

General Practice Comes Alive!

By Dr Wong Sin Hee

I closed my 30-year-old GP practice at the end of 2009 and was looking forward to a good and restful “retirement”. However, I was getting restless as the days went by and my termination date approached. It was a painful and difficult decision when I decided NOT to renew my clinic’s licence. What should I do? I was thinking of working in a hospice or for TOUCH Community Services. Perhaps I should work in an old folks’ home or in some charity home to look after the sick, the elderly and the mentally and physically challenged. My friends suggested that I join the audit team at the Ministry of Health (MOH). The options were wide and all there for my picking; my son even suggested that I teach! But my passion for medicine and doctoring still burned in my belly.

So in the end, I plucked up some courage and wrote to a few doctors seeking “locum sessions” at their clinics, which were conveniently located near my home. The replies were very encouraging; I was given a few sessions at two clinics immediately and I started working after the New Year holidays. I remember the day very vividly – 2 Jan, a Saturday. I was supposed to retire gracefully so why was I still working? Everybody was surprised but my wife simply shook her head.

My first locum session – a five-hour morning stint from 8 am to 1 pm – was a marathon! I have never worked so hard before – I saw about 50 patients that morning: private and contract patients,

infants, children, adults, elderly and trauma cases; I even did a toilet and suture. The clinic and staff were new to me. The medications and treatment regimes were new to me. Even the system itself was completely new to me. I did not know how I managed, but when the staff stopped registering, I heaved a sigh of relief and quickly went to the toilet to pee. It was already 1 pm. Phew!!!

“Doctor,” the senior staff smiled at me, “you can go home now...” I was so happy when I heard that. My wife was waiting for me at the car park and I drove home for my late lunch. After my unusually late lunch, I simply knocked out and slept like a log! Completely exhausted – mentally and physically. I only got up when my wife woke me up for my unusually early dinner. “Don’t forget your evening session at 6 pm,” she reminded me.

When I entered the clinic at 6 pm, it was over-flowing with patients waiting outside the clinic premises. The system was different and patient profiles were also varied. To me, it was like an ER – a non-stop stream of patients coming in with all sorts of problems. I had to be very careful not to miss any potentially fatal cases. The number of patients appeared endless. By 9 pm, I was completely exhausted. My concentration had diminished but the number of

patients kept piling up – a mixed bag with all sorts of complaints. I kept my cool and calmly settled every case, no matter how trivial or confusing.

“Doctor, are you doing over-time?” the senior nurse asked me. I shook my head, “Not tonight dear, thank you.”

However, I continued working until I had cleared all the patients. By then, it was 11 pm and the nurse told me that she had recorded half an hour over-time for me. I thanked her and walked to the car park – a lonely figure in the dark! I drove home utterly exhausted again. Luckily, I did not have any sessions for Sunday.

That was the most memorable and unforgettable locum session I ever had. Subsequently, I became more discerning in my selection of slots, making sure that I was not over-committed, over-stretched and not going over-board with my zealous over-enthusiasm.



I was fortunate to be given some “regular” slots at the clinic where I’m locuming. Time really flies and I am now in my fifth month. When I was running my own clinic, I thought that General Practice was dead and that it would go the way of the dodobird. But after my experiences with several clinics, I realised that General Practice is so much ALIVE and there are ample opportunities for a doctor to truly practise good and wholesome Family Medicine. Perhaps I had been a “pest-controller” for far too long in my own clinic – languishing away

nurse that the clinic is PAPERLESS! Initially, I was pretty afraid of this new “gadget and clinic plaything” but very soon, after a few patients, it was a breeze! Going paperless gives me so much confidence, joy, and incentive to probe further. And for the rest of my session, I spent my time “playing” with the Clinic Weaver! Suddenly, I looked so professionally competent and patients were very impressed with this paperless clinic. A new vista has opened for me.

There are so many things to learn for an old bird like me. My 30 years in my

more passion and dedication too.

But as a locum doctor, one has to be very diplomatic and very careful when it comes to different clinical approaches to different illnesses and problems adopted by different doctors. The approaches may be varied but the end result is always to ensure the well-being of the patients. First Do No Harm is still a sacred mantra to be followed religiously.

It is imperative that the locum doctor does not bite the hand that feeds him. But of course, at the same time, he has to work within the framework of the MOH guidelines. He has to be accountable and responsible for all his actions. Being a locum does not mean that one is spared the capricious vagaries of our medical practice. In fact, being a locum doctor is more challenging because he has to deal with different treatment regimes and with patients’ expectations, fears and anxieties. Last but not least, he has to earn enough for his employer to justify his own relevance and existence.

The locum doctor is looked upon with little respect by most patients. “I don’t want to see the locum doctor,” is often heard so you have to develop strong spurs and a thick hide to prevent yourself from being hurt too often. I think my skin has grown thicker and coarser, and I have learnt to eat my humble pie in my own little enclave. But with time, some patients have accepted me while some have moved on. That’s the reality of life. You have to take care of your own health, insurance, and medical benefits. And of course, you have to accept no pay for your own leave.

The heartiest and most encouraging remark I have heard was from the staff: “No, he is *not* the locum doctor; he is our *regular* doctor.”

When I heard that, I smiled to myself. “Dodo, you are being accepted as part of the TEAM now. Family Medicine has not gone the way of the dodobird... CARRY ON DOCTOR!” **SMA**



I’m a 62 year old GP who has rediscovered the beauty and the joy of General Practice and I’m very happy working as a locum doctor - just as much as I’m enjoying my ballroom dancing.



► Dr Wong at the paperless clinic

General Practice is so much ALIVE and there are ample opportunities for a doctor to truly practise good and wholesome Family Medicine.

in an isolated, caged, and marginalised corner of Singapore. Suddenly I am exposed to a completely new medical landscape with plenty of opportunities to practise Medicine. It is indeed an eye-opening experience!

I am also very fortunate to work in a well-equipped, well-stocked, well-staffed and well-managed clinic that gives me much laxity and freedom to treat my patients – some of them are my old faithfuls who “hunted” me down just to see me at “my” new premises. They were pleasantly surprised; some were visibly moved and happy that I’m still in medical practice.

The latest challenge came when I was asked to cover an evening session at a newly-opened clinic. I was pleasantly surprised when I was told by the senior

old prison had blunted my thoughts and I went the way of the dodobird seeing the same old patients and doing the same old things in the same old clinic. But today, after being exposed to the NEW clinic and the NEW medical landscape, I finally realised that General Practice is not dead at all. In fact, there is so much to learn and to relearn. The medical landscape has changed totally with more and more foreigners and expatriates seeking medical treatment in GP clinics. They form a formidable group of patients with new expectations and provide a new challenge to doctors. This makes the practice of Medicine more demanding and interesting.

There are also many opportunities for GPs and family practitioners to practise with great satisfaction and certainly with