



JAMMING IT UP IN JUNE!

June is usually a bad month for us general practitioners (GPs). And June 2010 is a terrible one even by June standards. This is when we have to fulfill our family obligations such as the family holiday, which although we are paying for, have absolutely no say in it (a bit like SMC, if you get what I mean). Family holidays must fulfill the following criteria:

- The need to lug along 7.3 tons of assessment booklets for the kids who are supposed to be on holiday;
- The need to bring along your parents-in-law;
- The need for you to drive a vehicle that is a hybrid (not in the Toyota sense but) a cross between a Humvee and a lorry.

All this time, you would rather be doing the following three great activities:

- Hanging out in a pub with friends watching the World Cup, drinking beer and cursing at England's insipid performances;
- Hanging out in a kopitiam with friends watching the World Cup, drinking beer and cursing at England's insipid performances;
- Hanging out in a community centre with friends watching the World Cup, drinking beer and cursing at England's insipid performances.

But if you think going for the holiday is tough, you ain't seen nuthin' yet. Even before you buy your air tickets, you must first face the terror in full force with courage and fortitude that makes the Singapore Women's Table Tennis Team overcoming the China Team look like a walk in the park – Yes, you know what I am talking about – you need to look for a locum. I am glad

to announce that after sitting on a graffiti-decorated MRT train for 30 minutes, walking along oil infested local beaches for 40 minutes and snorkeling through Orchard River, I mean Orchard Road, for an hour, I managed to secure the services of a decent locum who kindly consented to sit in my clinic for only 75 bucks an hour on weekdays. I prostrated before him in gratitude (like Emile Heskey after a failed header) so that I could go on my much unneeded holiday with all the enthusiasm of a piece of microwaved bean curd.

Of course, should you be lucky enough NOT to have a family holiday, you would also be thinking at halftime the inescapable truth – the reason you are in a pub is because you refuse to pay the exorbitant cable TV subscription rates in Singapore (the highest per capita rates in the world) which you consider to be unholy sacrifice at the altar of the idol of free-market competition. Speaking of which, as you can see from the President's column in this month's issue of *SMA News*, another notable sacrifice in the name of free-market competition is the SMA's Guideline on Fees. Personally speaking, I don't really care much about competition as long as stuff is of reasonable quality and cheap. But obviously most Singaporeans don't agree with me, that's why we have competitive MRT services, cable TV services, and of course, the very competitive public healthcare clusters. In addition, if you read the official announcements, you will also realise that if you are a private sector hospital customer or a specialist's patient, you are pretty much on your own. That's wonderful news isn't it? The next thing that can be gleaned from the announcements is that the authorities already conclude that we GPs are competing intensely with one another. This really is only half the story – it

makes no mention of the polyclinics and perhaps rightly so, because there is really no competition between polyclinics and the GPs – the polyclinics are killing us. When I walk into one of these newly renovated polyclinics (and I urge my fellow GPs to do so, just to keep abreast of what is happening) I wonder why would anyone want to see me in my stone age clinic other than for my winsome smile (with the aid of a titanium implant), soiled tie (not my body fluids) and mercury oral thermometer (reserved only for talkative patients). What I see in these palatial polyclinics makes me feel as if I am an Ewok on a flying doormat going up against the Death Star. Anyway, has anyone asked if polyclinics are anti-competitive?

Meanwhile, on the specialist front, the residency programme will be launched very, very soon. My specialist friend has just had a glimpse of the implementation plans being mooted. His initial reaction was that of alarm, “Gosh, I have to spend more time with my residents than with my wife! And that is excluding my service workload!” Actually I told him that spending time with residents is not necessarily a scary thing, considering that hanging around sweet young things can be considerably more pleasant than time with the old lady back home. But what is really scary, which my friend pointed out – *is the reality of a 29-year-old state-registered specialist with the introduction of the residency programme*. Think about it, one graduates at 24 and starts on a five-year programme immediately upon graduation and they exit at 29. We may have a surgical/medical team consisting of twenty-somethings led by twenty-somethings who will:

- Decide on whether to take out a kidney or to amputate a leg;
- Compete with you for the attention of the sexy young drug rep and the sponsored overseas conference;
- May actually know Ris Low personally and like leopard preens;
- Dress and talk like their role models Bella Swan and Edward Cullen (a.k.a. Kristen Stewart and Robert Pattinson) from the *Twilight* Saga. For the adults who don't understand all the fuss about *Twilight*, let me make it easy for you – sitting through a *Twilight* movie is like being water boarded while having trigeminal neuralgia, gout and Norwegian scabies all at the same time;
- And of course, refer patients to other teams of twenty-something specialists and doctors who also likewise enjoy *Twilight* movies.

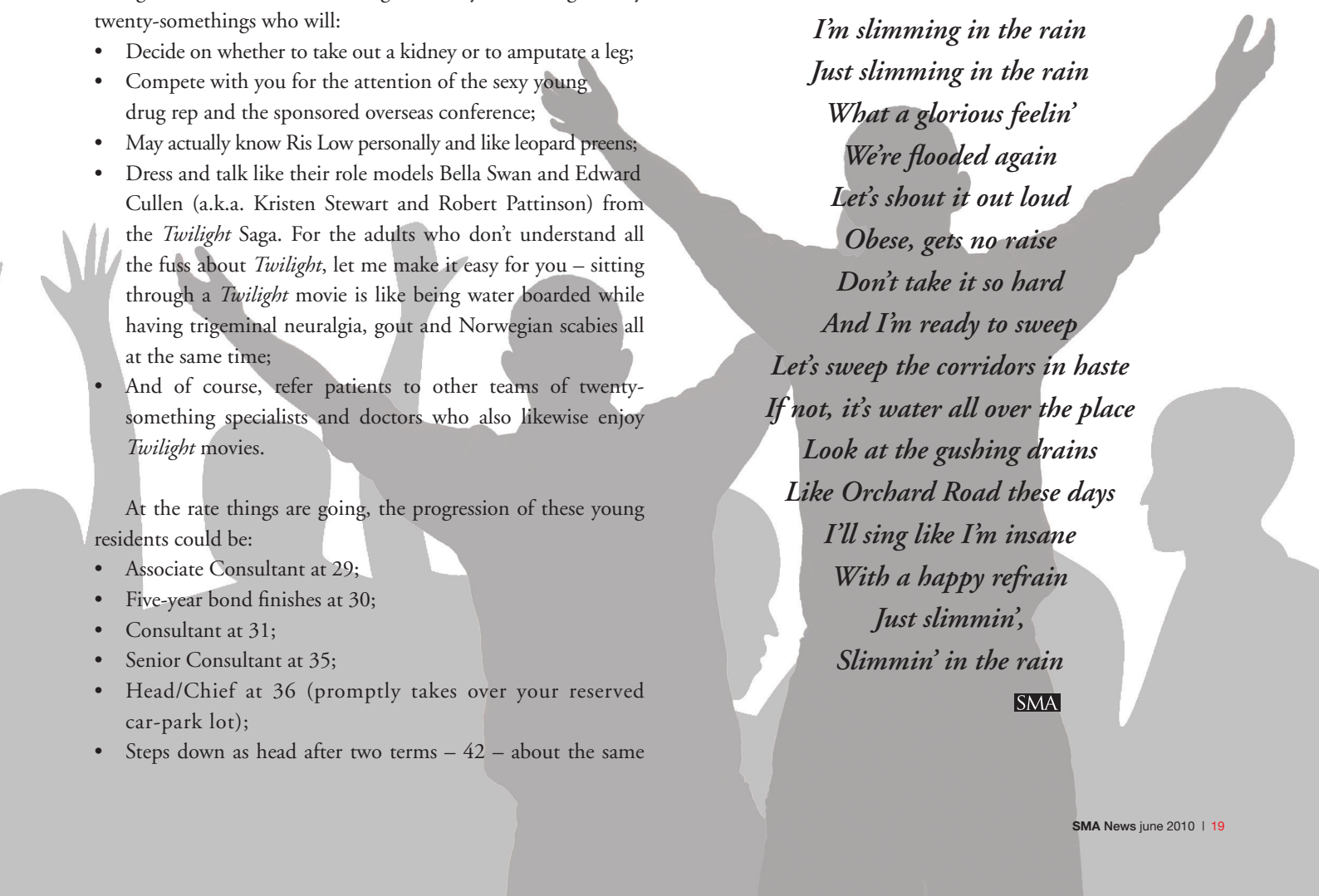
At the rate things are going, the progression of these young residents could be:

- Associate Consultant at 29;
- Five-year bond finishes at 30;
- Consultant at 31;
- Senior Consultant at 35;
- Head/Chief at 36 (promptly takes over your reserved car-park lot);
- Steps down as head after two terms – 42 – about the same

time he/she is trusted by you to possess enough experience to do a good job on your ingrown toenail.

Recently a public hospital CEO had publicly said that all things being equal, he will promote the person who is not fat. Some have protested against this and labeled this as being discriminatory. In fact, this is untrue because the hospital also provides the solution as well. Completely unreliable sources (believe at your own risk, we are not taking any responsibility if this is untrue) have told me secretly that water-related sports and exercise are a big thing there as part of a comprehensive staff wellness programme. These activities include sweeping and clearing water puddles within the hospital during rainy seasons. This is strenuous calorie-burning stuff. Unsubstantiated hearsay (of which we have no urge to substantiate whatsoever) suggests that the hospital staff is so adept at dealing with rainy episodes that they have been approached to sweep the drains along Orchard Road. An important question to answer is, would an anorexic staff be as similarly penalised as a fat staff (i.e. the staff of normal weight gets preference over the very skinny, underweight one)? Or all things being equal, and given an underweight (e.g BMI 18.4) and an overweight staff (e.g. BMI 30.1), which of the two will the hospital hire? Food for thought... (pun intended)

Anyway, here's a song that may come in handy for those who need to slim down in these rainy days so as to get or keep your job (sung to the tune of *Singing in the Rain*):



*I'm slimming in the rain
Just slimming in the rain
What a glorious feelin'
We're flooded again
Let's shout it out loud
Obese, gets no raise
Don't take it so hard
And I'm ready to sweep
Let's sweep the corridors in haste
If not, it's water all over the place
Look at the gushing drains
Like Orchard Road these days
I'll sing like I'm insane
With a happy refrain
Just slimmin',
Slimmin' in the rain*

SMA