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well. Hence, they are poised to make one of the greatest impacts in the management and prevention of obesity and we value them as our partners in tackling the overweight and obesity problem in Singapore.

The BOMA skills course aims to equip primary care physicians to manage patients with obesity. In general, obesity, as a topic, does not receive much emphasis in our medical school curriculum or even post-graduate training. We often feel ill-equipped to manage the many patients we face daily who are overweight/obese or suffer from weight-related medical complaints.

Beyond excess caloric intake and reduced physical activity, there are other complex roots of obesity that can interplay to aggravate obesity or make the patient “resistant” to weight loss. Additionally, there are so many different diets or fitness regimes that can be conflicting and confusing to both us and the patients.

The BOMA skills course will provide participants with a systematic approach to obesity and practical tips on how to manage patients with obesity in their practices. It will also provide the evidence behind the latest and emerging therapies, “fad” diets and use of IT in weight loss.

Course features

Some of the features of the course are:

- 1) Faculty consisting of specialists and fellow primary care doctors who have experience in obesity management

and who understand the challenges of primary care physicians.

- 2) Case studies using audience polling and interactive panel discussions to engage the audience, with ample time for questions and answers.

- 3) Practical formulae and “quick tips” for the busy physician that are relevant and localised.

BL: To achieve accreditation after this course, participants need to complete the online MCQ assessment within 90 minutes after the Day 2 session and attain a score of 60% and above. The 150 accredited participants with the highest scores will also receive a starter pack for obesity management.

Accredited participants will receive free membership to SASO until the end of 2021 to encourage ongoing engagement in obesity CMEs. Members receive priority to attend our local CMEs and get discounted rates for international conferences and courses. In conjunction with our public awareness campaign, SASO will offer accredited doctors from the BOMA to be listed on our website for the public to seek professional help.

Looking forward

CM: Thanks, Kwang Wei and Benjamin. We look forward to attending this BOMA Skills Course.

■ CM

Same place, Same time, Everyday

- In loving memory of dad, Dr Paul Chan Swee Mong

by Dr Chan Hian Hui Vincent, FCFP(S)

“He was a good man.” “We will not have another doctor like him.” “He was a kind doctor, very caring to his patients.” These were the words said by dad’s old patients to me in the clinic. My father, Dr Paul Chan Swee Mong was a modest man, and many of his good deeds were only known to me after his passing last year on 02 October 2020. My father never boasted about his good deeds, but to hear patients describe how he would often waive charges for the genuinely poor (in the pre-CHAS era), to how he went all the way to encourage a patient who did badly in school and was in despair, would leave me in awe.



Dr Paul Chan Swee Mong

He once told me about how in the first few days of opening his clinic, he charged an elderly lady a total fee of \$4. That elderly lady later knocked on his door and asked in Teochew “are you sure you have enough to use?” There were many other small deeds here and there, and to me, that would be like “do(ing) small things with great love” as mentioned by Mother Teresa.

The importance of the village GP

I am sure there must be many similar stories among our Pioneer Generation

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General Practitioners (GPs) who live and serve though a time when Singapore was not as affluent. My father was born into a humble family with 5 brothers and 1 sister, and they lived in the Hougang area, in a place they call “Tapioca Garden” in Teochew. From young, dad would often recount how they would study at night with the kerosene lamp, a lamp that sometimes caught fire. And it would seem that their idea of a good time, was climbing trees and digging ditches. Dad also had difficult to control asthma, and would often have to visit the local village General Practitioner, who would usually administer intramuscular adrenaline and he would complain of the side effects, especially frequent urination that bothered him most. Probably, it was dad’s humble background and frequent visits to the local GP that shaped his world view and convinced him of the good the local GP can do.

Dad’s many small good deeds, as told by patients to me fill me with pride and inspiration. Truly, there must be some value being at the same place, same time, everyday. Being a GP in a housing estate, day in day out, we become part of the local eco system with the opportunity to contribute not just to the health of the estate, but also to the psychosocial aspects of the community. Local knowledge of the community often provides context to the patients’ various medical issues. Even as recent as early last year, I would often marvel at how my father would seem to know everyone in the estate. But I suppose this local knowledge can only come by being in the area for a really long time, and taking the trouble to take a good social history and construct an extensive family tree for patients.

Uniqueness of each GP

In an era of great competition, when “Singapore’s largest polyclinic” can suddenly appear one block and one road

away from me. It is heartening to know that there is still a place for us GPs in the community. These few months, a few of dad’s old patients suddenly returned to see us after a lapse of several years, only to find dad gone forever. Some would express regret, but though the institutions remain, the GP is **the** institution. Once gone, is gone forever. So, I hope our patients treasure and see us, while we are still alive and here for them.

Building Ties with Local Organisations

Not just people to people. My father would also build links with organisations in the area. Of them, I’m proudest of his work assisting the Singapore Buddhist Federation, especially with their early work founding Bright Vision Hospital. This wonderful relationship continues today. My dad also found himself absorbed into St Joseph’s Dying Aid Association, whom we sought help for his sending off last year. I am greatly honoured when dad’s old patients who are pastors, priests, monks and nuns come to see us. Dad also understood the importance of building our own Family Medicine community, and he was proud to have dedicated time and energy to College (CFPS) and Health Maintenance Office Pte Limited (the precursor to our modern-day Primary Care Networks).

Constancy

I still ponder and wonder about how dad came to build and maintain such wonderful relationships. Maybe it is the constancy, of being a GP at the same place, same time, everyday, doing small things with great love. For dad always reminds me that money in itself would not make one happy. Rather it is the service of others and the community that makes one happiest. And we are privileged to be local GPs, a great place to serve.

■ CM

My Experience Running a GP Clinic During a Pandemic

by Dr Quah Soon Wee, Director and Family Physician (MMED(FM)), Crossroads Family Clinic

“Dear Dr Leong,

You have not met me before but I have heard of you through the various SMA articles and newspaper forum articles you have contributed. I also sat in one of the sessions in the College auditorium where you shared about your journey in medicine and the various mission trips you went for. I have also a couple of friends and their family members who rave about your professionalism and kindness in your practice at Missions Medical Clinic.

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Despite being in the public sector for a number of years, it has always been my wish to set up my own practice. I firmly believe that the best primary care is best served by good competent GPs in the heartlands, looking after generations, having long term relationships with them and following them up. This is what I have been taught in my Family Medicine training and I want to practise family medicine that way. And hence my long term desire to set up my own practice, shape it and be a blessing to the community. I recently chanced upon an article you wrote

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