

SMA



Years

Since 1959



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Members of the NUHS

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FROM *Students' Council* TO *SMA Council*

Text by Dr Tan Yia Swam, Editor

This marks my fifth year since taking over as Editor of the *SMA News*, just over 12 years since my first article (<http://bit.ly/2FWUOYN>) in *SMA News*, and 12 years of serving on the SMA Council. What started as a once-off parody article somehow developed into an invitation to join the *SMA News* editorial board and the SMA Council.

It has been a very interesting “extra-curricular activity” since; I had to juggle my career, my growing family and learning what it means to be an “Editor”. There have been many ups and downs over the years, and there have been times when I thought it would be easier to focus on myself and stop this “SMA nonsense”. But looking at the service of the long-serving Council Members – Pheng Soon, Chiang Yin, Choon Lai, Yeh Woei, Tien Hua and Jing Jih – I see their passion and commitment for public service, and how they truly put service before self, which motivates me to emulate and continue to serve.

The Council meets once a month, often from 9 pm till midnight. During which, there are active debates and discussions on the dozens of situations that affect our profession.

We hold each other accountable for these attendances. We are volunteers. In addition, many of us serve in other committees and projects. And this is all on top of our respective medical practices. Can you just imagine the time and effort we each put in?

What I have gained from my volunteering with SMA though is the camaraderie and friendship with the Council Members (past and present) and the secretariat staff. Special thanks go to big brother, Han Chong, for his encouragement and gentle humour over the years.

The *SMA News* is the voice of the Council and the voice of the Members. It is *not* my personal blog. Though, the Editor can shape the direction of the publication and engage members in meaningful ways. I am fortunate to have a good team in the editorial board, and wonderful capable staff providing support. Our writers have been responsive and enthusiastic. Some others we approached have declined; I think they are too humble and unnecessarily worried about their self-perceived lack of writing skills. I have tried various ways to expand interaction with readers – photography

contests, comics and a wider range of Indulge articles – while holding on to the traditional columns from the SMA President, SMA Centre for Medical Ethics and Professionalism, and interviews, etc.

Sometimes, I wonder if anyone still reads this. *SMA News* articles are free, not behind a paywall, and yet no one seems to repost. The doctors on the editorial board constantly think of new angles to address current issues, and we are open to suggestions and new ideas. We hope that you, the readers, would let us know how else we can make this newsletter more meaningful for you. Write to us at news@sma.org.sg.

It has been a good 60 years for the SMA. I hope to live to see the next 60 and rejoice in our future contributions! ♦

Dr Tan is thankful to KK Women's and Children's Hospital, Department of Breast Surgery, especially her head of department and the division chairman, for the past five years' experience and opportunities. Starting May 2019, she will be venturing into private practice. Meanwhile, she still juggles the commitments of being a doctor, a wife, the *SMA News* Editor and a mother of three. She also tries to keep time aside for herself and friends, both old and new.



The SMA

A FINE VINTAGE AND GOOD FOR THE HEALTH



Text by Dr Toh Han Chong,
Former Editor

The SMA began 60 years ago as a key representative body for local doctors, during the formative years when Singapore was still a part of the British Empire. In those early beginnings, both Scottish and English medicine had a very profound influence on the establishment and growth of Singapore medicine, especially in the training and education of local doctors – a legacy that has endured to present time. We have much to be proud of in how Singapore medicine has evolved from those early uncertain times to what it has now become – a world-class healthcare system with doctors, nurses and healthcare personnel who embody and uphold the highest standards of healthcare delivery, ethics and values.

Medical bodies worldwide such as the SMA constantly contribute to health policy debates, become sounding boards for doctors' concerns and act as a lighthouse and capstone

in relevant medical matters including ethics and professionalism. The Association is surely an important independent contributor to the medical wisdom of crowds. The worrying creep of over-fearful defensive medicine, the erosion of the healthy doctor-patient dynamic, rising healthcare costs and the silver tsunami will become hot-button issues in the near future.

As we look back on 60 years of SMA and Singapore medicine with the conquest of polio and smallpox, and effective control of tuberculosis, cholera, typhoid and so many other diseases, we all surely look forward to the next 60 years where the convergence of science, medicine, enlightened regulation and policy will witness an even more remarkable era of modern medicine in 21st-century Singapore. This can only be good for the patient. ♦

Dr Toh is a senior consultant, clinician-scientist and deputy director of the National Cancer Centre Singapore. He was the former Editor of *SMA News*. In his free time, Dr Toh enjoys eating durians and ice cream, reading, writing, rowing and watching films. Thankfully, the latter four are not fattening.





SMA Through the Years

Text by Dr Lee Yik Voon

The Straits Medical Association was born in 1890 and they became the Malaya Branch of the British Medical Association (MBBMA) in 1894. After World War II, two medical associations were set up to replace the MBBMA – SMA, formed on 15 September 1959, and the Malayan Medical Association, now known as the Malaysian Medical Association, formed on 24 October 1959.

The formative years

Throughout the years, SMA has dealt with many important issues. For instance, SMA's First National Medical Convention held in 1968 sought to address two major themes: occupational health and cancer. Around the same time, SMA also met with a sizable contingent of Ministry of Health (MOH) officials and won the dispensing debate.

In 1970, we had 14 doctors who volunteered to be the first batch of Singapore Armed Forces Medical Officers, and among them was then SMA President Dr Arthur Lim. During this time, the SMA Secretariat hosted more than ten specialty societies, including General Practice, when these societies first started out. When these societies were mature enough, they were encouraged to move on to be independent. In 1970, SMA started Medik Awas as a service to the society,

helping the public be aware of their personal allergies to penicillin and other drugs. During this period, SMA revised the SMA Ethical Code.

SMA forged an excellent relationship with the MOH and collaborated on many issues, one of which was the compulsory labelling of medicine as we saw the benefits of transparency in patients knowing what was prescribed to them. In 1972, ties were forged when SMA visited the China Medical Association in Beijing. Our delegation received a red carpet welcome by the Chinese doctors and government officials, which we reciprocated several months later at our Istana. Also during this decade, the Private Hospitals and Medical Clinics Bill was passed, and it included the SMA delegation's suggestions on several issues such as confidentiality between doctors and patients, the need to give reasons for evocation or suspension of practitioners' licences, and the right of appeal to the Singapore Medical Council (SMC).

In 1987, SMA published the Guideline on Fees with the main objective of enabling greater transparency of medical fees and to safeguard patients' interests. Though the guidelines were subsequently withdrawn in 2007 due to concerns that they may infringe the Competition Act, we are happy to note that our advocacy for greater fee transparency was heeded when fee benchmarks for 222 common

surgical procedures were published by MOH in 2018, under the advisory of a 13-member committee that included SMA Council Member Dr Toh Choon Lai. Through these collaborations, we have developed close rapport with MOH, SMC and the community at large.

In the mid-1980s, to better connect with SMA Members, the "President's Column" and "Highlights of Council Meeting" were started in *SMA News* and are a tradition practised till today. Back then, there was also a "President's memo" that had a tear-off section for members to send feedback.

In recent decades

In the 1990s, there was a concern with GPs charging low fees and seeing patients fast – sacrificing quality, not allowing in-depth consultations and health education or advice on disease prevention. Later, the revision of the Guideline on Fees, and MOH requirement for clinics to display charges, helped to curb the issue of overcharging. In 1991, the MOH Review Committee on National Health Policies took up many of SMA's recommendations on improving the changing local healthcare landscape.

In 2000, the SMA Centre for Medical Ethics and Professionalism (SMA CMEP) was set up to provide doctors with a platform to develop knowledge in the areas of medical ethics, health law and medical practice.

In the 2010s, pandemics, managed care organisations and third party administrators, the revision of the SMC Ethical Code and Ethical Guidelines and the Private Hospitals and Medical Clinics Act, and the National Electronic Health Record are some of the recent events SMA has been involved in.

SMJ

The *Singapore Medical Journal (SMJ)* published her first issue in March 1960. Throughout the years, the articles have been very varied and depicted the trends in Singapore medicine and socio-economic developments. In the 1960s, some of such trends included malnutrition, tuberculosis, infections like gonorrhoea and leprosy, as well as social problems such as opium smoking and alcoholism. Rapid industrialisation and development in the 1970s brought about concerns of environmental health and social issues, such as family planning, abortion, drug abuse, AIDS, and stress disorders like anorexia nervosa and work stress. In the 1980s, notable issues discussed included National Service and disasters such as the Hotel New World and the Spyros incidents.

In the 1990s, we had issues concerning information technology (IT) in healthcare cost containment, medical audit and case mix. At the turn of the century, we had issues of ageing, hepatitis vaccination, cancer, obesity, the advance medical directive, mental health, doctors' stress and international traveller health. In 2003, we had the SARS epidemic that hit Singapore, revealing to us how poorly prepared we were to face pandemics. The new millennium also heralded changes in the health and social landscapes of Singapore, molecular genetics, positron emission tomography scan, liver transplantation, gambling addiction and robot-assisted surgery.

SMA News

SMA News has always played an important role in the history of the Association. First published in 1966 as the *SMA Newsletter*, it sought to provide a platform to communicate news and events to doctors in a timely fashion. Although print media is being superseded by new media today, it is good to look back at how far we have come. To get with the times, both *SMA News* and the *SMJ* were made

available online in January 1997. This online repository houses all the past issues and is accessible 24/7 by all.

While SMA is aware that content may be quoted out of context, it is important that key stakeholders in Singapore healthcare are able to share and understand doctors' thoughts, views and aspirations. Articles that offered explanation and clarification to members which the press are unwilling to publish have often been printed in the *SMA News*.

Some prominent topics that have been published in the *SMA News* include articles on professional conduct, medical ethics, technology, continuing medical education reports, job listings, and *materia non medica*, such as travelogues and unique hobbies that doctors indulge in. Up till today, the newsletter continues to carry insightful and thought-provoking articles on current issues and events close to the hearts of doctors in Singapore.

Both *SMJ* and *SMA News* facilitate social, cultural and professional activities among doctors in Singapore and beyond. In fact, *SMJ*'s impact factor recently rose to 1.08, a testament to the hard work put in by the editors and staff.

Keeping our aims in view

The founding fathers envisioned that SMA is the "LIFE" of the profession and that we must:

- Take the **Lead** on healthcare matters;
- Integrate the contributions from various sectors of the healthcare profession;
- Facilitate information exchanges and interactions within the healthcare profession and with society; and
- Empower the profession to practise with the highest ethical and professional standards.

According to the SMA Constitution, some of our roles include maintaining the honour and interests of the medical profession, fostering and preserving the unity and aim of the medical profession as a whole, and voicing its opinion and to acquaint the Government and other bodies with the policy and attitude of the profession.

SMA is constantly looking at how to better serve its members and society, and our current slogan – "For Doctors, For Patients" is a constant reminder of our goal. As we move into the age of

new media and modern IT initiatives, and towards being a smart nation, it is important for our medical profession to keep up with the times to provide the care of the next century.

As we celebrate SMA's 60th anniversary, there is much we need to do to catch up with the times so that we remain relevant and continue to lead, integrate, facilitate and empower doctors in their mission to serve the healthcare needs of our people, towards a better tomorrow. ♦

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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.



SMA Milestones

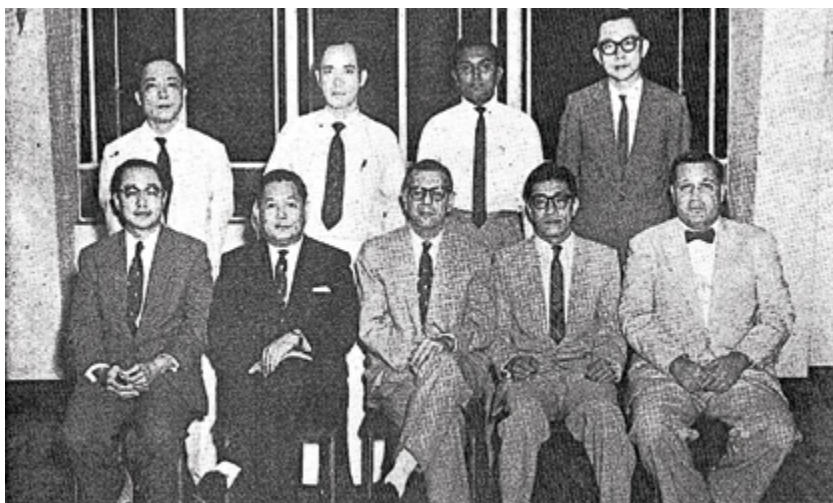
1959–2019



1950s

1959

- ① SMA was set up on 15 September 1959, replacing the Malaya Branch of the British Medical Association. Dr B R Sreenivasan was appointed its first President



2nd SMA Council (1961–1962)



1960s

1960

- ② Inaugural issue of the *Singapore Medical Journal* (SMJ) was published in March

1963

- ③ Institution of the SMA Lecture to establish an Annual Lecture on medical ethics and related topics. The first Lecture, "Advertisement and the Medical Profession", was delivered by Dr Gwee Ah Leng

1966

- ④ The *SMA Newsletter*, now known as *SMA News*, was established to provide a timely medium for communication of news and events

1968

- ⑤ First National Medical Convention held at the National Trades Union Congress Hall and graced by then Minister for Health, Mr Yong Nyuk Lin



1970s



First National Medical Convention

1969

- ⑥ Institution of the SMA Honorary Membership, with Dr Chen Su Lan and Dr Ernest Steve Monteiro conferred the first Honorary Memberships

1970

- ⑦ The pioneer batch of 14 SMA volunteer doctors formed the medical service of the People's Defence Force
- ⑧ SMA hosted the 5th Council Meeting of the Commonwealth Medical Association (CMA) from 7 to 9 August, where Dr Gwee Ah Leng and Prof AA Sandosham were installed as joint-Presidents of CMA
- ⑨ Launch of Medik Awass, a medical alert for the public

1972

- ⑩ SMA representatives were invited for their first China tour from 9 to 23 April

1975

- ⑪ SMA became member of the Confederation of Medical Associations in Asia and Oceania (CMAAO)

1975

- ⑫ SMA hosted the SMA Exhibition with the theme "Towards a Better Singapore"

1979

- ⑬ First SMA-Malayan Medical Association Annual Series of Games was held in Kuala Lumpur on 20 and 21 October



SMA Exhibition



18



20



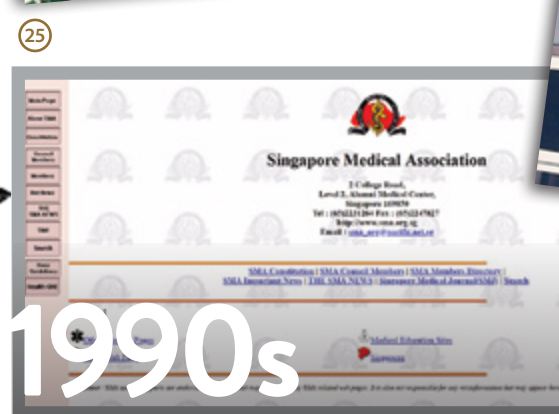
24



19



21



25

1980s

1990s

1980

- 14 Establishment of the Medical Association of South East Asian Nations (MASEAN), together with delegates from Indonesia, Malaysia, the Philippines and Thailand



1981

- 15 Formation of the Association of Private Medical Practitioners, Singapore (APMPS)
16 Establishment of the SMA Trust Fund

1986

- 17 The Joint SMA/APMPS Guideline on Fees for Doctors in Private Practice was printed and distributed to members
18 First SMA Computer Conference

1987

- 19 SMA secretariat moved out of 4A College Road
20 First National Workshop on AIDS

1989

- 21 SMA Secretariat's relocation to 2 College Road

1994

- 22 Formation of the SMA Medical Officers' Committee to address issues concerning young doctors in Singapore

1994/1995

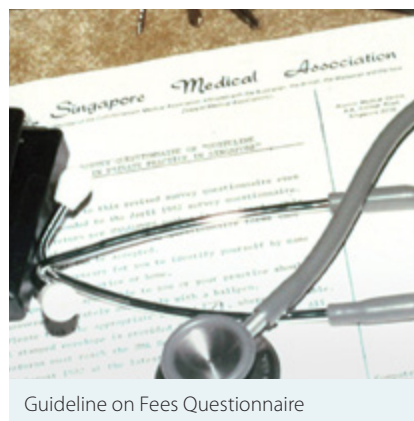
- 23 Merger of the APMPS with SMA

1996

- 24 SMA assumed the position of Secretariat of MASEAN
25 Launch of SMA's website



SMA 5th House Officers' Seminar



Guideline on Fees Questionnaire



2000s



2000

- 26 Formation of the SMA Centre for Medical Ethics and Professionalism (SMA CMEP)



Bonsai presented at the foundation laying ceremony of the SMA CMEP

2003

- 27 SMA, together with National Healthcare Group, SingHealth, Singapore Nurses' Association and Singapore Press Holdings, set up the Courage Fund



The Courage Fund

2006

- 28 SMA becomes member of the World Medical Association (WMA)



2007

- 29 The SMA Medical Students' Assistance Fund was set up
- 30 SMA's withdrawal of the Guideline on Fees for Doctors in Private Practice

2008

- 31 Incorporation of Singapore Medical Association Pte Ltd (SMAPL)

2009

- 32 SMA's 50th year celebration and publishing of the SMA 50th Anniversary Commemorative Book



Prime Minister Lee Hsien Loong at SMA's 50th Anniversary Annual Dinner, where he was conferred SMA Honorary Membership



2010s

2012

- ③③ Formation of the SMA Doctors in Training (DIT) Committee provide strong representation for them during their years of studies and training
- ③④ First Members' Appreciation Nite was held to thank our Members and volunteers for their support

2013

- ③⑤ Incorporation of SMA Charity Fund, the independent charity arm of SMA

2013

- ③⑥ First MedSoc-SMA Dialogue

2015

- ③⑦ Unveiling of SMA's new slogan, "For Doctors, For Patients"

2016

- ③⑧ SMJ's involvement in the formation of the MASEAN Group of Journals (MASEAN GoJ)

2017

- ③⑨ Launch of the Singapore Medical Week which included the inaugural National Medical Students' Convention
- ④① Launch of the SMA eMarket, an e-procurement platform for medical supplies

2018

- ④① SMA secretariat's relocation to 2985 Jalan Bukit Merah

2019

- ④② 60th SMA Council ♦



60th SMA Council (2019–2020)

HOW WELL DO YOU KNOW YOUR SMA?



For Doctors, For Patients

Take our quiz to find out how well you know SMA's past and current work, and stand a chance to win a 3M™ LED P1610 Polarizing Task Light (worth \$279). Stumped? Fret not! All answers can be found within pages of this issue of *SMA News*.

Be sure to fill out your answers at this link before 15 June 2019 to be eligible for the lucky draw: <http://bit.ly/SMAPopQuiz>



1. In which year was SMA founded?

- a) 1945
- b) 1949
- c) 1959
- d) 1960

2. The SMA Lecture was instituted in 1963 to establish an annual lecture on medical ethics and related topics. What was the topic of the first SMA Lecture delivered by Dr Gwee Ah Leng?

- a) Advertisement and the Medical Profession
- b) Maintaining Standards in Medical Education
- c) Ethics of Human Transplant and Experiments
- d) Ethical Consequences of Technological Changes

3. The SMA Centre for Medical Ethics and Professionalism (SMA CMEP), which aims to develop and promote medical ethics for the betterment of patient care and public health, was formed in 2000.

- a) True
- b) False

4. Which of the following is SMA's slogan, launched in 2015?

- a) "For Physicians, For Patients"
- b) "For Doctors, For Patients"
- c) "For Doctors, For Singapore"
- d) "For Singapore's Doctors and Patients"

5. The first doctors who were conferred the SMA Honorary Membership were

- a) Dr Chen Su Lan and Dr Ernest Steve Monteiro
- b) Dr Chen Su Lan and Sir Gordon Arthur Ransome
- c) Sir Gordon Arthur Ransome and Dr Benjamin Henry Sheares
- d) Dr Benjamin Henry Sheares and Dr Ernest Steve Monteiro

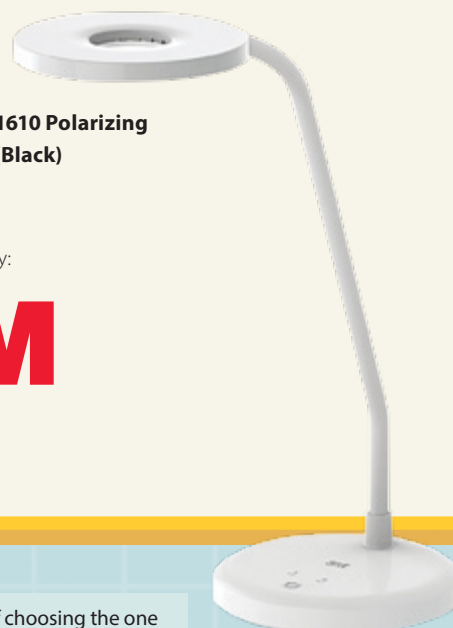
6. In which year was *SMA Newsletter*, now *SMA News*, established?

- a) 1959
- b) 1965
- c) 1966
- d) 1970

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*Only SMA Members who answer all quiz questions accurately and are in good standing will be eligible for the lucky draw.

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THE Founder President OF THE SMA

Text by Dr G Baratham

This article was first published in the April 1999 issue of the Singapore Medical Journal.

I knew the founder president of the SMA well. I should. He was my father. Baratham Ramaswamy Sreenivasan, known popularly as BR or Sreeni, was born on 14 June 1909, in Gemas on the border of Johor and Negri Sembilan. His parents, who were Tamil Brahmins, had migrated to these parts early in the century and his father was a clerk in a rubber estate. When he was five, his father was transferred to Rawang, a village, an hour's train-ride from Kuala Lumpur. This is how it came to be that aged nine he went to school at Saint John's Institution in KL.

His mother was illiterate but his father saw to it that he could read and write English and Sanskrit. He also taught him to count. In the Malay school he attended before going to Saint John's he learnt Jawi, the Arabic script, which preceded the Romanised Malay that is now used. At home he spoke Tamil, the mother tongue. At Saint John's he was taught Latin and, in the periods when Catholic boys were at Catechism, a kindly priest taught him French, both of which he offered as subjects for his Senior Cambridge examinations, the

equivalent of 'O' levels today. This early exposure to a multiplicity of languages and cultures may explain the unrelenting liberalism that characterised his life.

At 15, he sat for his exams and got nine 'excellents', P1's today, which won him a scholarship to the King Edward VIII College of Medicine. This scholastic flourish did not change the country bumpkin in him and he told me how uncomfortable he was in a tie and jacket being interviewed by Dr J M McAllister, the Principal of the College, who is remembered in a road behind the Medical Faculty Building. Sreenivasan graduated at 21 and joined the Colonial Medical Service as an assistant doctor. This meant that though he was registered as a doctor by the General Medical Council in Britain, he was paid \$50 a month and had to take orders from a white superior whose knowledge was often less than his own. He had been brought up in the hierarchical Hindu caste system but had an unshakeable belief in parity. This was given to him by the Christian brothers, who had imbued in him the faith that all men are the children of God and should be treated equally.

He fought for this ideal with little success. With the powers the Colonial Medical Service had at its disposal and the lack of support from local colleagues who feared the wrath of the establishment, the cards were heavily stacked against him. Then something happened which changed the whole picture: the Japanese conquered Singapore. The local, then called "Asiatic", doctors were called upon to run the entire medical service and do so under conditions of extreme deprivation. There was a severe shortage of drugs and equipment, and malnutrition was common. Even bandages and gauze swabs had to be washed, sterilised and re-used. It took all the energy and ingenuity of the "Asiatic" doctors to keep the medical service going but run it they did. At the end of the war it was clear that "Asiatic" doctors had proved they could manage with or without the whites and the existence of two medical services was untenable.

While this was the general feeling, few were prepared to stick their necks out for the cause. Sreenivasan did and had his head immediately chopped

off. The exact issue was equal terms for doctors within the service irrespective of race. One important limb of parity was the award of scholarships for overseas studies so that locals could obtain postgraduate degrees and qualify for consultant positions. As is not unknown, those in power reward the cowardly and the connected. Sreenivasan did not fall into any of these categories and was refused a scholarship.

He resigned from Government Service at the end of 1947 and set up practice in down-market Serangoon Road. He was an immediate success, not I suspect, because of his medical skills, but because he never relinquished the habit of the country bumpkin with whom the poor were comfortable. Malaya Clinic was always packed and Dad worked from early morning till after dark, often seeing as many as 130 patients a day. He did his own laboratory work and, though a physician by nature, sutured wounds and opened abscesses. He balked at obstetrics and whenever a pregnant woman turned up on the doorstep, enlisted the help of former President Benjamin Sheares, who never failed his friend in need. After dinner, he visited the ill patients he had seen during the day. I accompanied him on these trips to carry his bag, keep him company and ask the unending stream of questions I had accumulated during the day. Dad never tired of these. He was obsessed with teaching and often quoted from the Latin: "More than the calf wishes to suck does the cow yearn to suckle". He encouraged doubt and dissent and supported his stand with the American humorist, James Thurber's aphorism, "It is better to ask some of the questions than to know all of the answers." This attitude which coloured our lives absorbed us on those long drives in our little Austin Eight to visit Albert Chong. Albert lived in a small flat beside the fire station on Aljunied Road. He had tuberculosis and was the first patient in these parts to be treated with the new antibiotic, streptomycin. The fire station still stands and, half a century later, I cannot pass the spot without remembering those days. Within a year of being in practice, Sreenivasan had earned enough to go

to England. He obtained the London Membership in five months but could afford to stay another seven to learn more than just passing an examination.

On his return, despite his busy practice, he found time on Tuesday and Thursday mornings to teach undergraduates at the General Hospital. At one point he was offering evening classes as well. The cow, indeed, yearned to suckle.

The end of the forties was a period of political turmoil. In the jungles of Malaya, a war was being fought between the British and their erstwhile allies, the communists. Sreenivasan was a determined anti-communist and scorned the term non-communist, which many adopted. He considered them fence sitters and whatever else he might do he never hedged his bets. Nevertheless, he supported the Malayan Democratic Union (MDU), which was a broad front communist organisation that had among its ranks liberals and nationalists. Among his friends were John Eber and P V Sharma, who later fled the country, Eber to Britain and Sharma to Beijing. Sreenivasan was never a politician but he believed that everyone, whether a communist, fascist, or rapist, was entitled to justice and a hearing. With the collapse of the MDU he returned to his passion: education.

There were, at that time, two institutions of higher education: The King Edward VIIth College of Medicine and the Raffles College. Neither had the status of a university. Sreenivasan and his close friend, Yong Nyuk Lin, were the two locals represented on the Council of the colleges. They fought for the formation of a university, which would bring us into the international mainstream of higher education. I remember long evenings when Dad and Nyuk Lin schemed on the veranda of our rented bungalow as to how this could be accomplished. Their conversation was punctuated by the tinkle of ice cubes in glasses of whiskey and soda, which was my duty to replenish. Finally a commission was sent from England, under the Chairmanship of Sir Alexander Carr-Saunders, and the University of Malaya was established.

The institution was controlled and staffed mainly by 'whites'.

On the medical front was the Alumni Association, which undertook social as well as teaching functions. Its members had to be graduates of the King Edward VIIth College of Medicine or the University of Malaya. Graduates from other institutions though licensed to practice in the country, could not be members. There was also the Malaya Branch of the British Medical Association, whose only function was an annual social event. Its members were mainly expatriates and it was a non-starter. Sreenivasan wished for one organisation to represent all doctors on the island and together with a few stalwarts formed the Singapore Medical Association (SMA) in 1959. Membership was however paltry. When I graduated in 1960, Dad decided on a membership drive. An inaugural dinner was to be held in a Chinese restaurant above the old Capitol Cinema. All who attended were to be offered membership at the door. Every registered practitioner was to be invited. There was a two-week gap between the passing of my exams and the beginning of my housemanship. It was my duty, Dad said, to telephone every doctor in town and insist that he be present. A brash 24-year-old, I did just that, asking those who refused why they could not turn up. Most did turn up and the association was off to a flying start.

The PAP was then in power and Yong Nyuk Lin was Minister for Education. Sreenivasan was keen to be in charge of shaping the new university. In May 1961, he was made principal of the Singapore division of the University of Malaya and in January the following year, became its first Asian Vice-chancellor. He was deliriously happy and began dreaming about integrating the system of higher education in the whole country. He felt that students from the Mandarin stream were not being given a fair chance to acquire an internationally recognised university education. They had, at the time, the option of attending



Nanyang University, a privately run institution with Mandarin as its medium of education. Sreenivasan felt that such an education would have no international currency. They would have to study in English and he began to work out crash courses for these youths so that they would be able to join the mainstream. The visits he made to the Chinese Middle Schools only strengthened his resolve. He wished to repeat with Mandarin youths what the Christian Brothers had done for an under privileged, Tamil boy from a rubber estate.

There were strikes and riots in the town in which Chinese students were involved. Dad believed that they were Maoists because they were given no option to be otherwise. The government had different opinions. They required that students should have a certificate of political suitability issued by the Internal Security Department before they were admitted to the university.

This, to Dad, was a travesty. The university was a sacred place: the temple of Saraswati the Hindu and Pallas Athenae the Greek, goddesses of wisdom. The pursuit of knowledge should be unfettered by political considerations. To make it otherwise would be a sacrilege. The politicians offered him evidence of student involvement with the communists. Dad refused to even look at these. "I am a Vice-chancellor, not a policeman," he retorted. He fell out with his dearest comrade Yong Nyuk Lin and they never spoke for over a decade.

After much acrimony, Dad resigned on 4 Nov 1963. It was the worst day in his life and the first time I had seen my father weep. The next day, the Straits Times ran a story, by a reporter called Jackie Sam, about the Vice-chancellor having a communist influence close to him. They gave no names but most people took that influence to be me. That, however, is another story that I will tell in my own memoirs.

Sreenivasan went back into general practice, not in Serangoon Road, but in the up-market Specialist Centre in Orchard Road. He was never happy about this though he pretended

to be and enthusiastically talked of preventative medicine, which was the prerogative of the family physician. He was more accustomed to the life and death struggles of the poor than to be concerned with the longevity of the rich. Nevertheless, he persuaded himself that prevention was the bottom line in medicine. He founded the College of General Practitioners in 1974 when he was having numerous heart attacks. Such an enterprise would not have been possible without the efforts of Dr Wong Heck Sing, Sreenivasan's friend and doctor, who is one of the unsung heroes of medicine in Singapore.

Dad was no saint and this no hagiography. He would not like it to be otherwise. He had the arrogance to believe that his students would never betray the principles he had inculcated in them, would never forget what he had taught them. When I told him that they had done just that and provided proof of this, he called me a liar. We quarrelled frequently. The Brahmin part of his upbringing had given him an unshakeable confidence in mathematics and logic. Those who saw things differently, even friends, he considered 'fools or knaves'. Rationally, it could not be otherwise.

Only towards the end did he begin to have other perceptions. He began to see that love and charity were a prerequisite to being human. He was then desperately ill. It was at about this time that Yong Nyuk Lin began to see him again. I was present at some of their early meetings. At first Dad and Nyuk Lin seemed a little shy of each other and glad of the presence of a third person. This soon passed and when Dad died, Uncle Nyuk Lin and his wife, Auntie Geok Lan, the sister-in-law of Lee Kuan Yew, were the first to visit our home.

In his last years, he took to alcohol, initially to still the pangs of angina, but later, out of self-indulgence. He became an alcoholic. Life became difficult for all of us, especially for Heck Sing, who turned up late at night after long sessions at the Public Service Commission. His eyes would be drooping, but he would muster himself to offer advice and medication

for Dad so that all of us could have a peaceful night. The downward spiral had begun and there was no moving back. He died on 24 May 1977.

Dad had in his own way prepared me for his decline and death, not with verses from the Bible nor tracts from the Upanishads, but with a quatrain from Omar Khayyam.

*"The moving finger writes and having writ
Moves on. Nor all your piety nor wit
Will lure it back to cancel half a line
Nor all your tears wash out a word of it."*

Near the very end, Dad regained a quiet sobriety. He apologised that he should have at times been so unbearable and said that if I could not stand to see him suffer I should stay away. He asked me to remember that when he died, which would be soon, we should not grieve at his passing but rejoice at his having been alive. We should have a party. We did.

I feel that he would see the development of the SMA, its journal with a literary content, CME sessions and the audit of medical practice, with typical Brahmin arrogance, as the fruits of the tree he had planted. The seed had not fallen on stony ground.

He had an enviable confidence in the young. He believed that it was our duty to give to them all our own lives had taught us so that they would not fail. Fifty years after he taught me the lines, I still remember:

*"To you from falling hands we throw
The torch; be yours to hold it high.
If you break faith with us who die
We shall not sleep..."*

May I offer this thought to you. ♦

REPRINTED



IF THE SMA IS TO HAVE *Meaning*

Text by Prof Arthur Lim Siew Ming,
President of the 9th and 11th SMA Council

Photo by Singapore National Eye Centre

This article was first published in the February-March 1969 issue of the SMA News.

If the Singapore Medical Association is to have meaning then it must identify itself with society and constantly be guided by the principle of ensuring that the citizens of our Republic will get the best that medicine can provide.

The Singapore Medical Association was established ten years ago when Dr. B. R. Sreenivasan was elected its first President. In the first few years of its establishment, only part-time secretaries were employed and the majority of the secretarial duties were done by our past honorary secretaries and other doctors who dedicated their time to the development of the Association. To them, the Association owes its gratitude.

We have now reached a phase of development when it is no more possible for the Association to face up to the many issues and challenges before it without full-time efficient administrative machinery.

The important decision for members is whether doctors who are the experts in the art and the practice of medicine should have a say in the type of medical practice that the citizens of Singapore should be provided with. As the

only way doctors can have their views represented collectively is through the Singapore Medical Association, it follows that if the Association is weak and lacks organisation, the Government will have to decide on policies affecting medical practice unilaterally.

On the other hand, no Government or Ministry of Health can afford to ignore a national medical association which has, by its activities and organisation, shown itself to have the capacity to give effective guidance on medical policies in the best interest of the Republic.

It therefore seems clear that there is a need to further strengthen the Singapore Medical Association.

There is firstly the need to collect sufficient funds in order to provide adequate fulltime secretarial help. At a later stage, the honorary secretaries and honorary editors may need to be replaced by full-time professional staff. Then there is a host of other auxiliary staff necessary to run an effective administration. Most of all, the Association needs dedicated doctors with the determination to elevate the standard of practice of

medicine to keep with the change of time: doctors who will generate unity amongst the profession and lend coolness to judgement and cohesiveness to controversial deliberations: doctors who are prepared to provide leadership even if it means incurring official displeasure, to achieve what they consider will ultimately be in the best interest to society and in the practice of the profession.

In the absence of effective organisation, the doctors of Singapore will not look up to the Association for leadership and in moments of crises, bewilderment may prevail leading to a sense of helplessness and apathy.

Thus in the final analysis if the Singapore Medical Association is to play its role effectively, the first fundamental need is for all members of the Association to give of their best and be prepared to meet the increased cost of maintaining an effective secretariat for the strength of the Singapore Medical Association lies not in a few leaders but in the collective unity of all its members. ♦

Well Wishes

FROM OUR MEMBERS

- Adj A/Prof Vishal G Shelat -

“ Good wishes to SMA and the SMA family. While other organisations/ professional bodies may be seen as adversaries of the medical profession, the SMA family has an ever increasing role and responsibility to shoulder. Stay strong and stay united. ”

“

Happy 60th birthday, SMA!

Kudos for all the work done, very often behind the scenes, and thank you for representing the doctors and taking into account that we are for doctors and we are for patients!

”

- Dr Jonathan Pang -

“

Keep up all the great work, SMA, and thanks to all who have served over the last 60 years!

”

- Dr Peter Loke -

“

Happiest 60th birthday and thank you very much, SMA, for your great contribution to Singapore!

- Dr Hsu Pon Poh -

”

- Dr Lee Suan Yew -

“

If I am not mistaken, I have been a member of the SMA since 1961 when I graduated, and was made an SMA Honorary Member in 2007.

I am proud to belong to the SMA because the Association looks after our professional and social welfare extremely well. All the Presidents and office holders of SMA dedicate their time and services to our medical fraternity and I wish to take this opportunity to thank them personally.

May the SMA celebrate its 60th anniversary with pride for past achievements and look forward to greater achievements in the years ahead.

Happy 60th anniversary!

”

“

Thank you for your support of students and working professionals throughout the years! Thank you for sponsoring so many student events, and promoting and engendering student bonding across all three medical schools. We have benefitted so much as student participants from your various programmes and welfare initiatives. Happy 60th birthday and may there be many more great years to come!

- June Yu -

”

- A/Prof Cheong Pak Yean -

“

When SMA was founded 60 years ago, the Malay phrase “Jasa Utama” (service before self) was chosen as motto. The slogan “For Doctors, For Patients” was launched in 2015 to reflect that SMA today stands up for both doctors and patients. Doctors can best care for patients only if they are also looked after in a relationship of trust and healing. May SMA flourish in its mission.

”

“

Congratulations on turning the big 60, and I wish SMA all the best in growing its role as a stronghold for advocacy in the medical profession – for doctors and for patients!

”

- Dr Ivan Low -

“

SMA has been the godfather of all doctors in Singapore since its foundation 60 years ago.

When it first started, SMA was the only medical association to which all doctors here felt affiliated to. In the early days, the Presidents were literally agongs to us. Over the years, its work and responsibilities have been diluted and shifted. Nevertheless, it remains a binding force. Its publications are widely read and cherished, and its charitable work for less fortunate students and others in the community is always deeply appreciated.

- Dr Charles Toh -

”

“

Happy birthday, SMA!
Thank you for speaking up for us doctors (across all disciplines) and for organising events to bond our fraternity.

- Dr Vincent Chan -

”

“

Thank you for speaking up for us with the public and also those in power. In hard times like now, we need a strong SMA who is unafraid to speak the truth. Keep up the good work!

- Dr Desmond Wai -

”

“

60 years have passed and you (SMA) are not older but wiser with each new year. Happy birthday, SMA!

”

- Dr Simon Wei -

- Prof Ho Lai Yun -

“

SMA is the first professional body I could not wait to join the moment I passed my final year examination from the medical school of the then University of Singapore in 1973. I continued to be a proud member of SMA and I never failed to pay my annual subscription fees on time!

SMA has always been an important voice for the medical profession while ensuring that the highest standard of professionalism of our medical practice is keeping pace and to evolve with the rapid changes and demands of our society.

My best wishes to SMA on its 60th birthday and hope it is ever ready to meet the challenges in the future.

”



Advocacy

Text by Dr Chong Yeh Woei, President of the 50th, 51st and 52nd SMA Council

A very important role that the SMA plays is advocating for the profession. However, advocacy is by no means confined to advocating for the doctor without taking patients' interests into consideration. In fact, the starting point of advocacy for the profession is to consider the long-term interest of the patient. In this way, we cannot be misled by the short-term interest of doctors that may be at odds with the long-term interest of the patients or society. In a sense, this principle is like the lighthouse that guides the path of SMA. Without this beam of light, we would surely be waylaid by a multitude of treacherous obstacles.

Understanding the concerns of the profession

The bulk of these obstacles would be moral hazards which we face on a daily basis. In the private sector, we often have patient scenarios where there is a fork in the road.

Either path that one chooses can be argued justifiably; the balancing of risk versus benefits can be so fine that a case may be made for going left or right. However, one road often carries more financial incentive for the doctor, be it due to procedures, treatments, imaging, drugs or biologics. It is in situations like these where one's ethical upbringing is tested, where the patient's decision may be swayed, or where the financial incentives could override the greater good of the patient. Needless to say, these moral hazards keep most of us up at night.

The public sector may also face certain hazards and there is always the divide between subsidised and private patients. Choosing to see private patients over subsidised patients may be tied to certain incentives such as remuneration. Prescribing certain drugs or treatments may be tied to incentives such as the opportunity of being invited by pharmaceutical firms to

travel to conferences or present papers abroad.

Healthcare is strictly sociopolitical in nature, as opposed to dentistry where the bulk of the sector is privatised. Invariably, there will be differences in the views of the national leadership and the medical profession. How these differences should be driven must be for the greater good of the patient in the longest term. It may sometimes seem that the profession is fighting for itself, but the reality is that what is good for the goose is often very good for the gander. Without patients, we as doctors will be forsaken and adrift.

Engaging stakeholders

In my two decades of committee work at SMA, I have sometimes found the Association having different tacks from the national leadership. We often identify a trend, policy or decision that is likely to produce a less-than-satisfactory outcome in

the long run; an alarm goes off in our collective leadership and we can see the problem that will loom in the future. We will then go into an analytical phase where we look at the issue and the likely outcomes – negative or positive – that can arise. The analysis is very critical with no vested interests, no holds barred and often draws on institutional memory and sometimes a phone call to a past SMA President or office bearer. This analytical phase can involve endless rounds of email and text messages, phone calls and research by our secretariat, all culminating in a robust session at a council meeting.

The robust session is argumentative, with all council members present chipping in and arguing various points, and with different persons playing devil's advocate. Our council meeting starts at 9 pm and often ends past midnight. We often end with a unanimous decision, but if there are still dissenters, we call for a vote and collectively stand by its outcome. The outcome is usually a decision to write letters to communicate and make a case for our concern. In preparing our letters to the press, we would involve our media consultant to get a layperson's non-jaundiced view of the situation. Sometimes, the outcome can be to call for a meeting with relevant authorities or to make a phone call to a key decision maker in the national leadership. On certain occasions, we write a position paper to defend and stake out our position in no uncertain terms.

Once we have engaged our opposite number, there is often a time for quiet negotiations to understand, study and

comprehend each other's positions. These meetings are usually held behind closed doors, and are important to enable points of view to be exchanged and concerns to be raised. Many a time, there is a certain degree of tension in the room. However, I believe that tension is not a bad thing but instead necessary to attain the best outcome. The tension is carefully managed and calibrated to prevent any outbursts, though we have seen our fair share of raised voices, pointed fingers, accusations and that rare thump on the table for emphasis.

The aftermath of such meetings is that both parties leave with a good idea of what each is trying to say and impart. Sometimes, both parties may not be happy during the process but that is the nature of negotiations. The most important result is the outcome. Very often, we see that outcomes may take a while to materialise. The time horizon could be in matter of months to even years.

There are occasions where the negotiations cannot produce a satisfactory outcome for both parties. In such cases, the collective leadership can well take further action by issuing position papers, commissioning a study or conducting surveys. Very rarely have we asked members for direct feedback in forms of a multitude of letters. It seems today that a very common way of expressing protest is to have an online petition. I recall three recent petitions, the first regarding the Kawasaki case. It was started by senior members of the profession and it did end up with a national leadership

meeting with the petition originators. The other two recent petitions were done online yet attracted sizeable response in terms of a majority of registered medical practitioners. We certainly do not condone go-slows, walkouts, strikes or demonstrations by members of our profession. That will certainly damage our standing with society and jeopardise the social contract the profession has with the greater public.

I do recall tough situations that we have collectively lived through where we had to run the gamut of analysis, negotiations and some forms of protest. This involved several pandemics, the Night Polyclinic issue and the changing of the constitution of the Disciplinary Tribunal to be chaired by a judge. Despite all this, SMA has its place in the national health ecosystem, championing the greater good of society and our patients, preserving the ethics and professionalism of our colleagues, calling a spade in no uncertain terms, and saying things that need to be said without fear or favour. Time will judge whether we have indeed fulfilled what we have set out to do. ♦

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!



"SMA has its place in the national health ecosystem, championing the greater good of society and our patients, preserving the ethics and professionalism of our colleagues, calling a spade in no uncertain terms, and saying things that need to be said without fear or favour."

SMA AND MEDICO-LEGAL ISSUES

60 Years On

SMA ETHICS COMMITTEE

SMA LECTURES

SMA CENTRE FOR MEDICAL ETHICS AND PROFESSIONALISM



Text by A/Prof Goh Lee Gan, President of the 40th and 41st SMA Council

Introduction

The SMA has 60 years' history of working with doctors and patients. With regard to medico-legal issues, its objective is "to support a higher standard of medical ethics and conduct; to enlighten and direct public opinion on problems of health in Singapore". The activities and events in the local medico-legal landscape where the SMA has played a role are briefly presented.

SMA Lecture

The SMA Lecture was instituted in 1963, by a grant from the SMA to the Faculty of Medicine to establish an annual lecture on medical ethics and related topics. The list of SMA Lecturers and the topics of their lectures are available on the SMA website.¹

SMA Ethics Committee

Since 1966, the SMA Ethics Committee has been a committee of the SMA Council. It started with just an advisory function, but took on more tasks over the years. When its work was reviewed in 1999, the Committee had four key types of activities: operational, consultative and liaison, policy, and education.² Creation of the advisory on advertising, and the advisory on breast and chest examination of female patients, are examples of policy activities.

Position statements and advisories

The SMA website has to date 15 Position Statements and 18 Advisories, mostly from the SMA, with a few from other stakeholders including the Singapore Medical Council (SMC), Central Narcotics Bureau and the Ministry of Health (MOH).³ The oldest in the list was issued by SMC in 1994, on "Issue of Medical Certificates".

Complaints against doctors

Complaint rates per 1,000 doctors

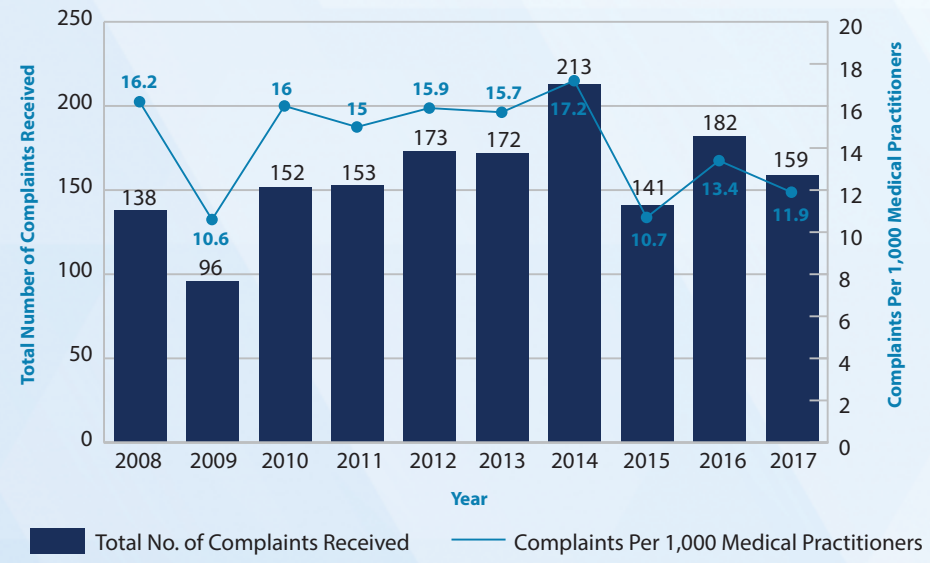
Figure 1 shows the rates of complaints lodged with the SMC from 2008 to 2017.⁴ The number of complaints

per 1,000 doctors ranged from a low of 10.6 (in 2009) to a high of 17.2 (in 2014). Table 1 shows the complaint rates from 1990 to 2007. They ranged from 8.0 (in 1995) to 16.7 (in 1991).^{5,6}

Why do patients complain?

An Editorial in the *Medical Journal of Australia*,⁷ written by Paul Nisselle, chief executive of the Medical Indemnity Protection Society, Melbourne in 1999, has an important evergreen message to share: "Medical treatment is not entirely risk-free. The doctor-patient relationship involves two individuals – both human, and therefore fallible. One seeks assistance with a problem and the other has the skills to deal with the problem."

Figure 1. Complaints received by SMC (2008 to 2017)



In this human interaction, anything can go wrong. A doctor may be responsible for a negligent act or omission, or a patient may wrongly accuse a doctor of negligence.” He gave a list of seven things to do when an adverse event occurs (see Table 2).

Why do people sue doctors?

A study published by Charles Vincent et al,⁸ in 1994 in the *Lancet* gave useful insights. Of the 227 patients and relatives taking legal action through five firms of plaintiff medical negligence solicitors in London, four themes were found:

- Concern with standards of care – “both patients and relatives wanted to prevent similar incidents in the future”;
- The need for an explanation – “to know how the injury happened and why”;
- Compensation – “for actual losses, pain and suffering or to provide care in the future for an injured person”; and
- Accountability – “a belief that the staff or organisation should have to account for their actions”.

Singaporean patients and their significant others are likely to be no different in thoughts and actions. Given this set of answers, it may explain why mediation does not always work.

SMA Centre for Medical Ethics and Professionalism

The SMA Centre for Medical Ethics and Professionalism (SMA CMEP) was set up in SMA to fill a need. “In the late 1990s, the leadership of SMA and members of the SMA Complaints Committee realised that in addition to dealing with complaints from patients against doctors (a “firefighting” mode), a proactive approach to reduce and prevent complaints was necessary. The understanding

Table 1. Complaints received by the SMC (1990 to 2007)

Year	Total No. of Complaints Received	Total No. of Doctors on the SMC Register	Complaints per 1,000 doctors
1990	36	3,573	10.1
1991	63	3,779	16.7
1992	52	3,963	13.1
1993	60	4,156	14.4
1994	54	4,201	12.9
1995	36	4,495	8.0
1996	66	4,661	14.2
1997	57	4,912	11.6
1998	55	5,148	10.7
1999	45	5,325	8.5
2000	60	5,577	10.7
2001	84	5,922	14.2
2002	69	6,029	11.4
2003	66	6,292	10.5
2004	84	6,492	12.9
2005	83	6,748	12.3
2006	81	6,931	11.7
2007	115	7,384	15.6

at that juncture was that many of the complaints had resulted from deficits of medical education, in the domains of professionalism, medical ethics, health law and communication science. The strategy was to build educational resources and courses to provide the skills and knowledge to doctors in order to reduce the number of complaints.”⁹

Two persons were pivotal in the setting up of SMA CMEP. The first is Prof T Thirumoorthy. He was very

much instrumental in setting up the SMA Ethics Course for specialists and family physicians in training as one of the key activities of the Centre. His vision is that eventually, all people who practise medicine and those who volunteer or are appointed to sit in judgement of their fellowmen will be formally trained and skilled in the art and science of medical law. Recent events testify to the wisdom of his vision.

Table 2. What to do when an adverse event occurs

- Inform the patient as soon as possible
- If a letter of complaint is received, forward a reply promptly
- Supply information which is detailed and factual but contains neither positive or negative “spine”
- Self-flagellation by the doctor or the hospital involved is inappropriate, but so is denial
- Acknowledge the effect (“I appreciate how distressing this is to you”)
- Express sincere regret and genuine concern for the patient’s welfare (“I’m sorry this has happened to you”)
- Do not admit liability (“I am sorry I did this to you”). It is inappropriate to admit liability in the heat of the moment; calmer reflection, and after seeking advice, may lead to the conclusion that there is no liability.

The second is Prof Tan Siang Yong, affectionately referred to as “SY” by those of us who know him well. In 1999, MOH invited Prof Tan to be its Health Manpower Development Programme Visiting Expert for healthcare ethics. Singapore was indeed very fortunate to have him back to advise and train us on principles of health law and ethics.

SMA CMEP celebrated its 15th anniversary in 2015. This was documented in the June 2015 issue of *SMA News*.⁹ The Centre is thriving

– it runs the SMA Ethics courses, as well as the yearly medico-legal seminars to update doctors. A person who has worked hard in running and keeping the courses useful and interesting is A/Prof Lai Siang Hui. Many thanks are due to him.

Medico-legal texts

Two medico-legal texts were published in the time period of the setting up of SMA CMEP (see Figure 2). The first is titled *Medical Malpractice in Singapore – Understanding the Law, Managing the Risk* published by Prof Tan Siang Yong in 2002. What is remarkable is that this is a text by a single author who is both doctor and lawyer – quite an unbeatable feat. The first chapter of this book sets the stage of modern day medical practice in Singapore.¹⁰

The second medico-legal text of the same era is *Essentials of Medical Law*, published in 2004 by six authors: two doctors – Dr Yeo Khee Quan and me, and four lawyers – Mr Leslie Chew, Senior Counsel, A/Prof Terry Khan, Ms Kuah Boon Theng, Senior Counsel, and Mr Edwin Tong, currently Senior Minister of State for Law and Health. This book was launched by the then Solicitor-General Mr Chan Sing Onn.¹¹

Medical practice and medical negligence

For medical practice to be acceptable to society, it has to fulfil two things: (1) the standard of care that meets the expectations (which must be realistic and grounded) of the medical profession of the day in a given community; (2) the duty of care as laid down by the law of medical negligence of the day by that community. The two are intrinsically intertwined. The Oration by our Chief Justice Sundaresh Menon on “Evolving Paradigms for Medical Litigation” is a timely update for medical practitioners.¹²

System problems

System problems in the delivery of healthcare can promote negative behaviours like defensive medicine. Singapore has managed to maintain equilibrium through the judicious application of the law of medical negligence. The recent departure from the Bolam-Bolitho tests to the modified Montgomery test has raised concerns of defensive medicine appearing. Two cases of inappropriate sentencing by the Disciplinary Tribunals triggered several petitions to MOH and SMC to seek guidance – the first time in the medico-legal history of Singapore. The Ministerial Statement on protecting patients’ interests and supporting the medical community¹³ in reply to these petitions received on 1 April 2019 is positive, progressive and augurs well for the future of Singapore medical practice.

Discussion

As SMA celebrates its 60th anniversary of serving doctors and patients, it is timely to examine the report card of this organisation. In a nutshell, the SMA has done well in its medico-legal related tasks. The stewardship of medical leaders of the SMA through the ages, and the contributions of its volunteer doctors together with the staff have consistently served the medical profession and our society well.

Compared to medical practice 60 years ago, the medico-legal world of today has become more complex and challenging. This may create a sense of dread among the medical fraternity. Rather than to adopt a defeatist mindset, the medical fraternity needs to work collaboratively with the 4Ps (people, press, policy makers and professions) of the community, to create a better world in the spirit and substance of the book produced by the Institute of Medicine in United States in

1999, *To err is human: building a safer health system*.¹⁴ We must.

The recent medico-legal events in Singapore clearly spell the need to build a safer health system not only for the patients, but of equal importance to be safer for healthcare providers as well. With the exception of the occasional misfits, the rest of the medical practitioners do try to work diligently for the good of the patients and significant others whom they serve. Their best interests and mental health need to be nurtured and protected as well. The recent Ministerial Statement on protecting patients' interests and supporting the medical community augers well for Singapore as SMA celebrates its 60 years of existence.

From a medical practitioner's perspective, the following may be some things to reflect upon:

- If things did not go quite right, ask this question: "Is he (or she or the significant others) likely to complain about this consultation?" If yes, write this case in the parking lot of your jotter book and reflect on it later in the day (or night); seek help and counsel where needed. A problem shared is a problem halved. In this way, we become better doctors in many sense of the word.
- If there is an adverse event, follow the advice of Paul Nisselle as shown in Table 2. If there is a complaint to answer, consult your medical and legal advisors early.
- For those who volunteer to sit in judgement, there is a need for medico-legal training and a realistic sense of what is appropriate sentencing. The course on Medical Ethics and Health Law offered by SMA CMEP is probably a necessity.

Conclusion

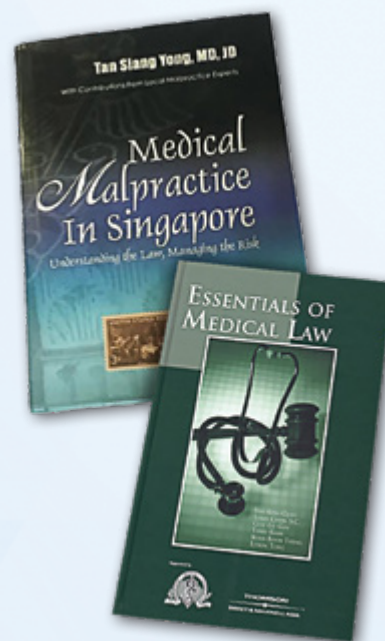
Sixty years on, we give thanks to the SMA, its leaders and contributors,

including our SMA secretariat staff, for their efforts in nurturing us to practise well and to practise safely. Good medical practice is a life course of continuing positive engagement of all stakeholders to serve our patients, our community and ourselves better. To err is human; let us build a safer health system for Singapore. *Carpe diem*. ♦

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Figure 2. Medico-legal texts



A/Prof Goh is currently a Professorial Fellow in the Department of Family Medicine, National University Health System, and the Director of the Institute of Family Medicine, College of Family Physicians, Singapore. He is a past president of SMA (1999-2001), a past honorary secretary of SMA (1981-1982), and a past editor of SMA News (1981-1996).



CHARTING THE HISTORY OF SINGAPORE MEDICINE

Interview with Prof Chew Chin Hin

Interview by Dr Toh Han Chong

Theodore Roosevelt famously once said that the more you know about the past, the better prepared you are for the future. This rings true ever more so in our healthcare landscape, where important lessons can be gleaned from the journeys of our pioneers and mentors. *SMA News*' Dr Toh Han Chong (THC) seeks an insight into Singapore's medical history by speaking with Prof Chew Chin Hin (CCH), one of SMA's Founder Members.



THC: Prof Chew, thank you very much for doing this *SMA News* interview in the Tan Tock Seng Hospital (TTSH) Heritage Museum. This place must bring back so many memories for you.

CCH: During the Second World War, my parents and I stayed in 3-5 Jalan Tan Tock Seng; the house was there until about three years ago when it was brought down. It then became the Housemen's Quarters, and later the consultants' offices, just next to Dover Park Hospice.

THC: Oh really? That's where your house was?

CCH: No, that's where my parents' house was. Mine was in 15 Akyab Road, where my family lived in for 31 years!

THC: Now you don't live around here?

CCH: Not too far – just a five-minute drive away.

Back to the beginning

THC: As this issue is dedicated to celebrating SMA's 60th anniversary, we hope to include your views as a senior leader in health policy, clinical medicine and education.

Years back, you saw how the Malaya Branch of the British Medical Association (BMA) eventually became the SMA. Do share with us some reflections of those times and what you thought the role and contributions of the Association was.

CCH: As a background, I think you have to revisit the pre-war years, the war years (1941 to 1945) and the immediate post-war years. The British did many good things; although some parts of colonisation were not so great, their contributions to the judiciary, rule of law and civil service, were some of their greatest. They did quite a lot for medical education as well. In 1905, the British set up the medical school. In fact, did you know that there was already a medical association at that time?

THC: Was it the BMA?

CCH: Even before that, there was the Straits Medical Association in the 1890s and their first president was the Scottish doctor Sir David Galloway. The Scots also played a great part in medical education in Singapore. Sir David had some influence establishing the College of Medicine in 1905, albeit with initial misgivings, but it was mainly the local medical people who edged it forward. Even then, the medical service was very



good compared to the surrounding countries and colonies. Our local doctors did a great job. In Dr Wong Heck Sing's 1997 SMA Lecture, he mentioned two of these role models who had their heart and soul in teaching, including some British (eg, Prof Sir Gordon Ransome and Prof Eric Mekie). Even before Prof Ransome, there was Sir Brunel Hawes, who was also a great medical teacher and he was knighted for this. They were excellent colonial role models.

However, our local doctors were not happy during the pre-war years because of the two-tier system. When the British doctors joined the civil service at our hospitals, their starting position was "Medical Officer" and above, while our local doctors were "Assistant Medical Officers". From the 1920s, the quality of these local doctors was equally good but they were held down. They were not allowed to proceed to the UK on scholarships for higher qualifications. Even if they went, they could only take a diploma and not the memberships or fellowships of the Royal Colleges.

THC: Those were the days – the other side of colonialism!

CCH: Then the war came – horrendous years. Almost all the British medical staff were interned. All the hospitals reserved for "locals" – Yio Chu Kang Hospital, TTSH and Kandang Kerbau Hospital (KKH) – were manned entirely by local staff! For three-and-a-half years, during the Japanese Occupation, local staff managed the hospitals superbly and they were the real and true role models. Dr Benjamin Sheares was in KKH with Dr BR Sreenivasan, and my

father, Dr Benjamin Chew, was in TTSH with Dr Clarence Smith and Dr WA Balhatchet. They managed the hospitals with scarce resources and hardly any drugs, but with excellent nursing and camaraderie. Everyone was like family during those difficult years. They treated the local population as well as they could despite the considerable number of tuberculosis patients and those with infectious diseases and other illnesses.

The post-war years

CCH: After the war, when the British medical team returned, several local doctors got together and wrote a petition to the Secretary of State for Colonies in London about how they had managed the hospitals well and appealed that it was imperative that this discriminate two-tier system be abolished. My father was the scribe and the doctors involved included Dr BR Sreenivasan, Dr Benjamin Sheares, Dr LS da Silva, and one or two more. A reply letter came shortly after to say yes to removing the two-tier system, and that a new system would be established soon after the post-war British government had settled down. It took over two years before it was finally implemented. By then, many of them had resigned – Dr BR Sreenivasan, my father and others left for private practice.

In the 1900s, one of the greatest physicians was Sir William Osler, a professor of medicine in both the US and at Oxford University. In fact, in the beginning of the century, all our students here used his textbook of medicine. Many of Osler's devotional sayings were really true and relevant. Besides his remarkable clinical prowess, he was also an organisation man. He was the leader who advised his medical brethren to be involved in professional associations and colleges, as it would promote not only fellowship and discourse, and even overcome what he termed "self-centredness". Based on Osler's teachings, you had to be true to the profession and possess humility. That's how we were all taught – values such as how medicine should never be a trade or business, but a calling.

The formation of SMA

CCH: I graduated in 1955, did my first housemanship in Hong Kong, and with Prof Ransome at Singapore General Hospital, and then returned to TTSH as a medical officer in 1957.

At that time, we had the Malaya Branch of the BMA. In Singapore, this included Malaya and Singapore. I was a member of both the BMA and the Alumni Association (AA). The People's Action Party came in as self-government in 1959. That's also when SMA was formed, taking over from the Malaya Branch of the BMA and some of the functions of the AA. Before this, the AA did a lot; all the clinical meetings in those days were organised by the local doctors. The clinico-pathological conferences and their annual meetings were documented in *Proceedings of AA*, which became the *Singapore Medical Journal* when SMA was formed. As their professional functions were transferred to SMA, the AA became almost like a social old boys' club. They obtained the building at 4A College Road and did well to house all the medical organisations including SMA.

The first meeting of SMA was held in September 1959. I was not there for the first SMA meeting as I was inflight on a BOAC plane to Britain! I was told, in writing if I'm not mistaken, that I would be a Founder Member of the SMA. In fact, we wanted it to be a Malaya Medical Association but this was not allowed, possibly due to political reasons as Malaya was an independent country



while Singapore was still under the British. So we had to have SMA, but we share the same motto as the Malaysian Medical Association: “*Jasa Utama*” (Service before Self). All these medical organisations were formed during the country’s political developments. The Academy of Medicine, Singapore (AMS) was formed two years earlier in 1957 with 34 founder members as a specialist body.

Developing the medical landscape

THC: In the 1960s, how did you see the medical association and the role your friends and you play in shaping healthcare policies in Singapore?

CCH: In a nutshell, it’s about holding and keeping the doctors’ and patients’ interests at heart. Sometimes, the thinking of the doctors was not in line with that of the Ministry of Health (MOH). So we became kind of an “unofficial opposition” in the MOH. *(laughs)* However, on the whole, we were quite cordial in working with the Ministry. After all, it’s like a check and balance. It was all good when we were in agreement with Government policies, but when we had to point out certain things we disagreed on with the Ministry, of course it was not so pleasant. When National Service (NS) was implemented, the male doctors had to enlist. Many were unhappy. If doctors had thought deeper, they would see that it should be for the nation. Dr Kwa Soon Bee and 14 of us actually volunteered to help the Singapore Armed Forces soon after independence. At that time, we felt that we had to support NS. We were left truly on our own as a nation and did not know whether we could survive as a small nation – as a

“red dot”. There was much uncertainty in the region.

THC: How do you see SMA and medical bodies in Singapore contribute to shaping healthcare in Singapore?

CCH: As a doctor, you have to keep up with advances. I do a lot of reading, especially with regard to my own field, to keep up with ethics such as on the care of the aged and on finishing well. That’s my interest. What I can say is that over the last few decades, I believe we’ve done really well in relation to other countries, especially in comparison to, for example, the National Health Service (NHS) in the UK, and other advanced countries.

THC: You think we are overall better than the NHS?

CCH: Yes, I think so! In fact, when the UK College examiners visit our hospitals, they’re really amazed. Some of the hospitals in the UK are still equipped with older technology and systems. The waiting list there is also much longer even for serious ailments. Therefore, I think all in all, our health services are really top class. But that’s not to say we are perfect – the best is yet to be.

Personally speaking

THC: What is your wish for Singapore healthcare for today and the future?

CCH: First of all, I think that healthcare must be accessible to and affordable for everybody. Basic healthcare is not a problem today – everybody gets it easily now. What’s more prohibitive is treatment for difficult and complex illnesses such as cancers, and the costs of drugs and investigations. My own brother is having target therapy for cancer. He’s doing quite well, but it’s very expensive. This can be very prohibitive to many and these are worrying trends with more new expensive drugs being approved.

I must say that I’m very thankful, because as a civil service pensioner, I’m well cared for. As emeritus consultant, TTSH looks after me very well.

As a wish list for all, I would like to see doctors who are not only caring, but also have compassion and integrity. However, integrity without knowledge is weak and useless. You must have knowledge. That’s why continuing medical education is very important. On the other hand, knowledge without integrity is dangerous and dreadful. And of course, my own physicians know well – they treat me holistically as a patient and not the diseases I have.

THC: Who are some of your role models?

CCH: I take off my hat to one of my Edinburgh mentors: Sir John Crofton. He was one of those who showed me the meaning of compassion and care; he was truly caring and committed to all his tuberculosis patients and we became lifelong friends. Others in the UK include Sir Ferguson Anderson, the father of geriatric medicine in Glasgow, and Sir Richard Doll, whom I came to know and admire. These are the giants I have looked up to as role models. In Singapore, as I have mentioned some names earlier, I have enormous regard for my brethren colleagues, young and old, even my former students who are so well respected in the profession today.

THC: Prof Chew, thank you very much for such an illuminating conversation and for bringing us on a journey through the history of Singapore medicine. ♦

Legend

1. Prof Chew’s father, Dr Benjamin Chew
2. Photo taken from a mural at Boyer Block of SGH before the SGH Museum was conceived and erected. All the doctors pictured were members of the Malaya Branch of the BMA, and became founder members of SMA
3. Prof Chew and Dr Toh Han Chong at TTSH Heritage Museum



Dr Toh is a senior consultant, clinician-scientist and deputy director of the National Cancer Centre Singapore. He was the former Editor of *SMA News*. In his free time, Dr Toh enjoys eating durians and ice cream, reading, writing, rowing and watching films. Thankfully, the latter four are not fattening.

SMA EVENTS

MAY–AUG 2019

DATE	EVENT	VENUE	CME POINTS	WHO SHOULD ATTEND?	CONTACT
CME Activities					
4 May, 29 Jun and 6 Jul Sat	Medical Expert Witness Training 2019	Academia, Furama City Centre Hotel, Family Justice Courts	6	Doctors	Mr Roland Lim 6593 7884 mewt@ams.edu.sg
16 May Thu	Building Resilience and Avoiding Burnout	Sheraton Towers Hotel	2	Family Medicine and All Specialties	Terry/Siti Athirah 6223 1264 mpsworkshops@sma.org.sg
25 May Sat	Privacy Awareness	Novotel Singapore Clarke Quay	2	Medical Practitioners, Aspiring and Current Practice Owners, Clinic Managers and Staff	Denise 6540 9195 denisetan@sma.org.sg
29 May Wed	Mastering Your Risk	Novotel Singapore on Stevens	2	Family Medicine and All Specialties	Terry/Siti Athirah 6223 1264 mpsworkshop@sma.org.sg
27 Jul Sat	Communication Course	Camden Medical	2	Healthcare Professionals and Healthcare Administrators	Jasmine 6540 9196 jasminesoo@sma.org.sg
3 Aug Sat	Understanding Ethics and Law	TBC	2	Medical Practitioners, Lawyers, Nurses, Allied Health Professionals and Healthcare Administrators	Jasmine 6540 9196 jasminesoo@sma.org.sg
17 Aug Sat	SMA CMEP Professionalism Seminar (Basic)	TBC	2	Medical Practitioners, Lawyers, Nurses, Allied Health Professionals and Healthcare Administrators	Jasmine 6540 9196 jasminesoo@sma.org.sg
Non-CME Activities					
17 Jul Wed	SMA Annual Golf Tournament 2019	Sembawang Country Club	NA	SMA Members	Azliena/Melissa 6223 1264 golf@sma.org.sg

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TOWARDS ZERO ASTHMA DEATH

By Agency for Integrated Care and Dr Lim Hui Fang (Programme Director) of Singapore National Asthma Programme (SNAP)

Despite the high prevalence of asthma (5% in adults and 20% in children), many asthmatics do not realise that asthma is a chronic airway disease and therefore under-report their symptoms, leading to suboptimal diagnosis and treatment. They tolerate persistent symptoms as being normal, harbour misconceptions about the “severe side effects” of inhaled corticosteroids, and perceive maintenance asthma treatment as being “dependent on steroid inhalers”, preferring to rely on short-acting bronchodilators that cannot control their asthma. As such, Singapore’s emergency department attendances and hospitalisation rates for asthma are 2-3x higher than our counterparts in Australia, Japan and Europe. While Singapore’s asthma fatality rates have dropped from 5 per 100,000 in the 1990s to 1.2 per 100,000 total population in 2015 (data from healthdata.org), which is on par with developed countries, many of these deaths occurred in mild cases and were preventable. The discrepancy between perceived and actual asthma control underscores the importance of adherence, health literacy and misinformation.

The new aims of the Singapore National Asthma Programme (SNAP), an MOH funded taskforce, are to develop integrated asthma workflows between public institutions and general practitioners (GPs), to provide high-value asthmatic care to all asthmatics. An effective education program, implemented within the healthcare infrastructure, is required to effect sustainable change in doctor-patient behaviour and impact health outcomes. Singapore General Hospital and SNAP will co-organise the annual World Asthma Day on 4 May 2019, as part of our public engagement efforts. A dedicated SNAP page will be developed on Primary Care Pages to provide more information about asthma where printable materials and inhaler technique videos will be made available for GPs to share with their patients. Through the use of various education platforms, we hope to increase public awareness of asthma and the risk of poor control, so as to empower patients with self-management skills.

As 80% of asthma cases are managed in primary care, GPs are well-placed to contribute to our vision to deliver high-value and cost-effective care to asthmatics and reduce their disease burden. In addition to education efforts and workflow integration, SNAP seeks to align with and empower GPs by working with MOH to address the current gaps in resources e.g. spirometry, fragmented drug subsidies, training for clinic assistants.

Asthma in Singapore is a prevalent problem of a significant magnitude. The challenges of high asthma burden can be surmounted if everyone is united in achieving the goal of World Asthma Day – “Towards Zero Asthma Death”.



Dr Tan Tze Lee is a family physician in private practice in Choa Chu Kang. A GP at heart, he believes strongly in family medicine provided by family physicians embedded in the community. In this issue, Dr Tan shares more about his role as a member of the SNAP committee.

Q How long have you been on the SNAP committee? What motivated you to join SNAP?

A I have been part of the SNAP team since May 2018; being on the SNAP committee allows me to play a key role in contributing to the improvement of asthma care in Singapore.

Q How are you involved in the implementation of SNAP?

A In my capacity as co-chair of the team developing the Asthma Appropriate Care Guide 2019, I liaise with various stakeholders in the healthcare sector as we work towards providing concise and evidence-based recommendations on care practices for asthmatic patients. I am also involved in providing training for fellow GPs to keep them up-to-date with the best practices for asthma control.

Q What do you envision good asthma care in primary care to be?

A Being the first point of contact for most patients in the community, family physicians are well positioned to provide holistic care for asthmatic patients. My vision for SNAP is that it will equip family physicians in Singapore with knowledge regarding best practices in primary care for patients. This is so we may minimise reliance on use of SABA inhalers, and achieve our goal of “Zero Asthma Death”.





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Wait no longer - round up your golf kakis# and sign up now at:
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Registration closes on **5 July 2019**.

See you there!

Yours sincerely,

Dr Adrian Tan

Convenor, SMA Annual Golf Tournament 2019

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- › Scenario and Role Play
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 - › Defusing difficult situations using the techniques learnt in Parts 1 and 2
- › Scenario and Role Play

^Topics are subject to change

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For more information on the seminars mentioned above, please contact **Jasmine** at email: jasminesoo@sma.org.sg or tel: **6540 9196**, or visit our website at <https://smacmep.org.sg/>.

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12/04/2019	Resident Family Physician	AMDA International Peace Clinic	31/05/2019	J00260
03/04/2019	Doctors experienced in medical aesthetics	O Medical Clinic	30/04/2019	J00304
30/03/2019	Family Medicine Physicians and Generalists	Jurong Community Hospital	30/04/2019	J00298
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Through the programme, the injured worker will be provided with personalised case management services by a RTW Coordinator, who can be an Occupational Therapist or Physiotherapist from the public hospital. The RTW Coordinator will work with the injured worker's doctor and employer to understand the worker's medical condition, work demands, work environment, and seek the doctor's recommendations on job modifications to match the worker's functional ability.

Case Study: Hospital nurse regained health and work ability quickly through the RTW Programme

Angela*, a nurse working in a hospital, fell and fractured her left ankle when she was pulling the commode chair for a patient in the bathroom. She underwent surgery and had to wear a long walker boot to help her foot heal properly. Angela's doctor referred her to the RTW programme one month after her injury and she returned to work on light duties 2 months' post-injury. To facilitate her return to work and gradual recovery, Angela's RTW coordinator had worked closely with her employer in modifying her work duties so that she is not required to stand or walk for prolonged periods. Angela's RTW coordinator and employer continued to monitor her condition closely and she eventually resumed full pre-injury duties four and a half months later.

**not her real name*

What you can do

If the injured worker has good potential in returning to work, you can refer him/her to the programme at any of the following participating hospitals. All RTW-related expenses incurred are claimable from Work Injury Compensation insurance.

PARTICIPATING HOSPITALS

Changi General Hospital

Return-to-Work Clinic

Tel: 6788 8833

Ng Teng Fong General Hospital

Clinic A62 Rehabilitation

Tel: 6716 2000

Sengkang General Hospital

Return-to-Work Clinic

Tel: 6930 6000

Kho Teck Puat Hospital

Rehabilitation Services

Tel: 6555 8000

National University Hospital

Rehabilitation Centre

Tel: 6772 5168

Singapore General Hospital

Return-to-Work Clinic

Tel: 6321 4377

Tan Tock Seng Hospital

Department of Occupational Therapy

Tel: 6357 8339

For more information, go to www.wshc.sg/returntowork

THE RETURN TO WORK (RTW) JOURNEY

Helping Workers Return to Work After Injury

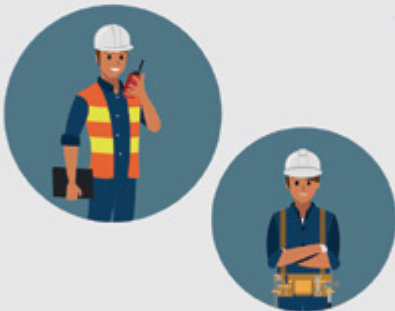
- 1** Injured worker signs up for RTW programme with Hospital RTW Coordinator



- 2** Coordinator will seek Supervisor's approval for worker to take part in RTW programme



- 5** Assessment with Supervisor: Supervisor will review with Coordinator on potential job changes to help worker return to work safely



- 4** Assessment with Doctor: Doctor will review worker's ability to return to work



- 3** Assessment with Coordinator: Coordinator will find out worker's job scope and duties



- 6** Coordinator to check on worker's recovery



- 7** Worker returns to work and update Coordinator on progress where needed



- 8** Worker discharged from RTW programme



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SingHealth

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OPHTHALMIC ANAESTHETIST

We invite motivated anaesthetists (doctor) who have the leadership skills to pioneer a new department, have the mentoring heart for the training of junior doctors and nurses, have a keen mind for innovation/ research and to help implement new standards for patient safety and comfort, join SNEC as full-time clinicians.

Responsibilities

- Provide high quality anaesthetic services that include general anaesthesia/blocks/sedation and intraoperative monitoring.
- Preoperative risk assessment, patient preparation for general anaesthesia and management of post-operative care.
- Supervision and training of junior doctors and anaesthetic nurses.

Requirement

- Accreditation by the Specialist Accreditation Board, MOH, Singapore.
- Specialist Medical Registration in Anaesthesiology by the Singapore Medical Council (SMC).

RESIDENT PHYSICIAN (PRIMARY EYE CARE PHYSICIAN)

The PEC physician will monitor and assess patient with stable eye conditions relating to diabetic retinopathy, glaucoma and cataracts and also assist the Consultants in other complex cases. Together with the senior medical staff, the PEC physician will be involved in the running of outpatient clinic and reviewing treatment cases from time to time. The incumbent will also supervise and teach optometrists in the PEC and drive the creation of new clinical pathways to heighten the clinic's performance and case management.

Qualification Standards:

- MBBS or equivalent basic medical degree recognized by Singapore Medical Council (SMC)

RESIDENT PHYSICIAN, OPHTHALMOLOGY

The Clinical Services department is seeking candidates who are highly motivated and willing to join us for a fulfilling career as Resident Physician. The incumbent will be responsible for the daily running of clinics and any other ad-hoc duties assigned by his/her Supervisor or Head of Department.

Requirement:

- MBBS or postgraduate qualification registrable with the Singapore Medical Council
- At least 3 years of ophthalmology practice experience
- Must be able to do call
- Please note that the role does not have surgical privileges

Interested applicants, please email your curriculum vitae including details of work experience, qualifications, present and expected salaries and contact telephone number to: chong.kai.xian@snec.com.sg

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Previously known as Refresh Laser Clinic, we have been recently acquired by Accrelist, a public listed company in Singapore, and it is our plans to grow more aesthetic & laser clinic outlets in Singapore and in the region. We are looking for a Resident Doctor (registered with the Singapore Medical Council) position in one of our clinics.

Requirements

- Medical qualification registrable with Singapore Medical Council
- You must have keen interest and passion in aesthetic practices
- Good communication and interpersonal skills
- Strong drive to improve your personal aesthetic skills and grow the practice

Job Summary

You are required to perform/operate ablative and non-ablative lasers, IPL, RF, Chemical Peel, Botox, Fillers and Thread Lifts.

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If you have prior experience in aesthetics but wishes to expand your training in injectables or threads or wishes to grow your practice, we welcome you to join us in our vision to grow Accrelist into a regional force.

If that fits you, do write to us by emailing to: recruit@refresh.com.sg.

Please indicate your expected salary and date of availability. We regret that only shortlisted applicants will be notified.



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Some may not be aware that mental disorders can be treated. The earlier help is given, the better the recovery outcomes.

General Practitioners (GPs) and primary care doctors are often the first touchpoint for patients with underlying mental health conditions. You can make a difference to their mental wellness by identifying their needs and providing help early.

The Graduate Diploma in Mental Health (GDMH) is specially tailored for GPs and primary care doctors – equipping you with the knowledge and skills to assess, identify and manage various psychiatric conditions as part of holistic patient care.

Participants can look forward to a broader curriculum with a **new module on Personality Disorders and Psychological Therapies** in the next intake.

At the end of the 12-month course, participants will be able to:

- Identify various types of mental health conditions
- Be familiar with the principles of treatment approaches for different conditions
- Apply assessment methodology for different mental health conditions
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Registration for Sep 2019 intake opens **25 Mar – 1 Jul 2019**.

Visit www.imh.com.sg/education for details.

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For enquiries, contact:

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