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SMA NEWS



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Dr Ang at a makeshift tent at the 2005 Pakistan earthquake.

Dr Ang Swee Chai - Surgeon With A Mission

By Dr Toh Han Chong, Editor and A/Prof Paul Ananth Tambyah

Dr Ang Swee Chai was born in Penang, West Malaysia, and raised in Singapore. She graduated from the University of Singapore in 1973. She proceeded to further her studies in the United Kingdom, where she later became the first female orthopaedic surgeon consultant appointed at the august St Bartholomew's (Barts) Hospital in London.

Moved by the medical needs of civilians caught in the Middle East conflict, Dr Ang formed the British charity, Medical Aid for Palestinians (MAP). She has since written a book titled **From Beirut to Jerusalem** and was recently featured in the NUS Centennial Commemorative book. Our Editor,

Dr Toh Han Chong and A/Prof Paul Ananth Tambyah met up with her at the recent Malaysia-Singapore Congress of Medicine held in Kuala Lumpur, where she delivered a plenary lecture.

THC: Hello, Dr Ang. You were a top student from Raffles Girls' School (RGS). Can you tell us when you decided to be a doctor and what inspired you to become an orthopaedic surgeon?

DR ANG: In fact, this evening some of the RGS girls are coming up to meet here and we are all going out to dinner!

I think I wanted to be a doctor in primary

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school. I was so naive at that time. I thought that as a doctor, one could do a lot of good. Of course it is not true. A doctor is just one digit in society but if every digit in society does its part properly then we will have a wonderful society. So with the years, I realised although I possessed technical skills and knowledge of medical science, I also have a human contribution to make to my patients. I wanted to be a doctor ever since I can remember but it became more passionate when I was in secondary school. One day, my brother brought home a book by Dr Albert Schweitzer, *All Men are Brothers*. Wow, I said, I want to be like him! I got into medical school, just scraped through, actually, because I was quite distracted when I was in pre-university, running around doing too many things, and not studying hard enough. Medical education in those days was very good. It was didactic, disciplinary and it put the fear of knowledge into your head, the fear of your teachers; that somehow made you learn. The boys used to laugh at me. They would say, “Ang Swee Chai will copy the lecture notes!” This sometimes included the jokes of the lecturer. And the boys would photocopy my notes.

When I graduated, I decided I wanted to change the world. I joined the Faculty of Community Medicine at the National University of Singapore. Now it is called the Department of Community, Occupational and Family Medicine. At that time, it was known as the Department of Social Medicine and Public Health. I did two years there with Professor Phoon Wai-On and Professor Nalla Tan who were the seniors there, as well as Ivan Polunin and Professor Ng. Then I realised that I was just not cut out for it because I was too impatient in character. If you want to do Community Medicine, you must have a far reaching vision and be prepared to see things change in a gradual way. You must be patient because you will not see instant results, but get involved in projects such as long cohort studies and changing public attitudes. So by the time I got my Masters, I just thought I would come back and choose something which was more like me, and that was surgery. I was so impatient that I could not even be a physician because I wanted to see results, and I wanted to see them now! My brother was laughing at me. He said, “Ok, if you are going to be like that, I will go and do pathology. So whatever you bury, I will know.” [Laughs] So can you imagine that? He actually became a pathologist and I became a surgeon. I remember when I was a houseman, the orthopaedic unit was great and they taught us well.

PAT: Which orthopaedic unit was that?

DR ANG: I was with Professor Pesi Chacha and Dr Kanwaljit Soin. She was my mentor and a female orthopaedic surgeon. Dr Soin said, “Do not worry about what the boys say. You have the brains and so long as you are prepared to work hard, you do it.” And that was where the idea of being an orthopaedic surgeon came. I went on to get my primary surgical exams. Upon coming to the United Kingdom (UK), you were given the feeling you could not do orthopaedic surgery because it was not for women. The British attitude was very conservative then. It is still a bit like that, but much better today. But I was stubborn and would not be pushed aside. Unless you give me a valid reason why this cannot be done, if it is nothing to do with skills, nothing to do with commitment, nothing to do with dedication, then you tell me why I cannot do it. Obviously in the British context, it has got to do with prejudice, the way their society is structured. I am a small, coloured Asian woman who was not a graduate of any British University. My senior colleagues in the orthopaedic fraternity at that time had got it right – it was going to be a tough struggle and I should really do something more sensible, more achievable. But I was born stubborn and rebellious. So I said, “No. I will do it. I will fight the system!”

THC: So your postgraduate orthopaedic training was in England at that time?

DR ANG: I was senior registrar in Newcastle-upon-Tyne working for Professor Jack Stevens.

THC: You were the first female orthopaedic surgeon consultant at the famous St Bartholomew’s (Barts) Hospital in London. That must have been quite an honour. How did you feel when you were appointed to that position?

DR ANG: I walk by faith. I take it back to just before going to the Middle East. At that time, I had just got what you call a rotation registrar job. I had been baptised in an evangelical church and I taught the Old Testament. I loved teaching Sunday school. I supported Israel, because Israel in the Old Testament was the chosen people of God. Upon coming to UK, I made many Jewish friends: senior, junior and peer colleagues who were really lovely people. I also knew how the Jews had suffered: not only in the Second World War but also historically how they were treated in Europe, so my sympathy was 100% for Israel.

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You could say I was spiritually with the Old Testament Israel, and socially with the Jewish community. In fact, I was living in a rented flat in Newcastle-upon-Tyne run by an orthodox Jewish butcher, who was my landlord.

When Israel invaded Lebanon, I could not cope because I just could not believe it – “Was this my Israel who is doing this?” What was going on? It is very much what you see in the last few months this year, except take it back to 1982 when I was a lot younger, more impatient and more proactive in doing things. I began to pray and I talked to my church people. None of them could give me a satisfactory answer. To say you wanted to flush out some terrorists was not good enough for me. If Lebanon had maybe a hundred terrorists, are you telling me that you have got to kill hundreds of thousands of people just to get those people? It did not make sense so I prayed very hard and God said to me – you are not to judge, judgement belongs to God – who do you think you are? Who on earth is Ang Swee Chai, so arrogant, and who wants to know everything? Certain things are in the hands of God. So when I got that in my heart, I had peace and I said, “Lord, tell me what you want me to do, I will do it. I will walk by faith. I am going to ask for wisdom but I am going to do what God asks me to do.”

So shortly after that, an appeal came from Christian Aid, asking for an orthopaedic surgeon to treat the war-wounded, and I knew that was what God wanted me to do. So I left for Lebanon. Since then, the Middle East has very much been a part of my life. Of course it is crazy to throw up a conventional job especially in a London teaching hospital, and when I came back, I lost my London traineeship. I then went to Newcastle, did a locum, met up with Professor Jack Stevens and then worked my way up again in the hospital hierarchy. Professor Stevens gave me a second chance. He was the external examiner for our final MBBS in Singapore and remembered me from the exams. But in 1985, the Camp War started. Palestinians in the refugee camps of Lebanon were again being killed. I was already a senior registrar at that time, but I was also co-founder of the British Charity, Medical Aid for Palestinians, and sent many medical volunteers to work in Lebanon. In 1986, Dr Pauline Cutting



was stuck in the siege so I did not have a choice because I had sent Pauline Cutting, Susie Wighton and Ben Alofs out to the field. I was the founder of Medical Aid for Palestinians so I had to go and get my people back because their parents were after my blood! I resigned from Newcastle-upon-Tyne. I did not know what Professor Stevens thought of it. Probably in his heart, he felt – never, never trust a woman again! So off I went. That took me from 1986, running the programme in Lebanon and then from there, I wound up to work in Gaza Strip, the occupied Palestinian territory, as a United Nations (UN) and World Health Organisation (WHO) orthopaedic consultant, to 1989.

I might not be a good surgeon but I have got the loudest mouth in town, and a rather effective one! I was critical of some of the military policies in Occupied Gaza and West Bank, and made my views known publicly – like on British TV and radio. When the Commissioner General told me, “You are upsetting quite a few people. If you are going back to Gaza, you will create a lot of problems for some of the colleagues you are working with.” I assured him I was not important enough so that was when I said, “Fine. I will leave!” I came back to UK and got to look for a job in National Health Service (NHS) but I had not finished my SR training, I was still short of it. I could not believe I was taken back into the rotation by the UK Specialist Advisory Committee although I had a break of career for about five to six years. I received a further 18 months of training and I got my certification, specialist training and found a consultant job. I knew God had arranged it. I was in the North working as an orthopaedic consultant. That was

completely bonkers, you see, because my husband was working in London. A vacancy came up in London and I was told to apply. That is how I moved to London. And I absolutely could not believe it – a consultant position at the Barts and Royal London Hospital. It had nothing to do with how clever I was, it had nothing to do with how good I was. It had to do with walking by faith, trusting that God will take care of things once I put my fate in His hands.

I immediately persuaded my husband to move out of the West End into East London. All my Singapore friends said, “Oh dear, not East London!” I had to do so, so that the registrars will feel free to phone me at any time of the day, and at any time of the night. East London had drugs, crime and immigration problems and many consider it a no-go area. I remember at the job interview, the panel said, “There is no need to move into East London.” But I felt if I was close to hospital, I would be just five minutes by foot, and two minutes by car. Then I can come to operate anytime on emergencies. I actually like living in East London now.

THC: When I was a medical student in the UK, many of the doctors who did orthopaedic surgery were six foot two sportsmen. Was it a problem being a five foot three Chinese girl?

DR ANG: I am not five foot three, I am four foot eleven. *[Laughs]* It is difficult, you see. I remember Professor Heatley and Professor Stevens did a lot for me. They said, “Oh, Swee

Chai, we do not know what to do with you. We know you and we know you are good in your work. But try and convince the 10 men in black and grey suits in an appointment panel you can do orthopaedic surgery. That is your problem, you see.” Yes, it was a problem because I did not look the part – but trust me, I am the part! Let’s put it this way, after two years in London, I had an elective waiting list of 400 patients, so much so that I was hauled up by the hospital’s senior management who said, “Look here, Ms Ang. Do you really want to keep all these 400 patients on your waiting list that include hips and knees, revision hips, revision knees, backs and upper limbs and so on and so forth?” I said no. Actually, when I started, I wanted to be a hand surgeon like Kanwaljit Soin. *[Laughs]* But you know, I would love to do upper limb surgery only and do it well. But I would continue taking trauma cases so that I would not be a burden to my colleagues. I think there were nine lower limb orthopaedic consultants in my department and at that time, I was the only one doing upper limbs and hands as well. So every body was very happy to take over my lower limb patients. It was a win-win situation.

PAT: Many people who are reading this interview may not be familiar with your book and your work. Can you tell us what it is like, someone who is trained in the University of Singapore, going into what essentially was then a war zone in Lebanon? What were some of the adjustments you had to make? What were some of the mind shifts that you had to make?

DR ANG: The number one issue was my own mindset because I was brought up all along to fear Arabs and to hate terrorism, and I thought all Arabs were terrorists. Although I grew up in Singapore with Muslims, I never got to know them properly. When I found myself working in a refugee camp, for the first few days, I kept asking myself, “Are these people really Palestinians?” Because they are such wonderful people, they are so generous and such lovely people – they cannot be Arabs, not to mention Palestinians. It took a lot of adjusting for me. I really learnt about the Palestinian people first-hand when I worked in their hospital, which was called Gaza Hospital and was built by the Palestinian refugees



Left-Right: Dr Toh Han Chong, Dr Ang Swee Chai and A/Prof Paul Ananth Tambyah, met up at the recent Malaysia-Singapore Congress of Medicine.



in Lebanon and named after the Gaza Strip in the Occupied Palestinian Territories kilometers away. At that time, Lebanon had 350,000 Palestinian refugees. They were some of the people who had fled historical Palestine when Israel was formed and these people were put in tents and they grew up as refugees. They demolished their own tents and they built houses in their townships or refugee camps. They tried to remember the places they came from by calling their institutions after places in Palestine, like Ramallah Maternity Clinic, Nazareth and Gaza Hospital. Pauline Cutting, a very famous British doctor, part of Medical Aid for Palestinians and Susie Wighton, a Scottish nurse, worked in a hospital called Haifa Hospital. By default, I found myself in charge of the orthopaedic department at Gaza Hospital. In 1982, I did not think I was really good at it at all, you see – but I was all they had – most of their doctors were either imprisoned or killed, or in hiding.

And then came the massacre of Sabra and Shatila, where many Palestinians were killed. I think more than 3,000 people were killed and they were completely defenseless. They trusted their security and their lives to the hands of the multinational peacekeeping forces that did not protect them. Even right now, there is a debate as to who did it. I will not go into that. I went to Jerusalem to testify to the Kahan Israeli tribunal and it came to a very interesting conclusion, beyond the breadth of this interview.

During that period of the massacre, I spent three days and three nights operating in a basement shelter, which was converted into two operating theatres. Pierre, a Norwegian surgeon, and I were operating and operating and then on the last day, when we were ordered out of the basement, we saw so many people dead and that was heartbreaking.

Initially my reaction was “How dare the world? The world has forsaken us. The world has wronged us.” But I thought no, not the world but you. You, Ang Swee Chai, have lived all these years being prejudiced, blind and ignorant of these suffering people. You are arrogant. You would not hear their cries even when you were living with them, sharing with them, sharing their food. So I realised that it was not the world but it was me. That is why yesterday when I was giving the talk (to the Malaysia-Singapore Medical Congress), I said I had to repent, to ask God for forgiveness for my many years of ignorance and prejudice and I asked Him to give me the equivalent number of years so that I can serve, repent and serve the Palestinian people in humility. People cannot understand, “Why are

you so passionate about this?” This has nothing to do with passion. Next year will be the 25th anniversary of the Sabra-Shatila massacre and I am so many years older so though I sound passionate, it is not passion. It is a process of obedience to a pledge I made to God on 18 September 1982.

THC: Within Israel, there was great unhappiness about the massacre. Many Israelis protested against it.

DR ANG: Yes, at that time, 400,000 Israeli citizens demonstrated in Tel Aviv. They were very angry because they knew that Israel was physically occupying and overseeing the refugee camps – so how could this terrible thing happen before the eyes of their army? As a result of this massive public pressure, Israel called a Commission of Enquiry, The Kahan Commission. Ellen Siegel, my Jewish-American colleague, and Dr Paul Morris, a British doctor, and I went down to Jerusalem to testify. That is why I called my book *From Beirut to Jerusalem*, after the journey which we went from Beirut to Jerusalem.

PAT: Many Singaporean doctors are getting involved in humanitarian work mainly for natural disasters. A lot of time they go in and they spend a couple of weeks. Do you think that they are doing sufficient good? What advice would you have for people who go to places like tsunami-hit areas or earthquake areas and feel touched, but then have to go back to the so-called real and more commercial world of medicine after that?

DR ANG: I think it is very difficult to go into a place like that and not be moved. Yesterday, you heard Professor Bion speaking at the Congress. Professor Bion has worked in Cambodia, the Thai refugee border and Vietnam when he was still a very young medical graduate and even right now, it has a profound effect on him. Yesterday Professor Bion came up to me after my talk and said, “I want to take early retirement and really give myself properly to this.” When you do something like that, you benefit more from the situation than the situation from you. It is like what the *Bible* describes: our hearts of stone were broken and God put in their place human hearts of flesh. People are, of course, very grateful for whatever you do to help them. But their tragedy transforms you and you can never be the same again.

Last year, I spent two weeks after the Pakistan earthquake with Mercy Malaysia, working there



Operation on the July 2005 Pakistan earthquake victims.

with their team. My contribution was really little. But for many young doctors, I think it is a very good thing to incorporate humanitarian medical work into the curriculum for them, as it touches and widens them. You know how competitive Singapore is. You study hard and go from tuition to tuition to tuition. You got to make it in life! Your father paid the money for your education and you have to make it. So how? I am only thinking in retrospect in the Singapore context – if I resigned twice from a structured training programme in Singapore, I do not know what the DMS (Director of Medical Services) will say to me. You waster! [Laughs] Perhaps a well-planned programme where young doctors could be trained and then spend some weeks in the field is possible.

When I joined Mercy Malaysia, I said I would volunteer using my annual leave, and they could use me anyway they wanted to. The first place the logistics team took me to was to the mountains. I spent the whole day vaccinating kids. Now, if you ask yourself, is that the best way to make use of a upper limb orthopaedic consultant specialist? Maybe not. On the other hand, to the people who were victims of the earthquake, you were a friend. They did not care what you wore and what kind of higher medical degrees you got after your name. And to the 110 children vaccinated, I thought that was the best thing I did. After that, I did many surgical procedures and so on but those were not important. I just remember the 110 children we vaccinated. Not only myself, but also with Hasu Patel, a plastic and reconstructive surgeon. The two of us were in the mountains vaccinating the kids. So I asked Hasu, my colleague and she is a really high powered MD, “Hasu, what has been your best day?” I said my best day was vaccinating the children. Hasu said no. Her best day was when she had a day off, and she had a hundred pounds sterling in her pocket, so she bought a whole lot of flour, rice, so on and

so forth and went distributing the food to the survivors in the mountains and that was her best day.

In doing medical missions like that, it is important for young doctors to remember that you are there not only to exercise your skills, you are not there just to be of help to the people, you are there to learn how to be a human being again. And I think that is so important because it makes you a better doctor as well. After all, being a doctor is nothing special. I keep saying to my young trainees, “A doctor is a technician, a highly skilled technician; our technical expertise is to save lives, prevent disease and alleviate suffering. To do this, what makes you think that the robot one day will not do it better than you? But the reason why you can do it and you will always do it better than the robot is you have a heart of a human being and you have compassion, which makes you very different from the machine.”

THC: For a Christian woman doctor working in a largely Muslim community, were there adjustment issues both in terms of how they embraced you and how you embraced them?

DR ANG: They embraced me with open arms. They always call me “the Chinese Singapore doctor”! They knew I was a Christian and I was always reading the *Bible*, but there has never been a problem. Palestine’s composition is about 15% Christians, about 80% Muslims and about 5% Jewish. You would be surprised that many Palestinian Jews do not call themselves Israelis, they call themselves Palestinians. I have never had such respect for my faith. You see, for Muslims, it is very important because they look at you as a person: they want to know if you believe and fear God. Muslims are people who believe devoutly in God, and in their outlook, their God



At 80, Mamma Rita (elderly lady) was the oldest volunteer who MAP sent. This photo shows her going around refugee shelters making milk for the children, who call her Mamma Haleeb (“haleeb” is Arabic for “milk”).



is massive and they are very small. Unfortunately for some Christians, we think we are very big and God becomes very small. We go to church on Sunday to tip God. How dare we? Whereas for many Muslims I have known, their God is very big, so much that they do not know how to cope at times. As Christians, we sometimes forget to worship God. Anything somehow can be forgiven because Jesus died for us, and we become careless in our behaviour. Whereas for most Muslims, they never forget their prayers, even when their homes were bombed or destroyed by the earthquake – their God is very real and dominant, and there to be worshipped and praised.

I remember having a big argument in Gaza with a Hamas (Harakat al-Muqawama al-Islamiyya or Islamic Resistance Movement is a Palestinian Sunni Islamist organisation that currently forms the majority party of the Palestinian National Authority) leader once. He said I did not know the *Quran* and Allah. I agreed but I shared my Christian belief and convictions with him nonetheless. I did not know what impact my firm stand was going to have and I was expecting trouble. The next morning, at 7am, my phone rang. Argh, not the OR (operating theatre) again, not the A&E, I exclaimed. It was the Hamas leader on the phone. “Dr Swee, this is Sunday. You might not know this since you have just arrived a few days ago. We prepared a chapel in the hospital. My hospital in the Gaza Strip was

built by the Christian mission in 1891, and you can go and pray to God and join the service there.”

THC: So that is very magnanimous of the Hamas leader.

DR ANG: Yes, it was incredible. I went to the chapel and there was a wonderful Muslim lady who was very devout, praying five times a day. She realised I was reading the *Bible* at night and asked me the next day, “Do you read the *Bible* everyday?” I said, “Yes, this is the New Testament and it talks about Jesus Christ.” So she said, “Yes, I know. I have also read it.” So they are very religious. To them, Jesus is a very great Messiah and they believe that Jesus is going to be seated with God. What they cannot agree with is the Crucifixion and the Resurrection, and Jesus being God’s Son.

THC: Working as a surgeon in such difficult circumstances, when were you closest to death?

DR ANG: Once after the Sabra-Shatila massacre, the foreigners were all put before a wall and there were bulldozers. We were made to take off our overalls and put our belongings in a pile. Later I was told that this was a mock execution. Because I was so angry at the time, I did not realise that. I was busy having a go at the officer shouting, “How dare you go into my Gaza Hospital? What are you going to do with my patients? If any of them lose their lives because of your soldiers, you just watch it!” There were many times like that but those were also the times when I felt closest to God.

THC: What are some of the impressions that you have about the Palestinians when you were working amongst them?

DR ANG: Very, very generous. Very, very hospitable and most of them are extremely kind. Long suffering is the word. I use the word ‘long suffering’ because ‘patience’ somehow in

the modern language has become too trite a description. They have suffered for so long, they have lost their homes, they cannot see their future and yet, the human qualities do not vanish. That is why I know they are the children of God and one day, God will give them what is just.

THC: Maybe a question about the acts of courage that you saw on the ground?

DR ANG: For me to cross the checkpoint, to go from point A to point B was safe. Nobody would mistake a Chinese for an Arab. You might still get a big telling off, or they might set you up to wait at the checkpoint for hours, that is a different thing. But for the Palestinians to cross the checkpoints is to risk their lives, like bringing in food during the siege – the Camp War. I think 11 Palestinian women died crossing the checkpoint to bring food to the camp. They were very brave. At the height of the massacre when you knew the camp people were being gunned down, the Palestinians refused to leave because they wanted to be with us. They stayed with us until the last minute when it was really not safe for them to be with us anymore, then they left. The Red Cross took them out; otherwise they might all have been gunned down. And the two Palestinian nurses who looked after us and translated for us were killed when the soldiers came in. They had stood by us and I saw their courage and generosity. I remember at the height of the massacre, we ran out of food, but I did not know that because I was operating non-stop. This Palestinian lady who was the hospital manager called me out from the operating theatre and gave me some food to eat. I did not realise that it was the last food ration in the hospital. There was no more food after that. And we operated on a young child and his mother and there was only one pack of blood left. The mother said, "Take the blood, and give it to my son." They are wonderful people and I respect them.

THC: There must be many other deep impressions?

DR ANG: Yes, so many things. I remember when I first arrived in Gaza in December 1988. It took me a long time to get my visa. That was the first time I knew what was Occupation. In Lebanon, it was very clear – bombing and shelling. Occupation was totally different. I operated on somebody and while he was still on the operating table, the soldiers of the Occupation came in and said, "This man is a suspect of terrorism." I said,

"You cannot take him. He is on the operating table. He is still under anaesthesia." They would come in anytime, to grab any patient who was a suspected terrorist. I remember on Christmas day, it was pouring rain but the patients felt safe – the rain stopped the military operations. So those were moments of joy. But the worst day in the Gaza Strip was the Eid of Ramadan in 1988 when families went to the mosque to visit each other and they were shot at by helicopters and we had 343 casualties. We operated non-stop. After 24 hours, the Palestinians told me that morning, "You better go back and have some breakfast, have a wash." As I came out of the operating theatre, I did not see any dead bodies but I saw the tree on top of the pharmacy. The tree was in full blossom and with the blue sky in the backdrop. It was such a gracious day. Much as I felt that the whole world had abandoned Gaza, God had revisited them with His grace and had caused the sun to shine upon them and the flowers to blossom upon them.

THC: Do you see the progress and positive changes to this cycle of violence?

DR ANG: There should be accommodation – this will be your home, this will be my home, then we will work it out together – right of return. Right of return can be exercised in two ways: right of return into your grandfather's house or right of return back into your ancestral homeland, maybe in a different home and new home, with full rights as citizens. So we cannot be unreasonable. Both sides have to accommodate. Otherwise, this will go on and our children will still see violence.

PAT: Any last word to young idealistic Singaporean or Malaysian trainees or medical students? What advice would you give them?

DR ANG: We do not realise that as doctors we are so privileged because we cannot only talk about giving, but have plenty to give. There are three levels of giving: you give of yourself, you give of your skills and you give of your substance. When I was young and passionate, I can give of myself; when I am old and senior, I give of my skills; and when I am retired and hopefully with a little bit of wealth, I give of my substance. But the doctor can do all three. And very few people in the world can do all three so do not abuse it. Maximise it and be grateful that God has put you in this position.

THC & PAT: Thank you.

DR ANG: You are most welcome. ■