

It's DORSCON Green – Yay!

by Dr Yee Wenjun Gabriel Gerard

7 February 2020: DORSCON Orange. 9 February 2023: DORSCON Green. Three years, two fellowships (one from Singapore, one from London) and one baby later, here I am at a crossroads. What will I do with my life? What of my beloved Bright Vision Community Hospital (BVCH)? What of my dear doctors, nurses and interdisciplinary team who have fought COVID with me? Will it all change? What's our role moving forward, now that COVID is endemic? Do I continue clinical administration balanced with education and service? What is our common identity?

PASSION AND PROFESSION: PAST AND PRESENT

I realised we as FPs are blessed. We get to marry our passions with our professions. Initially with COVID, I was skeptical. Converting the entire CH to a COVID Treatment Facility (CTF) care for COVID-infected travellers (many of whom didn't even want to be here) felt underwhelming. But then the elderly, demented, sick, frail, those with cancer and organ failures came. They came with rather than of COVID. And that was an opportune moment for us to examine their social determinants of health, their biopsychosocial circumstances, and co-create plans with them, helping the system to help them. I would like to thank all who made Healthcare 2020 happen in front of my eyes. A key example is the seamless CTF to CH transfers (now possible within BVCH now that we have a complement of CH beds again), with all financial barriers removed, which re-ignited my passion for, and belief in, the public service.

Another good side effect of the pandemic was that I spent more time than ever with my dad. Through our (his more intellectual than mine) discussions, I reflected on his example. He was and continues to be a model civil servant for me. He believed in the system, navigating it to help the dear students he advocated for, firmly but never rudely. He was truly an expert communicator and collaborator (why does he sound like a CANMEDS Family Physician?).

I also had good colleagues (who are now my close friends) who role modelled what servant leadership is, what it means to navigate the system, and balance polarities that we are called to do daily as FPs, as leaders.

Thus to those who might view being a doctor and civil servant at odds, and to those who view the system as broken – I say not so. It depends on the individuals as much as the system to work hand-in-hand.

My greatest passions in life (believe it or not, is not eSports – see next article – nor medicine, nor nerdy geekiness, nor cartoon drawing). It's being with the princesses of my life. And these three years were a prime opportunity for

me to spend time with these lovely (at times) ladies. Many “body books”, “doctor sets”, and cartoons later, my two lovelies want to do “fammed, like papa” at “bright vision!” (sometimes Sephina, the elder, says she wants to do “emed, cos there's CPR and I want to drive the ambulance!”) I truly have married them with my profession. See Figure 1.

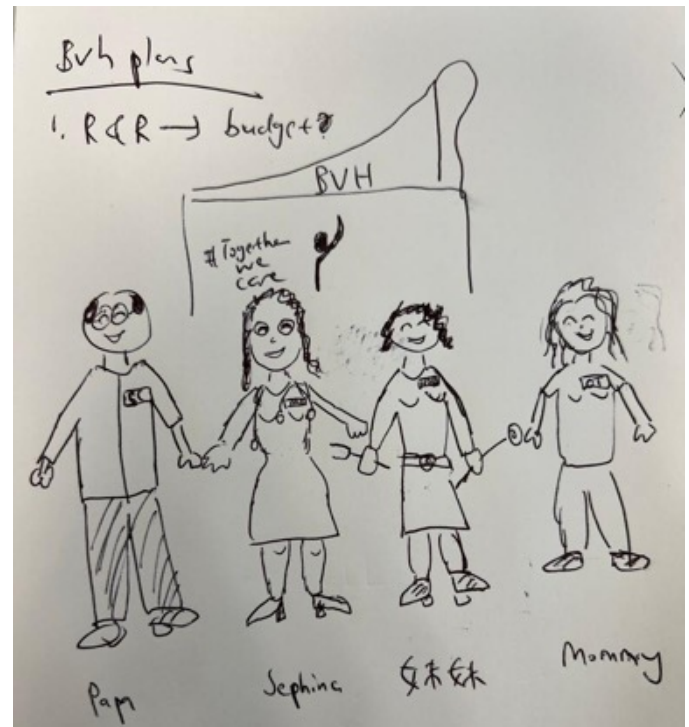


Figure 1. The new BVCH family, caring together

PASSION AND PROFESSION: FUTURE

What do consultants do with a little more time on their hands?

For one, we oil our rusty brains with conferences – see Figure 2. I attended this awesome geriatric and neurology conference in Newcastle (or “Newie” as the locals call it) 100 km north of Sydney, and unlocked lots of achievements, such as being able (hopefully) to decipher obscure tremors and variants of movement disorders amongst other things, whilst drawing helpful comics to cascade the learning to my MOs. (And enjoy Hunter Valley wine and cheese alongside of course!)

Beyond conferences and individual level patient care of course, kaypoh me started thinking again of systems (re) design.

What kind of healthcare system do we hope our patients have for the future? At the meso level, what kind of (community)

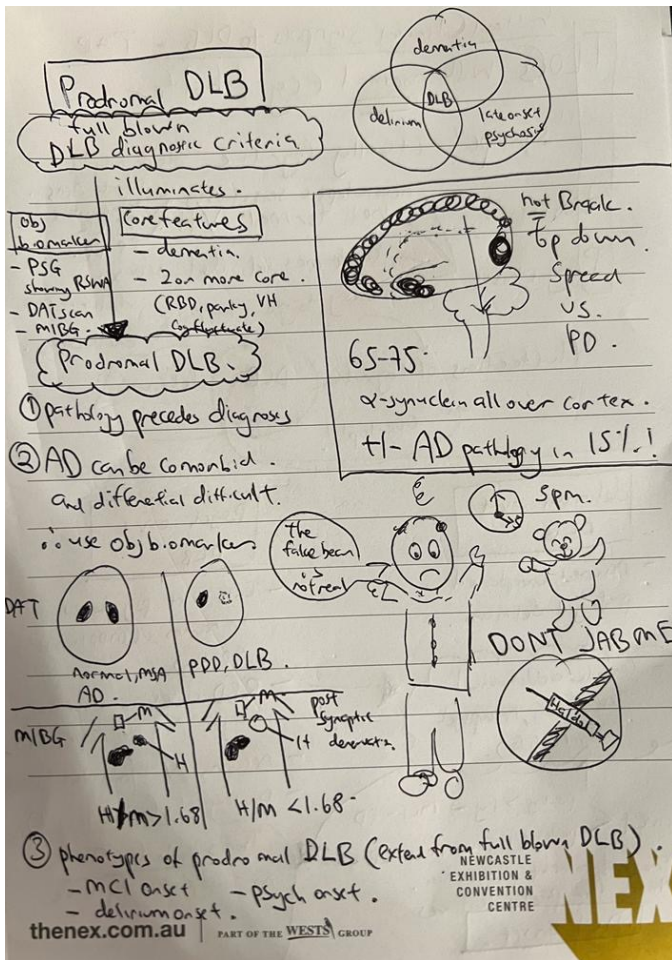


Figure 2. Cognitive stimulation Therapy for post-COVID posing neurological impairment. Yes you saw that right – do NOT JAB Parkinsonian people with Haldol, or bad things will happen.

hospital do I hope we'd have? I believe we should start with values. Not value-driven care alone, but values driven care (yes, plural). Values of compassion, integrity, collaboration, and continual improvement are a good start.

Figure 3 pictorially summarises how we might have a (truly) healthier population, biopsychosocially and even spiritually. The centre building (the Soma Home – named after the drug in Aldous Huxley's *Brave New World*) is an assisted living facility-cum-community hospital-cum-hospice-cum-nursing home. The community drops in daily. Everybody is happy and shares (only good) stuff with each other. The dude on the right-hand side is going for his microGig in the Soma Home (he normally drives Grab but is exploring these meaningful microgigs and, who knows, he may soon be one of our Wellbeing Coordinators who socially prescribes!). There is a gotong royong spirit here and everyone is sharing and caring. They even share out their Healthsave (not Medisave) vouchers, because now, you can use your hard-earned money (which is earning good interest) for healthier choice food subsidies. Everyone is reflectively happy (with their religious and community leaders facilitating thoughts and discussions) regarding how they want to live, successfully age, and die.



Figure 3. HealthieST SG 2040?

TIMELESS KINDA APHORISMS

Now I know I sound like my nagging dad, but I'd like to leave us with these three kinda-aphorisms cos, IMHO, they've been really demonstrated during this COVID pandemic!

1. Change is the only constant
2. You can either see it as half-full or half-empty
3. In everything, do it FAN – Fast, Accurate, Neat (this one from Kumon Class!)

I guess all that's left is for Mei Mei Sabrina to say, "It's DORSCON Green, Yay!" – see Figure 4.



Figure 4. Mei Mei is dressed for the occasion – DORSCON Green