Closer to Home

by Dr See Toh Kwok Yee, MCFP(S), Editorial Board Member

It has often been lamented that the scope of family medicine is rather limited, and given the robust competition among today's family physicians for the same cut of the pie, it is small wonder that a lot of us are losing heart.

But like all worthwhile endeavors, if we are prepared to work hard, keep the faith and explore new frontiers, there is no reason why we cannot bring family medicine to the next level.

With this in mind, The College Mirror sought out two younger colleagues who have ventured into different aspects of Family Medicine to find their own niche and meaning in life.

One is a pioneer in 24-hour housecall service and the other works with the Hospice Care Association (HCA).

Dr Choo Wei Chieh

CM: Tell us about yourself and your work experience.

Dr Choo: I graduated in 1996 and have rotated through polyclinic, A/E and geriatric medicine postings. I have also worked in private GP practice as a locum. Currently, I am running a 24-hour housecall service, and I also work part-time with Ren Ci-Code4 Home Care.

CM: How did the idea of a 24-hour mobile GP come about? Does your job complement that of a regular family physician?

Dr Choo: While working at GP clinics, I had the opportunity to do a few housecalls. I liked practicing medicine this way as it was a refreshing change from seeing patients in the clinic. It enabled me to interact with the patient's family and allowed me to see the patient in his home environment. I also realised that for some patients, housecalls were necessary because they were immobile or too sick to go to the clinic.

GPs are usually very busy during clinic hours and may not have the time to attend to patients at home. However, many GPs are committed to their patients and will usually attend to them after they finish their clinic sessions. Being a full-time house-call doctor enables me to provide a quicker response to patients' request for housecalls and this complements regular GP practices. The other way that I complement GP practices is to help GPs see patients after hours, as I operate round the clock.

CM: Is it an entirely new concept in Singapore? What about in other countries?

Dr Choo: Home care is definitely not a new concept and has been the traditional way medicine was practiced in the past. In fact, many voluntary welfare organisations (VWO's) provide home medical services in Singapore, although these organisations focus on chronic, continuing care (geriatric, palliative) rather than acute care. There are informal networks of GPs who help cover each others' request for housecalls and also several housecall service providers locally.

(I am not too sure about the situation overseas, but there are definitely many housecall doctors and service providers in the US - see http://aahcp.org/physician referral.shtml).

CM: Tell us about your work. I heard your office is your car. What are the cases you see?

Dr Choo: As I travel most of the time and keep equipment and supplies in my vehicle, it practically becomes my 'office'. Most of the patients I see present with acute problems and they are largely in the geriatric age group. There are also younger or middle aged patients who are unable to visit a clinic, such as patients with severe vertigo or incessant diarrhea/vomiting. I have a handful of patients who I visit regularly to follow-up on their chronic medical problems.

CM: How are you equipped? Mobile phone/palmtop/PDA no doubt. What's in your doctor's bag?

Dr Choo: My doctor's bag contains the usual diagnostic equipment like stethoscope, BP set, torch, blood glucose meter, urine test strips, etc. I carry a stock of emergency and common medications that patients need. I also take along i.v. cannulae and fluids as these have come in useful on occasion. In my vehicle, I keep surgical supplies like urinary catheterisation sets and T/S sets.

CM: Tell us a day in your life.

Dr Choo: As most cases I see are acute and not scheduled, it's hard to predict when I will need to see patients. A busy day could mean traveling more than 100km on the road to

Dr Choo Wei Chieh and his 'office'

Dr Choo: "My doctor's bag."

Dr Chua Tien Wei and colleagues

see patients, while a light day could be spent entirely at home with family.

Today (Sunday, 14/01/2007), I saw two patients in the morning. Fortunately they were located relatively close by, so not too much time was spent on traveling. The next patient I saw was during the night. In between, I managed to do some reading and also went out for dinner with my family.

CM: How do you balance work and family? What happens when you go on leave?

Dr Choo: I am lucky that my wife is supportive of what I do, given the erratic nature of my practice. When not seeing patients, I spend most my time at home. On family outings, I drive my 'office' vehicle so that equipment and drugs are always carried along, in case I need to go see a patient. Sometimes, the distinction between work and family time is blurred, but this is a compromise that my family accepts.

So far, I have not gone on leave, but I have a few colleagues who help me when I need to take time off.

CM: In the future, how are you going to upgrade yourself? Do you see the need for more doctors like yourself?

"Sometimes, the distinction between work and family time is blurred but this is a compromise that my family accepts."

"Dying patients helps me mature as a person..."

Dr Choo: As this is a relatively new service (started in May 2006), I am adopting a wait-and-see approach to the future. I think that there is a need for round-the-clock home medical services that supplement regular GP practices and maybe even in other practice contexts. So, yes there will probably be a need for more doctors to practice this brand of medicine. Doing a course like GDFM in the near future is definitely on the cards.

Dr Chua Tien Wei

CM: Dr Chua, tell us about yourself and your work experience thus far.

Dr Chua: I am a third year Medical Officer with Singhealth, and I have done postings in geriatric medicine, anesthesia, palliative medicine, psychiatry and children's emergency.

CM: Why did you choose a posting in hospice care? Any event/incident that may have contributed to your decision? Any role model that may have inspired you?

Dr Chua: I decided to try hospice home care mainly because I thought that it would be interesting to see the patient in his home. Palliative care interests me because I have always liked the concept of caring for patients holistically. I find it particularly rewarding when I have made a connection with patients and patients' families and build a good doctor- patient relationship. I think that working with dying patients helps me mature as a person, and that in turn helps my work as a doctor.

There wasn't any particular event, incident or role models that contributed to my decision. Instead, it was a few incidents, and a few people in my life that inspired me in different ways.

CM: Tell us more about your department and the services available to GPs and family physicians. How can we refer our patients to you?

Dr Chua: HCA offers day care and home care services to patients with life limiting illness, usually with a prognosis of less than 12 months. HCA aims to provide pain, symptom relief and psychosocial support to patients and families. HCA has five multidisciplinary health care teams and each team comprises of a doctor, four to five nurses, one medical social worker, one social work assistant and trained volunteers. A primary nurse is assigned to each patient, and makes home visits once a week or once a fortnight. Depending on patient's condition, visits may be more frequent. Visits by doctors will be monthly and when necessary. There is an after office hours helpline manned by doctors and nurses. GPs and family physicians can download the community hospice care palliative services common referral form at http://www.hca.org.sg/images/referral form.pdf and fax or mail the completed form to the Head Office.

CM: Walk us through a day in the office.

Dr Chua: Our working hours are from 8.30am to 5.30pm. Usually in the morning we would start planning which patients to see. I usually do home visits with the primary nurse and we start off from the office at about 10am. Depending on the complexity of each case, we can take between 30 minutes to 1 hour 30 minutes to assess the patient, treat, and speak to the caregiver. We see about five to six patients each day. If I am rostered to be on call that day, I will be back in the office before 5.30pm. We do calls from home, and

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Principles of Family Medicine & Practice Management

by Dr Yee Jenn Jet, Michael, FCFP(S), Editor

To pass the GDFM Course, candidates would be required to attend one elective and three compulsory GDFM skills courses: the "Principles of Family Medicine and Practice Management Skills Course", "Consultation, Communication and Counseling Skills Course", and the "Professionalism, Ethics and Law Skills Course".

On 20th Jan 2007, the first GDFM compulsory skills course of 2007, the Principles of Family Medicine and Practice Management Skills Course, was conducted at the College of Medicine Building Auditorium and Lecture Rooms respectively. The resource person was Mr Christopher Chong, a lawyer with Rodyk and Davidson who is on the panel of the Medical Protection Society, and A/Prof Goh Lee Gan, who needs no introduction.

The skills course was well attended and had to be run in two locations to accommodate the class. The well-attended course was characterised by active participation of GDFM candidates, MMed (Family Medicine) candidates and GPs who were interested to learn more. Questions on practice, legal and ethical aspects of a case of error in diagnosis were discussed thoroughly with new insights gained. Mr Chong was both objective and informative in his comments and answers to participants' questions. The rules and procedures of setting up a clinic and operating theater was also discussed. After the break, the class considered a case of a vague presentation of epigastric discomfort, gleaning principles on comprehensive care. Finally, hands-on practice quality was also attempted, when students were told to come up with a topic for clinical quality audit and present how they would carry out the actual audit in terms of indicators, criteria, standards, etc.

Practice management is a very wide topic that cannot be completely covered in one afternoon workshop. Clinically important and interesting aspects were chosen to aid in the students' acquisition of the relevant knowledge, skills, and attitude. Essential principles of family medicine were also shared among the students. ▮CM

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either render advice over the phone or make a home visit. The primary nurse in charge of the patient would be updated about the details of the call the next day.

CM: Sounds like a demanding job. What drives you?

Dr Chua: I am driven by the knowledge that even when cure is no longer possible, I can still try to relieve symptoms, and comfort always, and that itself can make a difference.

CM: How do you balance work, leisure and family?

Dr Chua: I make it a point to stop thinking about patients once I leave the workplace, and to leave the workplace on time as much as possible. I juggle the rest of my time between courses, family, friends and salsa. I balance all these by prioritising, and being aware of my own limits.

CM: I understand you are a GDFM trainee. Is the course helpful in your job?

Dr Chua: I think this course is helpful in my job; it helps me to have a good overview of family medicine, and keep updated about current treatment.

CM: Any future plans?

Dr Chua: I see myself working in the primary healthcare setting in the long term. ▮CM