguinal hernia.

"Uncle, your friend is probably right but it isn't exactly very convenient here for me to determine what you might be suffering from. Do you mind dropping by the clinic later? Bye!" I took my change from the cashier and hurried off before the old man flashed himself.

Or I might tell the story of the owner of my favourite coffeeshop, Mr Hock, who staggered into my consultation room with his wife. Mr Hock takes pride in the fact that he hardly ever contributes to my income because he never falls sick. So when he came by with his wife holding his elbow to keep him steady, I "spot-diagnosed" that he must be near collapse. It was a Monday afternoon and he had been vomiting incessantly since Saturday morning. He had consulted another GP the day before but despite the treatment rendered, he looked pale, slumped over the chair gripping his abdomen. His tongue was parched dry and his blood pressure was 90/60 mmHg. He and I thought it was unusual for stomach flu to be having these symptoms – the sudden onset, no fever, the unresponsiveness to all the medicines given by the first doctor. I was firm in communicating that his dehydrated state was threatening and it was best for him to be admitted. He did not need much persuasion as his abdominal pain was excruciating.

Over the next few days (I got daily updates from Mrs Hock because I needed my daily caffeine fix at their coffeeshop), the drama

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unfolded. First, the Emergency medical officer declared him safe for discharge as his abdomen x-ray was normal and his vomiting abated after one bag of intravenous fluid. This young doctor insisted that Mrs Hong buy some porridge from the SGH Kopi-Tiam to feed him. The porridge triggered another wave of emesis immediately. He was admitted as he could not stop vomiting after it recurred. NBO (Nil By Mouth) over the next 12 hours helped to relieve his vomiting but his abdominal pain became even more unbearable by the hour. He was sent for CT abdomen and it turned out there was evidence of obstruction at the third part of the duodenum (D1 and D2 were grossly dilated while D4 and jejunum had collapsed). He went in for laparotomy and had a congenital band at the junction of D2 and D3 released. This band of fibrous tissue had tethered the duodenum to the posterior wall and allowed the free-moving parts to get twisted. Common boring garden variety of stomach flu? No way!

I could also relate the unique story of Sanjeet Singh. Sanjeet scares everyone off whenever he is in my waiting room. Like a colony of bacteria in a Petri dish, wherever Sanjeet chooses to sit, a safe margin quickly develops. Weighing close to 100 kg, he is perpetually sleeping while he waits for his turn. He smells of a mix of alcohol and an odour that comes from weeks of not bathing. When he opens his eyes, they are blood-shot and frightful. But he never scares me. Sanjeet always knocks gently on my door before coming in and greeting me politely. After that, he will whip out a piece of paper on which he has written down his symptoms. He writes legibly but the content is consistently bizarre. A typical note will be like:

1) coldness 2) breathless 3) giddiness 4) pain 5) weakness 6) pressure in strength and movement and whole body 7) whole body and bones pain + loss of energy + strength plus like starch and energy flesh and watery cycle conditioned helpless 8) non-sleep for years and hopelessly character need put sleep and freshly awakened from sleep.

On average, I have been seeing and treating this 42-year-old man every two to three weeks since February 2000. Sanjeet has suffered from chronic schizophrenia since his youth. He is supposed to go for follow-up treatments at IMH but he defaults his appointments all the time. He was able to pay for his consultations until 2002 when his father passed away. I allowed him to put his fees on credit but had settled within myself that this man is incapable of paying since he does not have an active income. I was wrong. From 15 October 2002 till 11 August 2004, he had accumulated a debt of $230. But on that day after his consultation, he paid me in full – all $230 of it. I was curious and so I asked Sanjeet if he had stolen the money. Apparently he has an elder brother who had migrated to USA and returns occasionally to give him money. After that, he has not been able to pay and the debt built up once more. On 16 April 2007, he again turned up with $300 to defray the total sum of $556.

Twice in this long relationship, he was absent for about three months. I was concerned and queried him regarding his absence. He was almost childlike in his sheepish reply that he had been locked up in IMH for beating up some strangers when he was drunk.

Without fail, Sanjeet always apologises for owing me money at the start of the consultation. And at the end of it, he always says: "You are very kind." He will thank me and promise to pay me soon. I have learned not to differentiate between fact and fiction when I serve Sanjeet Singh. It is just an inexplicable pleasure for me to treat him for free.

I have been challenged enough times to ponder on the question of whether the GP's work is boring. Even without intriguing stories like those I have told, I would have said to my Red Cross travel companion that every patient brings along a fascinating story even if the symptoms are mundane. My acid test came recently when I was offered an executive director's job in the social sector. The challenge was fascinating and tempting, as I have always had a soft spot for social work. I struggled hard and deliberated prayerfully for weeks. In the end when I declined that offer, the best reason I could come up with was this: I am not done with the fun I am having as a community GP. I guess if I ever leave this job, it will never be because of boredom. ■