

higher bar would reflect the anticipated future state where family physicians need to be trained at a higher level, given their expanded breadth and depth of practice, including increasing involvement in cross-setting practice. We are studying this in consultation with the Family Medicine fraternity.

Conclusion

In closing, I would like to reiterate my appreciation to the College for its support and close partnership with the Ministry in enhancing and promoting Family Medicine practice. Indeed, the future is calling for Family Medicine, and family physicians to play increasingly key roles in enabling the needed shifts required for us to strengthen and future proof the healthcare system. This should better enable our citizens to shift towards better health. My heartiest congratulations to our graduates and I wish all of you a fulfilling and exciting career ahead as our next generation of family physicians.

cows to eat some roses.

To conclude, a reminder to all the GPs here to say to people when they ask you what do you do for a living, you say I am a doctor, then if they ask you what sort of a doctor, you reply with confidence as in this billboard displayed in the Perth airport in Australia, "I am a GP (NOT JUST a GP) and your specialist in life".

Thank you for your attention.

CM



Sreenivasan Oration 2018: “Fulfilment in family practice; how family doctors can change the world”

Professor Michael Kidd, Professor & Chair, Department of Family & Community Medicine, University of Toronto, delivered the Sreenivasan Oration at the Family Medicine Convocation Ceremony & Dinner on 17 November 2018.

Dear colleagues, guests and friends. My thanks to the President, Council, members and staff of the College of Family Physicians Singapore for the honour of being invited to deliver the 2018 Sreenivasan Oration, named in honour of a great Singaporean family physician, Dr BR Sreenivasan.

I have titled this oration, “*Fulfilment in family practice; how family doctors can change the world*”. The words, “fulfilment in family practice” come from the very first Sreenivasan Oration, delivered almost exactly 40 years ago, on 19 November 1978, by another distinguished family doctor and leader of this college, Dr Wong Heck Sing. Dr Wong described how Dr Sreenivasan found fulfilment in his



work as a family physician, and how he used his skills and knowledge and compassion to change the world. I am going to focus on how you and I can follow his example.

I did not know Dr Sreenivasan but I wish I had known him. He was a remarkable man. Among his many achievements, as you all know, he was a family physician who became the

(continued on the next page)

(continued from Page 5: Sreenivasan Oration 2018)

inaugural Vice-Chancellor of the University of Singapore (now one of the great academic institutions of the world), as well as the first President of the then College of General Practitioners, now the College of Family Physicians Singapore. He was also a family physician leader in public health especially through his work on the eradication of tuberculosis among the people of Singapore. He lived an extraordinary life and created an extraordinary legacy.

I have spent most of my life in Australia. The links between the Royal Australian College of General Practitioners and the College of Family Physicians Singapore are long and strong. Indeed we share the same Latin motto that describes our work as family doctors, *cum scientia caritas*, "with scientific knowledge and tender loving care."

Over the past 30 years I have had the opportunity to visit Singapore many times and to work closely with many of the leaders and members of the college.

As family doctors, we are part of a global family. The college brings us together at a national level. And WONCA, the World Organization of Family Doctors, brings us together, at a global level.

If you are a member of College of Family Physicians Singapore, you are a member of WONCA. A small amount of your annual subscription to the college goes towards supporting the work of our global organization.

WONCA brings together over 600,000 family doctors in over 160 countries. And between us, WONCA's 600,000 members deliver over 3 billion consultations each year. That is the scope of our influence. And it is growing.

The College of Family Physicians Singapore has long been a staunch member and high-profile supporter of global family medicine through WONCA.

Our very first WONCA president was an Australian called Monty Kent Hughes, who said at the first meeting of WONCA in 1972 that "The future of our professional discipline will depend on our ability to work together in the service of humanity." And that is what we have been doing ever since.

In preparing for this talk, I was reflecting on how each of us views the state of the world through different lenses, and I came to a realization.

You're all familiar with the use of terms to describe different generations. The War Babies, the Baby Boomers, Generation X, the Millennials or Generation Y, and, today's newborns, Generation Z.

Well I have looked at all these definitions and I don't think any of them apply to me. So, I've made up a new term, which I would like to share with you today. This is my secret confession. I have decided that ...

I am a crossmillennial.

Chances are, so are you.

Like most people in this room I was born in one millennium and I will die in another.

This makes me a crossmillennial.

I am also a true crossmillennial.

Born in the late 1950s, if I live my allocated predicted life span, I will have spent roughly half my existence in one millennium, and half in a different millennium, gently expiring sometime in the 2040s or beyond.

I am also a truly crossmillennial

I am appalled that the dilemmas which faced humanity and our planet and our very existence in the last millennium are even graver in this one. We seem to have forgotten the lessons from the last millennium and be repeating past mistakes. The relentless damage to our natural environment, the fostering of hatred and bitterness between peoples, continuing abuses of human rights, misogyny and racism and bigotry and hatred of those perceived as different, the continuation of wars and other atrocities which impact so terribly on the lives of innocent people.

"... The work of a physician as healer cannot stop at the door of an office, the threshold of an operating room, or the front gate of a hospital ... Professional silence in the face of social injustice is wrong ..."

And given that we know that poverty is the greatest single social determinant of health and wellbeing, why do we allow huge socio-economic divides with children continuing to grow up in families existing below the poverty line?

We have to do better. The American physician and patient safety advocate, Don Berwick, recently described the moral choices for today's physicians, and how we are not always living up to our own expectations of ourselves. His advice is that "The work of a physician as healer cannot stop at the door of an office, the threshold of an operating room, or the front gate of a hospital ... Professional silence in the face of social injustice is wrong ... To try to avoid the political fray through silence is impossible, because silence is now political. Either engage or assist the harm."

I am a truly cross millennial.

But I am also a glass half full kind of person.

And I see hope in family medicine. I see hope in the work you do every day. As family physicians, we are called to heal, not just to heal our patients, but to heal our communities, heal our nations, heal our planet and heal ourselves.

As family physicians, we are also in the business of leading and inspiring. Each of us is a leader in our local community. Through our commitment to quality care and training and the application of research into clinical practice, we ensure the health and well-being of our individual patients, and of our communities. We have a respected voice and the opportunity to be effective advocates about key health issues.

The world is changing, and the family doctors of the world are part of this change.

In 2015, the countries of the world, including Singapore, signed up to the new United Nations Sustainable Development Goals (SDGs), 17 goals which aim to make the world a better place for all people. The SDGs set targets for the next 15 years.

If the SDGs are successful, by 2030 we will have eradicated poverty, we will have zero hunger, no child will go to bed on an empty stomach, we will have health care for all people, we will have universal education, especially for girls who currently often miss out on education in many parts of the world, we will have gender equality and the empowerment of women, we will have a healthy global environment and the nations of the world will work together to support sustainable development and peace and justice for all.

Only one of the SDGs, SDG 3, is specifically about health, but all 17 are dependent on a healthy population, and all 17 have an impact on health and well-being. SDG 3 calls for “ensuring health lives and promoting well-being for all people at all ages”. This is what the WHO calls “universal health coverage”. Health for all people. It is unfortunate that the image chosen by the United Nations for SDG3 includes a very unhealthy cardiograph. But we get the meaning.

In looking at the SDGs, I look at the example of Singapore. How Singapore, through the dedication and influence of



many people like Dr Sreenivasan, has tackled many of these challenges, especially since independence, and can share with the rest of the world ways to address each of the Sustainable Development Goals.

This is the former WHO Director-General, the wonderful Dr Margaret Chan. I was recently at a talk by Dr Chan in China, to a room full of medical practitioners from around the world.

During this talk Dr Chan said, “I have a secret to share with you. I love family medicine.” All the family doctors in the room stood up and clapped. All the other doctors looked disappointed because she didn’t say she loved them. The reason Dr Chan loves family medicine is because she believes that it is only through strong family medicine that the world will be able to deliver universal health coverage, health for all.

Last month, the leaders of the world came together in Astana, the new capital city of Kazakhstan, under the auspices of the WHO and UNICEF for a global meeting on strengthening primary health care. Singapore was there and so was WONCA. This is only the second time in world history that the leaders of the world have come together to discuss primary health care, and how we can deliver health care to every person in every family in every community in every nation of the world. The first was 40 years ago in Alma Ata, the former capital of Kazakhstan, then part of the Soviet Union, when the influential Declaration of Alma Ata was signed, committing all nations to delivering health to all people through strong primary health care. Last month, the leaders of the world signed up to a new declaration, the Astana Declaration, recommitting each nation to strengthening primary health care, community-based health care, and delivering health for all people.

I was invited to take part in the Global Conference in Astana in my new role as Director of the new World Health Organization Collaborating Centre on Family Medicine and Primary Care.

At Astana, the WHO and WONCA released our new publication on “Family Practice in the Eastern Mediterranean Region”, describing how family medicine is being implemented in the countries of North Africa and the Middle East, which includes high, middle and low-income countries, as well as countries in crisis, like Syria, Libya, Iraq,

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(continued from Page 7: Sreenivasan Oration 2018)

Yemen and Afghanistan. The new WHO Director General, Dr Tedros, the former Minister of Health of Ethiopia, and the first person from Africa to lead the WHO, provided a foreword statement to our new book, saying, “*Family practice is the best way to provide integrated health services at the primary health care level. With an emphasis on health promotion and disease prevention, family practice helps keep people out of hospitals, where costs are higher and outcomes are often worse.*” This is high level endorsement for the work that you and I do.

I want to conclude by talking about healing ourselves. One of the major life lessons we need to learn as doctors is how to find balance in our lives. Balance between caring for our patients and caring for ourselves.

The Physician’s Oath – the declaration of Geneva - developed originally by the World Medical Association in the aftermath of the atrocities of the Second World War, has recently been updated. It now includes a statement, ‘*I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard*’. It recognises that being a doctor is stressful, and if we don’t look after ourselves, then we will not have the capacity and resilience to provide continuing high-quality care to our patients and our communities.

This is the focus of my new book, “Every Doctor”, which looks at our health as individual clinicians, the health of our health system and the health of our medical culture.

We all need to ensure that we stay as physically and mentally well as possible. In the words of that great Canadian doctor, Sir William Osler: “A physician who treats him (or her) self has a fool for a patient.”

Every doctor needs their own doctor, someone we can trust for our own medical care and advice. As doctors, we deserve to have access to the same high quality medical care that we provide to each of our own patients. And our families also deserve this standard of care. So please, and this applies to everyone in this room, if you don’t have your own family doctor, please find one and look after your own physical and mental health and wellbeing.

We also need to look after each other. We know that rates of depression and suicide among medical students,

residents and doctors are unacceptable. We know that doctors are especially at risk of mental health problems at times of transition, especially when they move from being a medical student to being a young doctor.

In the words of our family doctor colleague, Mukesh Haikerwal, former chair of the World Medical Association, “*The brutality of medical culture needs to be addressed - the lack of support mechanisms and the sniping, the attitude that anybody with a mental illness is too weak, they’re not fit to be a doctor. The caring profession needs to care for itself.*”

We need to be more vigilant in looking after our younger colleagues, supporting them to deal with the stresses and challenges posed by our profession. And we need to be vigilant in looking after and supporting each other as well. In the words of the Greek philosopher Plato, “*Be kind, for everyone you meet is fighting a harder battle.*”

As family physicians, like Dr Sreenivasan, we can be proud of our professional discipline. Each of us has a set of values and principles that determine how we behave as ethical medical practitioners and as decent human beings. Like Dr Sreenivasan, each of us has the potential to be a role

model for our medical students and our residents and our peers, and to contribute our own lasting legacy through the examples that we set in the way that we live our lives and the way we practise medicine.

Our world needs family medicine more than ever before. Working together, through organisations like the college, and following the example of Dr Sreenivasan we can change the world.

I finish by saying, thank you. On behalf of the 5.6 million people of Singapore, and each individual person who benefited from your care and support over the past year, I say thank you. Thank you for your commitment to being a great family physician. Thank you for your commitment to working together as a college to strengthen family medicine education and research and scholarship and advocacy. And thank you for the important work you do every day providing health care to the people who trust you for their medical care and advice. Thank you all.

■ CM

“... It recognises that being a doctor is stressful, and if we don’t look after ourselves, then we will not have the capacity and resilience to provide continuing high-quality care to our patients and our communities.”
