Dr Gerald Koh

The public health specialist tells Joan Chew about the joys of community service

I specialise in public health because...
I enjoy community care, which is the focus of public health, as opposed to clinical work, where the unit of care is the patient.

One of my medical students noted that doctors working in public health are the unsung heroes of the health-care system. They work at the macro level through recommendations to the Government and changes in health-care policies.

If I were to give an analogy for what I do, I would...
Be an octopus because I juggle so many things at once.

Besides clinical work, I also teach and conduct research in a range of topics, including ageing, rehabilitation and medical education.

On top of these, I am currently doing my PhD in family medicine on Ministry of Health and University of Western Ontario Research Fellowships.

A typical day for me would be...
I never have a typical day because every day is different.

If I am not writing papers, I may be teaching students, doctors or the public; meeting research collaborators or conducting research in the community; seeing patients in the ward, in their homes or at void decks of flats; planning, attending or lecturing at conferences.

As doctors are too busy during the day, most teaching and meetings take place after office hours.

On days that I am home earlier, I put my three kids, aged seven years, three years and six months old, to bed at about nine o’clock and spend some time with my wife. Then I continue with writing, paperwork and e-mail. I often get up at 4am to do this if I need to.

Often, I am so tired that I fall asleep while putting my kids to bed.

I have come across all types of cases...
My medical students and I recently encountered a woman who had consistently missed free health screenings.

We found out she had stopped taking her medication for a thyroid disorder and was tired and weak. She did not understand the value of health screening, was fearful of the tests and afraid to detect an illness that would be expensive to treat.

The solution is to conduct patient education and ensure that health care is affordable for the poor like her.

Another memorable case was an elderly man with a spine infection who failed to turn up for his daily intravenous antibiotic injections at the hospital outpatient clinic. We found out he had difficulty walking because of severe back pain and his sole caregiver – his wife – could not carry him down the stairs to the lift landing. He was eventually readmitted for treatment.

This case illustrates the need for doctors to consider the social, environmental and functional circumstances of our patients when planning their medical management and the difficulties faced by disabled patients.

I love patients who...
Enter a community hospital lying flat on their backs after a disabling condition like a stroke or hip fracture and, after weeks of intensive rehabilitation, walk out of the hospital by themselves with the aid of just a walking stick.

When they are hospitalised, they are often distressed but it does not help when they shout and scream at or threaten my staff.

It is understandable for family members to be distressed but it does not help when they shout and scream at or threaten my staff.

But it is exactly this distress or sense of helplessness that motivates me to research and help develop policies which empower patients and their caregivers to cope.

Patients who get my goat are...
Family members or relatives of patients who are rude or violent to my staff.

It is understandable for family members to be distressed but it does not help when they shout and scream at or threaten my staff.

It is exactly this distress or sense of helplessness that motivates me to research and help develop policies which empower patients and their caregivers to cope.

Things that put a smile on my face are...
Patients recovering from their stroke; relatives thanking me for helping their loved ones; students becoming outstanding doctors or public health professionals; policymakers using my research findings to produce better health policies and programmes; and my wife and children.

It breaks my heart when...
Patients miss screenings or medical follow-ups because of physical, social or, worst of all, financial barriers.

As a nation, we need to provide barrier-free environments, social support programmes for patients and their caregivers, and affordable health care for the poor and disabled.

I wouldn’t trade places for the world because...
There is no other job that melds my three interests – education, research and clinical service – and gives me the opportunity to effect change on both individual and community levels.

My best tip...
Is for stroke patients to continue with rehabilitation after discharge under a therapist’s supervision and for their caregivers to encourage them to do so in order to maximise stroke recovery, reduce caregiver burden and enhance quality of life for both patients and caregivers.