Special focus this month:

CHILDREN

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SMA NEWS

The *SMA News* interviews

Professor Lim Pin

With over 40 years of experience in clinical medicine and healthcare and academic leadership, Professor Lim Pin is in a unique position to comment on the changes that have swept Singapore in the last four decades. After medical school and early clinical education in the United Kingdom, Prof Lim returned to Singapore in 1965. Starting as a lecturer in the then-University of Singapore, Prof Lim rose rapidly through the ranks, becoming Professor and Head of the Department of Medicine in 1978 and Vice-Chancellor in 1981, a position he held for 19 years, seeing the National University of Singapore through some of its greatest changes.

In a country where change is the only constant and where politicians exhort the people to 'innovate or vegetate', Prof Lim's thoughts on a myriad of issues related to the changing landscape of healthcare are illuminating. SMA News Editorial Board Member ***DR JEREMY LIM*** *was privileged to catch up with Prof Lim recently in an interview focusing on medical education and the changing roles of physicians. We also caught an intimate glimpse of a man who encouraged his children to pursue medical studies overseas so as to obviate any 'advantages' they might have in Singapore by virtue of his university position and who spurns long holidays as 'torture' for his active mind.*

SMA News: With the increasing emphasis on the life sciences and research, the doctor of today needs radically different skills compared to the doctor of yesteryear. What do you think have been the biggest changes in medical education over the last 20 to 30 years, and how do you think we can better prepare students for the new world of medicine?

The biggest change in medicine is undoubtedly the explosion of new knowledge which has been nothing short of a miracle. This knowledge places tremendous demands on our doctors today just to keep up with the latest in medical science, let alone decipher what is most appropriate for any individual patient. Take for example acute myocardial infarctions. When I started practising medicine, the standard treatment was analgesia and five weeks of complete rest in bed. Now, doctors have to decide on immediate thrombolysis or angioplasty and a wide choice of drugs from ACE inhibitors to statins. However, this increasing intensity and pace, though hard on our doctors, has been good for our patients, and ultimately what matters is that patients benefit.

The problems doctors face nowadays are therefore two-fold: firstly, keeping up with the pace of medical development and being able to discern the quality of output from medical research, separating the wheat from the chaff, and secondly, building and maintaining a strong foundation in the basic sciences, which is so essential to understanding medicine today.

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Preparing our students for the new clinical climate is an ongoing process and thankfully, medical students have the necessary intellectual capacity to cope. What we also need is to imbue our students with the correct values from the very beginning and to nurture these values as they progress through medical school and beyond.

SMA News: Which areas do you think medical schools should concentrate on in developing doctors for today?

I would see three areas that our medical schools should focus on: establishing a strong base of scientific education; developing an analytical, critical mind; and lastly, inculcating in them a passion for life-long learning.

As we had discussed earlier, you cannot fully understand and put into practice advances in clinical medicine without a strong background in the basic sciences. The fundamentals of anatomy, physiology and biochemistry, and now genetics, are the building blocks of the science of medicine. While we have been reducing the amount of curriculum time in the pre-clinical period, scientific training cannot be compromised and to this end, we have to adopt 'smart' teaching methods, harnessing information technology and other tools to enhance learning.

In a sense, this 'teach less, learn more' approach is especially relevant to our students, and by providing students with a wide array of resources and the skills to use them, we can maintain firm grounding in the basic sciences. This is also important in developing active independent learning and a critical mind. Our teaching should focus less on the transfer of knowledge and more on developing an enquiring mind and the skills for self-learning. In my own tutorial group teaching, I encourage a more informal interactive environment where students ask and answer questions with myself simply guiding them along.

This approach will be important when they graduate and are confronted with a massive amount of new, often conflicting, information from clinical research when they look to the literature for guidance. It is therefore critical that our doctors have it ingrained in them early the absolute importance of being able to search and appraise the literature in a scientific and discerning fashion, and hence translate the information into better clinical practice.

The university's graduates have always maintained a strong tradition of life-long learning. We must preserve this heritage and enhance the culture of continuing professional education.

SMA News: What are your thoughts on our current Continuing Medical Education (CME) system, and how CME activities are organised? After all, there is nothing to stop doctors from simply attending lectures, chalking up the necessary points but not learning anything useful.

CME is essential for good practice but execution can range from leaving it entirely to the doctors at one extreme, to re-certification examinations at the other extreme. I have my doubts about the usefulness of re-certification examinations as doctors can easily regurgitate the textbook for an exam. But how useful will this be to their practice? Ultimately, it is up to the individual doctor and what is most important is to develop doctors who have enquiring minds and an innate passion for life-long learning. CME activities should ideally be practical-focused and conducted in small groups just like medical school tutorials. But there are resource constraints and I think a balance of lectures, workshops and so on will meet the needs of most doctors. Again, what is more important is the value system of the doctor and his commitment to learning.

SMA News: Medicine is ultimately an apprenticeship where not only skills but values are imparted. Can you highlight a few memorable role models and comment on the perceived dearth of role models today?

I have learnt many different things from so many different people, but what stands out in people I would consider to be role models is their total dedication and commitment to the patient. Take for example, Prof Gordon Arthur Ransome. He was an Englishman who did not speak any local dialects, but when he was with a patient, he was transported into a world where only the patient mattered and the patients knew that. He was a veritable Sherlock Holmes, a bulldog who would not let go until he knew exactly what was wrong with the patient and how to treat it.

We may perceive that there are fewer role models today because the art of medicine, or what I call medical humanity, has been

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somewhat over-shadowed by medical science and technology. Perhaps some of us have become over-reliant on technology and hence think, why bother with asking the patient when a simple blood test or scan will provide me with the answer. This approach overlooks the importance of the clinical judgement and the value of rapport in healing. I cannot over-emphasise the role of trust and communication in making patients feel better, and actually become better. Medical science and technology are essential but insufficient for good patient care, and have to be combined with bed-side skills and medical humanity for synergy to maximise impact.

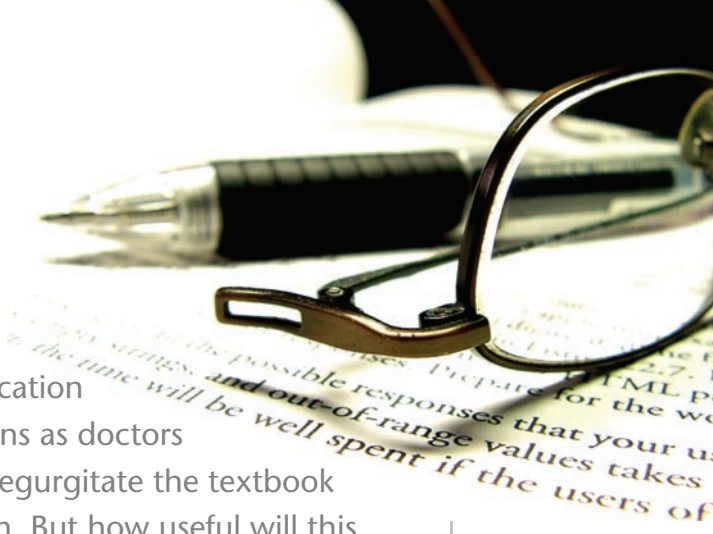
SMA News: You sent your children to study medicine overseas. What are your thoughts on the medical education overseas?

I wanted my children to study medicine overseas not because I did not think highly of our own university, but really because I wanted them to compete and get into medical school on their own merit. I was also conscious of my own position in the university and wanted to avoid any perception of nepotism or unfair advantage given to my children for admission to the highly competitive Faculty of Medicine.

I think studying medicine overseas is different in two important ways. The first is the need to be independent and to fend for yourself by virtue of being away from home and all its comforts. Secondly, the top medical schools overseas have an academic buzz. NUS is developing its own buzz. At the same time, we encourage our students to spend a semester or two overseas to experience the benefits of studying overseas.

SMA News: You were the Deputy Chairman of EDB. Healthcare has changed from being a supporter of economic growth by ensuring healthy workers, to being an engine of growth in its own respect. How do you think this will impact on clinical practice as we recognise it today, and how will this change doctors' attitudes and mindsets?

The role of our healthcare system had been previously to produce good doctors to maintain a healthy nation. Our emphasis in the business of medicine is still providing quality care for our patients but the focus is not only on local but now also on foreign patients. For us to compete effectively with other countries, we will need to have what PM Lee describes as 'tiers of excellence', providing top-class service at all levels, from the quality of your doctors, to the service of your cleaners.



I have my doubts about the usefulness of re-certification examinations as doctors can easily regurgitate the textbook for an exam. But how useful will this be to their practice?

But beyond this, in addition to medical care, the bio-medical sciences also include pharmaceuticals and medical devices and the two are intimately related. Top-quality medical care can thrive only with the support of a vibrant research culture where new treatments and technologies are rapidly moved from the bench to bed-side, and bio-medical research can only flourish in an environment of quality patient care where doctors and researchers work closely together to enhance clinical capabilities. Singapore can bring this about. We have quality care and we have the capable researchers. They are mutually enhancing.

SMA News: The clinician-scientist is a relatively new creation on the scene. How do you see clinician-scientists given our country's emphasis on the life sciences?

The clinician-scientist or doctor-researcher is vital as the bridge between the lab and the ward. This entity is key to our success in what is commonly called 'translational research', but such people are generally in short supply. There is a problem in that our hospitals emphasise service provision, as they rightly should, but this sometimes compromises the time available for research and dampens the enthusiasm for research. What A*Star has very laudably done by establishing the special clinician-scientist awards is to essentially 'firewall' out the clinician-scientist's time for research and to protect it from the demands of clinical duties

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by reimbursing hospitals for his time way from clinical work.

SMA News: Since specialist accreditation is really a recognition of one's clinical status, should clinician-scientists progress up the clinical ladder at the same pace as their full-time clinical colleagues? Also, should our clinician-scientists not compete for grants to fund their research in the same way their American counterparts have to? Would this competition not be good for our life sciences drive in the long run?

Clinical titles should be acquired through clinical and other efforts that contribute to a doctor's growth as a clinician. I would see that over time, we may develop a complementary or parallel recognition of clinician-scientists such that a doctor may be a registrar by clinical appointment and a senior scientist by research appointment. In these early days, I think it is necessary to nurture and encourage our clinician-scientists. Once the scheme is mature and our clinician-scientists have as a group found their feet, there is definitely a role for a more competitive process.

SMA News: Doctors today are branching increasingly into non-clinical areas such as politics and administration. Does our training prepare us for such roles, or are the skill sets needed something we acquire in spite of our education?

Good leaders have certain attributes that are nurtured in doctors. Firstly, good doctors are good communicators, and the people skills a doctor learns through interacting with the thousands of patients he sees over the years put him in good stead. Secondly, good doctors are empathetic as are good politicians and administrators. And thirdly, the technical skills needed for other disciplines outside medicine can be picked up quickly by doctors. Doctors are a self-selected group of people who have the intellectual capacity to learn new things fast and our culture of life-long learning helps. Vision is needed especially for leadership but that is really up to the individual.

SMA News: Now that you have stepped down from a number of administrative roles, how do you spend your 'work time' and 'free time'?

I have gone back to teaching and clinical medicine, both of which I enjoy very much. I have always found medicine very fulfilling as a human person, being able to help other people in a very direct way.

I enjoy simple things in my leisure, playing with my grandchildren, going on short trips. I am not the type to take long holidays. My mind is too active and after a while, I will ask myself if there are no better things to do! Oh, I exercise regularly, going to the gym and cycling. I believe it has helped me keep my mind alert.

SMA News: Lastly, the medical faculty has grown into a full-fledged school. Can you describe your role in the development of the school and your proudest achievements?

I have served 21 years in university administration; two years as Deputy Vice-Chancellor and 19 as Vice-Chancellor, and it has been gratifying to see the university grow to what it is today. I think my role in the university was to help in its transformation from a centre of teaching to a complete knowledge power-house. We had started with a bit of self-doubt wondering how we could challenge the more established universities that had histories of a few hundred years, but one of our early ventures into knowledge creation, the Institute of Molecular and Cell Biology, proved that if we tried and had a 'can-do' attitude, we actually could do it. I am glad also that we had decided to invest heavily in infrastructure, and our world-class libraries and IT support systems have played no small part in transforming the university. Today, the NUS does world-class research, and our researchers, academics and students are highly acclaimed by their overseas counterparts. ■

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