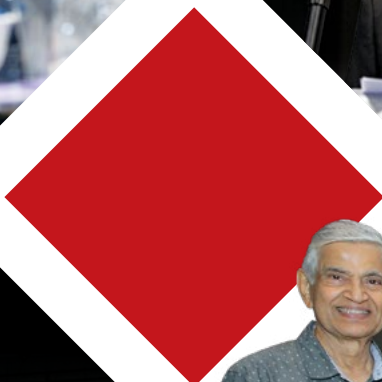


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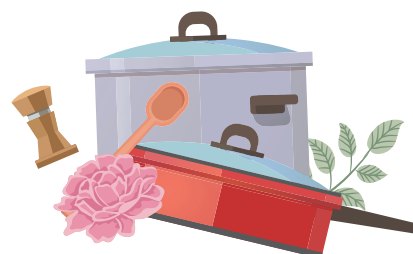
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The EDITOR'S MUSINGS



Season's greetings to one and all! The end-of-year holidays are always a good time to slow down, relax and take stock of the year that has gone by. Unless you happen to be one of the lucky ones on call.

For the SMA, one of our annual year-end highlights is the SMA Lecture. During this year's Lecture, A/Prof Yeoh Khay Guan, Dean of the National University of Singapore Yong Loo Lin School of Medicine, shared his thoughts on the future of medical education. The 2nd National Medical Students' Convention was held on the same day, with A/Prof Benjamin Ong, Director of Medical Services, speaking on the paradigm shifts in medical training. Both events are the subjects of this edition's Feature article.

The holidays are also a time to re-establish connections with others. As doctors, we may be separated by geography, but we are all connected by the shared desire to do our best for our patients and the challenges we face while doing so. Dr Anantham Devanand and Dr Benny Loo share their experiences at the 2018 World Medical Association General Assembly and the Junior Doctors Network meeting held in Iceland.

My favourite part of the holidays is enjoying my brother's and mother's cooking. However, if food for thought is more your thing, Dr Tan Yia Swam has contributed a compelling argument on why you should not join the SMA (*I think*). Meanwhile, Dr Chew Shing Chai shares his thoughts on consent-taking and the potential need for high-tech recording equipment in the modern medical clinic.

After some food, it's always nice to watch other people sweat it out on television. Since my son is still too young to play sports, and the basketball, soccer and rugby teams I support are in a slump, it's nice to know that there is still one team I can support and live vicariously through. The SMA team has done us all proud as they emerged champions in this year's Inter-Professional Games, and you can read all about it in this edition.

The holidays are a time of being thankful for what we have. It is also a time of giving and putting others before ourselves. Dr Grace Chew has kindly shared with us her experiences while volunteering in Okayama, Japan, after a massive earthquake.

Finally, here's wishing one and all a Merry Christmas and a Happy New Year! ♦

Dr Jonathan Tan

Guest Editor

Dr 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.



Investing in the Future of Healthcare

Text by Sylvia Thay and Jo-Ann Teo

Is the medical profession future-ready? What are the trends in medicine? How are the doctors of tomorrow being moulded to meet the needs of the community? These are some of the questions addressed at this year's **SMA Lecture** and **National Medical Students' Convention (NMSC)** on 10 November at Novotel Singapore on Stevens.

Inaugurated in 1963, the SMA Lectureship is a prestigious annual lecture delivered by a distinguished speaker on medical ethics and related topics that are pertinent in the day. Speakers in the 55-year history of the Lecture include Dr Gwee Ah Leng (1963), Emeritus Professor Wong Hock Boon (1979), Professor Arthur Lim (1981), Mr Justice P Coomaraswamy (1989), Professor Woo Keng Thye (2007) and Chief Justice Sundaresh Menon (2012). Over the years, many respected seniors and young doctors alike have set aside time to attend these Lectures, both for the intellectually stimulating discussions as well as the networking opportunities at the event.

Inaugurated in 2017, the SMA National Medical Students' Convention provides an opportunity for students of all three local medical schools to come together for a day of learning and networking. Through the discussion of important issues pertinent to medical education, the Convention seeks to provide clarity on students' roles as future doctors in an evolving medical training and practice landscape. In its first run, A/Prof Benjamin Ong delivered the keynote address "The Future of Singapore Healthcare and What It Means to Medical Students Today".



SMA Lecture

The 2018 Lecture – “The Future of Medical Education” was delivered by A/Prof Yeoh Khay Guan, Dean of Yong Loo Lin School of Medicine, National University of Singapore (NUS Medicine) and Deputy Chief Executive of National University Health System. The Lecture explored the implications of shifting trends in Singapore healthcare and its impact on medical education. The notable event drew an audience of more than 150, comprising doctors, educators, medical students, even A-Level students and their parents.

In his welcome address, SMA President Dr Lee Yik Voon highlighted the heavier emphasis on medical ethics and professionalism in the current medical curriculum, which he believes should be taught in practice and not merely as a module. After all, he surmised, “learning, understanding and incorporating professionalism are different things.”

“While we’re here primarily to learn from the SMA Lecture, we [participants] can also benefit from the SMA Lecturer’s achievements, character and values.” With that in mind, A/Prof Chin Jing Jih delivered the citation of A/Prof Yeoh Khay Guan, regaling the audience with his many achievements and notable contributions to the healthcare sector – with great admiration and some well-injected humour (see page 10).

Gearing for the future

A/Prof Yeoh began his Lecture with a quick poll to get a better grasp of the diversity of his audience. There was a fine mix of aspiring medical students and medical doctors, both GPs and specialists (of which a good portion had graduated more than 20 years ago).

In his brief introduction, A/Prof Yeoh listed some of the key challenges that the current healthcare system faces, as well as the shifts and transformation of healthcare going forward, before focusing on these five key issues: Technology; Changes in Practice Patterns; Changes in the Role of the Doctor; Medicine, Science and Innovation; and finally, the Future-Ready Doctor.

With the use of comic strips and videos, A/Prof Yeoh aptly demonstrated the two facets of the application of technology in today’s medical education and healthcare. One of the videos gave the audience

a glimpse of a helpful tool in medical education: the Virtual Interactive Human Anatomy, otherwise known as VIHA, which offers a close-up and interactive learning experience of the human anatomy. As he delved into the role that artificial intelligence (AI) plays in healthcare, A/Prof Yeoh encouraged the audience to think of “AI” as “augmented intelligence” instead – one that serves to support and assist healthcare professionals in their practice. Additionally, he reminded everyone that the human touch that doctors offer to their patients cannot be replaced and thus soft skills and values are especially important in this era.

That is why being future-ready starts as early as the selection of students; aside from their academic performance, students are also assessed on other attributes and values precious to the profession. These are then further inculcated through incorporating values-driven actions and community services. A/Prof Yeoh also echoed the call for more generalists, especially with the changing role of the doctor.

Concluding his Lecture, A/Prof Yeoh shared with the audience that “The future is bright and exciting, but it will not be easy”, because there are challenges to overcome. He then proceeded to sum up the ten key skills he believes tomorrow’s



doctors will need to overcome the challenges ahead. Among them included leadership skills, soft skills, skills for lifelong learning, a high degree of adaptability and versatility in the health system and, most of all, the continued trust and support from the community.

A vibrant discussion

Panellists:

- A/Prof Yeoh Khay Guan
- Dr Anantham Devanand, Council Member, SMA; Head, SingHealth Duke-NUS Lung Centre; Senior Consultant Physician, Department of Respiratory & Critical Care Medicine, Singapore General Hospital
- Dr Dujeepa Samarasekera, Director, Centre for Medical Education, NUS Medicine; President, College of Clinician Educators, Academy of Medicine, Singapore
- Dr Chia Li Ann, Faith, Senior Consultant, Rheumatology, Allergy & Immunology, Tan Tock Seng Hospital; Designated Institutional Officer, National Healthcare Group Residency

Moderator:

- A/Prof Tan Choon Kiat, Nigel, Council Member, SMA

The panel discussion was ablaze with excitement as doctors, educators, current and aspiring



medical students, and even the panellists themselves posed and addressed many burning questions that arose. Unsurprisingly, the question of whether AI will eventually replace doctors was raised and the panellists agreed that despite being unable to predict the future, it is clear that doctors will always be in demand and are irreplaceable, though what is needed from doctors may change in the future. Other topics of concern included whether students, educators and clinicians are being protected considering the growing expectations; whether students are

entering into medical school at the right age; and the accuracy of the mini interviews when it comes to assessing attributes in applicants. The panellists took turns to address each question with wisdom and foresight, sharing their honest opinions and knowledge gained from their respective capacities.

After what was an engaging and thought-provoking panel discussion, the appreciative participants applauded A/Prof Yeoh for the great Lecture and the panellists for the lively discussion, before continuing their discussions over drinks and snacks.



Legend

1. SMA Council Members posing for a fun shot with A/Prof Yeoh Khay Guan and the panellists
2. A student raising a question for discussion
3. Participants listening intently
4. A moment of humour
5. Dr Lee Yik Voon presenting the token of appreciation to A/Prof Yeoh



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2nd SMA National Medical Students' Convention

The second edition of the SMA NMSC saw students from the three local medical schools converge once again for a time of learning, mindfulness and engagement. Graced by A/Prof Benjamin Ong, Director of Medical Services (DMS), Ministry of Health (MOH), the convention sought to address hot-button topics relevant to current medical students.

In his welcome speech, Thurston Heng, chairperson of the NMSC, explained how the theme of this year's convention with its emphasis on health and the community was selected, and hoped that the participants would benefit from the carefully planned programme. Dr Lee Yik Voon, in his opening speech, let us in on how medical students and newly minted doctors have been in regular contact with SMA over concerns regarding upcoming changes in training models – a testament to the need for continual inter-school collaboration and support

of the SMA Doctors in Training (DIT) Committee, to reduce confusion and allay fears of what is to come.

Doctors of tomorrow

It was all ears when A/Prof Ong took to the stage to deliver his keynote address on "Paradigm Shifts in Medical Training and What It Means for Medical Students Today". He spoke at length on Singapore's population and our fight against chronic diseases, transformation of care models and the paralleled importance of nurturing doctors who are fit-for-purpose. He highlighted the main upstream strategy of moving from treatment focus to health promotion and disease prevention.

Assuring the audience of a high-quality education programme, A/Prof Ong shared the MOH's aim to accredit all three medical schools by 2022, as well as to prescribe core learning outcomes for all graduates to ensure that they are ready for postgraduate year 1. Specialist training standards will also be introduced in 2020 to ensure that specialist and family medicine training programmes meet common baseline requirements.

In his closing, A/Prof Ong encouraged students to choose broad-based specialties that meet Singapore's needs, such as family medicine, internal medicine and geriatric medicine, among others. Students were also urged to embrace lifelong learning and to provide seamless, appropriate and cost-effective care to patients by working with fellow healthcare colleagues.

Sharing of experiences

Panellists:

- A/Prof Benjamin Ong
- A/Prof Denise Goh, Associate Professor, Department of Paediatrics, NUS Medicine; Head and Senior Consultant, Division of Paediatric Genetics and Metabolism, Khoo Teck Puat-National University Children's Medical Institute, National University Hospital
- Dr Ng Chew Lip, Council Member, SMA; Associate Consultant, Ear, Nose and Throat – Head and Neck Surgery, Ng Teng Fong General Hospital

Moderator:

- Dr Ivan Low, Chairperson of the 1st SMA NMSC

In a bid to better address medical students' queries on training and specialisation, this segment of the programme allowed the sharing of first-hand comments and experiences from our esteemed panellists. On the topic of specialty selection, A/Prof Denise Goh shared that many students enter medical school with a set pathway for themselves. She opined that as a doctor in a vocation of service, one should be intelligent enough to be adaptable during their journey. A query was raised on how DITs can ensure that Government policies (eg, working hours) are effective, especially in organisations with strong hierarchical forces. In answer, students were advised to give specific feedback and possible solutions to the ministries involved,



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and engage the SMA DIT Committee, whose role is to represent junior doctors who may feel unfairly treated. Also addressed were the issues of tailoring expectations for competition, paradigm shifts in gender roles, and the need to be the best that one can be in their pursuit of medicine.

Mindful or “mind full”?

After a short break, Ms Jennifer Davis, Director, Student Personal and Professional Leadership, Duke-NUS Medical School; Clinical Psychotherapist and Mindfulness Trainer, took to the stage for a sharing session on mindfulness and its application in overcoming challenges, pressure, information overload and distractions. Students were led to perform a simple breathing exercise to detach from physical distractions and “check in” with their body. The silence in the room was palpable and it was evident that this short and simple exercise provided the participants with a much needed reprieve from the flurry of daily life. The students were then encouraged to share their experience with one another – was it a mindful meditation or were their minds full of busy thoughts and stressors?

Students then filled out the Perceived Stress Scale questionnaire, a widely used psychological instrument that measures the respondents’ level of control over their lives and how they think they can manage stress. When asked to share about their main sources of stress, many cited examinations, relationship conflicts and lack of time for oneself; a crowd favourite was the need to live up to



one’s personal expectations. Through a short test, students also learnt that multitasking is a myth – there’s only rapid refocusing of the mind! Ms Davis shared the science behind mindfulness training, and how to “retrain” one’s brain to be present in the moment without being overwhelmed.

A fulfilling experience

When we spoke with the participants, it was evident that the main take-home message was to change one’s perspective to flow with the current shifts in medicine and, in particular, endeavour to specialise in disciplines that will meet the needs of Singaporeans. Many also acknowledged the need to serve selflessly for the good of the community.

In a nutshell, this annual joint effort by student leaders of the three medical schools is commendable to say the least, and we are convinced that there should be more of such opportunities for medical students to collectively discuss issues that affect the way medicine is practised in the years to come.

It was all around a rewarding and fruitful day of activities for our more than 200 participants for the day and SMA looks forward to continuing in our efforts to bring valuable support to our Members and to bring together the profession. See you in 2019! ♦

Showcasing our work

On top of the rich content delivered in the ballroom, SMA also had the opportunity to showcase the many facets of our work to participants. Over the tea and lunch breaks, participants visited specially set-up booths to find out more about the privileges SMA Members enjoy, including the current SMA eMarket and membership year-end promotions. Many also tried their hands at a pop quiz at the SMA Academy and Publication booth, which won them small tokens of appreciation. Participants even got a sneak preview of the courses lined up in 2019, and were polled on the courses they wish to attend and the type of content they wish to see. At the SMA Charity Fund (SMACF) booth, participants understood more about the charity’s causes, as well as the importance of supporting needy aspiring doctors and the various means to help. Thanks to the support from several participants, SMACF reported a total donation of \$6,000 from that day’s outreach efforts!



Legend

6. A/Prof Benjamin Ong delivering his keynote address
7. Dr Ivan Low leading the panel discussion
8. Ms Jennifer Davis sharing on mindfulness
9. A student clarifying his doubts
10. Posing for a shot amid the sharing session

CITATION FOR A/PROF YEOH KHAY GUAN

Delivered by A/Prof Chin Jing Jih,
Deputy Chairman Medical Board,
Tan Tock Seng Hospital; former SMA
President (2012-2015)



On behalf of SMA, I would like to thank you for your support and welcome you to the SMA Lecture 2018. The SMA Lectureship is awarded to eminent and distinguished persons who have made significant contributions to medicine and the community. With the programme we have lined up today, I am confident that you will not regret your decision to spend your Saturday afternoon with us.

This afternoon, the SMA will be presenting the SMA Lectureship to A/Prof Yeoh Khay Guan, a highly respected leader and appreciated colleague in the profession. While we often invite to the podium luminaries that are outside the profession, the pleasure and pride tends to be augmented when the SMA Lecturer is one of us. It is therefore a true honour for me when I was nominated by Prof Yeoh to deliver his citation today.

A/Prof Yeoh Khay Guan, or Khay Guan since we are among friends and colleagues, hails from Anglo-Chinese School, where he often claims to have had a mediocre academic record. But true to his school motto, "The best is yet to be", his CV just got more and more interesting as I prepared this citation. Khay Guan graduated from the National University of Singapore (NUS) in 1987, and went on to obtain his Master of Medicine (Internal

Medicine) in 1992, where he was awarded the Seah Cheng Siang Gold Medal for being the most outstanding candidate that scored the highest marks in the clinical section of the examination. He was appointed a lecturer in 1993 and senior lecturer in 1997, in the Department of Medicine of the then NUS Faculty of Medicine, which is now the NUS Yong Loo Lin School of Medicine (NUS Medicine), where he completed his specialty training in gastroenterology. From 1996 to 1997, he was awarded the China Medical Board Fellowship for Post-graduate Studies at the Digestive Disease Center, Medical University of South Carolina. Upon returning to NUS in 1998, he was appointed assistant professor; by the year 2000, he was promoted to associate professor in NUS Medicine; and three years later, he was made senior consultant in the Division of Gastroenterology and Hepatology at the National University Hospital. In 2003, he was admitted as a Fellow by the Glasgow Royal College of Physicians and in 2005 by the London Royal College of Physicians.

Deanship

In November 2011, Khay Guan succeeded Prof John Wong as dean of NUS Medicine, after serving as vice dean since 2002. In the past

seven years, he built upon the strong foundations laid down by his predecessors and achieved deep, steady progress in the medical school through a style of governance that emphasises stability and sensibility. Internally, he reorganised the basic science departments into a medical science cluster that is more integrated and synergistic through sharing of resources and talents. To boost NUS Medicine's ability to attract and retain talents, Prof Yeoh augmented the clinician-scholar and clinician-scientist tracks. Recognising that education is a team effort beyond the boundaries of the Kent Ridge campus, and as a team player himself, Khay Guan ensured that all healthcare institutions and clinical faculty contributing to the undergraduate teaching of NUS Medicine's students receive due recognition for the part they play. He conducted regular engagement sessions with clinician-educators and teachers in the hospitals and solicited feedback to strengthen the collaborations. His designated successor as dean, A/Prof Chong Yap Seng, shared that Khay Guan's logical and common-sense way of thinking through issues, decision-making and implementation has helped the school to make tremendous advancement, especially in remapping the undergraduate

medical curriculum and improving its pedagogy. In his quiet and effective way, Khay Guan has taken NUS Medicine to a higher level of strength and consolidated the school's position as one of the top medical schools in Asia.

External

The dedication and influence of Prof Yeoh's leadership extends, however, far beyond the boundaries of NUS Medicine and National University Health System (NUHS). He has served, and is still serving, in many committees, task forces, working groups, panels and boards. At NUS, in addition to his deanship, Prof Yeoh also serves on the Health Innovation Programme Steering Committee and the Translational Laboratory in Genetic Medicine Steering Committee. He is also a member of the Governing Board for the Singapore Institute for Neurotechnology. At the Ministry of Health (MOH), he chaired the MOH Review Committee for Residency Training, which brought about important adjustments to the resident training programme. He is currently a member of the MOH Specialists Accreditation Board, National Postgraduate Year 1 Assessment Committee and the MOH Medical Licensing Examination Steering Committee. He has been an appointed member of the Singapore Medical Council (SMC) since 2011, where he also serves as vice-chairman of SMC's Complaints Panel. Since 2009, Prof Yeoh has also been the chairman of the Health Promotion Board's Steering Committee on the National Colorectal Cancer Screening Programme. At A*STAR, he is currently a member of the Industry Alignment Fund-Pre-Positioning Programme, National Medical Research Council (NMRC) Infrastructure Review Panel for RIE2020, NMRC Clinician Scientist Award Panel and NMRC Singapore Translational Research Investigator Award Panel.

Research

But Khay Guan may even be better known for his inspiring achievement as a world-class researcher. Even in his early years of doctoring as a gastroenterology trainee, his potential in converting clinical curiosities into

systemic enquiries and finally to translatable knowledge was already starting to show, hinting strongly at his future success as a clinician-scientist. During that period, I believe he showed much research interest on chilli and its effect on the stomach. Yes, the red hot chilli that we use to spice up our meals. But Prof Yeoh did not stop with just being curious. Instead, he studied the effects of chilli and discovered that contrary to common belief, chilli and capsaicin are actually protective to the gastric mucosa, which was a great relief to the many Singaporeans who love spicy food. He proceeded to publish several papers and make quite a number of scientific presentations on the topic, culminating in the prestigious Young Clinician Award at the 10th World Congress of Gastroenterology in 1994.

The rest, as they say, is history. Prof Yeoh went on to author or co-author over 170 peer-reviewed papers over a span of 15 years, particularly on gastric cancer – an amazing feat, considering the time and energy that he has to distribute among his other responsibilities in leadership, education and clinical service. In 2013, he was lead principal investigator of the Singapore Gastric Cancer Consortium, a national flagship research group, which aims to redefine the management and improve the outcomes of gastric cancer in Singapore through early diagnosis, a project supported by a Translational and Clinical Research Flagship Programme grant from NMRC amounting to \$24,999,999.60. Through his work with Prof Yoshiaki Ito and other multicentre collaborators, Prof Yeoh made many important research findings and produced numerous publications impacting the diagnosis and management of gastric cancer. In early 2018, he and his colleagues published a landmark paper in the journal *Cancer Cells*, which used DNA sequencing to identify patients with intestinal metaplasia that are associated with subsequent dysplasia or gastric cancer, separating them from patients that exhibit normal-like epigenomic patterns, who were associated with regression. The

translation of bench research findings to impactful clinical application is a testament to Khay Guan's talent, perseverance and resilience in leading a project through the entire research continuum, and sets a standard to emulate for clinician-scientists in Singapore.

But Khay Guan saw his role in the academia to be more than just being a successful and well-published researcher. He is able to see the systemic issues and needs, and made it his calling to change the research mindset and culture across all levels of seniority in NUS Medicine and in Singapore. For example, one of his notable initiatives was to set up the Medical Grand Challenge in NUS Medicine, a medical students-led innovation programme that encourages them to identify unmet healthcare needs and work collaboratively with students from other faculties, like engineering, to explore creative solutions that will address these challenges. He has also worked hard to source for research funding to support research excellence at the medical school, and led by example with his own research efforts in gastric cancer.

In 2013, Prof Yeoh was deservedly awarded the National Outstanding Clinician Scientist Award, one of the key National Medical Excellence Awards by the MOH. All of these achievements, ladies and gentlemen, were attained while serving as the dean of Singapore's largest and oldest medical school.

In 2016, he was conferred the Public Administration Medal (Silver) in recognition of his multifaceted contributions to healthcare and the medical profession in Singapore.

NUHS

Some of you may be aware that Khay Guan will be stepping down soon as the dean of NUS Medicine, but he is definitely not retiring from healthcare and his journey will continue. He will be continuing, in a full-time capacity, his role as Deputy Chief Executive of the NUHS – a responsibility that he has held concurrently with all his other appointments since January 2014. This



will be the next chapter in his illustrious career as he strives to develop NUHS as both a regional healthcare cluster and an academic medical centre. Yet again, living up to his school motto "The best is yet to be".

Leadership style

I must confess that the last time I presented a citation for the dean of another medical school, he jokingly told me later that he thought he was listening to his eulogy. But I have always believed that while we're here primarily to learn from the SMA Lecture, we can also benefit from the SMA Lecturer's achievements, character and values. Which is why I have not been economical with my words nor have I exercised restraint in my sharing of Prof Yeoh's remarkable journey. Furthermore, in spite of all his achievements, Prof Yeoh remains a humble and unassuming friend and colleague. While I respect his preference to remain low key about his achievements and virtues, I personally feel that the profession today is in need of such an excellent role model. Therefore, it is also my obligation this afternoon to give you a glimpse of Khay Guan's remarkable emotional quotient, which I believe contributed to his many successes and to the positive influence he has had on the medical school and those around him.

I have never personally worked directly for Khay Guan, except for serving as his co-chair in the MOH Residency Review Committee a few years ago. But it was an experience where I learnt much from him about running a productive meeting – good active listening, providing good summary of issues, avoiding micromanagement, offering solutions decisively and achieving better results from nudging an agenda rather than forcing things down people's throats. One of his colleagues shared that in the past seven years of his deanship, he has been very effective while remaining popular with the students as well as the faculty, which is not an easy task. He is both highly respected and warmly regarded by all, but never feared in the negative sense.

As a superior officer and leader, Khay Guan has earned his respect and following not by hierarchy or authority, but by true leadership qualities. Those who have had the privilege of working with and for him are grateful for his unwavering support and backing, and for his readiness to be accountable. He never shirks from responsibility and is ready to acknowledge any mistakes, apologising on behalf of his team – all these done in a quiet and modest way.

One of his staff had this to share:

"Khay Guan is the type of boss people gladly go the extra mile for because he gives trust and space as people work and lets them know that he has got their backs covered. He demands high standards and makes it clear when these are not met. But in the decade that I have worked with and for him, I have never seen him lose his composure or lash out at staff who under-delivered."

And another had this to say:

"Khay Guan will be remembered by the administrative and executive staff as a dean who notices and remembers the colleagues who beaver away in quiet corners of the School."

Khay Guan's collegial and approachable style has facilitated warmer ties and closer collaboration between NUS Medicine and organisations like SMA and Lee Kong Chian School of Medicine. His relaxed personality and his honest and open-minded approach have catalysed collaborations with other organisations. This has also been a key factor to his highly successful multicentre, multidisciplinary and collaborative gastric cancer TCR Flagship Programme, which is a refreshing story in today's highly competitive world of biomedical research.

Summary

Prof Yeoh Khay Guan has indeed much to teach us beyond just his Lecture. Allow me to attempt a summary.

As a clinician, Khay Guan has gone beyond a mere healer to a healthcare leader that has and will help many more patients by improving the system of clinical care.

As an educator, he has gone beyond a mere clinical teacher to a leader in medical education who will bring benefit to generations of students by enhancing the system and environment for learning and training.

As a researcher, he has gone beyond a mere prolific clinician-scientist to a research leader who accelerated research at a systemic level, by improving the research culture and infrastructure.

As a leader, he has gone beyond a mere administrator to a visionary and effective yet empathetic leader who would bring about all-round organisational improvement to the medical school and profession.

And above all, his unassuming, humble and approachable personality, and his scientific curiosity, integrity, honesty and compassion, have made him a much loved and respected role model among his medical colleagues, friends, collaborators, students and staff – truly a doctor, scholar, scientist and gentleman.

I would like to end this citation with a quote that is generously shared by one of Khay Guan's colleagues and deputies, A/Prof Lau Tang Ching, vice-dean for Education at NUS Medicine. Echoing the views of many other colleagues at NUS Medicine, Prof Lau shared the following philosophical thoughts on Prof Yeoh:

"He is like water. The excellence of water appears in its benefitting and respecting all things. It is full of compassion and where it flows, lives flourish. It is transparent and exemplifies integrity. With humility, it occupies without striving and does not mind flowing to low places."

While many of us know that Khay Guan's favourite liquid is probably more than mere H₂O, I think Tang Ching's metaphorical use of water here to describe Khay Guan is most apt and elegant.

It gives me great honour and pleasure to invite to the podium, my good friend and fellow doctor, dean of NUS Yong Loo Lin School of Medicine, A/Prof Yeoh Khay Guan, to deliver the 2018 SMA Lecture, sharing with us his wisdom on "The Future of Medical Education". ♦





SMA SEMINAR

Tax Obligations on Medical Practice

DATE 30 March 2019, Saturday

TIME 1 pm to 5 pm (lunch provided)

VENUE Novotel Singapore Clarke Quay
Cinnamon Room, Level 5

CME 2 points
(subject to SMC's approval)

EVENT HIGHLIGHTS

- Tax obligations of a medical practitioner
- Overview of IRAS approach on tax avoidance arrangements
- Common tax errors (GST and income tax)
- Budget 2019 and why it matters to you

WHO SHOULD ATTEND

- Private practitioners
- Clinic owners
- Clinic staff who manage clinic tax and corporate matters

HOW TO REGISTER

1. Go to <https://www.sma.org.sg/coursesfordoctors>
2. Log in to your membership portal
3. Search for "SMA Seminar: Tax Obligations on Medical Practice"
4. Fill in the form and click on "Submit"

DID YOU KNOW ?

You could track the SMA courses you have attended when you log in to your membership portal prior to registration.

*For more information, please contact
Denise Tan or Jasmine Soo at 6223 1264 or email courses@sma.org.sg.*



Hopes FOR THE New Year

Text by Dr Lee Yik Voon

It's Christmas time, there's no need to be afraid. At Christmas time, we let in light and we banish shade. It's the end of the year. So this is Christmas and what have you done? Another year over, and a new one just begun. Well, not yet. Not before we make our resolutions for 2019. It is a good thing to have a direction, be it having life goals, or a moral compass, or our Singapore Medical Council Ethical Code and Ethical Guidelines.

What would you like to see in the coming year? Let us gaze into the magical crystal ball.

A good future

Good succession planning is important so that there will be good doctors to look after us. Artificial intelligence (AI) will not do.

Our patients need a human touch, a caring face, a nod of approval, a smile of understanding and a twinkle in the eye.

During our many *kopi* sessions, my friends have often raised their worries on more than one occasion. One of their worries is who will take care of their medical illnesses when they grow old?

Will we be able to find a doctor that is very skilled in medicine, upright and ethical with the right ethos and compassion, and at the same time street-smart?

Zooming on to the subject of subsidies. We have first the Community Health Assist Scheme (CHAS), then Pioneer Generation Package, then Merdeka Generation Package and then CHAS for all citizens of Singapore.

Currently, we have blunt instruments; we need to tweak the current subsidies so that they can be used in the right way.

These should be given to those who truly deserve it – not only those who are financially challenged, but also those whose disease burden is so great that they will need the additional funding.

I find that those who are truly in need often do not bargain or haggle. Those who do often include those who feel the pinch as they want to continue to smoke their packet of cigarettes and indulge in their nightly beer-drinking sessions with their buddies. Pouring subsidies to invoke a change in behaviour is the desired outcome instead of just a populist measure.

I have mentored medical students in their clinical groups and one common question that surfaces is how I met my wife. I am glad that they have such thoughts of wanting to build a career as medical doctors and also plan to start their families. The quota on female students has been lifted for years and that should encourage our students to start their families.

I believe that building up great caring holistic family units is only possible by setting good role models and providing quality upbringing of our children. Such closely knitted family units should aid the caring for the elderly for generations to come.

Government that takes care of its people big and small

The Regional Health System has been tasked to look after the people in their assigned sector. No longer do they only provide incidental care or chronic care, the restructured hospitals will track the healthcare journey of all their assigned citizens wherever they seek healthcare, be it at the GPs, outpatient services, private hospitals, community hospitals, etc, including foreign healthcare facilities.

On the road to achieving one family doctor for every citizen of Singapore, patients may be recruited or assigned to primary care doctors for better familiarity and continuity of care, instead of the current fragmented care of

patients having several GPs and many subspecialists for different conditions (eg, one for skin, one for chest/cough and one specialist for each joint pain).

There are so many science fiction and science fantasy stories and movies, including one that I read many years ago – Isaac Asimov's *Foundation* series about psychohistorians who can predict the future and manage the future based on the learned historical response of the human mind.

Will the flavour of the season – AI with deep thoughts – be able to run our lives and predict the future? Will AI be what we think it will be like in the movies of the *Terminator* series, or will it be something else that we had never imagined it to be?

The National Electronic Health Record (NEHR) is a tool. Whether it is good or bad depends on how you use it and the powers to be implementing it. I believe that the NEHR will provide invaluable assistance in revealing the healthcare journey of our patients that will aid us in managing our patients better. We have conducted studies to generate valuable data to boost our feedback. Will the implementers get it right this time?

Back to basics

With all the enabling information technology, Internet of things and telemedicine, I still believe in the basics of everything. Be it medicine or human nature.

If you do not know by now, everything will have its glorious moment and timing is of utmost importance.

Do not rush and pressure ourselves too much. Some things cannot be rushed. Because when the time comes, when the stars are aligned, when the trajectory is correct, things will happen.

That does not mean that we should just sit and wait and not try at all. Master Yoda in *Stars Wars* once said, "Do. Or do not. There is no try".

But I say, "Keep on trying and you will get there one day."

In moving from healthcare to health, we need to focus on prevention.

So as the saying goes, "Prevention is better than cure".

It is about how we can give such preventive advice, make these measures palatable and inculcate habit-forming for the public at large.

I have been a gamer for ten to 20 years now. Gaming is part of my daily routine, with adjustments only when it comes to public holidays when I do not work.

I have a friend who does not play games but loves to travel. So I told him we can apply gamification to his interest in travels. With some explanations and after a short while, he understood the power of gamification.

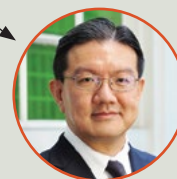
Wishing all SMA Members (Ordinary, Honorary, Life, Spouse and Student) and friends of SMA, a very Happy New Year!

It is SMA's 60th Birthday next year, what would you like to see? ♦

Note

a. Song lyrics at the beginning of the article are from "Do They Know It's Christmas" by Band Aid and "Happy Xmas (War is Over)" by John Lennon.

Dr Lee is a GP practising in Macpherson. He is also a member of the current National General Practitioner Advisory Panel. 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 is the Honorary Secretary of the 59th SMA Council. He is currently an associate consultant at Singapore General Hospital.



Feedback on MRA

SMA's representatives participated in a consultation conducted by the Ministry of Health (MOH) on proposed amendments to the Medical Registration Act (MRA). Apart from submitting feedback on other matters, we had also proposed for the MRA to be aligned to Section 85(19) of the Legal Profession Act so as to reduce frivolous complaints and to potentially reduce delays in genuine cases.

Member query on fitness for employment

SMA received a member query in October 2018, seeking advice on follow-up actions for a possible HIV-positive result conducted as part of a work permit medical examination.

Our recommendations included contacting the clinical laboratory to confirm the test results and also to notify the MOH as stipulated in the regulations under the Infectious Diseases Act.

Members who face practice-related issues may write to sma@sma.org.sg to seek the opinions of fellow practitioners within the SMA Council.

First SMA Council meeting at new premises

The SMA Council held its first council meeting at SMA's new premises on 25 October 2018.

The Council is optimistic that the new location, landlord and neighbours will provide the right support for SMA as we continue in our advocacy role

for our Members and their patients in Singapore's healthcare ecosystem.

Feedback on Fee Benchmarks Advisory Committee's Report

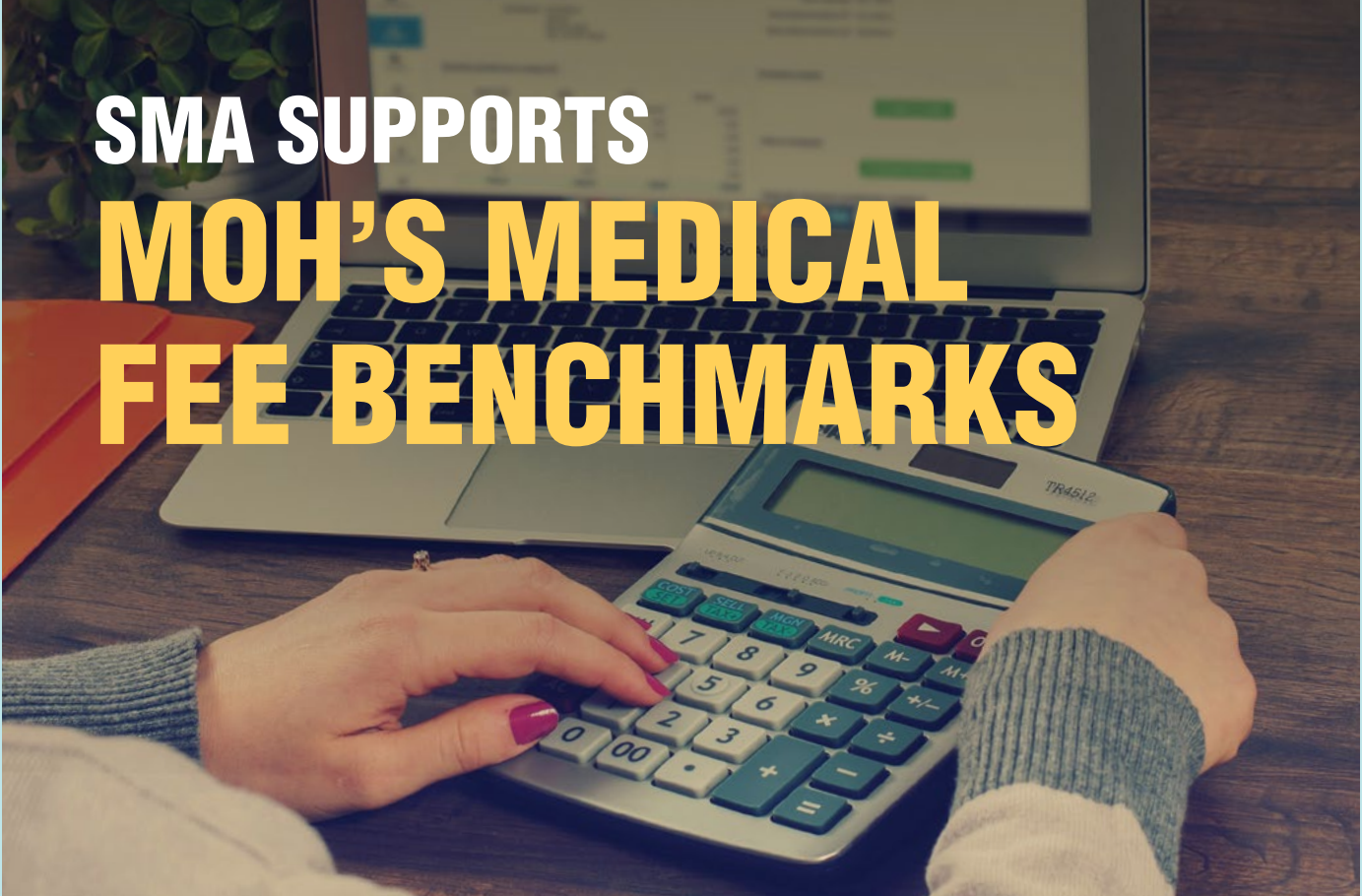
SMA representatives participated in a consultation by the MOH on the Fee Benchmarks Advisory Committee's Report and recommendations. The fee benchmarks were subsequently published by MOH on 13 November 2018.

SMA supports the introduction of the fee benchmarks and sees it as one of the key measures to help control healthcare costs. SMA's full response can be found on page 17.

The SMA Council wishes to take this opportunity to recognise and pay tribute to the hard work and significant time invested by all who contributed to the development of the fee benchmarks, as well as earlier editions of the SMA Guideline on Fees. We believe the effort will be rewarded as doctors, patients and payors would all benefit from the greater clarity of fees and affordability of healthcare.

Medical student leaders meet with SMA Council

Current student leaders of the three local medical schools met up with representatives of the SMA Council on 15 November 2018 to discuss current and future plans, and to brainstorm how SMA can continue to support the learning and growth of medical students in Singapore. SMA also hopes to play a key role in bringing students from all three schools together to build collegiality within the profession. ♦



SMA SUPPORTS MOH'S MEDICAL FEE BENCHMARKS

On January 21, 2018, the Ministry of Health (MOH) announced the appointment of a Fee Benchmarks Advisory Committee to recommend industry benchmarks for medical procedures and services. This afternoon, MOH made a public announcement of the medical fee benchmarks which it had sought participation from the Singapore Medical Association (SMA) and also the Academy of Medicine, Singapore (AMS) and the College of Family Physicians Singapore (CFPS), through our representatives on the Fee Benchmarks Advisory Committee. The benchmark is also a recommendation from the Health Insurance Task Force (HITF).

SMA has been an advocate of transparency in fees and supports the introduction and objectives of the fee benchmarks which will facilitate patient empowerment and promote trust in the doctor-patient relationship. SMA was involved in the process of developing the fee benchmarks and is of the opinion that it was a fair process. The fee benchmarks will benefit doctors (who will now have a guide when they set their fees), patients and payers. The fee benchmarks are one of several ways that rising healthcare costs can be addressed. Other equally

important measures include looking at hospital facility charges, and redesigning insurance products.

The introduction of fee benchmarks will open the way to several changes in the future that will generate simplicity and thus help control healthcare costs. First, ill patients will no longer need to delay treatment as they await prior approval from insurance companies, in cases where doctors follow the benchmarks. Second, insurance companies will no longer need to have appointed insurance panels, thus saving the attendant administrative costs. Third, patients will have a wider choice of doctors, if they are allowed to consult any doctor who charges within the fee benchmarks.

SMA supports the introduction of the fee benchmarks and hopes that more procedures will be included over time and with each update. ♦

Dr Lee Yik Voon

President, Singapore Medical Association

Issued at 6pm on November 13, 2018

Letters from Iceland

Text by Dr Anantham Devanand

The 2018 World Medical Association (WMA) General Assembly was launched on 2 October by the organisation's president, Dr Yoshitake Tokokura, in the futuristic Harpa Concert Hall and Convention Centre in Reykjavik, Iceland. The world's northernmost capital city lived up to expectations with its picture-perfect waterfront and wind-swept autumn weather. The cliché is that if you don't like Icelandic weather, just wait five minutes. This bears testament to the unpredictability and severity of the climate of both the country and the global medical issues. This general assembly marked seven eventful decades of work since the WMA's founding on 18 September 1947.

The WMA was created after its predecessor, the Association Professionnelle Internationale des Médecins (APIM), was suspended during World War II. From a 27-member assembly, WMA's membership has since grown to 113 national medical associations, and SMA has been a constituent member since

2005. Membership in the WMA is heterogeneous and includes national medical associations, medical regulators and trade unions, with the critical requirement of membership being independent of any national political control. Akin to SMA's core values, the mission of the WMA is to act on behalf of both physicians and patients.

In its years of service, the WMA successfully negotiated the politics of Nazism, apartheid and voting rights, to grow and become a platform for developing a global consensus on medical ethics. Some of the historic policies that are used as reference the world over are highlighted in Table 1.

This year, experts discussed the medical fraternity's response to the looming global challenges of physician-assisted suicide, artificial intelligence, genetic editing, non-invasive prenatal testing and data security. The need to separate the facts from the hype was obvious before any informed analysis could be done. The complexity of

information may make these issues largely misunderstood by the general public. Therefore, it is imperative for the medical profession to show leadership in providing a thoughtful and independent voice to advocate on behalf of patients before technology runs ahead of us. Otherwise, the threat of unwise misuse of what we can do threatens to trap us all in a quagmire of moral dilemmas. This assembly also marked the beginning of work on the latest revision of the International Code of Medical Ethics. Perhaps then it is fitting to reflect on a verse from W.H. Auden, a man who found deep inspiration in Nordic travel as reflected in his travelogue, *Letters from Iceland*.

*"This passion of our kind
For the process of finding out
Is a fact one can hardly doubt,
But I would rejoice in it more
If I knew more clearly what
We wanted the knowledge for,
Felt certain still that the mind
Is free to know or not."* ♦

YEAR	POLICY
1948/2017	Declaration of Geneva: Physician's Pledge
1949/2006	International Code of Medical Ethics
1964/2013	Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects
1975/2016	Declaration of Tokyo – Guidelines for Physicians Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment
1981/2005	Declaration of Lisbon on the Rights of the Patient
2002/2016	Declaration of Taipei on Ethical Considerations Regarding Health Databases and Biobanks

Table 1: Historic policies of the WMA

Dr Anantham Devanand is head of SingHealth Duke-NUS Lung Centre and director of interventional pulmonology. He leads the medical humanities office at the SingHealth Medicine Academic Clinical Programme and serves as deputy director of the SMA Centre of Medical Ethics and Professionalism.



Empowering Junior Doctors

Text by Dr Benny Loo

COUNCIL NEWS

The Junior Doctors Network (JDN) meeting under the World Medical Association (WMA) was recently held in conjunction with the WMA General Assembly in Reykjavik, Iceland, from 1 to 2 October 2018 at the Icelandic Medical Association (IMA) office. It was my privilege to attend the meeting on behalf of the SMA Doctors in Training (DIT) Committee, for I was able to renew the bonds formed during the 2015 JDN meeting held in Oslo, Norway, and also make new acquaintances with representatives from other parts of the world.

The JDN was formed in Vancouver in October 2010 to create a platform for junior doctors worldwide and to ensure that their voices are heard both within the WMA and globally. Its mission is to empower young physicians to work together towards a healthier world through advocacy, education and international collaboration. This is very much in line with the purpose of SMA's DIT Committee, which is to provide a platform for local junior doctors across all training institutes to collaborate towards a better training environment, both intra-institutional and on a national level.

This JDN meeting, delegates from 16 countries across the globe came together to discuss the new trends in postgraduate medical education. The IMA shared that until 2015, they have had a limited postgraduate training structure and that most trainees have to complete their higher specialist training abroad, and the Canadian Medical Association (CMA) explained their system of competency-based curriculum. A representative from the Foundation for Advancement of International Medical Education and Research also presented on a potential collaboration with JDN to offer international exchanges for residents to further their training.

Another topic covered was on the well-being of junior doctors and combating burnout. The CMA shared survey results on burnout among their residents and the approach to recognising the signs and degrees of burnout. They also highlighted the importance and methods of training resilience in the junior doctors. The meeting concluded with an "ideas cafe" session to improve the JDN, and an election for the next working committee.

It was a very refreshing experience as I was greatly inspired by the passion

of the fellow JDN delegates and I also received many interesting ideas on how to better serve my Singaporean junior doctors. Last but not least, I wish the newly elected working committee all the best in their future endeavours. ♦

Legend

1. Group photo with the WMA leaders and JDN delegates

Dr Loo is an associate consultant in paediatric medicine at KK Women's and Children's Hospital. He looks forward to a morning dose of caffeine and plenty of patients' smiles every day. He is also the chairperson of the SMA DIT Committee.



1



THE CURRENT PROBLEM OF CONSENT-TAKING

Text by Dr Chew Shing Chai

On Thursday 26 July 2018, I attended a peer review lecture at Mount Elizabeth Novena Hospital. The topic was "Vaginal Birth after Caesarean Section" or VBAC as we call it.

The lecture was interesting, involving six cases, some of which were pushed through an incredibly long period of labour, causing awe and astonishment among many of us. But the interest of the entire group was totally ignited when the discussion came to the question of how to obtain consent for the VBAC, leading to the discussion on the procedure of taking consent in general.

One member who had been taken to court recounted how his consent form, which was taken by him in the presence of a staff member, was totally voided when the patient said she did not understand the contents of the document she had signed.

The discussion was intense and it was concluded that the patient has to be taken through the consent form line by line, with each line initialled in the presence of a witness. Or else, the patient has to write (in her own handwriting) the concept of what the procedure entails. Or, the entire session has to be videotaped as is done in the US.

Some of us are old enough to remember that the old consent form had a line which said "and any other procedure that the surgeon may deem fit", giving him a carte blanche. This is now obviously obsolete.

When medical negligence cases first appeared in courts, the learned judges felt that they were not able to judge medical issues regarding competence, so they decided to appoint expert witnesses acting as amicus curiae. Hence the cases were judged based on sworn testimony of doctors and the precedents were known by their names, eg, Bolam, Bolitho, etc.

In 1999, a Scottish obstetrician managing a short (150 cm) insulin-dependent diabetic with a macrosomic baby estimated at 3,600 g at 36 weeks was so unhappy at being asked how large the baby was that she decided to stop doing measurements. She decided to do caesarean only if the baby was over 4.5 kg (how she would be able to estimate that after stopping measurements is unfathomable). Labour was induced at 38 weeks (baby gestimated at 3.9 kg) and when there was no progress, more oxytocics were given. When the os was full and no descent was made, forceps were applied and only half the head emerged. General anaesthesia was given to allow the head to be repositioned for caesarean (Zavanelli manoeuvre), but she decided to continue to pull the head out, resulting in extreme shoulder dystocia.

Failed attempts at symphysiotomy followed by massive accouchement force resulted in the delivery of Sam Montgomery, a 4.25 kg quadriplegic, hypoxic brain-damaged individual.

Of course, this case went through two courts where obstetric colleagues ("expert witnesses") swore that it was unfortunate and unpredictable, and their testimony won the day on the two occasions. But in 2015, the Supreme Court found that there was no proper advice given and so we now have the Montgomery case that hangs over our heads.

My conclusion

1. The obstetrician flagrantly flouted the ethical principles of patient autonomy, beneficence and non-maleficence.
2. The learned judges who could not rebut the testimony of the "expert witnesses" changed the law.
3. Therefore we do not really need "expert witnesses" any more.

What we needed in 1999 were some truthful obstetricians to testify that the management was

totally unacceptable and that the monumental disaster that crippled little Sam should have been settled with compensation to the mother.

Then the law would not have been changed and we could keep to the old Bolam-Bolitho-Whitaker precedents. We cannot change the law so we have to live with it. We only need to pray that we do not have any mishaps during surgery, and we do need good videotaping equipment and videos dubbed in the four official languages, if we do any procedures.

I welcome all comments. ♦

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Finishing Well

The Annual National Medico-Legal Seminar 2018

Text by M Kayal Pillay

The Medico-Legal Society of Singapore (MLSS) and SMA took a plunge in crafting a seminar on a weighty topic for the Annual National Medico-Legal Seminar: Death and Dying. Over the course of two days, ethicists, lawyers, clinicians and allied health professionals debated and shared on many relevant and practical issues. Several anecdotal experiences brought tears to the participants' eyes.

Dr Lee Yik Voon (President, SMA) welcomed over 120 participants as he opened the seminar on 6 October. Former State Coroner Mr Marvin Bay shared on the process of coronial investigations and Dr Lai Siang Hui (President, MLSS) drew on his personal experience to advise on pitfalls in death certification. A bevy of experts spoke of palliative care, comfort care and even terminal sedation. While varied, at its core, it is about choice. In fact, A/Prof Lalit Kumar noted that it is the fear of pain and the loss of dignity which plague many. Participants also learnt about the challenges of palliative care in the institutional and community settings.

Later in the day, Mr Wong Kok Weng (MLSS) led a distinguished panel in a discussion on "Tough Calls in the Final Days". Aside from medical professionals, the panel also included a pastor, Rev Raymond Fong, and a former judge and State Coroner, Mr Malcolm

Tan (MLSS). Many highlighted that an important aspect of dying with dignity was understanding the person behind the patient – what would they consider "living"? Controversial issues, such as deathbed conversions and their legal implications, were also explored.

Bright and early the following day, A/Prof Kwek Tong Kiat kicked off the day on organ transplantation by unravelling the medical and emotional thicket that is brain death. A/Prof Kwek cautioned that the passing of the Human Organ Transplantation Act had drastically reduced the conversation on organ donation. Discussions on whether mandatory organ donation took away from the inherently altruistic nature of the act also ensued. Other eminent professionals who shared their thoughts included a representative from the Office of the Public Guardian, Ms Regina Ow, and Adj Prof Jeffrey Chan, S.C.

Mr Edmund Kronenburg (Vice-President, MLSS) then led a panel discussion which included Ms Serene Lee, a heart transplant recipient. She shared her heart-warming tale of meeting her then 18-year-old donor's parents and allowing them to listen to their daughter's heartbeat. The seminar ended on an encouraging note with Mr Kronenburg proposing future directions to promote organ donation in Singapore. ♦

Kayal is a Deputy Public Prosecutor with the Attorney-General's Chambers. She is mainly involved in prosecuting public order crimes and crimes against the person. She graduated from the National University of Singapore with a Bachelor of Laws (Honours). In addition, she is currently the Secretary of the Medico-Legal Society of Singapore.





WE ARE THE CHAMPIONS

INTER-PROFESSIONAL GAMES 2018

Text by Mellissa Ang, Assistant Manager, Membership Services

If we could shout it at the top of our lungs, we would do so with a fist pump in the air exclaiming: SMA is the **champion** for the Inter-Professional Games (IPG) 2018! It has been a year of new beginnings and exciting achievements after our players were battered and riddled with fair-to-middling results last year. SMA team captains and players readied themselves to pit their skills against lawyers, accountants, architects, engineers and quantity surveyors in ten out of the 11 sports and games presented for this year's tournament held between August and October, all while the Association was facing operational changes of its own. All of us overcame the slim odds to emerge stronger than ever and victorious at the end of the day. Here, some of our team captains share their teams' journey during this year's IPG.

SMA Bowling Team

Captain: Dr Valerie Teo

"When the SMA Bowling team got to the last four frames of the final game, we were predicting that the team would be in third position based on the points accumulated by then. However, the team pressed on and continued to enjoy our game and have fun while we were at it. In the last two frames, three of our bowlers managed to attain several crucial strikes in a row. What a great finish!

While we were delighted to finish our games on a high note, most of our teammates started to pack up to head off for our respective evening plans, with the belief that we had secured third place. To our surprise, the host team's captain walked over to us and told us that we had won by a mere 13 pins! We were all shocked and thoroughly excited as it has been eight years since the SMA Bowling team last won the IPG championship trophy. Finally, the spell is broken!"



SMA Chess Team

Captain: Dr Jeevarajah Nithiananthan

"The SMA Chess team has succeeded in defending our title at the IPG 2018, despite several players' absence due to demanding work schedules and other obligations. This year, three teams competed in the tournament – SMA, the Law Society of Singapore (LSS) and the Institute of Engineers Singapore (IES). The Institute of Singapore Chartered Accountants (ISCA) was keen on participating in this tournament too, but was unfortunately unable to do so due to a shortage of players. The LSS team beat the IES team convincingly 3-1 in the first round, but the latter was resoundingly defeated by the SMA team 4-0 in their subsequent encounter.



The final and as always exciting pivotal match between the SMA and LSS teams concluded in a 3-1 victory in our favour! The finals could very well have been a clean sweep, had it not been for one of

our stronger players having to retire after a heavy post-call duty – an unfortunate job hazard in our profession. Nonetheless, SMA is the IPG Chess champion once again!"

SMA Volleyball Team

Captain: Dr Tan Pinhong

"Our SMA Volleyball team won the championship title at this year's IPG, for the very first time since the inauguration of the Games! It was a tough but exciting battle against the strong LSS and ISCA teams, with many close shaves and narrow score margins. Nonetheless, the SMA Volleyball team fought hard, pulled through the challenges and emerged victorious. We could not have done so without the unwavering support of other volleyball players in medicine."



	1st Place	2nd Place	3rd Place
Badminton	LSS	ISCA	IES
Basketball	ISCA	LSS	SISV
Bowling	SMA	LSS	IES
Chess	SMA	LSS	IES
Floorball	ISCA	SMA	LSS
Golf	SMA	ISCA	IES
Pool	IES	LSS	ISCA
Squash	SMA	ISCA	LSS
Table Tennis	ISCA	SMA	SISV
Tennis	LSS	ISCA	SMA
Volleyball	SMA	ISCA	LSS

During the closing dinner on 5 October 2018, which LSS wonderfully hosted at Royal Palm @ Clarke Quay, Chairperson of IPG 2018 Muhammad Imaduddin acknowledged the strong sense of camaraderie among all the players across the respective professions at this year's Games. The dinner venue was abuzz with lively conversation as IPG players and Secretariat staff discussed the various game results and SMA's first overall sole championship win in decades. Till next year's IPG! ♦



■ The Challenge Trophy Cup

REASONS TO 'NOT' JOIN SMA

Text by Dr Tan Yia Swam, Editor

Without knowing it, I have been an SMA Member for more than a decade, ever since my graduation in 2004. I think back then all of us signed up for the perpetual fee waiver on the UOB-SMA Visa Platinum Card! *hahahaha*

Since then, I have somehow been more involved than I thought I would be – as an *SMA News* editorial board member, SMA Council Member; and have taken over as the newsletter's editor for a few years now. **Some people have left membership because they don't see any benefits or don't have the time. Some friends have also asked how and why I do it.**

Rather than explaining why I joined the SMA and participate actively, I thought instead to consider the reasons to not join or the reasons why people quit.

Dr Tan is a consultant at the Breast Department of KK Women's and Children's Hospital. She continues to juggle the commitments of being a doctor, a wife, the *SMA News* Editor and the increased duties of a mother of three. She also tries to keep time aside for herself and friends, both old and new.





I won't join the SMA because I don't want to be a part of something larger than myself. I am happy in my job, my department, my clinic, my residency and my own practice. There is no need for me to be involved in national policies; there is no need for my voice to be heard.



I don't need the SMA because I have membership in other professional bodies. I like to mingle and talk to people who are like me. I'm a GP; I only need to talk to GPs. I'm a specialist; I only need to talk to my own subspecialists. The SMA is too diverse; they take in any doctor (young/old, generalist/specialist). In fact, they even have student members! I don't see why they would want to involve the students – they are not even doctors yet, they are only future doctors. Why would I want to invest and protect the future?



I don't need the SMA because they are just a wine and dine "extra-curricular group" – that's all they write about in *SMA News*. I don't read their educational articles under the Executive Series column, or the ones by SMA Centre for Medical Ethics and Professionalism (CMEP). I don't hear about the meetings held by the Council every month; I don't hear about the meetings these volunteers hold with other stakeholders in healthcare. I don't know that they suffer income loss by closing clinics to attend those meetings. After all, in my department, attending a meeting just means I see fewer patients while still getting paid the same. I'm sure it's the same for them.



I don't need the SMA because they don't speak up for doctors. The newsletter only carries articles by their invited doctors, I have never read the Editorial that openly welcomes and invites anyone to write in about anything. I would much rather complain on Facebook or in WhatsApp chat groups. Anonymous snide complaints are the most effective. Anonymously voicing my unhappiness and disgruntlement on the Ministers' Facebook pages is the best way to change things.



I don't trust the SMA because they are in the Ministry of Health's back pocket. That's why they have never spoken up in public about key issues. If they really care about patients and doctors, SMA should have an open public confrontation instead of having meetings to hold confidential, mature discussions about the challenges in healthcare.



I don't need the SMA because I know exactly how to be a doctor. I don't need their continuing medical education activities, I don't need the membership portal or access to discounts for medical equipment. I don't need to know other people outside of my department. If I need help, I can always google or call a friend, or just refer the patient to whoever is on call.



I don't need the SMA because they do nothing for me; I also don't have to do anything for them. I am busy enough trying to juggle between finishing my training, socialising, looking after my family, doing my work and running my practice. Why should I give up my time for an organisation that does nothing for me?



I don't need the SMA because I don't need their help. I am a very good and safe doctor. I have never had any patient complaints or lawsuits. I don't need SMA's advice or access to their legal advisors. If I ever have any problems, I can easily appoint my own lawyers. I don't need the SMA Council and their friendly advice, nor do I need their network of friends and connections for advice. I would rather pay for a professional lawyer.



I don't want to join the SMA because they are very expensive. I don't see why I have to pay the ridiculous sum of \$214 per year! Especially compared to other annual expenses like the membership fees for College of Family Physicians Singapore at \$192.60 and Academy of Medicine, Singapore at \$800, and the Singapore Medical Council's practising certificate at \$450. I have already paid \$50,000 per year in tuition fees to get my MBBS; I am not going to spend another \$200 more! I need to save on this \$200, so that I can buy my resale Housing and Development Board flat at \$400,000, or a second-hand small Japanese car at \$50,000.

Whenever people ask me why I join the SMA, I don't have a clear answer. I can only share that I make time for people and things I hold dear.

I look at the seniors in the SMA, those whom I know personally and admire greatly. I know what they have given for the SMA.

I think the SMA has a noble ideology that represents the best that doctoring should be and I can only hope that I can aspire to match up to the ideals. ♦

living with DISASTER

Text by Dr Grace Chew | Photos by Okayama Christian Disaster Response



Coming from a country with few natural disasters, the morning of 18 June 2018 was, without a doubt, one of the most terrifying moments of my life. The day started routinely enough, with me having breakfast at my table as usual. Out of the blue, my plate started rattling, boxes on my kitchen shelf fell off and I felt the floor sway beneath me. This was accompanied by the emergency warning system blaring "Earthquake! Earthquake!" from my mobile phone. Before I could gather my wits, everything stopped.

But things were far from safe since then. Following the Osaka earthquake, torrential rains in late June to July caused massive flooding in southwestern Japan, leaving a death toll of hundreds. This was followed by a heatwave that reached unprecedented temperatures of more than 40 degrees Celsius in many areas. And with August came the typhoon season, increasing the risk of mudslides at places already ravaged by the earlier floods.

While I felt lucky that my area did not suffer the full brunt of the damage, I was still filled with worry and unease as I followed the daily weather updates closely. After the flood waters receded, local organisations put up a call for volunteers to assist with disaster relief efforts. I have always believed that volunteering in a medical position was the most efficient way for me to contribute to society; but living here, where I do not speak the language well enough to function independently in many aspects of my life, and having received generous help from many

around me, I believe that every bit helps. So, I signed up as a volunteer without hesitation or expectations.

It was sweltering when I showed up at Kurashiki in Okayama. We drove to Miba, one of the worst hit areas in Kurashiki. Debris was piled nearly a storey high along the sides of the road. Heavy-duty trucks rumbled by, laden with rubbish and broken bits of houses. Periodically, helicopters roared across the sky. People were still missing. Pictures cannot fully capture the visceral impact of seeing a small town wasted in this manner.

As most of the houses still standing were uninhabitable, residents moved to evacuation centres and returned whenever they could to restore their homes. Local groups then reached out to residents in need of help with rebuilding or cleaning, and coordinated with volunteers to assist them. Many of these residents who requested for help were the

elderly who were unable to manage on their own. I joined a motley crew of seven other volunteers to visit Mdm A's home.

Rebuilding in parts

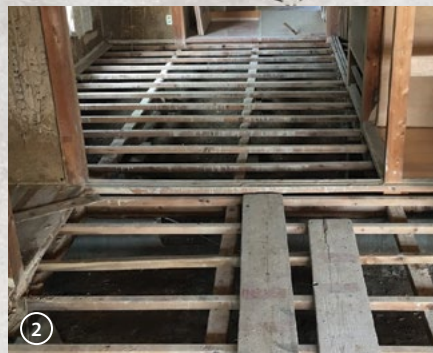
Mdm A was a soft-spoken elderly lady who lived in a traditional Japanese house, where the floor was wood and the walls, paper. It did not resist the flood well. We did as much of the outdoor work as we could in the morning. This mostly involved removing wooden boards and housing materials that were soaked beyond repair. Many pieces of furniture, including her door, also had to go after sitting in flood water for weeks. In her modest backyard, Mdm A had grown some crops – none of which survived. Seven sacks of onions alone had to be discarded.

Over our lunch break, we chatted with Mdm A. This was when I found out that Okayama had been nicknamed



“the Land of Sunshine” because of its abundant sunshine for most of the year. Hence, having never experienced such a catastrophe in her life, she was still reeling from the flood. She was alone in restoring the house because her daughter was at the evacuation centre looking after her two grandchildren, one of whom has special needs. I could only imagine her sense of helplessness and devastation when she saw the damage, as she described how daunting it was to repair the house all by herself, especially at her age. That was why she signed up for volunteers to help with rebuilding her home and was very grateful for the response.

We remained indoors after lunch to avoid the scorching midday heat. Under Mdm A’s supervision, we sifted through her personal belongings and did our best to salvage items precious to her, which were mostly photographs. Although she had remained stoic the whole day, she broke into tears as she clutched her waterlogged wedding photographs. Those were the only two remaining photographs of her late husband, who had passed away many years ago. They had been taken before the era of digital photography and she did not have the negatives.



We continued sorting through the other photographs, and as I looked at the rest of her precious moments that we had laid out to dry, I felt that perhaps our lives were not too different after all. There they all were – pictures of family vacations, theme parks, birthday celebrations, piano recitals, scowling teenagers... These were the same pictures that I’ve taken at a different time and place. It was sobering to remember that anything can happen to anyone at any time, and we can never take life for granted. While it would take months for her home to be fully restored, I felt privileged to have had a glimpse into Mdm A’s life, and have helped to rebuild a small part of it. ♦

Legend

1. Rubbish piled up along the streets
2. The skeleton of a traditional wooden house
3. Sorting through broken bits of a house

Dr Chew is a family physician who has been living in Japan for the past year. She was the Community Service Director in the NUS 58th Medical Society and has done volunteer work in various countries. She may be contacted at gracemxchew@gmail.com.



MANY HELPING HANDS TO SUPPORT AGEING-IN-PLACE FOR YOUR PATIENTS

By Agency for Integrated Care

Besides clinical care provided by doctors, patient-centered care also involves support for a patient's social and psychological needs. This is especially so for elderly patients who wish to live with their loved ones for as long as possible. To render holistic and integrated support for patients, GPs may refer them to the following Community Care services.



	Seniors Using Walking Aids	Seniors on Wheelchairs
Care at the Centre		
Day Care	✓	✓
Day Rehabilitation	✓	✓
Dementia Day Care	✓	✓
Taking a break from Caregiving		
Centre-based Weekend Respite Care	✓	✓
Eldersitter	✓	✓
Nursing Home Respite Care	—	✓
Care Cost		
Caregivers Training Grant	✓	✓
Seniors' Mobility and Enabling Fund	✓	✓
Community Health Assist Scheme (CHAS)	✓	✓
Foreign Domestic Worker (FDW) Grant	—	✓
Foreign Domestic Worker (FDW) Levy Concession for Persons with Disabilities	—	✓
Pioneer Generation Disability Assistance Scheme	—	✓
Care at Home		
Interim Caregiving Service	—	✓
Home Medical	—	✓
Home Nursing	—	✓
Home Therapy	—	✓
Meals-on-Wheels	—	✓
Medical Escort and Transport	—	✓
Integrated Home and Day Care Packages	—	✓
Residential Care		
Nursing Home	—	✓



Care at the Centre



Besides providing respite for caregivers, day care centres offer health and rehabilitation services, along with social activities to improve your patient's health, guiding their progress in the right direction.

Day Care

Your patient can exercise and interact with other seniors while their caregiver is at work. Transportation can be arranged to and from the centre, if needed.

Day Rehabilitation

A physiotherapist will carry out therapy sessions to help your patient regain their ability to carry out daily activities such as walking and toileting.

Dementia Day Care

Staff will engage your patient with dementia with tailored activities to keep their mind stimulated.

Taking a break from Caregiving



Caregiving can be a long-term commitment. That is why it is not a luxury, but a necessity for caregivers to take care of themselves. Giving themselves a rest and to do things they enjoy is not only beneficial for them, but for your patient too.

Centre-based Weekend Respite Care

Caregivers can feel assured when they take a break and have some time for themselves, knowing their loved one is well taken care of by trained staff at the day care centre.

Nursing Home Respite Care

Nursing Home Respite Care can take over a caregiver's role for your patient with patient needs if their caregiver needs a break of at least seven days.

Eldersitter

An eldersitter will visit the home of your patient with dementia and engage them in activities to keep their mind active while their caregiver runs errands.

Care Cost



One of the most stressful areas when it comes to caregiving is working out how to afford it. For patients who encounter financial difficulties, there is a variety of schemes that can help them and their loved ones.

Caregivers Training Grant

Your patient may apply to receive an annual grant of \$200 if their caregiver or Foreign Domestic Worker (FDW) attends approved caregiver courses. Your patient can also consider the Eldercare FDW Scheme if they need a trained helper.

Seniors' Mobility and Enabling Fund

Whether it is assistive devices or home healthcare items, your patient will be able to receive subsidies under this fund, and continue living at home.

Community Health Assist Scheme

Singapore citizens from lower- to middle-income households, and Pioneers can enjoy subsidised medical and dental care.

Foreign Domestic Worker Grant

A monthly grant of \$120 is available to offset the cost of hiring an FDW if your patient needs permanent assistance with three or more Activities of Daily Living (ADL).

Foreign Domestic Worker Levy Concession for Persons with Disabilities

If your patient has permanent disabilities, their families can pay a lower levy of \$60 per month (instead of \$265) when they hire an FDW to help care for your patient.

Pioneer Generation Disability Assistance Scheme

As a Pioneer, your patient can receive \$100 a month to support their cost of care if they have moderate to severe disabilities.



Care at Home

Being in a familiar environment gives your wheelchair-bound patient the best support in healing both their body and their mind. They can remain at home, close to the family, with home care services at their doorstep, such as nursing support and extra help around the house.

Interim Caregiving Service

Caregivers may require more time to sort out the care options for your patient following their hospital discharge. When this happens, a care aid can support their nursing needs for up to two weeks.

Home Medical

A care professional provides treatment for chronic conditions such as diabetes, hypertension and high cholesterol.

Home Nursing

A nurse helps with wound dressings, injections and change of feeding tubes.

Home Therapy

A therapist helps your patient regain or maintain their ability to carry out daily activities.

Meals-on-Wheels

Your patient can get food delivered to their homes if they are unable to buy or cook their own meals.

Medical Escort and Transport

A care staff and transport service will accompany your patient to medical appointments and take them home.

Integrated Home and Day Care Packages

If your patient requires different care services, a service provider will co-ordinate home and day care services to meet their needs.



Residential Care

If your patient requires a greater degree of medical support, or has extensive care needs that cannot be provided by current home care services, a medical social worker may refer them to a nursing home instead.

Please contact the Primary Care Engagement team at gp@aic.sg or 6632 1199 if you would like to refer your patients and their caregivers to the Community Care services.

BEYOND FOOD

Serving Up Change

We Singaporeans are known to seek out good food, especially Instagram-worthy plates, at times willing to travel great distances to locate mouth-watering dishes we have heard or read about. Uncle Kiisu is a casual fusion food joint that does not just create Instagram-worthy and delicious mod-Sin dishes; they do so with the desire to inspire change in the community. The restaurant's mentorship programme, affectionately called the "Anak Program", hires individuals from different backgrounds, including the intellectually disabled, and equips them with culinary and service skills. Read on to find out the journey of change the team behind Uncle Kiisu has embarked on, as shared by its director, Christopher Tan.

Legend

1. Christopher (centre, front) with the team on opening day
2. #CrabOnTheRedHill
3. #MentaikoCheeseBruschetta

Introduction

Tell us more about what motivated you to set up Uncle Kiisu.

I've always had this dream to build sustainable (in every sense of the word) tourism ecosystems around the region that positively impact communities in the long term. Unfortunately, like most, I did not get down to actually doing something about it till Uncle Kiisu, which I see as the launch pad to the aforementioned.

I would say that Uncle Kiisu was a combination of factors that helped form the perfect rainbow. Although we're still far away from having our "pot of gold", the little wins we have had since our opening in July this year makes this journey worthwhile.

In our story, the "pot of gold" refers to the ability to be a self-sustaining

business that impacts local and regional communities through vertical and horizontal integrations across the different channels that make up a business and restaurant. Some examples include the aprons we use, which are designed and made by disadvantaged women out of Malaysia, and our pay-it-forward tissue packets produced by a local social enterprise.

What kind of cuisine does Uncle Kiisu serve up?

We serve mod-Sin or modern Asian cuisine, concentrating on Japanese-Peranakan interpretations of food, but like we always say, we are more than just food. We are an experience; a story that we want people to be a part of.

Have you worked with persons with special needs prior to starting Uncle Kiisu?

I've never had, or more appropriately never sought, the opportunity to actively work with persons with special needs. However, I was exposed to many corporate social responsibility efforts while working at Banyan Tree Hotels & Resorts, and appreciated all that they did for the different communities where they had a presence.

The work involved

What does the training provided for your staff encompass and what are some areas in which you pay more attention to?

Honestly, we don't think that our training is any different from that of any other restaurants. We treat every team member as an equal who is capable of creating magical moments for our guests.

Apart from the basics, we try to inculcate behavioural changes and enhance each member's soft skills through storytelling, sharing of experiences and simply allowing them to be themselves. The most important thing is for our team members to be themselves, and the only big rule we have is to always be playfully respectful.

Another concept that is often missed out in many organisations is the importance of explaining "why". We make it a point to explain to each person why things are done the way they are, or why there is a need for certain standards.

Lastly, apart from periodic group training, we customise training based on each individual's needs. More importantly, we take the time to understand what interests each

individual, and where they see themselves in the future – both professionally and personally. We want to be part of their growth story and to make an impact in their lives.

Do you think that society's perception of persons with special needs has changed? What more can be done?

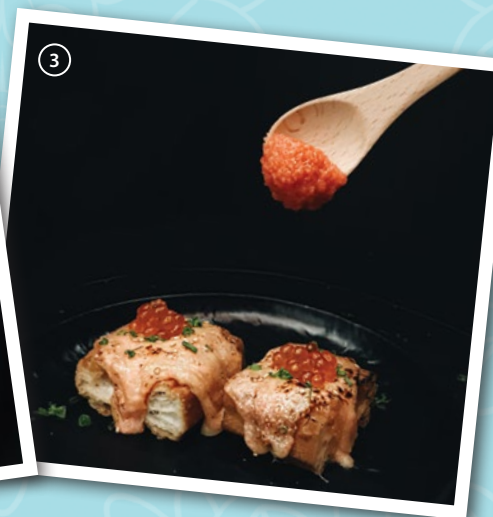
Honestly, I feel that not much has changed – society still remains less demanding or has lower expectations of persons with special needs. I personally feel that the best thing that can be done for these individuals is to treat them like you would anyone else and remove the stigma that they are "second-class" persons. Instead, give them the proper guidance, mentorship and recognition like you would with any staff.

Encouraging moments

How have patrons responded thus far? Are there any exceptionally encouraging incidents?

Apart from the majority of patrons loving our food and the dining experience, the most encouraging thing for us so far is seeing the way our team has grown as a collective unit, as well as individually, over the past few months. Many of our staff members have grown from being afraid to engage with customers to being able to take food orders, or even becoming confident enough to man a cooking station without abandoning it under stress.

SMA News would like to thank Christopher for sharing with us about Uncle Kiisu's operations and endeavours, and we hope that more will be done to better integrate persons with special needs into the society. ♦



Christopher has worked in the hotel industry since 2010, with his latest being at Banyan Tree Hotels & Resorts, as head of experience development. He seized the opportunity to realise his dream to play a part in developing communities and currently looks after the concept, operations, outreach and future expansion efforts of Uncle Kiisu.

BIG



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• MISCELLANEOUS •

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Prunella Ong has been widely acknowledged for her drive and passion, and conquering cancer to climb Mount Kota Kinabalu. She has also been featured in Lianhe Zaobao, The New Paper, PropertyGuru, Young Parents and Yahoo! News.

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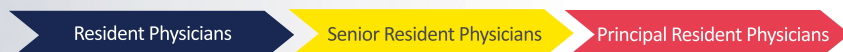
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- Good professional ethics

BENEFITS

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For interested applicants including foreign-trained doctors, please email your full resume to: hr@unitedmedical.sg.

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For more information, please visit <http://unitedmedical.sg>.



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- Good communication and interpersonal skills

Benefits

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Dr Gerard Leong

MBBS(Singapore), MRCP(UK), FRCP(Edin), FAMS(Cardiology), Diplomate ASceXAM(National Board of Echocardiography, USA), FACC(USA)

Dr Leong is a specialist in Cardiology, sub-specialising in heart failure management, from prevention to advanced care; resistant hypertension management, and cardiovascular echocardiography imaging in all aspects of patient management.



Dr Yang Linqi

MBBS(Singapore), MRCPCH(UK)

Dr Yang Linqi is a Paediatrician and Paediatric Cardiologist with a special interest in Foetal Cardiology. Her clinical practice includes management and care for both congenital and acquired paediatric cardiac conditions, ranging from foetal life to young adulthood.

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