Ode to the Polyclinic

By Dr Tan Yia Swam, Deputy Editor

This is dedicated to my friends working in the polyclinics – kudos to you guys who stay on looking after the masses. Thanks especially to Dr Gilbert Tan, Dr Shah, Dr Ian Phoon, Mervin, Hui-voon, Calista, Jonathan, Jason, Shuwei, Audrey, Diana, Ruby, Reena, Estelle, Mas, Gladys and all the nurses and staff who made my time at Geylang Polyclinic enjoyable!

I have not written non-fiction for *SMA News* yet, but I have to write this, in appreciation of the type of work that polyclinics do. Ever since polyclinic stints have been removed as a compulsory posting, I guess people of my generation who work only in hospitals fail to recognise the stresses that polyclinics face, and only criticise the lousy referrals made. (Let me take this opportunity to apologise for the stupid referrals I have made… buy you drink later…)

Working in a hospital, one is usually in a team (though sometimes it is a team of one, but more about that in another article). Working in a polyclinic, one is alone, having to see all your patients and come to a reasonable diagnosis and management within minutes. Just take the morning session for instance:

- 8am to 1pm = 5 hours (300 minutes)
- 50 patients in this period → 300/50 = 6 minutes each

Six minutes for patients to walk/hobble in, sit down, tell you their history, be examined, wait for the MC and prescription to be printed out (or handwritten if the computer breaks down), and then walk/hobble out again… without you getting major complaints from the patients/referral room/angry horde outside.

Some patients are "easy" – the URTIs or well-controlled chronics (i.e. DHL = diabetes, hypertension, hyperLipidemia) or obvious referrals (eg. Fracture NOF – I cannot imagine how my patient with this condition could have sat outside for four hours patiently waiting for me to see her!).

Some patients require more care – the very young or very old – because you do not want to miss a more serious condition. Remember to double-check the drug dosages for kids, the elderly with impaired renal/hepatic function, and watch out for drug reactions! This is where the pharmacist saves our butt.

Some we are inclined to brush off as nonsense – "I can feel this heat starting from the head and going down to the feet". But to our horror, we discover, in the course of examination, an incidental abdominal mass with enlarged cervical lymph nodes… is this CLR CA with distant mets? But the patient refuses referral and asks for Vitamin C… Our conscience urges us to convince the patient to go for specialist review, at the expense of another 20 minutes of clinic time and hurled vulgarities by said patient; this is "好心沒好报".*

Some are true diagnostic challenges (a nicer way of saying "I don't know what the hell is happening!") – the mysterious rash, the mysterious vertigo, the mysterious unilateral blurring of vision, the mysterious chronic abdominal pain. Should we treat and review next week? Or refer and let the Specialist MO deal with it?

A blend of adequate medical knowledge, people skills and gut instinct is needed to come to a working diagnosis, reasonable treatment, and also cover one's backside with advice to return for review if the mysterious problem doesn't go away. Most of the time, it does. Sometimes, when it doesn't, what choice is there but to refer?

Seeing 80 to 100 patients a day also exposes you to a wide range of personalities – the nicest ones are the sweet old uncles and aunties who have been coming for years and "obediently" do their yearly panel, take their medications and listen to the doctor's advice when you say a new type of tablet must be added. They are the ones who thank you at the end of the

consultation, and bring little gifts of foodstuffs on special occasions.
My little angels who brighten up the clinic sessions!

The MC seekers can be spot-diagnosed. The terrible thing is, like the boy who cried "Wolf!", there will come a day when they really fall sick and no one believes them. Therefore, it is important to treat each new consultation as a new event, and to examine properly – fever? FBC? Abdominal guarding? PR for bloody stools?

Then there are those who blindly believe in Traditional Chinese Medicine (TCM) – not to say that ALL TCM is bad, but it pains me to see a patient with a condition that I know can be CURED with what I know of western medicine, but instead… "This is what happened – after a fall, despite the painful, purple-green swelling, I visited a *sinseh* first. Two months later, hey, it feels stiff, and looks funny, not straight, I got an X-ray. Oops – it healed wrongly? It's ok, I'm going back to the same *sinseh* who will massage my bones straight again." This is something I cannot understand.

In our half-educated society; these are some questions and situations that the polyclinic doctors and GPs face frequently:

- Is my high blood pressure/ DM cured?
- I don't want to take medications, can I don't take?
- Believing that hypertension and diabetes are cured after taking the "magic pills" for one month. Patients are incredulous when told they have to take the medication for life.
- Believing that an X-ray can cure the pain.

I salute the doctors who have chosen to lead and manage a polyclinic, and the MOs who have chosen to work there. For those who were "dumped" there – cheer up! Even though it is every bit as bad as you have heard, there are bright sparks of compensation as well.

- The anxious parents who come with a baby, but know nothing about the day-to-day care because the maid does everything; same for the sick elderly.
- Believing that specialist treatment is the best. Little do they know that when they see an MO, he/ she may be even more junior than your GP who has looked after the community for 20 years!

How do we teach the general public that if their condition deserves specialist attention, the doctor will refer, and even if the Medical Officer (MO) sees them, eventually the specialist will be involved in their care? If their condition does not need specialist treatment, they will be floating in the MO pool forever, just going back every six months to say hi, spending quite a few bucks on petrol and parking, and several hours of their life waiting in an overcrowded waiting room.

We have a mostly uneducated patient population in the polyclinic, and some patients who read a lot but don't quite understand the information. Presenting treatment options to them only confuses them. I was amused when I met a man – one we hold in great esteem – who said he will sign anything the doctor asks him to sign, because he trusts the doctor to do what's best for him! Amused, because he of all people can make up his own mind; touched because he trusts us; yet sad because I wonder why the public mind has lost this "trust" in doctors? (More about this in next month's article.)

The polyclinics are over-utilised for the wrong reasons, and under-utilised as well, in certain ways.

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"For the patients."

* *There are no rewards to being kind*

After a short stint in Geylang Polyclinic, she returns to the hospital setting with greater appreciation of the Polyclinic system.
She is also eagerly looking forward to visiting the Prada warehouse in Florence - must remember to save some cash for the plane ticket back to Singapore. Or perhaps getting stranded there, wandering in the rows of handbags forever isn't such a bad idea...