



OK, so you made a mistake with the first part of your life by becoming a GP. Made worse by the fact that you were a holistic and honest GP charging \$10 to \$15 for consultation. You are stuck in a mid-life crisis and wonder what you can do with the rest of your life, especially if you have little life skills beyond holding a tongue depressor and appearing interested in another person's tonsils when they breath a zillion germs in your face. The "2006 SMA Survey of GP Clinic Practice Costs in Singapore" (SMA News November issue) says it all – we are so endangered that we are next on the line after the smallpox virus.

But fear not, there are second chances in life, just as there are second chances in jumping off a skyscraper and slashing your wrists. All you need to do is to pluck enough courage and take the big step to a brave new world – be a polyclinic doctor. If you cannot beat'em, join'em.

Just kidding. Why would polyclinics want you? After all, the family physicians in the polyclinics actually charge \$20 consultation fees and practise family medicine. You have not practised the Stott-Davis model of family medicine consultation since Managed Care paid you decently for real work. By decent, we mean what your barber charges you.

Of course, there are the usual post-GP pursuits:

- Professional CME-lunch-talk attendee;
- Locum at dedicated foreign worker check-up clinics;
- 24/7 round-the-clock death certificate issuer; and
- Golf hustler.

But in addition to these, there are some other pursuits and challenges you can consider being once you stop being a GP:

Be a karang guni man. You have taken and collected so much crap over the years, you will know what to do in your new job.

Be a management consultant. You are used to giving advice which nobody listens to. But this time, there is a big difference – you actually do not know anything about the advice you are giving and best of all, you get paid for giving this useless advice!

Be an extra on some sci-fi movie set. You are used to breathing through masks, wearing gowns/ capes and gloves anyway.

Be a plumber. If you can stick your fingers up all kinds of orifices, which are filled with all manner of fluids and goo, then pipes and cisterns cannot be that difficult or yucky.

Be a healthcare reporter. Be the first to practise evidence-based healthcare reporting locally (the former has no bearing on the latter) and be feted by officials and hospital CEOs!

Be a political grassroots activist and help out at Meet-the-People sessions. You are used to referring patients to all kinds of specialists. You can now help make referrals for the needy to all kinds of agencies and help schemes. Hopefully, you may even get to be a Member of Parliament.

Be a painting or sculpture model. Just behave as you do on quiet days in your clinic by sitting motionless and staring into infinity.

Be a loanshark's assistant in charge of recovering debts. You are highly experienced in screaming at

managed care companies which owe you money in the past and you should have no problems extracting money now from helpless loanshark clients, unlike managed care companies.

But if being a loanshark's assistant appears somewhat criminal to you, you can always **be an "aunty" or "uncle" issuing parking tickets**. If you can refuse issuing MCs to MC-seekers in the past, you would already know how to handle pesky drivers pleading with you to not issue parking tickets to them.

Be a tele-marketer. Your previous experience in offering health screening or aesthetic packages that nobody really needs should put you in good stead for this challenging occupation.

Be an insurance salesman. You emulate the many clueless drug representatives who once walked into your clinic begging you to buy something from them so that they can meet their quota. Insurance-selling is not too different.

Be a professional IT gamer. If you could previously navigate the impossibly complicated Medisave claim system and the online CME reporting system on your personal computer, this should be a walk in the park.

Be an emigration consultant. You are used to referring patients to polyclinics and public hospitals and never seeing them again. You should experience great success in your new job.

Run a charitable organisation properly. By properly, we mean paying yourself close to nothing and giving away a lot of freebies. I am sure this sounds terribly familiar to you.

Finally, you can still return to some practice of medicine by being **an alternative medicine practitioner**. But I am kidding of course. Alternative medicine practitioners get paid a lot by grateful patients. You probably cannot take that sort of positive response from your patients without hyperventilating or experiencing chest pain.

Seasons Greetings to all of us GPs who are down but still not out. Maybe we should be. ■