Recollections of a Caveman

By Dr Lee Pheng Soon, SMA President

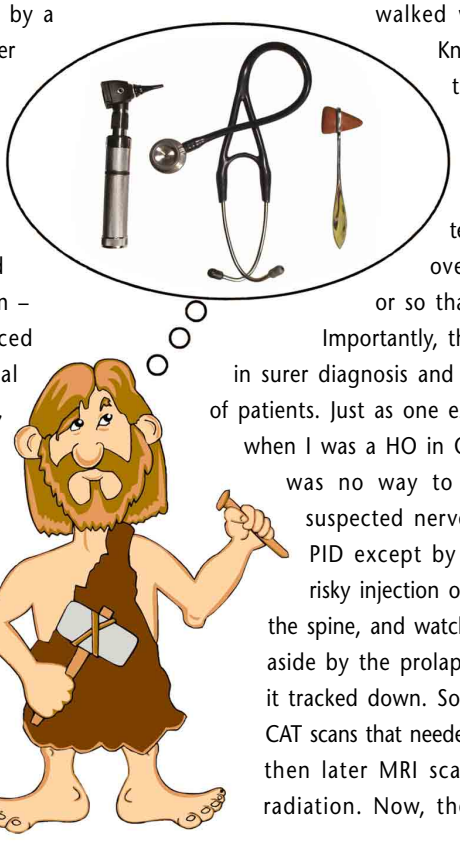
The changes that sweep through medicine sometimes make me feel like a caveman living in today's world. There is no shame in this – our profession currently includes people who have walked with great dinosaurs, as well as others, already Consultants, born only after Neil Armstrong had walked on the moon. (But out of respect, I will from now refer to the first group as "those who had walked with the Noble Knights of Old".)

My grandfather was one of the earliest products of the medical school here – an LMS granted about 90 years ago. He never told me what medicine was like in the days before antibiotics, but the Profession mattered so much to him that his gravestone described him as "a Physician and Surgeon of the city of Singapore" rather than in any other way. My father studied in London through World War Two – a time when the only antibiotics available were sulpha drugs, and when penicillin was considered magic. For doctors as these who had so few weapons against disease, their bearing and dignity must have comforted their patients as much as the limited drugs they had to prescribe.

I was one of those impressed by the stature of such men. One of my earliest childhood memories at about six or seven years old, was of being brought by my father to the Singapore General Hospital (SGH) to be examined by a "Professor Ransome" for a cardiac murmur. I remember a L-shaped consultation room with a narrow examination couch against the wall of the long arm of the L, under a glass wall-cabinet crammed with reference books hung above. I recall being asked by a pink-skinned giant in strangely-accented English to come back after running five times around a grass courtyard just behind the consultation room – upon which on repeat auscultation, he pronounced mine as "just a functional murmur". This clinical diagnosis made on clinical signs and a stethoscope, stood unchallenged even at NS enlistment, when the MO at Tanglin Camp classified me combat-fit without further investigation on hearing who had made the first diagnosis.

I also recall Chinese New Year visits to an uncle ("Mr Choo") who lived in a bungalow on the grounds of the old Toa Payoh Hospital (TPH), next to the traffic circus – too young then to understand the significance of his being "State Surgeon", nor for that matter the significance of another uncle ("Dr Lee") in the same hospital being "State Physician". One uncle clearly out-ranked the other because only he had a house assigned to him; this childhood diagnosis still holds true today because the latter still works (albeit part-time) in Changi General Hospital, the successor of the old TPH. Years later, both became my teachers; the Physician was later even my highly-respected Boss, when I was a HO.

My memories as a clinical student 25 years ago, include those of nursing aides sitting at the ward station, sharpening the tips of injection needles against a sandstone block before sending them for sterilisation; the sight of long gleaming metal pipes called rigid rectoscopes; Prof Seah Cheng Siang helping his team to clerk patients on busy admission nights in his MU's Ward – bent over patients still on admission trolleys parked in the aisle, because every bed in the wards had been taken. My memories as a HO in 1982 include the pride in showing Prof Ratnam and the Scottish Registrar in the KK Labour Ward, a method that I had derived to confirm an "undiagnosed twin" at the bedside. (One used two cardiotocograph machines simultaneously to show two different fetal heart rates, but the key was to use instruments of different brands to prevent radio interference between their detectors.) Also, to this day, the memories of the inter-discipline camaraderie that transcended all levels of staff at TPH still warms my heart. Yes, it is fair to say that I had walked with several Noble Knights of Old, some of them my teachers.



Of all things about our Profession, though, it is the technological advance over the last 30 years or so that amazes me most. Importantly, they permit big steps in surer diagnosis and better management of patients. Just as one example in one field, when I was a HO in Ortho O, SGH, there was no way to confirm clinically-suspected nerve compression by a PID except by an unpleasant and risky injection of a contrast dye into the spine, and watching it being pushed aside by the prolapsed disc material as it tracked down. Some years later came CAT scans that needed no contrast media, then later MRI scans that needed no radiation. Now, the 64-multi-slice CT

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scanner can even visualise potential blockages in the smallest coronary arteries in a moving, beating heart, without need for an invasive angiogram. Similarly, when a doctor needs detailed images of the inside of the colon, barium enemas have been partly replaced first with flexible fiberoptic scopes, then wireless capsule endoscopy, and now virtual colonoscopy by the same CT scanner.

What has not changed? Though many patients now benefit from vastly improved technology and knowledge that permit better diagnosis and treatment, sooner or later all humankind succumbs to something less treatable, or to old age. New battles against disease are always being fought, and compassion when nothing can be done is still so important. This comment from the 1985 Newsletter is still valid: *"The doctor still has to be capable of the synthesis of science, to be adept at the interpretation of data and be sensitive to the interaction between patient and physician and disease. The medical student still has to be taught not just medicine and science, but also to learn to care, to have a respect for life, and for patients as persons."*

What of the Singapore Medical Association? The SMA was founded in 1959 *"to represent all aspects and persons in the Profession"*. Have our needs changed? It is true to say that our Specialist and GP Members largely have their academic development and related matters taken care of by the AM and the CFPS. So in what ways does the SMA represent the Profession? *"We have addressed the many issues that confront the Medical Profession that are still very much alive today after 25 years. Issues like recruitment of foreign doctors, statements to the Press, medical insurance premiums, doctors' consultation fees, dispensing, continuing medical education, sanctity of life, ethics, and advertising crop up time and again in new clothes to disturb the equanimity of the medical profession."*

Members of this and recent Councils, recognising the above sentences in italics as a fair summary of much of our day-to-day work of the past years, may be shocked to hear that this was actually a quote from the SMA Newsletter of 1985, summarising SMA's work for the 25 years before 1985. Just as only one of the many epidemics (smallpox) we have battled against has actually been conquered, almost all the issues that trouble the Profession remain, albeit in a slightly different form.

What then of the future? The SMA must continue to serve the Profession, and through it serve Society, by being prepared to engage these same issues every time they resurrect, even when disguised. It must also find the energy to address the many new issues consequent of our changing world, of which I will name only three.

First, population pressures, the intimate juxtaposition of humans and lifestock in much of Asia, and the growth of global air-travel, has made it possible for local outbreaks of exotic diseases to quickly become widespread epidemics. SARS hammered Asia two years ago. Now, there is a very good chance that Avian flu may mutate and cause a catastrophic human epidemic. As with SARS, the SMA must be ready to step forward and provide leadership among doctors, that is those whom society expects salvation to come from.

Second, because the internet allows every patient easy access to details of his personal illness, but seldom with an understanding of their significance, many of our patients have both more knowledge and more confusion. They have very different expectations about their doctors' roles than before, whether in answering questions, or in ensuring the success of recommended treatment. The SMA works hard to resolve misunderstandings and complaints against doctors, and to ensure adequate protection is available for those who need it to defend their medical decisions and actions.

Third, the new media that encourages publicity around alternative treatments often does not help either us or our patients, because unbalanced information that poses very attractive alternatives to western medicine is not identified as such. Even within our profession, the Internal Medicine Physician of old has largely disappeared, while the Family Physician that needs to take his place to provide detailed medical care for "the whole patient" is still evolving. The explosion of medical knowledge has resulted in 35 recognised medical specialties, with new ones seeking recognition all the time. SMA works hard to ensure proposed solutions to such issues are fair to all doctors involved, and especially to speak up when these might compromise patient safety.

The SMA must continue to provide leadership, steering the Profession as a whole, and offering viable answers to the needs of society, through this time of change ahead. It would be good to finish with sound advice from the same 1985 issue of the SMA News that is probably as relevant today:

"The Association can help by assisting the Profession to adapt itself to changing circumstances. It needs to instill among its adherents a sense of values so necessary for dignified survival – of pride but not arrogance, of discipline but not servility, of loyalty but not subservience, and in so doing to imbue the coming generations with a deportment that is both discriminating and courageous."

A good education from a great medical school and CME will ensure us the technical skills we need for our professional practice. The SMA will augment this, by providing leadership, in day-to-day matters that are important to our Profession and to our Society. We must try to ensure that all of us have a chance to walk with dignity as we serve our patients, exactly as we had been called to do years ago, exactly as had the Noble Knights of Old. ■