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CFPS Commencement Ceremony 2017

In her speech given at the Commencement Ceremony on 29 July 2017, Prof Helen Elizabeth Smith, Professor of Family Medicine and Primary Care, Lee Kong Chian School of Medicine, encouraged trainees to reflect and think logically during their studies and professional practices.



Guest-of-Honour, Prof Helen Elizabeth Smith

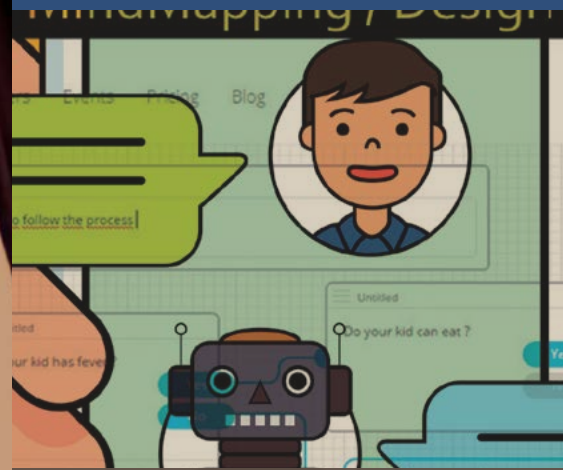
Good afternoon, ladies and gentleman. It is delightful to be with you this afternoon as you set out on your learning journeys in Family Medicine. I wish to thank A/Prof Lee Kheng Hock for his kind invitation to attend this special event. This Commencement Ceremony is a very important ceremony not only for you, but also for the College of Family Physicians and for the future health of Singaporeans.

First I want to congratulate you as trainees on selecting Family Medicine as the branch of medicine you wish to study further. It has so much variety, it is estimated that a Family Physician looking after one thousand

patients will in one year make 2500 diagnoses, treat 450 conditions and prescribe over 200 different drugs. Family Medicine is a broad discipline and therefore has great potential to influence people's health and wellbeing. I believe, and I am only slightly biased, that Family Medicine is one of the most exciting branches of medicine - very few other specialties can compete with such diversity in their patients and the problems they present.

Not only is Family Medicine varied, but when well developed and organised it can be a major contributor to health of the population. Based on Kerr White's classical work on the ecology of health care, we know that when moving from self-care, through primary care to specialist, and then super specialist care, the volume of patients decreases. In a health care system with strong Family Medicine, less than 1 in 10 patients presenting to their family doctor will be referred elsewhere for care. If, and when, a referral to another doctor is required, in over

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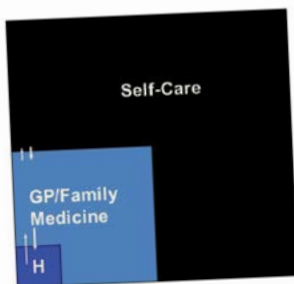
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The relative importance of Family Medicine



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LABORATORY MEDICINE

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four-fifths of cases the referring GP will have already made the diagnosis and is referring for specific specialist investigations or procedures. Much less frequently are the referrals for help with diagnosis or advice on management.

You may be thinking well that is all about process, but does not address patient outcomes. But I can reassure you, strong Family Medicine also has great impact on patient outcomes. Family Medicine can improve the quality of patient care; countries with strong primary care systems have lower all-cause mortality, lower all-cause premature mortality, and lower death rates from common chronic disorders, such as respiratory and cardiovascular problems. There are similar data relating to morbidity, but this afternoon I do not have time to present this to you. But what I would like to emphasise is that these benefits are maintained after controlling for determinants of population health such as wealth, number of doctors, tobacco consumption, et cetera.

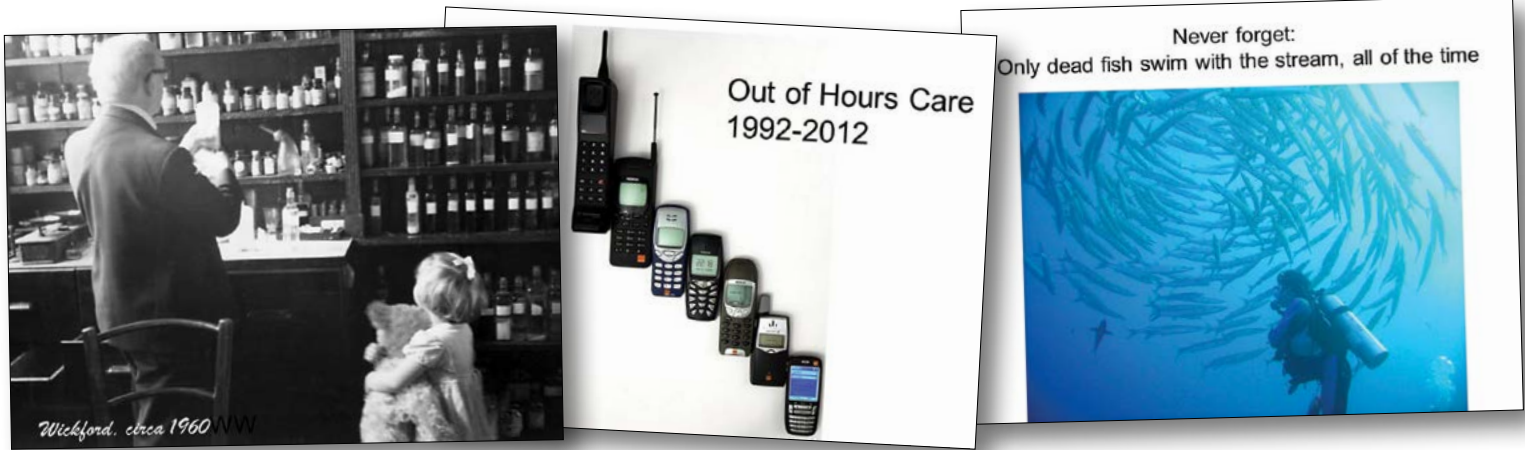
Adjustments to the organisation of health care in many countries is driven by financial considerations and we have robust evidence from these comparative studies across many nations, that strong Family Medicine helps reduce the cost of health care. There is nowhere in the world where there is infinite resource for health care and most countries, just like Singapore, are now challenged with a growing need for health care as the proportion of elderly in the population grows.

What does Family Medicine bring to the care of patient care that makes it so favourable for patients wellbeing and budgetary issues? There are many things that contribute to Family Medicine's effectiveness; our rapport with our patients and familiarity with their problems (often referred to as continuity), our style of practice (with a patient-centred, holistic approach), our strong emphasis on history taking, our use of time as a diagnostic tool, and repeated opportunities for anticipatory care... the list continues, but I now want to move on to discuss change.

In whatever branch of medicine we work, nothing is more consistent than change. For example, when I was a medical student, 'obesity' was dealt with in one paragraph in our core

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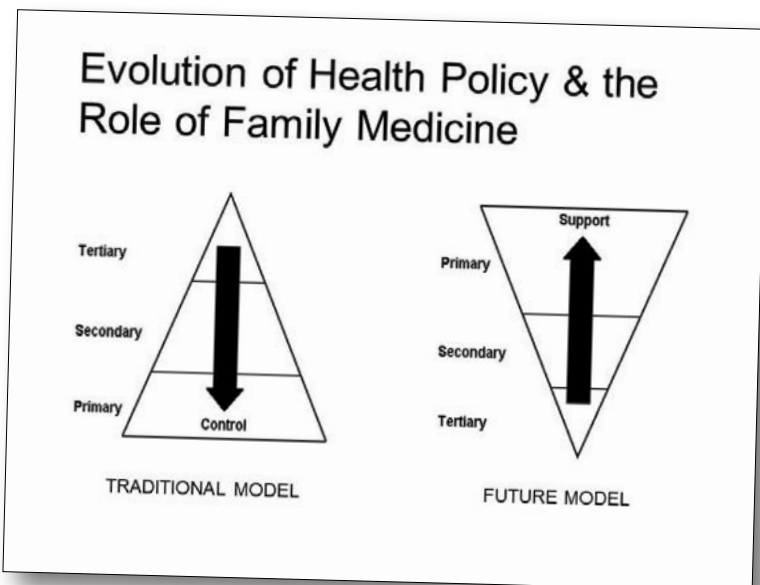
medical textbook. I was reminded of further changes as I sorted through some boxes of slides that I had used in various lectures during my early career. I found examples reflecting changes in knowledge, technology, therapeutics, organisations and patient's problems. There was a picture of my GP from childhood working from a room in his own home, mixing his own lotions and potions to dispense. Another captures the sequential reduction in size of the mobile phones I had carried over twenty five years of doing home visits at night. Why do I share these images? Partly to amuse, but more importantly to illustrate that the studies you are commencing today, will not end with passing your exams. Your inquisitiveness and learning must continue throughout your professional life, this will enable you to be proactive and to embrace change.

The role of Family Medicine is currently undergoing major changes in the way it is being represented in health care strategy, policy and planning. This change is illustrated by these two pyramids. The one of the left illustrates a traditional model of health care with hospitals at the top of the pyramid, controlling what happens in primary care. On

the right is the future, an inverted pyramid with hospitals and specialists now working from the bottom to support primary care. The recognition of the need for Family Medicine to take centre stage is currently evolving here in Singapore. With greater recognition of the importance of Family Medicine you will be able to create services to deliver even better care for your patients.

During your studies and your professional practice, please reflect constantly on what you are doing; think logically, question and be critical when appropriate; it is possible to challenge elegantly! Within the last few weeks, two very common 'beliefs' have been challenged, the need for soap and hot water for effective hand washing and the desirability of completing the course of antibiotics to reduce antibiotic resistance. As George Bernard Shaw said 'Those that cannot change their minds cannot change anything.'

So in closing there are three things I would like to recommend to you: maintain your curiosity, ensure your learning is patient-centred just like your clinical care, and look after yourselves by working hard and playing hard. I hope your journeys are happy and fulfilling.



- Throughout your Family Medicine journey:
- Maintain your curiosity & passion
 - Work hard & play hard
 - Remember you are studying
 - for your patients' benefit
 - not just for the curriculum