SMA news

For Doctors, For Patients

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INTERNATIONALISING SINGAPORE HEALTHCARE

Ang Mo Kio – Thye Hua Kwan Hospital is a leading Community Hospital providing rehabilitative and sub-acute care. Through a team-based approach, our dedicated healthcare team provides care, counselling and guidance to patients towards recovery and re-integration back into the community.

We offer a wide range of healthcare services, including rehabilitation, sub-acute care, renal care, chronic disease care (via the Community Health Centre), retail pharmacy, home-based care and caregiver training.

Our patients are important, so are our staff. It is the dedication and efforts of our staff which make a difference in delivering quality healthcare. We are committed to engage and develop our staff to their fullest potential and offer them a fulfilling as well as challenging career.

Career Opportunities:

1. **Consultant / Associate Consultant / Registrar / Resident Physician**
   - Possess a Fellow of College of Family Physicians (FCFP) / Master of Medicine (MMED) / Graduate Diploma in Family Medicine (GDFM) / Bachelor of Medicine and Bachelor of Surgery (MBBS)
   - Registered with the Singapore Medical Council (SMC)
   - At least 5 years of relevant experience

2. **Ward Staff Nurse / Ward Enrolled Nurse**
   - Possess a recognised Certificate / Diploma / Degree in Nursing
   - Registered with the Singapore Nursing Board (SNB)
   - Fresh graduates are welcome to apply

3. **Renal Staff Nurse / Renal Enrolled Nurse**
   - Possess a recognised Certificate / Diploma / Degree in Nursing
   - Registered with the Singapore Nursing Board (SNB)
   - At least 2 years of relevant experience in a dialysis centre

4. **Principal / Senior Therapist (Physio / Occupational)**
   - Possess a recognised Degree in Physiotherapy / Occupational Therapy
   - Registered with the Allied Health Professional Council (AHPC)
   - At least 4 years of relevant experience

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Embracing INTERNATIONALISATION

Dr Jonathan Tan is currently an orthopaedic resident at the National University Health System. A dwarf in a department of giants, his hobbies include falling asleep while studying, resubmitting rejected journal articles and trying to not stutter during morning teachings. He is grateful for the opportunity to pursue his dreams, and hopes to become a good orthopaedic surgeon and help educate future trainees. He is thankful for the love and support of his parents and wife, without which none of this would be possible.

Jonathan Tan
Guest Editor

"Could you please call the translator?"

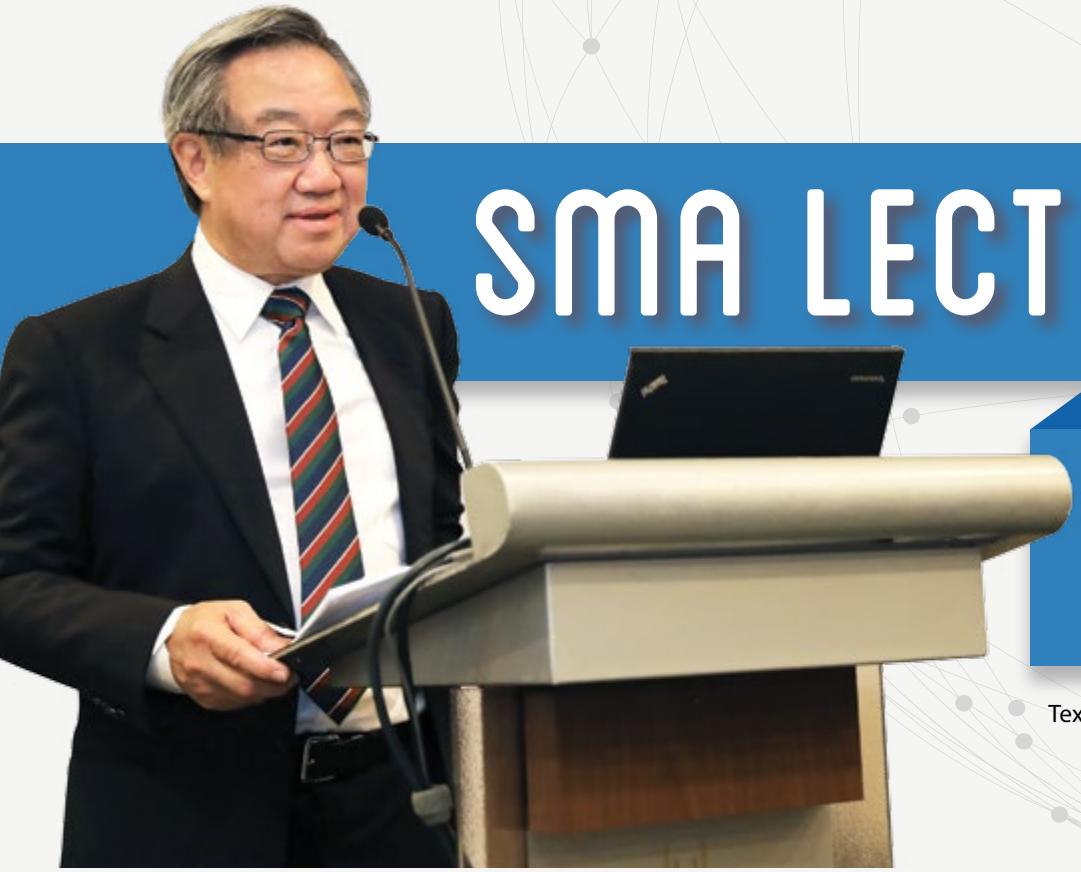
There are times (especially in the middle of a busy clinic) when being a regional medical hub has its disadvantages. The effect of foreign patients on the Singapore healthcare system has previously been the subject of debate, but one cannot deny that it is an opportunity to help and heal a wider population of patients beyond our shores. The pursuit of healthcare excellence has made Singapore a regional centre for medical excellence, and despite its rising healthcare costs, Singapore is still one of the destinations of choice for healthcare tourism in the region. Dr Loo Choon Yong, executive chairman and co-founder of Raffles Medical Group, among his myriad of achievements, has done more than most to internationalise Singapore healthcare and it is our privilege to publish his thoughts and words shared at the SMA Lecture 2017.

"Can you say 'open reduction internal fixation' in Bengali/ Arabic/Burmese?"

Most foreign patients are not in our consultation rooms or wards by choice. It is often a life-changing moment for a migrant worker when he or she sustains an injury or contracts an illness while in Singapore. It is our duty as physicians to be kind to these patients who help to build our country and care for our families, and to ensure that they receive the best possible medical care. Sometimes, this involves safeguarding their rights and dealing with the ethical issues and challenges that they may face. In this issue, we describe three case studies that raise some considerations such as standard of care, the role of employers in the decision-making process and medical repatriation. We also feature an event report on the Annual National Medicolegal Seminar 2017.

Just like how overseas fellowships and courses allow us to broaden our horizons, the chance to experience a foreign healthcare system from a patient's point of view is also an opportunity to see the strengths and shortcomings of Singapore's healthcare system. Drs Tan Yia Swam and Wong Tien Hua describe their experiences in France and Canada, respectively, while Dr Chong Yeh Woei describes his experience closer to home. Finally, Dr Mark Wong, a consultant colorectal surgeon, writes about his South African safari adventure.

The Christmas holidays are a time of good cheer and a chance to reunite with old friends. We at the SMA hope to continue to showcase events that are close to our Members' hearts. With that, we wish our readers a Merry Christmas and a Happy New Year! ◆



SMA LECTURE 2017

Text by Jo-Ann Teo, Editorial Executive

Dr Loo Choon Yong

"Our doctors will face the task of reconciling conflicting objectives. Lucrative opportunities created by strong domestic demand and the trend towards reaching out to regional and global markets will have to be balanced against the need to maintain equitable access to medical care for our citizens."[1] – Mr Barry Desker, SMA Lecturer, 1991.

Twenty-six years after Mr B Desker delivered his seminal lecture, "Singapore's role in the provision of medical service in the region", one can't help but wonder if his incisive observation still rings true today?

In this year's SMA Lecture, Dr Loo Choon Yong, Executive Chairman and Co-founder of Raffles Medical Group (RMG), addressed this and other pertinent issues in his lecture entitled "Internationalising Singapore Medicine". Held on Saturday, 4 November 2017, at the Grand Copthorne Waterfront, the annual event attracted medical practitioners from various specialities and backgrounds, medical students, as well as healthcare business professionals.

Instituted in 1963, the SMA Lecture has consistently provided a platform for constructive conversations on prevailing and pressing socio-medical matters that have significant impact on the medical profession. The hall of fame of SMA Lecturers includes prominent thought leaders in their respective fields, such as Arthur Ransome, Yahya Cohen, Gwee Ah Leng, NK Yong, Wong Hock Boon, K Shanmugaratnam, Chew Chin Hin, and Sundaresh Menon, to name a few.

Opening address and citation

In his opening address (see page 9), SMA President Dr Wong Tien Hua looked back fondly on his stint in RMG Hong Kong in the 1990s and considered that overseas experience "a very interesting journey of internationalisation". He concluded his speech by imploring the audience to ask themselves this important question: what makes Singapore Medicine worth exporting?

Prof Walter Tan, in his citation for Dr Loo (see page 7), recounted Dr Loo's many accomplishments, and described his long-time friend and colleague as "a completely indefatigable man... always pushing the boundaries and exploring new ideas, never daunted by failures but instead inspired to do better."

With these stirring introductions, we were all set for an afternoon of insightful lecture and invigorating discussions.

Recapturing the vision

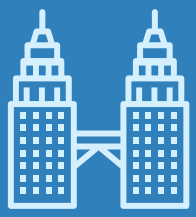
Dr Loo opened his lecture with a challenge to "strengthen our resolve and redouble our efforts to rebuild Singapore as the pre-eminent healthcare hub of the region." He opined that Singapore has lost this aspiration, because it has accepted that it no longer has the competitive edge over other regional healthcare centres. To rekindle this vision, Dr Loo proposed four areas of development in Singapore healthcare.

Firstly, Singapore healthcare needs to focus on providing quality care and not compete on price alone, as excellent service, professionalism and trustworthiness are highly sought after by wealthy international patients. Dr Loo, however, cautioned against overpricing. Secondly, Singapore needs to position itself as a leading healthcare training centre and the "reference point to which people benchmark for high quality and standards". This, he opined, will result in more referrals of complex medical cases from the region. Thirdly, Singapore needs to boost its growing reputation as a healthcare research and development (R&D) centre, as this will not only expand our development as an international healthcare hub, but also advance our

DID YOU KNOW?

The first SMA Lecture was delivered by **Dr Gwee Ah Leng** in 1963

SMA Lecture **became a yearly affair** only in 1969



The first non-SMA Member to be invited to deliver a Lecture was **Dr M K Rajakumar** of Malaysia

In the early days, the Lecture was the key feature of the **SMA Medical Convention**

Dr Yahya Cohen was the only doctor who was **SMA Lecturer for two consecutive years** in 1970 and 1971

The first non-doctor invited to deliver a Lecture was **Mr Justice P Coomaraswamy**

efforts at internationalisation. Finally, Singapore healthcare companies need to continue to venture overseas. Using RMG as an example, he emphasised that local healthcare companies expanding abroad should aim to not only provide high-quality healthcare services of international standards, but also plant the organisation's "culture, ethos and brand of healthcare on foreign soil".

Dr Loo added that, to recapture the vision of Singapore as a world class, highly sought-after regional healthcare hub, the above four areas must work synergistically, in partnership with the public sector and the Government.

The public sector, in Dr Loo's view, should take the lead in medical training and R&D efforts, and focus its energies and key resources on serving Singaporean patients. For foreign patients seeking care in Singapore, he urged the "Ministry of Health and private players to explore sustainable forms of collaboration with open minds and fresh eyes". Dr Loo also appealed to the Government to consider implementing some fiscal measures to increase Singapore's competitiveness.

To conclude his lecture, Dr Loo reiterated that sustainable, synergistic collaborations among the Ministry of Health and Singapore healthcare players are necessary to avert the threat to Singapore's status as a regional healthcare hub. He is optimistic that, with the attraction of Singapore's other world class services such as communications, information technology and finance, together with concerted efforts to increase our competitiveness as a regional health service provider, Singapore healthcare will continue to remain relevant to the world.

Panel discussion

A lively panel discussion then followed, with SMA Council Member A/Prof Nigel Tan serving as the moderator. The panel consisted of Dr Loo Choon Yong; Dr Chan Boon Kheng, Healthcare Advisor; Dr Jeremy Lim, Partner & Head, Health & Life Sciences, Asia Pacific, Oliver Wyman; and Mr Phua Tien Beng, Acting Chief Executive Officer, Singapore Operations Division, Parkway Pantai Limited.

> **"Today, Singapore is recognised as a regional healthcare hub, but our status is threatened. We need to do more to compete with other regional healthcare centres. We can only succeed if we put our strengths and efforts together."**
>
> – Dr Loo Choon Yong

Members of the audience raised several interesting questions spanning various aspects of the afternoon's topic, such as the correlation between the region's changing demographics and developments in information technology; the importance of using technology to ensure consistency; and how local doctors can stay competitive in the region. The panellists addressed each question with clarity, often supporting their responses with examples to better illustrate their points.

Final thoughts

SMA Lecture 2017 has given us some interesting food for thought. As Singapore healthcare seeks to compete on the world stage, may the words of Mr B Desker – spoken more than two decades ago – be a timely reminder to us: "In seeking a place in an internationally competitive service industry, nothing is of greater benefit than the awareness that you stand for the best available delivery of services in your field". ◆

Reference

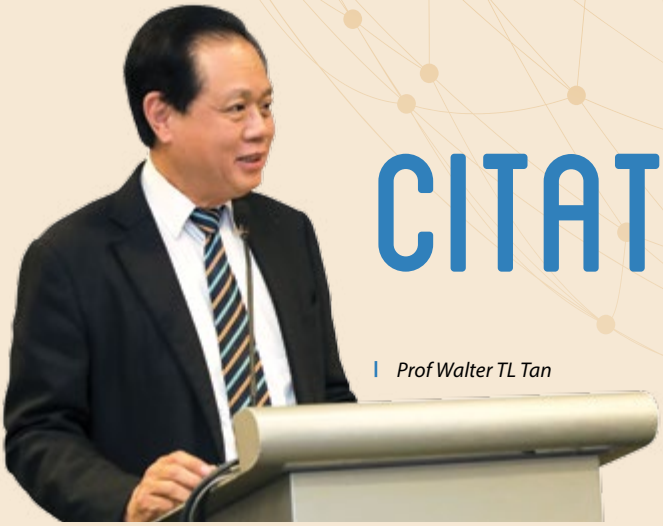
1. Desker B. 1991 SMA Lecture. Singapore and the provision of medical services for the region. Singapore Med J 1991; 32(6):388-90.

Legend

1. Panellists addressing the audiences' queries

2. SMA Council Members posing for a shot with the Lecturer and panellists

3. A participant raising queries for discussion



CITATION FOR DR LOO CHOON YONG

Prof Walter TL Tan

Delivered by Prof Walter TL Tan, Adjunct Professor of Surgery, National University of Singapore, and Medical Director, Raffles Hospital

It gives me great pleasure to present Dr Loo Choon Yong, whom I have known since 1968 when we both started as undergraduates in the same medical class at the University of Singapore.

He chose to specialise in family medicine and obtained the Membership of the College of General Practitioners Singapore in 1980. In spite of his busy schedule as a young doctor, he became interested in law and successfully completed his law studies, graduating with LLB (Hons) from London University, which eventually led on to further progress and admission as barrister to the Inn of Middle Temple, London. Dr Loo also developed an interest in cardiology and in July 1984, he obtained the Diploma in Cardiology with Distinction from the University of London.

In 1976, the young Dr Loo left for private medical practice. Together with another medical classmate, Dr Alfred Loh, he set up two general practice clinics – one at Maxwell Road and the other at the multi-storey car park building at Cecil Street. These practices were to become the forerunner of the vast network of Raffles Medical Group (RMG) clinics that we see today in Singapore, Hong Kong and China, including airport medical centres in Singapore Changi Airport and Hong Kong International Airport.

Under his dynamic and visionary leadership, RMG has grown from

strength to strength. His vision to make RMG the leading lifetime partner for healthcare was based on the corporate motto which simply states: "To Our Patients, Our Best". He formulated the essential core values of the Group which are remembered through the acronym CCETV – Compassion, Commitment, Excellence, Team-based care, and Value. He has made many innovations in the management and delivery systems for healthcare organisations, and has applied them successfully in RMG clinics and facilities, including the flagship Raffles Hospital. Indeed, he has led the Group through a most remarkable "journey of faith" that has resulted in continuous and sustained growth of the practice. From a mere handful of staff in the original Raffles clinics, the Group has now grown over 40 years into an extensive network of local and international healthcare centres employing more than 2,500 people, including over 380 full-time medical specialists and GPs, and two million patients on active record. The RMG network of healthcare facilities has today established its presence in Asia with clinics, centres and representative offices in Hong Kong, China, Japan, Vietnam, Cambodia, Indonesia, Bangladesh and Myanmar, in addition to two new tertiary hospitals currently in various stages of development in the major Chinese cities of Chongqing and Shanghai.

Besides developing the Group, Dr Loo has made many contributions to the medical profession, as well as to Singapore. He has always supported the training of future doctors and RMG has been actively involved in the training of family physicians. Dr Loo himself has been a clinical teacher in family medicine since 1981, and has taught and trained many undergraduates and postgraduate medical students in the specialty of family medicine. He has also served on many medical professional bodies, including the SMA Council, SMA Ethics Committee, SMA Community Health Education Committee, SMA Constitution Review Committee and Association of Private Medical Practitioners of Singapore, just to name a few.

Dr Loo's desire to help the society at large was evident early in life when he undertook volunteer work at the grassroots level and served on committees at Kampong Glam constituency, in the late 1970s and early 1980s. At this constituency, he worked tirelessly to support the efforts of the late Minister S Rajaratnam. He also volunteered his services at the Kim Seng Community Centre Clinic. He was actively involved in the National Council Against Drug Abuse, and the Singapore Anti-Narcotics Association where he served as its president.

He was also appointed to many important committees in governmental bodies. These include the chairmanship of the Healthcare Services Working Group of the Economic Review Committee, chairmanship of the Singapore Management University Advisory Board (Business School) and deputy chairmanship of the Action Committee for Entrepreneurship. He served two terms as a Nominated Member of Parliament from 2005 to 2009.

His list of contributions to the medical profession and to Singapore are many, and it was no surprise when he was awarded the Public Service Medal in 2003, and the Distinguished Service Award from the Ministry of Home Affairs in 2005 for his contributions to Singapore's fight against drug abuse.

His contributions to Singapore have continued even to this day. Dr Loo was appointed by the President of Singapore in 2015 as the Non-Resident Ambassador to the Republic of Poland. Prior to this, he was the Non-Resident Ambassador to Italy from 2006 to 2015. He was Chairman of Sentosa Corporation, prior to his current appointment as Chairman of Jurong Town Corporation (JTC), Singapore's leading industrial infrastructure conglomerate, spearheading the planning, promotion and development of a dynamic industrial landscape.

He is also the founder and chairman of Asian Medical Foundation, a charitable organisation assisting needy patients of Singapore and the neighbouring regions.

In May 2010, Dr Loo was named "Best Chief Executive Officer" in the mid-cap category of the Singapore Corporate Awards organised by *The Business Times* and Singapore Stock Exchange. In April 2013, he was named "Businessman of the Year 2012" at the Singapore Business Awards, jointly organised by *The Business Times* and DHL. In February 2015, Dr Loo received the SG50 Outstanding Chinese Business Pioneers Awards from the Singapore Chinese Chamber of Commerce & Industry.

Indeed, the institutionalisation of RMG demonstrates the wisdom of Dr Loo, who long ago realised the importance of setting up a successful organisation with a structure that will last beyond the tenure of its founding members. His emphasis on compassion and care for the sick and needy is best epitomised by the five simple words on a plaque strategically placed in the lobby of Raffles Hospital, which serves as a constant reminder for all staff to always give their best to the patients. His medical training, legal training and vast life experience in dealing with difficult and challenging issues put him among the very few with the wide-ranging experience and insights to help our profession and society prepare for the challenges that lie ahead.

Although I have known him since 1968 when we started medical school together, I only got to know him much better when I started to work more closely with him at Raffles Hospital over the last 16 years. I now see him as a man blessed with an innovative, visionary and entrepreneurial spirit that knows no bounds. He is always pushing the boundaries and exploring new ideas, never daunted by failures but instead inspired to do better. He is a completely indefatigable man.

All of us who have worked closely with him have benefitted greatly from the experience. This afternoon, we can look forward to learning more from him. Ladies and gentlemen, it is now my pleasure to invite Dr Loo Choon Yong to deliver his SMA Lecture titled "Internationalising Singapore Healthcare". ◆

TAKING SINGAPORE HEALTHCARE BEYOND OUR SHORES

Text by Dr Wong Tien Hua

This speech was delivered as the opening address of the SMA Lecture 2017 on Internationalising Singapore Healthcare

The annual SMA Lecture was instituted in 1963. Each year, the SMA Council invites an eminent and distinguished person to be our Lecturer – one who has made significant contributions to medicine and the community. Not all Lecturers are members of the SMA, nor are all of them medical doctors. Some of our past Lecturers include Chief Justice Sundaresh Menon, Mr Ngiam Tong Dow, Mr K Shanmugam and Prof Tommy Koh.

We are very fortunate to have Dr Loo Choon Yong as this year's Lecturer on the topic of "Internationalising Singapore Healthcare." It so happened that my first job after leaving government service was with Raffles Medical Group's (RMG) practice in Hong Kong. So, Dr Loo was my boss and mentor.

My journey in Hong Kong

My experience in Hong Kong was a very interesting journey of "internationalisation" for me. On the eve of 30 June 1997, a farewell ceremony and parade was held at Tamar, Admiralty, next to the then newly built Hong Kong Convention and Exhibition Centre. Prince Charles was present to witness the sombre parade as rain-soaked British troops marched amid a torrential downpour, to the sound of bagpipes playing "Auld Lang Syne". A few hours later, the Prince of Wales sailed off from Hong Kong's harbour, ending 156 years of British colonial rule.

It was a momentous evening and I was fortunate to witness the ceremony, albeit next door at the Bank of America Towers overlooking the Tamar, where RMG had just bought over a very British expatriate medical practice with branches in Hong Kong Central, Repulse Bay and Clearwater Bay.

Two years later, on 31 December 1999, I was counting down to the New Year at a basement restaurant in Wan Chai amid a guarded expectancy that the Y2K bug would hit all computers when the new millennium dawned. Fortunately, no airplanes fell from the sky, the traffic lights did not malfunction, and our hospitals and emergency services continued to operate without skipping a beat. By then, RMG in Hong Kong had grown and expanded to seven clinics, including an airport clinic providing medical services at the then new Chek Lap

Kok Airport (currently known as Hong Kong International Airport). The other clinics were located at Hong Kong Central, Discovery Bay, Clearwater Bay, Cathay Pacific, Hong Kong Gold Coast and Lane Crawford.

Working for a Singaporean company in Hong Kong was a good learning experience for the whole team, which was led by Dr Yii Hee Seng at that time.

The healthcare sector in Hong Kong shared many things in common with Singapore, with both providing a high standard of medical care based on a British system of medical training and with English as the primary language of education and administration. Hong Kong and Singapore also shared a similar legal system and a pro-business environment.

The challenges faced

However, the reality is that there were many challenges to setting up practice in a foreign country. Firstly, there were regulatory hurdles. Singapore doctors used to be automatically recognised and were able to register for a practising certificate in Hong Kong, but that avenue was closed just before the handover in 1997. Overseas doctors who wish to practise in Hong Kong now need to take a registration examination, followed by a one-year internship as a houseman in a government hospital.

There were also language and cultural differences. Although English was used widely, a doctor needed to speak a fair amount of Cantonese, especially in community practice.

An example of a subtle cultural difference showed up when we tried to use our Singapore patient registration form for the patients in Hong Kong. We received a lot of indignant reactions when patients were asked to declare their "race" – something we took for granted in multiracial Singapore.

There were, of course, differences in community health. People in Hong Kong live in highly dense living environments where infectious diseases can spread easily. You may recall the 2003 SARS outbreak that began at the Metropole Hotel in Kowloon before spreading quickly around the region. At the height of the outbreak, there was a huge cluster of 321 recorded cases of SARS when it spread in **one** high-density apartment complex at Amoy Gardens in Hong Kong.

The draw of internationalisation

Singapore healthcare organisations that expand overseas seek business opportunities beyond our shores, which is understandably a natural and logical progression because our population size is limited and our healthcare sector is not very large. Moreover, Singapore healthcare providers face increasing internal competition as well as stiff regional competition. As the Singapore dollar gets even stronger, and as regional healthcare quality and standards improve and catch up with ours, we may no longer be as attractive a destination for healthcare tourism.

We have seen many Singapore businesses in other sectors expand overseas to market their products; with diverse brands ranging from banks to beer, from BreadTalk to Bronco Armoured Carriers. When I was in Myanmar, I was impressed that instead of the usual ubiquitous Starbucks coffee chain, I was greeted by a huge "Ya Kun Coffee & Toast" signboard right next to the main entrance of Yangon International Airport.

The question we would like to explore this afternoon is: what is it in Singapore medicine that is worth exporting? Is it our medical technology? Is it the standard of our services? Or is it the competence and expertise of our healthcare professionals?

Lessons from the airline industry

Perhaps we can look towards Singapore Airlines, our most famous international brand and a

Illustration: Dr Kevin Loy

market leader that has managed to maintain a competitive edge for many decades in the cutthroat business of air travel.

Singapore Airlines is known for its high standard of service as symbolised by the Singapore Girl. One of its key success factors that differentiates it from the other airlines is its focus on passenger experience: something that people are willing to pay a premium for. All this is backed up by its investments in product innovation (eg, advanced inflight entertainment systems), safety and equipment, and the overall culture of excellence and pride in its brand.

I think that the healthcare and the airline industries have many things in common. Like airlines, we aim to place our patients at the centre of our work. The interaction that we have with our patients in building long-term relationships of trust has gained Singapore a reputation of excellence in medical services – one that has travelled far beyond our shores.

Medical technology, equipment and facilities can be replicated by others, often times at lower costs, but the trust and reputation of quality is perhaps the critical factor that we have for bringing Singapore medicine overseas.

Drawing on Dr Loo's local and international experiences on this subject, I am sure that his Lecture will educate and enlighten us, and also raise our understanding on the challenges of internationalising Singapore healthcare.

We look forward to Dr Loo's Lecture and a lively panel discussion thereafter. ◆

Dr Wong Tien Hua (MBBS[S], MRCGP[UK], FCFP[S], FAMS[Fam Med]) is President of the 58th SMA Council. He is a family medicine physician practising in Sengkang. Dr Wong has an interest in primary care, patient communication and medical ethics.

BUILDING STRONG FOUNDATIONS

WMA GENERAL ASSEMBLY 2017

Text by Dr Lee Yik Voon

This year, the World Medical Association (WMA) General Assembly was held in Chicago, home of the American Medical Association (AMA), from 11 to 14 October 2017. The Assembly was held at Renaissance Chicago Downtown Hotel, which was within walking distance from the AMA Plaza. During the assembly, we witnessed the handing over of the WMA presidency from Dr Ketan Desai, Indian Medical Association, to Dr Yoshitake Yokokura, Japan Medical Association, the current president of the Confederation of Medical Associations in Asia and Oceania.

Out of 111 member nations, only 49 were present this time. Many issues were discussed at the Assembly; the most prominent was that of doctors in several African nations having to work under adverse working environments due to their governments' interpretation of the Declaration of Geneva. Dr Otmar Kloiber, WMA secretary general, offered that the WMA would clarify with the respective governments of the various member countries upon request. Additionally, four countries were admitted to the WMA in this session: Belarus, Belize, Czech Republic and Pakistan.

The theme for the Scientific Session of the WMA conference this year was "Assuring Quality in Undergraduate Medical Education", with many renowned speakers in attendance. Dr John Norcini spoke on global medical school expansion, where he compared the growth of the number of medical schools per region and per population, and highlighted that many places with rapid growth in the past few years have yet to reach the per population target. However, the confounding factor in the study is that the size of the classes remained unknown. Prof David Gordon, president of World Federation of Medical Education (WFME), spoke next on the creation of accreditation and quality systems to evaluate various medical education programmes throughout the world. He shared that although the frameworks of medical education in the US and China are different, they are both found to be of very high standards and WFME is extremely pleased with the results.

The next presenter was Dr Humayun Chaudhry, chair of the International Association of Medical Regulatory Authorities (IAMRA). He spoke of the structure and functions of IAMRA in regulating their accreditation systems, before touching on new models of medical education. Dr George C Mejicano delivered a lecture on competency-based medical education and discussed the new domains of competencies. On top of patient care, procedural skills and medical knowledge, competencies now include practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice and evaluation by trustable professional activities. Dr Roger Strasser, dean of Northern Ontario School of Medicine, spoke on longitudinal learning in community settings. He proposed that medical education should allow students to engage the community so as to train doctors to address community health concerns and not just the complex problems seen in the teaching hospitals. The final speaker was Prof Ducksun Ahn, vice president of WFME, who spoke on professionalism.

On the last day of the conference, Dr Anthony S Fauci spoke on the topic "Emerging and Re-emerging Infectious Diseases: From AIDS to Zika", during which he described how major epidemics appear with each new US presidency and how he convinced the US president to support his measures, from increasing the speed of production of vaccines upon encountering a new disease to adopting workable traditional ways of preventive measures to control the spread of diseases without having to synthesise the vaccines (eg, SARS).

Attending the WMA conference helped SMA gain knowledge not only from its plenary lectures but also from the sharing of issues that arose in different member countries, which may help us better manage similar problems if we were to encounter them in the future. ◆

Legend

1. Dr Ardis D Hoven (chairperson of Council, WMA) presenting the Presidential Medal to incoming President, Dr Yoshitake Yokokura from Japan

2. Dr Lee Yik Voon with delegates from Belize Medical and Dental Association

Dr Lee is a GP practising in Macpherson. He is a pet lover at heart who is the proud owner of a dog, and regularly feeds neighbourhood community cats. He also enjoys playing online war games and thinks that playing Pokemon Go is a good form of exercise.

HIGHLIGHTS

FROM THE HONORARY SECRETARY

Report by Dr Lim Kheng Choon

Dr Lim Kheng Choon is the Honorary Secretary of the 58th SMA Council. He is currently an associate consultant at Singapore General Hospital.

Award of 55 SMACF bursaries

The SMA Charity Fund (SMACF) awarded a total of 55 bursaries from the SMA Medical Students' Assistance Fund to support needy medical students for Academic Year 2017/18. The recipients come from all three local medical schools, namely Duke-NUS Medical School, Lee Kong Chian School of Medicine and NUS Yong Loo Lin School of Medicine. Each student received $5,000 to help with their living expenses.

In order to sustain our work, we seek your help in making a donation to the SMACF!

All donations collected are channelled directly to help students with living expenses rather than to offset their tuition fees or form part of an endowment fund. Monetary donations of $50 and above are eligible for 250% tax deduction. More details can be found at https://www.sma.org.sg/smacares.

Change of SMACF director

Mr Sitoh Yih Pin stepped down from the SMACF Board of Directors on 20 October 2017. Additionally, Mr Alex Koh Wei Peng was appointed into the Board of Directors on the same day.

The SMACF Board wishes to express its sincere appreciation to Mr Sitoh for his invaluable contributions to the SMACF during his tenure and also welcomes Mr Koh to the team.

Meeting with new MPS representative

The Medical Protection Society (MPS) has appointed Mr Harris Shum, who will be based in Singapore, as the regional director for Asia. Several SMA Council Members recently met with MPS representatives to discuss various issues, including facilitating better communication between the MPS office in the UK and SMA in Singapore.

SMA continues to engage with MPS and is the administrative office of MPS in Singapore. MPS members who need to approach the office can find the contact details at http://www.medicalprotection.org/singapore/contact.

Dialogue with medical student leaders

As part of SMA's regular dialogue with medical students, SMA Council Members met with student leaders from the three local medical schools on 25 October 2017.

Topics discussed included a review of the 1st SMA National Medical Students' Convention held in August 2017. The event had been well received, and the newly inducted student leaders expressed interest in continuing their seniors' hard work to foster greater interaction across the medical schools next year.

Regarding the residency system, student leaders shared concerns about their future training path, in particular the selection process and current shift to train more generalists. SMA shared possible avenues for the student leaders to raise their concerns. ◆

Medicine and Law in Practice

An Intricate Matter

Text by Jasmine Soo, Executive, Event and Committee Support

The Annual National Medicolegal Seminar, a collaboration between SMA Centre for Medical Ethics and Professionalism (CMEP) and the Medico-Legal Society of Singapore (MLSS), saw its fifth run this year. Held on 14 and 15 October 2017 at the Grand Copthorne Waterfront Singapore, the seminar received great support from the medical, legal and law enforcement professions, with a turnout of 85 participants for Day 1 and 67 participants for Day 2.

The theme for Day 1 focused on a fundamental principle in healthcare – informed consent. This refers to the process in which the patient and the healthcare practitioner engage in a dialogue about the proposed medical treatment and its associated consequence, risks and benefits.

SMA President Dr Wong Tien Hua commenced the seminar by delivering the opening address. We were honoured this year to have Prof Leslie Chew SC as our keynote speaker for Day 1, speaking on "An American Medico-Legal Export: The Evolution of the Doctrine of Informed Consent and its Impact on Common Law Jurisdictions of the UK and its Former Colonies."

Many aspects of informed consent were covered through the lectures, including "The Professional Ethical Basis of Informed Consent", "Legal Aspects of Disclosure – How much to Disclose?", "Informed Consent as a Process in Medical Practice" and "Informed Consent in Persons with Diminishing Capacity & Special Settings". Invited speakers with many years of experience, from both the legal and medical professions, including Dr Anantham Devanand, Ms Kuah Boon Theng, Dr T Thirumoorthy and Dr Peter Loke, imparted their knowledge.

A panel discussion on "Informed Consent in Persons with Diminishing Capacity" followed. Our panellists, Dr Ooi Chun How, Prof Daniel Kwek and A/Prof Tan Poh Lin, addressed many queries pertaining to mild cognitive impairment, patients with psychiatric illnesses, and children and minors.

A second panel discussion on "Informed Consent in Special Settings" involved many panellists from different specialties. These include Dr Victor Ong (accident and emergency), A/Prof Su Lin Lin (obstetrics and gynaecology), Dr Yeo Sze Wei Matthew (aesthetic surgery), Dr Luke Toh (interventional radiology), A/Prof Lee Kheng Hock (primary care), Dr Raymond Ang (dental), Prof Raymond Chua (research) and A/Prof Nicholas Chew (medical education). The panel discussion provided participants with a platform to gain a better understanding on how informed consent is applied in different specialties and work environments. With that, Day 1 concluded with the closing address delivered by A/Prof Lai Siang Hui, President of MLSS.

Day 2 placed emphasis on forensic psychiatry, which requires sophisticated understanding of the interface between mental health and the law, attracting many participants from the law enforcement sector.

This year, we were honoured to have Justice Aedit Abdullah as our keynote speaker for Day 2, who delivered a lecture on "Forensic Psychiatry and Criminal Justice". Following which, informative lectures on the topics "Mental Illness and Criminal Offending – Latest Developments", "Forensic Psychiatric Case Studies and Applications" and "Detection of Malingering" were delivered by Dr Jerome Goh, Dr Kenneth Koh and Dr Gwee Kenji, respectively. Day 2 then concluded with the closing address by Mr Wong Kok Weng.

The two-day seminar garnered positive feedback that it was an "insightful and intriguing seminar" and one participant commended Ms Kuah Boon Theng for being "very knowledgeable in medico-legal issues and well able to advise on best interests".

On behalf of SMA CMEP, we would like to thank the organising committee who took precious time off from their busy schedules to plan the programme, and special thanks to Mr Malcolm Tan for being the emcee for the seminar. ◆

Legend

1. Participants listening keenly to Ms Kuah as she presented on disclosure-related topics

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BANDING TOGETHER FOR VICTORY
INTER-PROFESSIONAL GAMES 2017

Text by Mellissa Ang, Assistant Manager, Membership Services

The Inter-Professional Games (IPG) 2017 proved to be an eventful one for SMA, as well as the other five professional bodies involved. After much sweat-filled and nerve-wracking competition on the court and greens, the SMA teams found themselves on the receiving end of very different results.

On 30 September this year, Dr Jonathan Pang, who has been the captain of the SMA Squash team for more than 25 years, led his players to a hard-earned victory for the second time since they first lifted the championship trophy in 2009. Dr Pang attributed the win to his teammates' tenacity on the courts, "It has been a long time since SMA won the IPG championship for squash, as we usually finish third out of the three or four participating teams. Kudos to the players!"

The Association's other championship title from IPG 2017 was snagged by the SMA Chess team, led by Dr Jeevarajah Nithiananthan, after fighting tooth and nail with the International Masters and fierce contenders present in the opposing teams. The SMA chess players emerged victorious by a mere half-point margin to recapture the championship title from their lawyer counterparts.

SMA Golf captain Dr Gary Chee and his players experienced an unlucky streak during their 25 October tournament, which was coincidentally held at the same venue as this year's SMA Annual Golf Tournament – Seletar Country Club (SCC). The highly-skilled SMA golfers were not given the opportunity to play to their full potential as inclement weather jeopardised our players' performances on the SCC greens for the third time this year. Additionally, points were computed based on the number of holes that had been played, which saw the reigning SMA Golf championship team emerge in a joint third position with ISCA and LSS.

As this year's IPG came to a close and players hung up their SMA jerseys for the year, we hope that the spirit of the Games – to build collegiality, good relations and camaraderie among the six professional bodies through sporting activities – is not forgotten. ◆

Legend

1. The SMA Squash team after their hard-fought win

2. SMA Chess Convenor and Captain Dr Jeevarajah Nithiananthan (fifth from left) with his winnning team of players

Game	Champion	1st runner-up	2nd runner-up
Badminton	LSS	ISCA	SISV
Basketball	IES	ISCA	SMA
Bowling	LSS	IES	SMA
Chess	SMA	LSS	ISCA
Floorball	ISCA	LSS	SMA
Golf	IES	SIA	SMA ISCA LSS
Pool	IES	LSS	SMA
Soccer (Men)	LSS	SMA	-
Squash	SMA	ISCA	LSS
Table tennis	ISCA	SISV	SMA
Tennis	LSS	ISCA	SMA
Volleyball	*CANCELLED*		

Institution of Engineers Singapore (IES); Institute of Singapore Chartered Accountants (ISCA); Law Society of Singapore (LSS); Singapore Institute of Architects (SIA); Singapore Institute of Surveyors and Valuers (SISV); and SMA.

Adventures and Misadventures

It's the annual travel season again! Many doctors take the chance to hang up their stethoscopes and head out for overseas adventures - seeking the sun and seas, the snow and the mountains, or maybe just some peace and quiet. But sometimes, these adventures can turn into "misadventures", as two of our travellers recount. Another traveller shares her positive encounter with a GP during her long "vacation" (lucky you!) in France.

Dr Chong is in his fifth decade and trying to decide what is important going ahead for the last leg. Is it leaving a legacy, drinking good Pinot noir, reading the good stuff, keeping an active lifestyle, or just enjoying the good company of his friends? He would like your honest opinion!

Text by Dr Chong Yeh Woei

I started skiing in Japan ten years ago when I travelled with Prime Travel and experienced the joys of skiing through powder snow in Hokkaido. I would always go to Rusutsu Resort, though most people are more familiar with the Niseko situated twenty miles away. I kept returning with my family to Rusutsu because of an excellent ski instructor – Maasa San – who had learnt to ski only as an adult.

In 2014, we arrived at Rusutsu on 18 December and had our first lesson with Maasa the following morning. We were going down the green beginner slopes to familiarise ourselves before moving on to the more advanced slopes over the next few days.

I was on the green slope for my third run when we had to stop halfway. As we were about to move off, I fell without warning due to the uneven snow. As I fell, my ski pole strap, which had wrapped itself around my left thumb, yanked at it, causing what one would call "gamekeeper's" thumb injury. However, I did not realise the gravity of the injury. Since it was only the first day of my skiing activities, I decided to carry on and after some time, the cold had numbed the pain. When the pain did not go away, I took some Etoricoxib and soldiered on for five more days.

When I came back to Singapore, I noticed the laxity of the thumb when I gripped the thumb with my right hand and could feel the "give" at the base of the thumb. I quickly saw Tan Soo Heong, the hand surgeon, who asked me to get an MRI scan of the thumb. The diagnosis was a complete rupture of the ulnar collateral ligament. The only remedy was to do a tendon repair using my redundant palmaris longus tendon, as the original tendon had retracted after some time.

I had a very successful surgery in January 2015. The few post-surgery weeks included painful physiotherapy of the repaired thumb and wearing a splint daily. When I went back to Rusutsu the next year, I was quite nervous about getting back to the slopes. Fortunately I did not have any injuries in the 2015 season and even had a blast going down the "black slopes".

Text by Dr Tan Yia Swam, Editor

My husband is on his Health Manpower Development Plan (HMDP) stint in Nantes, France, and I am here with him and the three boys as a stay-at-home mum. Upon turning two months old, our youngest boy needed his check-up and a set of vaccinations. We managed to find an English-speaking GP near our residence and made an appointment to see her.

The clinic was situated on the third floor of a charming old building, where the doctor shares a clinic space with two other doctors. The receptionist keyed in our details into a computer, but the doctor herself kept handwritten notes. Even the list of patients for the day was handwritten: the time and name, with 15 minutes allocated per patient. The waiting room was sparsely furnished, with maybe 12 wooden chairs against the walls, and some local magazines and health pamphlets. There were only two other patients waiting with us. It was a short 15-minute wait; the doctor came out personally to call us by name and walk us into her consultation room. Basic medical history was taken and a physical examination was conducted in the usual manner. She took the baby's height and weight herself (the ruler was an ancient-looking wooden one). She took extra care to confirm that we understood the French vaccination schedule, which was very similar to the one in Singapore; and she took the time to read through the health booklet carefully.

The prescription was written by hand and we were sent off to buy the medications – turns out that there was a pharmacy just on the ground floor. It was another 15-minute wait before we were called in again. When we were done, she collected the payment of 30 euros in cash, made out a receipt and walked us to the exit.

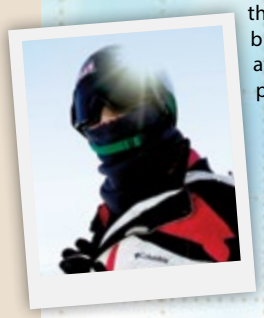
In all, it was a smooth visit to a very competent and professional doctor who proves that one doesn't need the latest fancy gadgets to be a good doctor!

Dr Tan Yia Swam is now adjusting to life as a stay-at-home mum – managing a household with three rambunctious boys poses new challenges! Part of her wishes she can stay like this forever, yet part of her can't wait to get back to work!

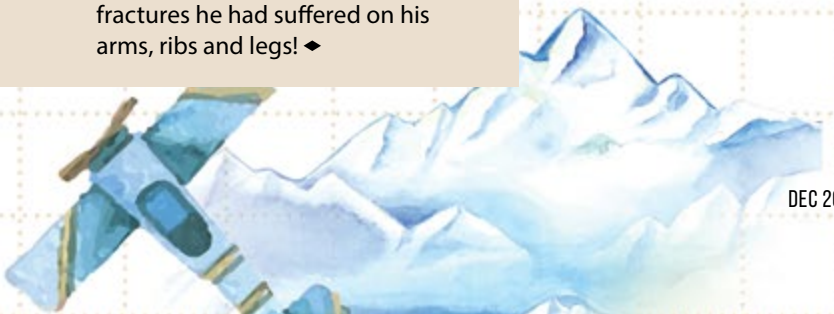
Text by Dr Wong Tien Hua

Two years ago, my wife fractured her ankle when she fell off a ski lift at Whistler Mountain, Vancouver, Canada. Before you think that she had plunged 50 metres from the ski lift into the rocky ravine below, it was not nearly as dramatic. In fact, it was at the disembarking point where she had reacted a few seconds too late when jumping off to catch the ramp as it approached, and instead slid off the chair and fell about a metre. Unfortunately her skis jammed into the snow and her body weight twisted her ankle at a hard angle, fracturing the lateral malleolus.

We visited Whistler Healthcare Centre later in the day and a young doctor attended to her in the emergency department. He had scruffy hair and a chiselled face with a scar on his eyebrow. Physically, he was huge and built like a rock, with muscles bulging through the scrubs, and carried the necessary scars that came along with his lifestyle – we found out that he would go on call one day and hit the mountain the next, snowboarding down one of the triple black diamond slopes. As he looked at my wife's X-ray, he reassured her that he had sustained the same fracture before. And without further ado, he proceeded to show us the previous fractures he had suffered on his arms, ribs and legs! ◆



Dr Wong thinks that skiing is a great way to get outdoors in the winter. It involves the whole family, both young and old, and it is able to combine physical activity, beautiful scenery and local cuisine all in one. It is no wonder that our doctors often bump into each other at some of the more popular ski resorts.



LEGAL AND ETHICAL ISSUES:
Case Study on a Migrant Worker with a Non-Work-Related Illness

Text by Dr Sharon Kaur, Prof Paul Tambyah, Sumytra Menon, Adj A/Prof Lee See Muah, Adj Assistant Prof Low Shiong Wen, Assistant Prof Voo Teck Chuan

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Dr Paul Ananth Tambyah is Professor of Medicine and a senior consultant infectious diseases physician at the National University Health System. He is also an adjunct professor at the Centre for Biomedical Ethics, NUS Medicine. His research interests include emerging infectious diseases, nosocomial infections and social justice issues.

Ms Sumytra Menon is senior assistant director at the Centre for Biomedical Ethics, NUS Medicine, and programme director of CENTRES. She is a lawyer.

Dr Lee See Muah is a senior consultant in the Department of Medicine and chairman of the Clinical Ethics Committee at Ng Teng Fong General Hospital (NTFGH).

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Dr Voo Teck Chuan is an assistant professor at the Centre for Biomedical Ethics, NUS Medicine and co-director of CENTRES. He is trained in philosophy and medical jurisprudence.

Doctors face professional, ethical and financial challenges in providing adequate healthcare to domestic and non-domestic semi-skilled migrant workers in Singapore. Treatment and care of work-related injuries and issuance of medical leave have received much attention and discussion.[1,2] The Jurong Health Clinical Ethics Committee (CEC) and the National University of Singapore Centre for Biomedical Ethics [through its Clinical Ethics Network and Research Ethics Support (CENTRES) initiative] recently held a forum on legal and ethical issues in providing healthcare services to migrant workers with non-work-related healthcare problems. A case adapted from a referral to the Jurong Health CEC was used to focus the discussion. We present the case below and examine questions discussed at the forum, which raise considerations of standard of care, role of the employer in decision-making and medical repatriation.

Case example

Mr R, a 45-year-old semi-skilled worker from a neighbouring country, is admitted to a public hospital with localised fits affecting his right upper limb. His condition is not work-related. Doctors discover that he has a lesion in his frontal lobe, which is most likely the cause of the fits. Typically, in such a situation, the medical team would recommend a biopsy and excision of the tumour, followed by rehabilitation. However, given that Mr R is a migrant worker on a work permit, there is concern about the appropriate course of action, particularly in relation to the question of who will bear the cost of treatment. Mr R does have medical insurance, as the law[3] requires that employers buy and maintain medical coverage of at least $15,000 per year for each work permit holder. However, this will fall far short of the amount that will be required to provide Mr R with what is generally considered the standard of care in cases such as his. This case raises questions which we will look at below:

(i) To what extent should the employer be involved in the decision-making process?

(ii) What if the employer interferes by offering Mr R money to return home rather than to continue with treatment?

(iii) What if the employer refuses to pay for the treatment if the medical costs exceed the mandatory insured amount?

Employer's involvement in the decision-making process

The medical team will need to inform Mr R about their initial findings, as well as provide him with advice and information regarding further diagnostic tests and treatment options. Mr R has the capacity to make his own healthcare decisions and provide informed consent for any procedure. However, the team is concerned that Mr R's treatment may prove to be very expensive. As a foreigner, Mr R will be charged private rates and he is only insured for $15,000. There is no doubt that Mr R will be unable to bear the additional costs and the team recognises that this burden is likely to fall on his employer. This raises the question of whether it would be appropriate to involve Mr R's employer in the discussions regarding the management of his condition.

From a legal standpoint, Mr R is the only person who is able to provide a valid informed consent for any procedure. However, this assumes that Mr R is given sufficient information and a range of options, and that he is free to choose a certain course of action from the options provided. Whether or not Mr R is free to choose his preferred medical treatment is one of the issues at stake in this case. One of the fundamental principles of medical ethics is respect for persons. This translates to treating people as individuals with autonomy or the right to self-determination. The nature of the employer-employee relationship does not typically involve shared medical decision-making. It would be rather extraordinary if a doctor informs a patient who happens to be his/her junior colleague, local or foreign, that he/she should confer with the Chairman of the Medical Board about his/her medical condition and treatment options. Therefore, if Mr R has the requisite capacity, allowing any other individual to interfere with his decision-making process would amount to failing to respect his right to self-determination. It would be very difficult for the medical team to justify this violation of Mr R's autonomy.

It is true that some employers may genuinely want to act in the best interest of their employees and could provide useful information and assistance to the medical team as well as support to their employees. However, doctors have a legal and ethical duty to maintain the confidences of their patients, and disclosing any information or permitting the employer to be involved in any way with decision-making should only be conducted with the full and free consent of the employee. Doctors should always consider the different aspects in which the employee may be in a vulnerable position. It is worth noting that as a foreign worker, Mr R will probably be heavily reliant on his employer to pay for his medical expenses *and* his stay and accommodation in Singapore. Unlike a Singaporean employee, he will probably not have access to any other support system within Singapore to mitigate his reliance on his employer. Therefore, allowing his employer to participate in the decision-making process may risk violating Mr R's right to make his own decisions and may undermine his ability to make a free and voluntary choice.

Medical stabilisation and repatriation

It is a reality that in any situation, the choices available to a patient will depend on a variety of factors, including a person's financial situation and dependency. The question therefore is not simply whether Mr R should be free to choose a course of treatment but also whether there are legitimate reasons for limiting Mr R's choices.

A migrant worker's non-work-related injury, particularly one that requires mid- to long-term care, is complicated by the availability of "medical repatriation" by the employer. The position of the Ministry of Manpower (MOM) is that if a work permit holder's long-term medical care is for a condition unrelated to work, an employer may send him/her

home to continue treatment at his/her own expense.[4] However, this is only permitted once the employee's condition has stabilised and he/she is deemed fit to travel.

In the above scenario, on the employer's request, it would appear legally legitimate to limit Mr R's treatment to what is necessary to stabilise him for repatriation.[5] The regulations stipulate that it is a *Singapore-based* doctor who must make the decision on whether Mr R is stabilised and fit for repatriation.

However, the regulation does not provide a detailed explanation of what it means to stabilise a patient. It may be contended that Mr R is suffering from a life-threatening condition which is potentially curable and that the necessary interventions to stabilise him would include a biopsy, surgery and rehabilitation. Conversely, it is also arguable that as long as Mr R's fits are controlled, he is stabilised for repatriation.

Should doctors allow the employer to repatriate Mr R after his fits are controlled even though Mr R wants to stay in Singapore for treatment or better care – that he otherwise would not receive if he were to go home? In defence of this decision, it may be tempting to rely on the argument that if Mr R were in his home country, he would probably have fewer treatment options and therefore it is justifiable to limit his standard of care to what is available there. This is an untenable argument for two reasons. First, accepting this argument would mean accepting that different people can be treated differently based solely on the relative wealth or poverty of their country of origin. This is both illogical and discriminatory. Second, this violates the doctor's duty to uphold justice. The 2016 Singapore Medical Council's Ethical Code and Ethical Guidelines (ECEG) states that a doctor must: "Provide access to good medical care and treat patients without unfair discrimination, prejudice or personal bias against any characteristic of patients, for example, gender, race, religion, creed, social or economic standing, disability or sexual orientation."

Ultimately, medical repatriation is based on clinical judgement and the best interests of the patient, and any interests or arguments advanced by the employer should not sway the medical team. Doctors should always act in the best interest of their patients and provide the standard of care as prescribed by the ECEG. It is ethical and legitimate for the medical team to proceed with biopsy, surgery and rehabilitation if they think that these are necessary interventions to stabilise Mr R.

Employer offers money for patient to return home

The medical team decides that they have a duty to recommend that Mr R undergo a biopsy and Mr R consents to it. Soon after this, Mr R has a private discussion with his employer and now tells the medical team that he does not want the biopsy and wants to be discharged. Privately, he informs the nurse that his employer has offered him an attractive sum and an air ticket home. The nurse informs the medical team about this and they now have to decide on a course of action. They are unclear as to whether they should let Mr R sign an At Own Risk (AOR) form and discharge him, report the employer to MOM, or consult the hospital's ethics committee.

The concern raised by the employer's offer is that it might amount to coercion or undue pressure. On the other hand, such an offer might be viewed as a goodwill settlement. If Mr R understands the consequences of an AOR and genuinely prefers this option given the employer's offer, autonomy would dictate that his choice should be respected.

However, if the team is genuinely concerned that Mr R's autonomy has been compromised by his vulnerable position and that he is not making an informed and voluntary decision, they would have a duty to protect Mr R. What should be done to protect a patient like Mr R would depend on the resources available to the team and to Mr R,[6] and if they are unsure how to proceed, consulting the hospital's ethics committee would be a step in the right direction.

Employer's refusal to pay for the treatment

The employer cannot refuse to pay for the treatment even if the medical costs exceed the mandatory insured amount. The Employment of Foreign Manpower (Work Passes) Regulations stipulates that the employer must be responsible for and bear the costs of the upkeep and maintenance of the foreign employee in Singapore except as the Controller specifies otherwise in writing. The cost of upkeep and maintenance includes the provision of adequate food as well as medical treatment.[7]

The MOM will take action against employers who deny their workers access to necessary treatment, and hospitals can escalate cases of refusal of payment to the MOM using a foreign worker medical bill non-payment referral form.

To ease their financial burden in the event that their migrant worker employees suffer a non-work-related injury or illness, employers can arrange for their employees to bear part of the cost of medical treatment if it exceeds the minimum medical insurance

requirement. This arrangement must be stated explicitly in the worker's existing contract or collective arrangement. The MOM has cautioned that such arrangements should not be abused and that as a rule of thumb, they should not exceed six months and the amount paid by the worker should not exceed 10% of their monthly salary.[8]

To our knowledge, such contractual agreements are rarely made and 10% of a migrant worker's salary would, in many cases of non-work-related injury or illness, hardly ease the financial burden of the employer. When there are multiple valid treatment options, the treatment selected need not be the most expensive and best so as to be fair to the employer.

Conclusion

Migrant workers' healthcare and access raise complex legal and ethical issues at the intersection of medical professionalism, health financing and transient immigration work. At a national policy level, incremental changes have been made to meet the health needs of our migrant workers. Personal accident insurance coverage has been raised for foreign domestic workers (with effect from October 2017) and it has been suggested that the minimum sum for medical insurance coverage should also be increased (which should extend to non-domestic workers as well) to ensure adequate care.[9] However, further changes may still be needed. It is not ideal that foreign workers pay private rates for access to healthcare, as it significantly reduces the likelihood that the minimum medical insurance coverage will be adequate to meet the needs of those suffering from a serious illness. There is a need for a broader public discussion on future policy changes that takes into account the interests of all stakeholders and pays particular attention to the interests of vulnerable populations. Potential solutions include risk pooling, where a small percentage of the foreign worker levy is set aside by the Government to meet such healthcare costs.

At a professional level, this case demonstrates how doctors might be placed in very difficult situations when providing care to workers with non-work-related health conditions. While this case was a rather extreme one, as it involved a potentially curable life-threatening condition which required complex surgery, there are many situations involving conditions that may not lead to loss of life but rather limitation of function, which can be highly significant in areas where manual labour is the main industry. Ideally, doctors should know when the interests of employers are extraneous and illegitimate and make the welfare of migrant workers, like other individual patients, their central concern. This may not be so easily accomplished in practice and doctors who feel that they require greater support in making some decisions should refer their concerns to their clinical ethics committees and experienced clinicians.

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5. *This does not mean that the position is ethically defensible. However a consideration of this is beyond the scope of this present article.*

6. *It may be possible for the team to address some of their concerns about repatriation; for example, steps could be taken to ensure continuity of care – linking up with a doctor who can care for Mr R in his home country and transferring medical notes and test reports over.*

7. *Employment of Foreign Manpower (Work Passes) Regulations. First Schedule. Conditions of Work Permit.*

8. *Ministry of Manpower. FAQ response to "Can my foreign worker bear the entire cost of treatment if it exceeds the minimum medical insurance requirement?" Available at: http://www.mom.gov.sg/faq/work-permit-for-foreign-worker/can-my-foreign-worker-bear-the-entire-cost-of-treatment-if-it-exceeds-the-minimum-medical-insurance-requirement.*

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Two Case Vignettes

Text by Dr Tan Yia Swam, Editor

Further to the case study, Dr Tan Yia Swam shares in this article two additional case vignettes of migrant workers and the social-ethical issues involved in the care of their medical problems. These are accompanied by additional commentaries from the authors of the case study article. While there may not be any ready answers, we hope that healthcare workers on the ground will be more aware of this particular group of vulnerable patients.

Case 1: No access to follow-up treatment

Madam S, a 45-year-old who had been working in Singapore for the past three months as a domestic helper, was admitted with an acute intestinal obstruction. The CT scan showed obstructed sigmoid colon cancer with impending perforation and the patient underwent emergency resection with a stoma. Her employer was a single mother of three, and the sole caregiver to her own elderly sick mother. Consent for the operation was given by the patient via a translator and the employer was updated daily at the patient's request. The employer was forthcoming in sharing with the medical team that the mandatory insurance was not able to cover the current expenses, and that she planned to dismiss the patient once she was medically fit.

During the course of her five-day postoperative stay, the medical team explained to Madam S the final histology of Stage 3 cancer, and the need for adjuvant chemotherapy, yearly colonoscopy, as well as stoma care. In a routine situation, this patient can undergo a second operation to reverse the stoma (join back the intestine), which is generally more socially acceptable for patients.

It then transpired that the patient's social and educational background could not prepare her for the subsequent care. She had never heard of "cancer", much less "chemotherapy". Her home in a small town is a three-hour bus ride to the nearest hospital in the city. She was given a comprehensive discharge letter, copies of her scan, and operation and histology reports, and told to look for a specialist to continue care in the following weeks.

However, once Madam S was fit for discharge, the employer picked her up, with luggage in tow, and sent her to the airport straightaway.

Some thoughts and concerns

1. Can Madam S cope with stoma care in her hometown? Will the necessary supplies be available? Is there going to be stigmatisation from her own family?
2. Without adjuvant chemotherapy, the chances of subsequent relapse and death are high. How else could we have helped her? Is there a way that follow-up can be ensured for these workers who come from remote areas?
3. If anything were to happen to the patient once she reaches her village, will the Singapore doctors who did not follow up her case be medico-legally liable for any complications?
4. Should the employment agents be required to find secondary or tertiary care centres where migrant workers can be referred to should they fall ill in Singapore?
5. Can we increase the value of the mandatory insurance coverage given the rising healthcare costs and the decision to charge them at the same rate as private patients and medical tourists? Or can that decision be reversed to allow work permit holders entitlement to B2 rates (right now, they stay in B2 wards but are charged full paying rates for all other services, including drugs, procedures, and radiological and laboratory examinations)?

Commentary

This case visits the issues of standard of care and medical repatriation raised in the original article, and raises the separate issue of follow-up (elaborated further below). It prompts one to think whether while stabilising a patient, a doctor should consider not only the fitness of the patient to travel back to her home country, but also enquire into the situation the patient is returning to, and try to ensure appropriate care and treatment for the patient in her home country given the resources. If so, the steps of ensuring follow-up care could be construed as part of medical stabilisation, which means that these steps fall under the scope of the doctor's duty under the law in relation to medical repatriation.

The doctors would not be liable unless the patient's complications were a direct consequence of a breach of the standard of care in relation to the treatment she receive d locally, or they inappropriately certified her as stable and fit for travel and she suffered complications as a direct consequence of their certification.

For follow-up and transfer of care, it might be an option to contact the embassy or local non-governmental organisations (NGOs) for advice. It might be the case that alternative arrangements are available but the employer does not know how to access the information or assistance. While it may not be a legal duty to ensure follow-up care, all stakeholders should be asking such questions and exploring the options available by way of direct communication between healthcare providers, governments, NGOs and humanitarian aid agencies.

Case 2: An "ideal" scenario of patient-centric care

Madam V is a 38-year-old single lady who was working in Singapore as a domestic helper. Her employers are a married couple who are both professionals. Madam V presented with a breast lump of three years' duration and recent severe back pain. Inpatient workup confirms the diagnosis of advanced breast cancer with impending spinal cord compression. She was put on bed rest and advised on the treatment options: urgent spine operation for stabilisation, followed by palliative chemotherapy. Her employers were updated at her request and the medical team held combined discussions with both the patient and her employers on the possible logistics and relative costs. She could have the surgery in Singapore, then return to her home country to continue care, or she could be medically evacuated back home with attendant risks and receive treatment there instead. The employers weighted the costs, which are similar, and decided to pay out of their own pockets for surgery to be done here. They then booked a flight for her to return home for treatment – while continuing to pay her a basic salary during the course of her treatment.

This was easier for the medical team to handle, as the employers were able and willing to cover the financial costs for Madam V. The medical team could manage the patient as deemed necessary without being distracted by concerns of costs, as should be the case, but this scenario is unfortunately rare.

Commentary

This is a really good outcome and it should be the norm rather than an exception! Employers should not be involved in discussions about management plans, but the decision should be taken in the best interest of the patient according to the SMC ECEG. This is a "positive example" brought about by the goodwill or kindness of the employers. Different employers have different relations with their workers, so things might be different for another worker facing the same situation.

It is thus fortunate that the employers did not consider the choice of medical repatriation but considered the two possible treatment routes put up by the medical team. Based on the case description, it appears that the decision was largely made by the employers. What might ethically improve the process is to provide decisional support to the employee and help her make an informed choice. For all we know, she might have reasons to want the surgery to take place in her home country, and making this choice would not impose additional financial burden on her employers. Application of the best interest principle on the doctors' part in this case is about offering appropriate treatment choices, which they did. Concerning the choice of treatment, patient autonomy rather than best interest should be the guiding principle. Offering treatment and selecting treatment should not be conflated in terms of their guiding principle. This does not mean that the decision cannot be delegated to her employers should the employee wish so. An alternative that should be explored is to initiate a shared decision-making process and the employee could decide on whether to involve her employers. ◆

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By **Agency for Integrated Care**

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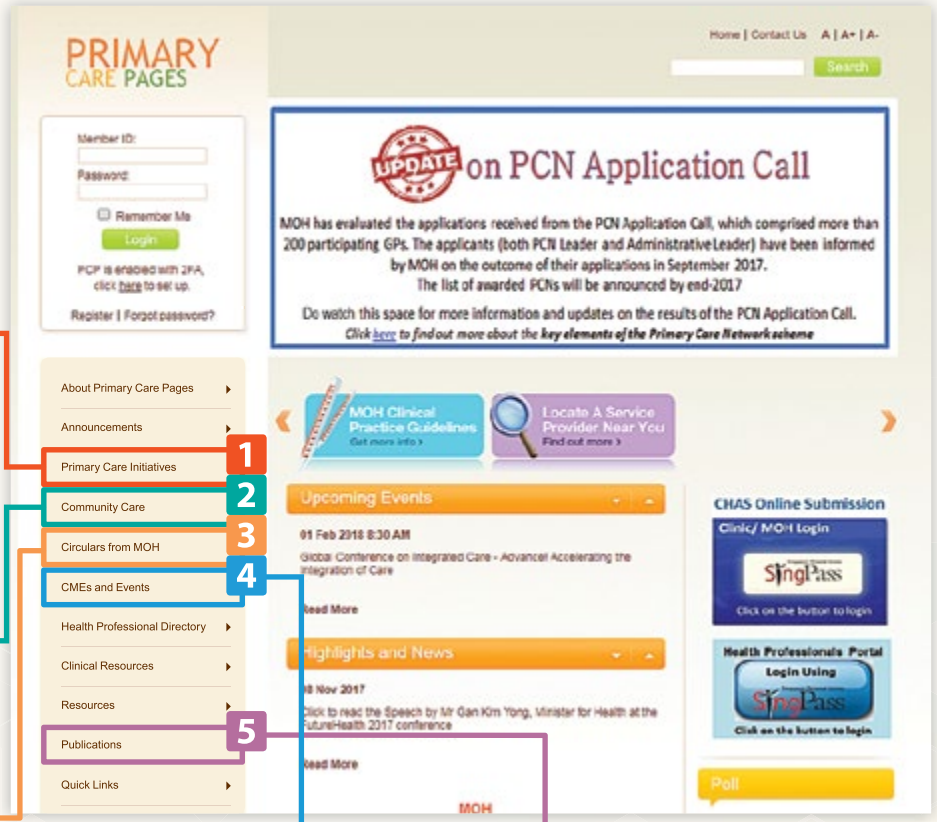

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A SOUTH AFRICAN SAFARI

AN ADVENTURE OF A LIFETIME

Text and photos by Dr Mark Wong

Dr Wong is a senior consultant general and colorectal surgeon in private practice. He is an avid traveller and enjoys sharing a good Bordeaux red and long weekend strolls with his wife.

"It seems to me that the natural world is the greatest source of excitement; the greatest source of visual beauty; the greatest source of intellectual interest. It is the greatest source of so much in life that makes life worth living." – Sir David Attenborough

The animal kingdom has always held me in awe, and as a child growing up on a staple of wildlife documentaries and cartoons, it was my dream to visit the African continent – a land of unrivalled natural beauty and diversity.

Our African adventure started from Johannesburg, where a short connecting flight took us to Skukuza, the gateway to Kruger National Park. We were warmly greeted by Anthony, our ranger and guide. Anthony wasted no time in giving us a passionate introduction to the rich and diverse ecosystem of the region as he whisked us away in our game-drive jeep to the luxurious Lion Sands Ivory Lodge. Located in a private game reserve on the banks of the mighty Sabie River, guests were pampered with all the luxuries of modern amenities, set amid the beautiful backdrop of the African wilderness. Travelling in winter, we were prepared for cool mornings and nights, and dry weather free of bugs, all of which were a welcome respite from the sweltering heat back home. Wanting to take full advantage of the glorious afternoon, we quickly dropped off our luggage and boarded the jeep once again for our first game-drive. Onboard our trusty vehicle, we were introduced to our expert tracker, Kruger, whose warm disarming smile epitomised the hospitality of the lodge. He seemed so at home, perched precariously at the front of the jeep, seeking out animal tracks and the best path for our vehicle. Together, Anthony and Kruger were like the dynamic duo of Starsky and Hutch, on a mission to share with us the beauty of the African bush.

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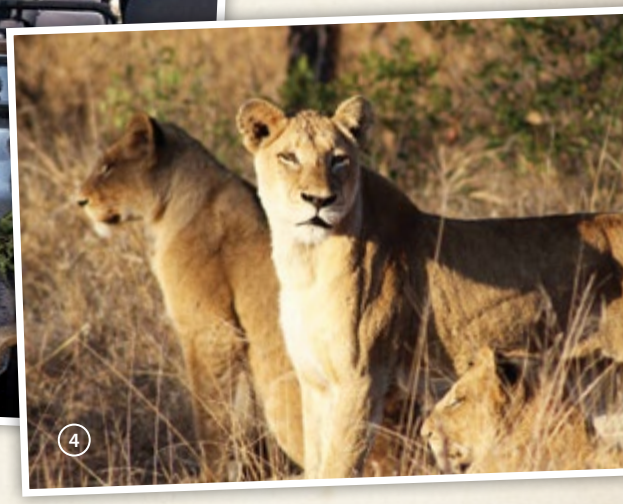

4

On the wild side

As we manoeuvred deftly in and out of dry river beds, through a contrast of dense green vegetation and scorched scrubland interspersed with thick pine bushes, we were constantly reminded of how vast and stark the bush was, although there was a simple pleasure in feeling lost and small within it at the same time.

Like any first-timers to a safari, it was our hope to catch a glimpse of the famous African Big Five (ie, the lion, leopard, elephant, rhinoceros and buffalo), despite having been amply reminded that there was never a guarantee of sightings. Nonetheless, we kept our hopes up and thanks to the brilliance of our trusted guide-and-tracker duo and some good fortune, further aided by the well-coordinated system of rangers radioing each other with key sightings, it wasn't long before we had our first sighting of the amazing animals.

The highlights included a rare sighting of leopards, the most elusive of the Big Five. Not only were we lucky enough to come across a mother leopard nursing her cub with a fresh impala carcass at a nearby tree, we had another sighting the following day of a male and female leopard enjoying a well-deserved rest in the grass after a vigorous three-day courtship, where leopard couples are known to mate every 30 minutes!

We were also treated to several sightings of herds of grazing elephants, including one incident where we were charged at by a jittery female accompanying her calf – a stark reminder of how wild these animals truly are and of our humble place in this ecosystem. Other memorable sightings included the majestic African buffalo, a grazing pair of mother-and-child white rhinoceros, as well as the elusive and highly endangered black rhinoceros. Sightings of a den of hyenas and a pack of resting African wild dogs were an added bonus to a thrilling and very rewarding first safari visit.

The icing on the cake came on the final day; after having tracked a pride of lions for two days, we came across the pride resting on the track in the early morning. Little did we know that we were about to be treated to one of nature's most awesome spectacles – a successful lion hunt and kill. As the drama unfolded before our eyes, we sat glued to our seats in the jeep as the lions encircled the impala and, through stealthy coordination, ambushed their unsuspecting prey in a ruthless fashion. The crunching of bones and tearing of flesh was thrilling and chilling all at the same time, especially since all this was happening just a few feet away from our uncaged vehicle!

The wild aside

Being a colorectal surgeon at heart, I was drawn to the similarities that we share with the animals in terms of stool patterns, with herbivores producing typical pellet-like stools and the carnivores having more tubular shapes. It made me wonder if the plant-eating animals are often bloated and constipated like many of my fibre-loving patients! And this fascination led to our guide introducing us to the South African sport of dung spitting (called *Bokdrol Spoeg* in Afrikaans), where

pellets of antelope stool are spat out of contestants' mouths to see who can expel them the farthest. Needless to say, our guide's enthusiastic demonstration on not one but two kinds of animal dung left us all in stitches!

The natural excitement of being outdoors and on the game drive was amplified by the brilliant stage management of the Lodge staff. Our daily routine involved a 6 am wake-up call and a light breakfast delivered to our rooms. We then headed out at 6.30 am in the crisp morning air for our first drive of the day, with a break for a quick snack in the middle of the bush, where we would find a table, ready-laid with silver cutlery, champagne and enough fresh food to keep us going for a week. We then returned to the Lodge by 9.30 am, greeted by cold towels, for a sumptuous breakfast and a lovely rest in the comfort of our rooms, with time to savour the beauty of the surroundings. After a siesta or catching up on some reading, we would head out for the afternoon drive at 3.30 pm, where we break for sundowners in the bush to enjoy the magnificent African sunsets. The transition between creature and comfort is so seamless that we often have to remind ourselves that it isn't every day you stop to have a gin and tonic at sundown in a field of grazing zebras and impalas.

Recalling the words of Sir David Attenborough, we left Africa feeling fortunate to have been witness to nature's excitement and awesome beauty, and blessed with wonderful memories to last a lifetime. ◆

Legend

1. White rhinoceros mother and calf
2. The photogenic Grant's zebra
3. Sundowners in the African bush
4. The lionesses prepare for the hunt
5. The family with our guide and tracker setting off for the morning game drive
6. Mother leopard nursing her cub
7. Giraffe mother and calf
8. A bull elephant in the bush

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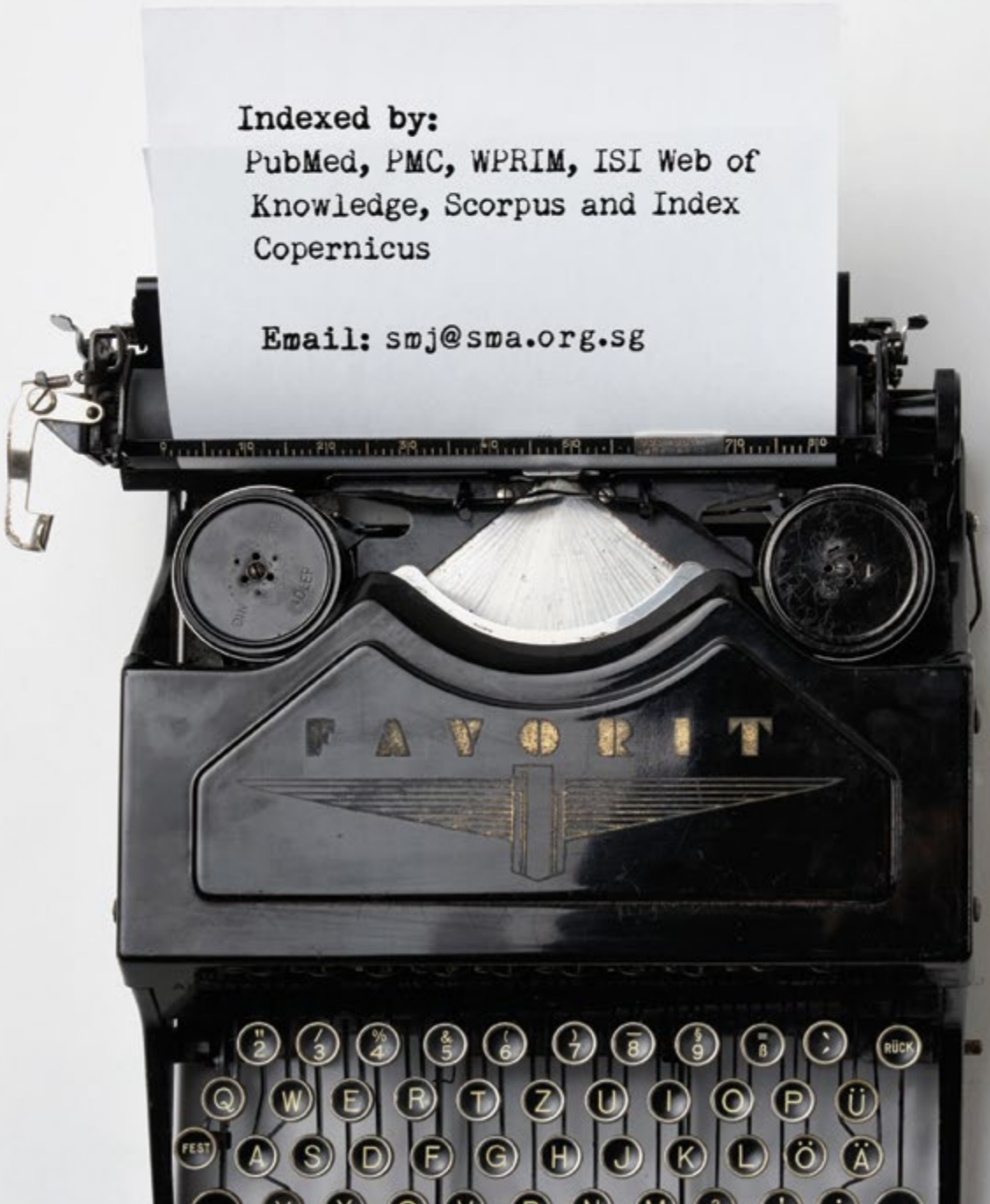

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