SMA news

For Doctors, For Patients

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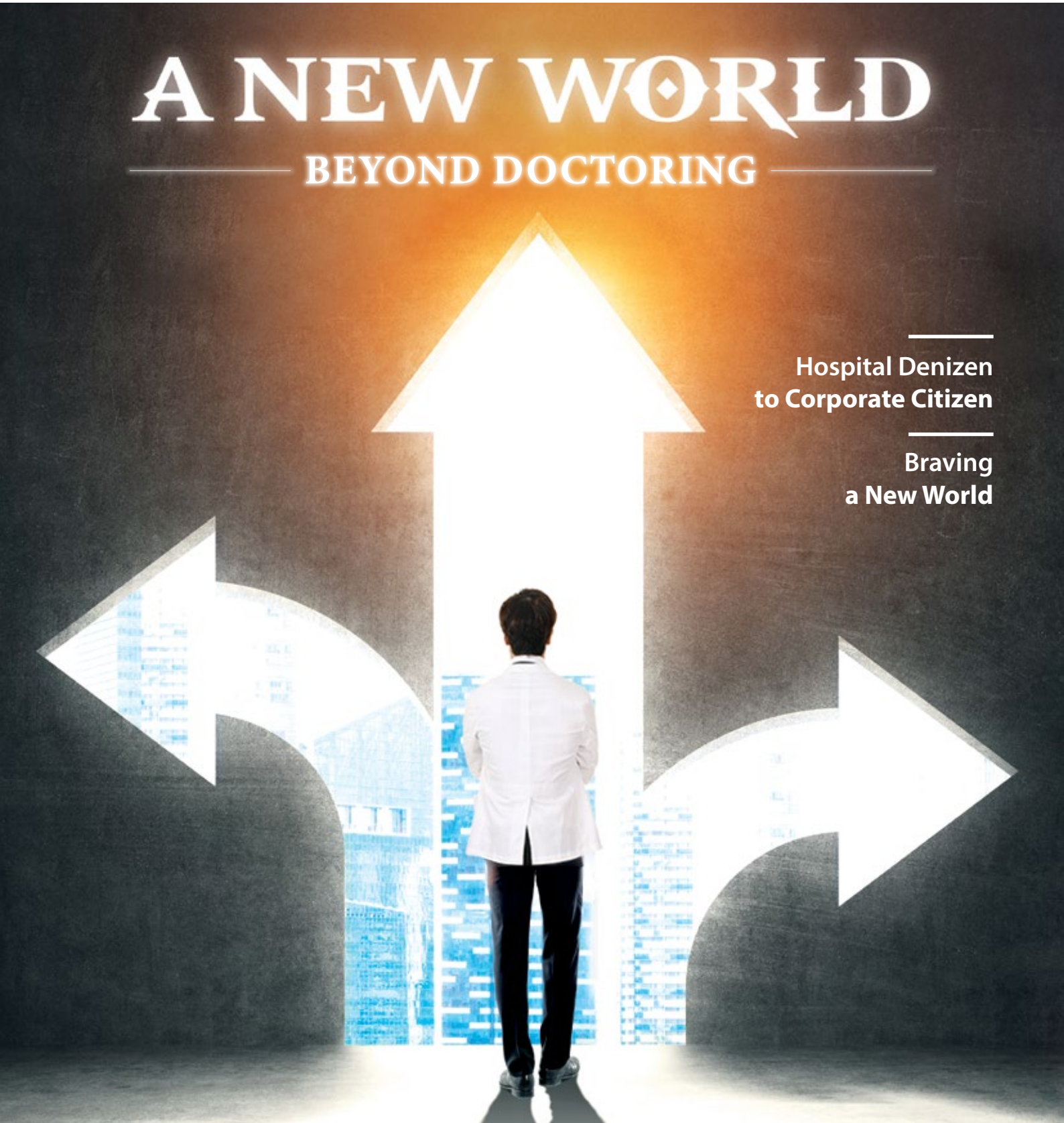


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The EDITORS' MUSINGS

Dr Tina Tan

Editor

Dr Tan is a consultant at the Institute of Mental Health and has a special interest in geriatic psychiatry. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.

I'd like to welcome Dr Chie Zhi Ying as Deputy Editor to *SMA News*, and thank Dr Tan Tze Lee for his previous contributions as Deputy Editor. Next, I wish to extend my appreciation to the *SMA News* team, my fellow Editorial Board members, and the newly elected Council, for their support as I take on the role of Editor.

There is little point in wishing that these transitions had occurred in more peaceful times, though I remain hopeful that by the time this issue is published, the dust of the pandemic will have settled a little. Instead, what I desire is for the newsletter to remain relevant, dynamic, and continue to advocate for all of us as healthcare professionals, and I will strive to do that with my colleagues.

In the midst of the organised chaos wreaked by COVID-19, there is a certain sense of loss that could cause some of us to reconsider our choice of medicine as a career. We might ask ourselves – is this where I'm meant to be? This issue isn't meant to answer that very personal question. Rather, we showcase what some of our colleagues have done in place of the usual "doctoring", and their motivations in doing so. We are grateful for their honest perspectives.

Last but not least, I'd like to thank Dr Jonathan Tan for his years of contribution to *SMA News*, as he steps down due to work and family commitments. We wish him all the best.

With that, thank you all for your dedication and hard work. Stay safe, everyone.

Dr Chie Zhi Ying

Deputy Editor

Dr Chie is a family physician working in the National Healthcare Group Polyclinics. She enjoys freelance writing and singing. She writes for Lianhe Zaobao, Shin Min Daily News and Health No.1. She can be contacted at chiezhiying@gmail.com.

As I'm penning this editorial for the first time as Deputy Editor, I am thankful for the support, guidance and help that I have received from the *SMA News* team and fellow Editorial Board members. I would also like to thank our readers for giving me the opportunity to share my thoughts and learn from you all over the years.

Congratulations to Dr Tina Tan on taking over *SMA News* as Editor and the team looks forward to bringing fresh perspectives and issues close to heart to our readers.

Congratulations also to Dr Tan Yia Swam, our ex-Editor, on being elected as our new SMA President, as well as to all newly elected SMA Council members.

It now gives me great pleasure to introduce the theme of this issue, "A New World: Beyond Doctoring". We are privileged to have Dr Andrew Green from Takeda Vaccines to shed light on his works in the pharmaceutical industry and to see how "pharmers" contribute behind the scenes to the better health of all.

This issue also features doctors and medical students who have taken the leap of faith to venture into fields beyond doctoring, such as starting healthcare technology companies.

With that, enjoy the issue, stay safe and stay healthy. ◆

From Hospital Denizen to Corporate Citizen

A Personal Journey

Text by Dr Andrew Green

The unorthodox physician in a public health world

The medical curriculum at large has always focused on skills to produce physicians who can deliver care that reflects disease knowledge, evidence-based treatment and professional patient communication. However, to believe that these doctor skills are non-applicable outside of clinical practice is a grave insult to the current medical education system that is based on principles advocated by Flexner and Osler. Physicians are not mere healers; they have been trained to be distinguished leaders, analysts, negotiators, teachers, innovators and so much more – all of which are traits highly sought after in virtually any industry. Yet, a doctor outside of clinical practice remains to be rare as hens' teeth.

I happen to be a hen's tooth, which is why I was invited to write this article.

My journey in medicine has been unorthodox, to say the least. Having completed my medical degree, I was accepted into the Preventive Medicine Residency Programme, a national residency programme offered by the National University Health Systems.

While the training starts off with basic clinical rotations like other residencies, the curriculum quickly sets itself apart after two years to concentrate on public health. Public health does not work by treating one patient at a time but accepts the population in its entirety in the "consult room" as its patient. For this, preventive medicine residents are formally equipped with epidemiology, biostatistics, ethics, economics, health policy and management to complement the application of their clinical knowledge into solving the population's most pressing health concerns. This is not to say that doctors

in other specialties are not equipped with such skills, nor is it to say that they do not dabble in public health matters. They are, and they do. However, their exposure to public health usually happens at a much later stage as training to become a clinical specialist demands years of undivided attention and dedication to complete.

Contrary to popular belief, public health is not a domain that is exclusive to governments. Public health is achieved through the collective efforts of organisations in the society, be it governmental or private, large or small, commercial or non-profit, clinical or otherwise. Humour me please: "If a private company can deal with public health problems" and "a physician can play a central role in solving public health problems," then through simple Socratic deduction, one can safely conclude that "there is room for physicians in private companies."

The next logical question is, of course, which company?

I knew medically trained colleagues who have bravely left medicine for careers completely unrelated, such as banking or finance. But for me, I knew I was not ready to completely part ways with medicine. Truth be told, I had to be convinced that whichever new occupation I took up in the private sector would still allow my medical knowledge to be applied and remain up to date. More importantly, however, I had to be certain that public health would always be an integral component of my work. I found both in the pharmaceutical industry.

Pharmaceutical public health

Having been posted to Singapore's Health Sciences Authority during my senior residency, I had been acquainted with the world of pharmaceutical medicine, understanding the great impact pharmaceuticals have on people. Every now and then comes a new drug that revolutionises medicine. Take the Hepatitis C virus (HCV), for example. Prior to 2014, HCV treatment centred around the use of an interferon-based regimen which had poor tolerability and low cure rates. The treatment landscape changed dramatically with the introduction of a new group of oral medications called direct-acting antivirals. They were highly efficacious, well-tolerated and short in the duration of treatment. The cure rates were so encouraging that in 2017, the World Health Organization set a target to eliminate chronic HCV infection by the year 2030.

Like it or not, innovative medicines are inextricably linked to the pharmaceutical industry. In fact, almost all the innovative medicines launched to the market in the last decade were produced by the top pharmaceutical companies. This is no coincidence; the industry makes it a point to commit a large proportion of its revenues on research and development (R&D). To put things into perspective, the global annual pharmaceutical R&D spending is expected to reach over USD 200 billion (SGD 283 billion) within the next five years. The fruits of this capital-intensive labour are visible in terms of an increasing number of novel drugs that have become available in the last decade. Making such life-saving drugs available is just one part of the industry's commitment to public health. A natural extension of this mission is the industry's participation in myriad public-health initiatives around the world to make essential and innovative drugs widely accessible and affordable. The pharmaceutical industry genuinely believes that such a vision is attainable – one data set at a time.

It is a common misconception to think that the pharmaceutical industry's strengths lie only in its ability to produce pills, tablets, or ointments. The industry is, first and foremost, in the business of producing data, for without data, every decision made is a stab in the dark. To launch a new drug into the market, data on the drug's efficacy, safety and manufacturing quality must be present. Similarly, to convince payors that a drug is worth covering, data on its value must be generated. Having said that, not all data can be translated into good business or clinical insights, let alone positively impact public health. To do so, the data in question must be produced in high quality and disseminated in a systematic manner. This is medical affair's cue to enter.

Medical affairs, my drug of choice

I joined a leading pharmaceutical company last year and landed a position in medical affairs. For all intents and purposes, the medical affairs team functions as custodians of the company's scientific and clinical data. The job description came to be as the need to separate R&D (the creator of data) from commercial functions arose to reduce the commercial influence on R&D efforts. In the pharmaceutical industry, scientific truth must always prevail, and no misleading claims, especially for marketing purposes, should ever be derived from it. Unfortunately, data produced by R&D often come in a format that is difficult to interpret: statistics. Coupled with the rate in which data quickly becomes outdated and obsolete, it comes as no surprise that misinterpretation (whether intentional or not) frequently occurs. With in-depth knowledge in clinical trials methodology and disease understanding, members of the medical affairs team are adept in translating complex statistics into medically-accurate implementable strategies for the commercial team and the rest of the organisation.

The stewardship of data flow to external stakeholders is also under medical affairs' oversight. From the point of view of the data lifecycle, the aim is to enrich and mature a

product's data through information exchange with healthcare workers, policymakers, patients and even caregivers. Throughout the interactions, a rapport is built, which culminates in an understanding of the clinical needs in the field. This, in turn, allows the medical affairs team to improve current data or create new ones to address these needs. In the process, medical affairs often partners with physicians by supporting their research and evidence generation efforts. Subsequently, as the data mature, medical affairs will also be able to stake a bold claim for upgrading the physician and patient decision-making process. Towards policymakers, medical affairs must be capable of clearly articulating clinical and economic value to accelerate access to treatment in support of universal healthcare coverage. As you can see, medical affairs physicians, backed with data as their weapons, act as agents of change towards a world with better drug armamentarium.

The spread of data to the outer world is an enormous undertaking and can be prone to misuse. Medical affairs activities are thus bound by law, as well as industry codes. In Singapore, medical affairs activities are governed by the Health Products Act, and to a lesser degree, by a set of industry guidelines established by the Singapore Association of Pharmaceutical Industries. Similar to clinical practice, the codes that apply to medical affairs also stem from the four pillars of medicine (patient autonomy, beneficence, non-maleficence and justice) with the addition of guidance for the proper conduct in the marketing and promotion of medicines. A breach in the code of conduct may result in monetary and reputational loss. Therefore, a physician in medical affairs will need to have a thorough knowledge of the laws in place and to maintain this through professional development as updates arise.

As a career, medical affairs also promises continuous learning, personal growth and thought leadership. With sophisticated novel molecules (eg, gene therapy), new data sources (eg, real-world evidence and big data), tighter market barriers (eg, Health Technology Assessment), and emerging information channels (eg, virtual conferences) coming up at unprecedented rates, learning is a continuous undertaking. It is to be understood that pharmaceuticals is a for-profit industry, and medical affairs is not exempt from that. Hence, as a medically-trained person, a steep learning curve is expected in order to catch up with critical business skills such as strategic planning, finance, regulatory affairs and even legal matters. In this industry, excellent bedside manners are not sought after but expected. One must be sure that his/her business etiquette, communication, cultural savviness, conflict resolution and problem-solving skills are in top form. Fortunately, large pharmaceutical companies make it a point to ensure that formal training resources for both hard and soft skills are available for their employees.

How does one get a job in medical affairs?

The role of the medical affairs physicians is constantly evolving well beyond the usual support to internal regulatory and commercial functions. In the future, collaboration with key opinion leaders will extend beyond communicating medical evidence to also include generating evidence and leading medical education. Increasing responsibilities in the various facets of the industry, such as public health initiatives and empowering patient associations, make the field of medical affairs a vibrant one. Of course, one is not expected to master all domains in medical affairs. As in clinical medicine, medical affairs physicians also specialise. Some specialise in the clinical trials aspect of it, while others in healthcare policy or access to medicine.

If you have a passion for medicine and bringing life-saving drugs to the right patient at the right time while charging a fair price, then medical affairs may just be the job for you. All you need is a medical degree and a willingness to learn. A word of advice: not liking the work in clinical medicine is not a good enough reason to join Big Pharma; you may not like it here either. The pharmaceutical industry is an entirely different milieu with its own set of challenges and pain points. However, a career in medical affairs may offer fulfillment to many healthcare professionals by enabling them to respond to public health challenges with the ultimate goal of improving patient care and outcomes – one data set at a time. ◆

The author would like to express his heartfelt gratitude to Dr Goh Choo Beng for his invaluable inputs to the writing of this article.

Dr Green is the Regional (APAC) Medical Affairs Manager of Takeda Vaccines. He graduated from Duke-NUS Medical School in 2012 and completed his residency in Preventive Medicine in 2018, while also pursuing his MBA. He has worked as an associate consultant at Duke-NUS' Centre of Regulatory Excellence (CoRE) and was involved in various pharmaceutical-policy projects. He is currently busy with the launch-preparedness activities of Takeda's dengue vaccine.

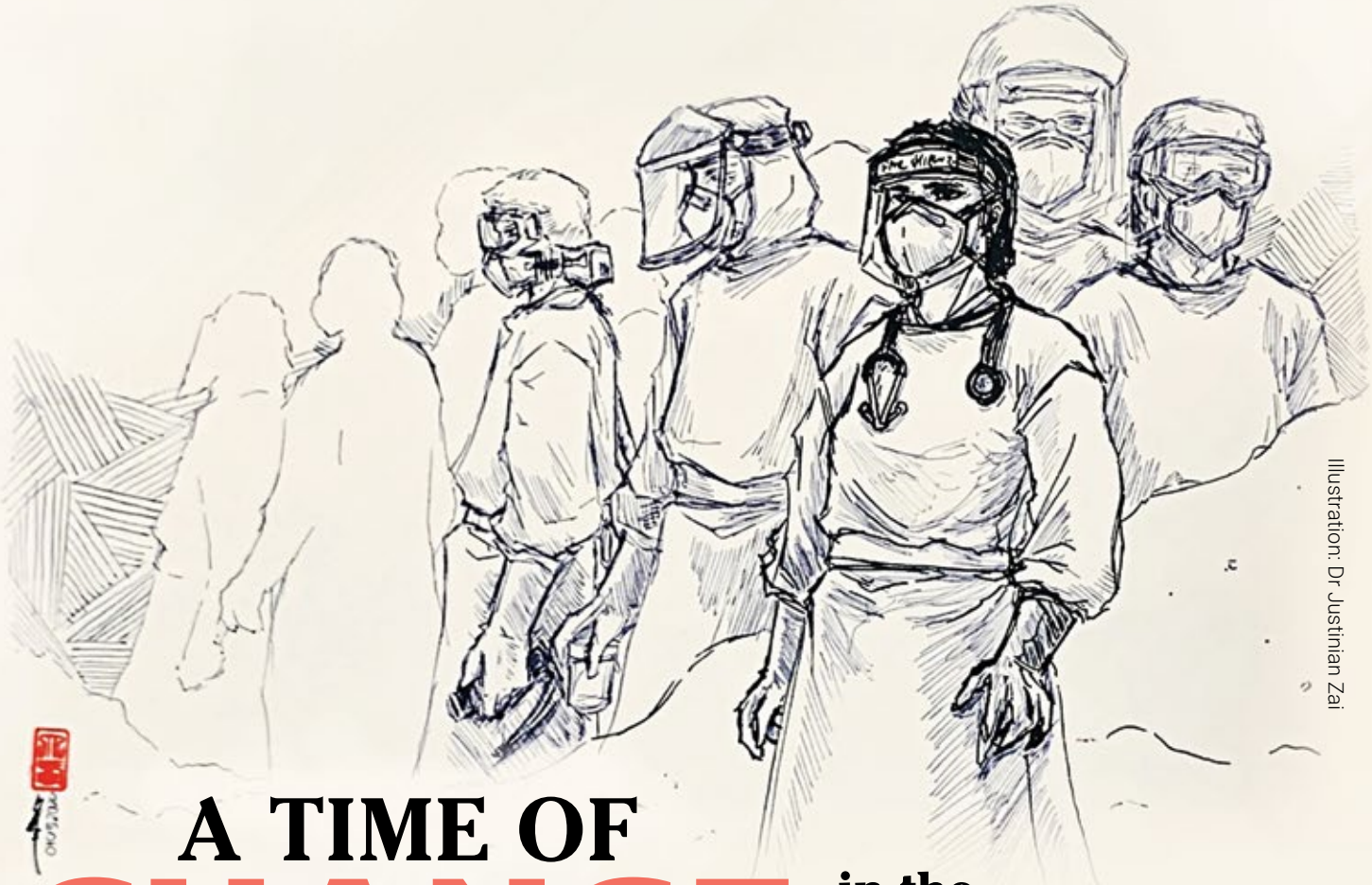


Illustration: Dr Justinian Zai

A TIME OF CHANGE in the World and SMA

Text by Dr Tan Yia Swam

This column in the May 2020 edition marks the first time I write for *SMA News* as President of SMA. I am the first woman president of SMA, and I am acutely aware of the responsibilities, expectations and challenges. I am positive about the great potential I see, everywhere. Being elected to be SMA President is a privilege and an honour. I will do my utmost for doctors and for patients.

COVID-19: a time of change

This marks the fourth month that COVID-19 is present in Singapore. COVID-19 has impacted the world and brought unprecedented changes to our lives. International travel came to a halt; there's confusion, worry, and fear over falling sick and dying. Struggles over resources threaten healthcare in every country – personal protective devices, ventilators and healthcare workers. The World Food Project warns of famine in some countries. Economies move into recession. Harder times are coming. We see a surge in the abuse of social media: fake news, keyboard warriors and armchair experts are everywhere. Some countries have increased incidents of racism. The COVID-19 pandemic is a threat to us all: to life and personal safety, to livelihoods in all walks of life.

But, not all is lost.

There is much greater connectivity today. Colleagues reach out across continents to share scientific information and updates, to better enable each other to heal their patients. Friends continue to catch up remotely. In Singapore, we see people setting up groups to help those in need. We have so many volunteer groups springing up everywhere.

In our own profession, Facebook, WhatsApp and Telegram chat groups have allowed doctors (especially those in private practice) to keep in touch. Hardworking moderators have managed the groups – to allow for fruitful discussion, sharing of good information, some humour to de-stress and the occasional venting. This level of support is amazing.

I have made many new friends in these groups, and we have shared anecdotes, complained together and reassured each other. I was especially touched by the individuals who reached out to me privately to offer personal assistance, and to volunteer for the various small projects I wanted to start. Funnily enough, I realise that we have never met in person, nor even video-chatted yet. If the profile photo is a childhood photo, or covered in personal protective equipment (PPE), or of a pet, I don't even have a face that I can visualise. In fact, if your name is a nickname or initials, I'm sorry, you'll always be "FluffyBunny92" in my mind. (*This is a fictional example. Any coincidence to anyone alive/dead is sheer coincidence!*)

Thank you all, for your friendship. I am very glad to know you. I look forward to meeting you in person one day, soon.

SMA now: current changes

There are changes within SMA. The Council has been planning to take SMA up yet another notch, to keep abreast

with changes in the way we practise medicine. Broadly, I see three key areas:

1. **Changes in medical advances**
   How can any doctor know the whole breadth and depth of all the different specialties? As training programmes change, and residency has a shorter training time compared to the old basic specialty training/advanced specialty training system, how do we better prepare our young doctors? How do we better utilise telemedicine? How do we integrate artificial intelligence into our future practice safely and meaningfully? The SMA Doctors-in-Training Committee and Telemedicine Workgroup serve to provide some guidance on these matters.
2. **Changing medico-legal landscape**
   Medical practice is getting more complex. Treatment options are more varied. Patients have more access to information, whether or not the information is accurate or appropriate. A lot more communication is needed to address a patient's concerns and deliver satisfactory care. Doing the right thing may not be enough anymore. We have to do the right thing, the right way. The SMA Centre for Medical Ethics and Professionalism is further developing new modules to augment the programmes that individual residency programmes provide. Some of these will be suitable, even essential, for doctors who are many years past graduation to be up-to-date with changes in medical law, in applications of the Singapore Medical Council Ethical Code and Ethical Guidelines.
3. **Changes in people**
   We have four Council doctors who have stepped down, and four new doctors who have come forth to serve on the SMA Council. The current Chief Administrator who has been with us for a decade, has decided to change his area of work. The SMA Secretariat has had many more people joining to better serve our Members. I am actively looking out for more doctor volunteers to join our various committees.

Giving thanks

I want to register my thanks to Dr Noorul Fatha As'art; immediate past President, Dr Lee Yik Voon; and past Presidents Dr Chong Yeh Woei and A/Prof Chin Jing Jih for their years of service and leadership on the SMA Council. Special thanks and gratitude to Mr Martin Ho, Chief Administrator of the SMA Secretariat for the past ten years. He has brought structure and improved the workflow of the organisation – and this provides a solid foundation for the changes I hope to bring about.

I want to thank the many friends and colleagues who have shared your struggles with me. I hear you; I feel for you. Wherever you are.

Solo GPs trying to keep your practice going...

Locum doctors wondering about PPE support, locum slots...

Sandwich generation having to look after young and old...

Junior doctors in restructured hospitals following rosters and leave restrictions...

Senior doctors being burdened by tough decisions…

I know how frustrating it is. I feel your resentment. I feel the hopelessness. And yet –

Whatever we do, whether in word or deed, let us do it for the right reason and give thanks.

We were called to this profession. It is hard, it has always been hard. The personal sacrifices we had to make, and will continue to be asked to make. **You are not alone**. Far from it. These are difficult and challenging times for everyone. Let's keep our eyes and heart focused on WHY we are doing this.

SMA future: being female, being "young" (relatively)

I've been fascinated by research articles on the strengths and weaknesses of female leadership. People's perception of my relative youth is a double-edged sword.

I used to always think of myself as a young doctor. I joined Council at age 26. I'm not 26 anymore. While some doctors (ahem, you know who you are) still call me "*xiao mei mei*" (translate: little girl), I have now crossed over to an age where some other *xiao mei mei* will say, "you were my tutor when I was in M3". And of course, she's not a little girl either, she is a consultant!

The age divide is real. Young people think that the old are slow and unchanging. The old think that the young are hasty and fickle. The "strawberries" are pampered. The "boomers" are over the hill.

We should not and must not subscribe to the same biases.

I respect and honour the seniors who have taught me so much, and done so much for our profession. I will heed your words.

As for the doctors younger than me and the medical students whom I have interacted with, thank you for trusting me, and sharing your passionate hopes and dreams.

So what lies ahead?

The SMA serves as a rallying point for all doctors, and maybe even all healthcare workers. With these many ongoing changes, there are great opportunities for growth. I ask for your support. Join the SMA, and join me in performing more works of service.

> *"**I alone cannot change the world, but I can cast a stone across the waters to create many ripples.**"*
> *– Unknown* ◆

Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice a year ago, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

HIGHLIGHTS

From the Honorary Secretary

Report by Dr Ng Chew Lip

Dr Ng Chew Lip is an ENT consultant in public service. After a day of doctoring and cajoling his two princesses at home to finish their food, his idea of relaxation is watching a Netflix serial with his lovely wife and occasionally throwing some paint on a canvas.

Closure of SMA secretariat office

The SMA office has been closed with effect from 7 April 2020, in line with the circuit breaker measures during the COVID-19 pandemic. Due to the fluid situation, we will inform our Members on the date the office will be allowed to reopen. Do check our website for the latest updates regarding our opening date. If you require assistance, please contact us at https://www.sma.org.sg/general/contactus.aspx or at our main line 6223 1264.

For indemnity matters:

MPS: 800 616 7055 (toll-free) / mps@sma.org.sg

Income MMI: 6223 1264 / sma@sma.org.sg

JLT Medefend Scheme: 6411 9002 / website: https://www.medefend.com.sg

For membership matters:

General: membership@sma.org.sg

New sign ups, renewals and Medik Awas: 6540 9193

Clinic assistant, update of personal info and other general queries: 6540 9194

For *SMJ* matters:

All enquiries: smj@sma.org.sg

For *SMA News* matters:

All enquiries: 6540 9181 / news@sma.org.sg

Supporting junior doctors in the fight against COVID-19

The SMA Doctors-in-Training Committee has partnered with MOH Holdings (MOHH) and local food and beverage companies to support junior doctors. We hope that these promotions will help to boost the energy and morale of junior doctors in the nation's fight against COVID-19. We would also like to thank MOHH and the following partners for their generosity – Mr Bean, Polar Puffs & Cakes, Royal T Group, 4Fingers Crispy Chicken and Strumm's Holding. Please refer to https://bit.ly/2XOtjLC or visit our Members' Facebook group at https://bit.ly/SMAFacebookGrp for more information on these promotions.

COVID-19 support measures

SMA has initiated a series of support measures for our Members and extended them to ALL healthcare workers (HCWs).

The Psychological Wellness Support Programme entails a list of psychologists and GPs who have stepped forward to provide pro bono or reduced fees counselling for HCWs during this challenging period. A list of helpful expert advice on managing stress and anxiety has also been uploaded on our website.

We have also partnered with the National Gallery, Singapore Arts Museum, Nanyang Academy of Fine Arts, Singapore Prison Service and others in the creative community for the #SGArtforHCW campaign to collect artworks to support HCWs. We have received 400 submissions to date and are currently working on displaying the artworks. Reports on our campaign have appeared on *Channel 8 News & Current Affairs*, the *Straits Times* and *Time Out*. Please refer to our Instagram page to view the artworks: https://bit.ly/SGArtforHCW.

For reference, SMA's resource page on COVID-19 can be found at the following link: https://www.sma.org.sg/COVID19.

We would like to take this opportunity to thank our Members and the greater healthcare community for stepping up during this difficult period. Stay safe.

"Bring Your Own Bottle" hand sanitiser distribution exercise

SMA, in collaboration with our partners College of Family Physicians Singapore (CFPS) and Singapore Dental Association (SDA), as well as venue support by the Singapore Manufacturing Federation, conducted the "Bring Your Own Bottle" hand sanitiser distribution exercise for registered medical/dental clinics and CFPS/SDA/SMA members. This took place from 16 March to 20 March 2020 and we received good responses from clinics and members who came to collect the complimentary hand sanitiser (5 l per registered medical/dental clinic, or 500 ml per CFPS/SDA/SMA member).

This event was made possible with the generous support of the Temasek Foundation. We hope that members who benefitted from this distribution found it useful. ◆

2020 SMA Annual General Meeting

Text by Lee Sze Yong, Manager, Council Support

Dr Tan Yia Swam was elected as SMA President during the SMA Annual General Meeting (AGM) held on 19 April 2020.

President of the 60th SMA Council, Dr Lee Yik Voon, started the proceedings by thanking Members for attending the AGM via teleconference. He highlighted the following during the President's message:

- SMA will continue to be a strong advocate and an active voice for the profession and our patients.
- SMA's participation in the Ministry of Health (MOH) Workgroup to Review the Taking of Informed Consent and SMC Disciplinary Process – sensible resolutions can be achieved, with the interests of patients upheld, and challenges faced by doctors taken into consideration.
- COVID-19 – the medical profession has taken great efforts to prepare for the next pandemic, and SMA has provided practical support, such as securing N95 and surgical masks from MOH for sale to doctors in the private sector.

Dr Lee ended by thanking all SMA volunteers and expressed how it has been a privilege to serve as SMA President. He also urged all Members to strive forward as one, with a common goal to serve each other and to care for patients to the best of their ability.

Honorary Secretary Dr Lim Kheng Choon highlighted the ground rules for the teleconferencing AGM, and referred members to the SMA Annual Report 2019/2020, themed "Go the Distance".

Next, Honorary Treasurer Dr Ng Chee Kwan presented the 2019 accounts for SMA, of which he highlighted an operating deficit of $58K.

The accounts for SMA Pte Ltd (SMAPL) was presented by Adj Prof Tan Sze Wee, Chairperson of SMAPL. SMAPL's profit and loss statement largely depends on the performance of its investments, managed by UBS. For 2019, SMAPL achieved an unrealised fair value profit of about $600K; however, this has been superseded by events related to COVID-19 in 2020.

Dr Chong Yeh Woei, Chairperson of the SMA Charity Fund (SMACF), then presented a report on SMACF, SMA's independent charity arm. SMACF raised $2.1 million and awarded 309 bursaries in 2019. Members present were encouraged to donate to SMACF.

Members present affirmed the SMA Council's proposal to elect Prof Chee Yam Cheng and Prof Phua Kong Boo as SMA Honorary Members. The Honorary Membership will be conferred during the SMA Annual Dinner, tentatively set on 5 September 2020.

Elections for the 61st SMA Council were then conducted. Three new council members, Dr Chie Zhi Ying, Dr Ivan Low Jinrong and Dr Tan Zhenwen Tina made introductions to the members in attendance. The remaining council vacancy was filled by Dr Low Tchern Kuang Lambert. Following which, election for the executive committee was conducted.

Incoming SMA President Dr Tan Yia Swam made an address to Members present, thanking the secretariat and the four outgoing council members and highlighted plans for SMA going forward. The role of SMA now, during this time of change, is more important than ever.

With that, the AGM was concluded.

61st SMA Council 2020–2021

President
Dr Tan Yia Swam

1st Vice President
Dr Ng Chee Kwan

2nd Vice President
Dr Tammy Chan Teng Mui

Honorary Secretary
Dr Ng Chew Lip

Assistant Honorary Secretary
Dr Benny Loo Kai Guo

Honorary Treasurer
Dr Lim Kheng Choon

Assistant Honorary Treasurer
Dr Chie Zhi Ying

Council Members
Dr Anantham Devanand
Dr Daniel Lee Hsien Chieh
Dr Lee Pheng Soon
Dr Ivan Low Jinrong
Dr Low Tchern Kuang Lambert
A/Prof Nigel Tan Choon Kiat
Adj Prof Tan Sze Wee
Dr Tan Tze Lee
Dr Tan Zhenwen Tina
Dr Toh Choon Lai
Dr Wong Chiang Yin
Dr Wong Tien Hua
Dr Bertha Woon Yng Yng

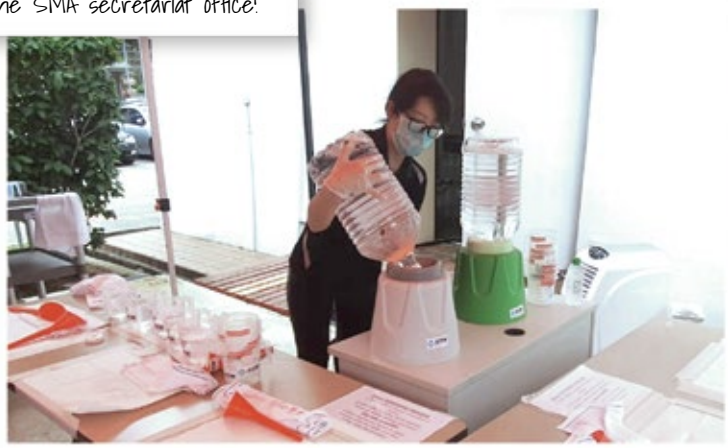
Support and FOR OUR HCWs

SMA played its part in the growing COVID-19 crisis in its own way! To help front line healthcare workers, SMA procured N95 and surgical masks for sale to Members to ensure they are sufficiently equipped to handle any potential cases. A few weeks later, in collaboration with the Temasek Foundation, SMA was mobilised again to assist with dispensing hand sanitiser for registered medical/dental clinics as well as SMA Members.

The large crowd of HCWs purchasing masks

The queue extended all the way outside the SMA secretariat office!

The hand sanitiser distribution setup at the outdoor parapet near the SMF carpark entrance



Topping up hand sanitiser for dispensing

Prepping and mixing the hand sanitiser

Appreciation

In collaboration with the National Gallery Singapore, SMA invited members of the public to show support for front line healthcare workers (HCWs). Words of encouragement or artwork could be submitted under the hashtag #SGArtforHCW on Instagram. We've collected some of these heartwarming pieces below for our readers.

agnestan2004

Life is all about balance. Be there for others, but never leave yourself behind. You can't pour from an empty cup. Remember to take care of yourself =)

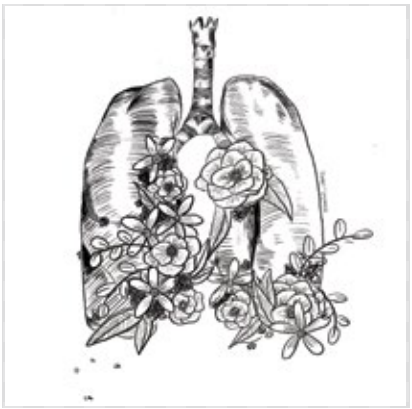
breastfriendsurgery

When I think of heroes, the Marvel Avengers come to mind. I did a series of how these heroes actually won't be effective in COVID-19, as tribute to our real-life frontline healthcare heroes.

chinnienemo

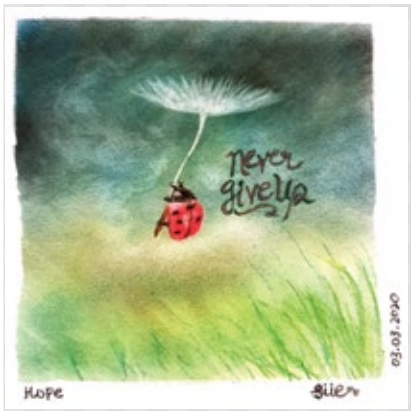
This was inspired after I had a training session at work to learn how to don the Powered Air Purifying Respirator. Drew this as encouragement to frontline colleagues and friends. Everyone has a part to play in the fight against COVID-19.

clarekal_creates



The COVID-19 virus mainly infects the lungs and impairs respiratory function.This artwork is dedicated to all healthcare workers who nurse patients' lungs back to health, just like a gardener nurtures his flora with tender loving care.

nagomiluv



Dandelions are known for healing properties, and ladybugs rid gardens of pests. Like the ladybug clinging to the dandelion, I pray healthcare workers would cling on to hope in the storm, and infected patients to cling on to healing and not let go.

tifaaani

Moved by the endless toils of our healthcare workers. If only everyone saw it this way. To share and band together to help rather than to hoard and hate.

RETURNING FROM ABROAD AS A JUNIOR

Dr Chong is a medical officer currently working in Singapore with an undergraduate degree in Anatomy and Biomedical Sciences, and postgraduate Doctor of Medicine. She enjoys medical missions, baking, and being around nature. She hopes to hone her skills as a doctor in order to ultimately serve the less privileged and to improve global health standards.

Text and photos by
Dr Glenda Chong Sze Ling

I moved to Perth, Western Australia at the age of 17 to study medicine. Eight years later, I was finally done with my university education; having completed Year 12, an undergraduate degree in Anatomy and Biomedical Sciences and a postgraduate degree in Doctor of Medicine. This marked the start of my return to Singapore and an entirely new life as a junior doctor.

As students, the one thing many of us struggled with was determining the "best time" to return home as an overseas doctor. During my time in university, I found that I did not have the answer to this question. Before graduation, I actively asked different people already in the profession, all of whom had (of course!) different things to say. Some advised me to work overseas for a few years before coming home, given that working overseas would give me a better work-life balance – fewer working hours per week, more hand-holding from senior doctors and fewer hours spent on call. However, other seniors encouraged me to take a leap of faith and come home as soon as I graduated, as this would allow me to adapt more easily to the Singapore medical system. This was valuable experience that I had already missed out on from studying overseas.

After long hours spent agonising over this decision, I finally made the decision to return upon graduation. Ultimately, I knew I wanted to complete my specialisation in the country that was closest to my heart, and where my family resided. I also knew that the longer I am away from my home, the harder it would be to call it home when I returned.

That being said, returning home, especially as a house officer, was easier said than done.

Medical knowledge

In the process of rotating through different hospitals, I had the privilege of meeting numerous house and medical officers, most of whom had graduated from local universities. They were all brilliant and extremely capable, rattling off solutions to difficult cases from the deep fount of knowledge at their fingertips. It was easy to compare myself to the local graduates and feel that I did not possess the same capabilities. This was an anxiety shared by most of us overseas graduates, regardless of whether we were from the UK, Ireland or Australia. We did not know if our syllabus was as rigorous as the one that was taught in Singapore. It was easy to think that, perhaps, we were not as accomplished or that our examinations were more lenient.

Thankfully, I discovered over time that this was a common cause for concern for all junior doctors, regardless of which university they had graduated from. Having a vast amount of knowledge did not ensure that you magically transformed into the best house officer overnight. I learnt that it was more important to be able to manage your primary team's patients efficiently, speak to seniors if medical emergencies arise and work effectively with other allied health workers to ensure smooth recovery and patient discharge. Any

Singapore General Hospital Vascular

gaps there may have been in my knowledge were always quickly and gently met by more senior colleagues, who were always kind enough to take time to discuss the difficult cases with me to ensure that my understanding was on a similar level. It was imperative to learn from my mistakes and to ask for help when needed.

Differences in guidelines

Before I moved home, I had the misguided notion that the guidelines for patient management were very disparate in different countries. Guidelines are important, especially when evidence-based medicine is the best form of treatment we can give to our patients. For example, in patients suffering from acute stroke, the dosages of atorvastatin used to stabilise the thrombus differs in the Asian versus Western population. In particular, a higher dosage of atorvastatin is often used in Singapore as our population is not as susceptible to transaminitis as compared to the Western population. In cardiovascular medicine, ticagrelor is widely used as a dual anti-platelet medication in Australia; however, in Singapore, we use clopidogrel as there are some controversies regarding the efficacy and safety of ticagrelor in Asian patients. These were just a few items on the long list of differences, and I felt that I would have to learn new protocols suitable to the Singaporean healthcare system.

Now, I am glad to say that my mindset has been unequivocally changed over the course of this year. Many other house officers are trained in different countries, such as Australia, the UK, Ireland, etc, and through opportunities that allowed me to spend time with them, I realised that most differences are minute. Often times, the principle of treatment is largely the same, and this did not affect my ability to practise medicine here at home.

Asking for help

With the increasing complexity of medical cases and the specialisation of care, it is very rare to be treated by just one doctor. As a junior, you will be inserted into many different teams as part of your career. Another concern of mine was that I would not be able to get help when I needed it – the pace of healthcare in Singapore seemed fast and daunting and I felt that I did not have many seniors I could rely on. I worried that my colleagues would think less of me if I said that I was not able to accomplish certain tasks alone.

Despite my misgivings, I was again proven wrong. Help was never far away when I needed it, no matter how busy or tired the people around me were. This often arose through the kindness of my peers or seniors from different specialties, and nurses and colleagues from allied health departments. With the new mentor and buddy system that various hospitals have embraced, the anxiety that people face in asking for more support has also been minimised. I was never placed in a sink or swim situation. I learnt that there will be times when you need help from others, but there will also be times when you are best placed to offer help to others, and by doing so willingly, you are paying it forward to the people around you.

The pace of healthcare in Singapore

In the most recent Bloomberg Health Care Efficiency Index, Singapore was ranked second in the world, just behind Hong Kong. Being one of the most efficient healthcare systems in the world, the pace of healthcare is definitely much faster compared to certain other countries, and most of the international graduates returning from these countries often feel the difference. However, as I saw my colleagues, seniors and other allied healthcare workers working hard and setting a flawless example for me by not complaining, it made it easier for me to formulate my own strategies on how I could better improve my speed and quality of work.

So, after everything – if given the same choice – would I still choose to come home? The answer is definitely a resounding yes! In retrospect, all the things I lost sleep over may have been unfounded and silly. Perhaps the healthcare system here at home was not exactly the same as the one I studied under. But at the end of the day, it did not matter as long as I was willing to embrace the differences that arose and learn from my mistakes. Working here is no easy task, but I have been so blessed to meet and learn from so many wonderful individuals. Had I chosen to stay in Australia, I would not have had this amazing opportunity to grow as a doctor. ◆

Friendships forged during my National University Hospital Internal Medicine rotation

6 CS OF MEDICO-LEGAL INDEMNITY

2020 has been a difficult year for most of us. The coronavirus epidemic has been an extremely difficult challenge for healthcare systems around the world. Singapore was not spared and the virus has spread to our sunny island.

The healthcare system and the doctors in Singapore have proven themselves resilient. We have approached the challenge with a methodical and deliberate response. We think it uniquely Singaporean, that we handle most things with great efficiency, multiple plans and back-up plans coupled with the courage to execute our strategies in a disciplined fashion.

With that mind, we write this article in a deliberately Singaporean slant, revamping the 5Cs from the 90s to the 6Cs of medico-legal indemnity of today. They are Coronavirus, Circumstances, Claims, Council inquiries, Counsel and Compensation.

Coronavirus

Singapore is encouraging her private sector doctors to serve as COVID-19 volunteer doctors in community settings and the dormitories. We counsel all doctors to check if their indemnity provider will cover them for such COVID-19 related volunteer work.

If you are currently an Insured with Medefend, your Medefend annual policy will automatically, respond to protect you against such medical negligence claims. Your Medefend Insurers remain committed to support you during this period and have written in to confirm cover for such work.

Circumstances

Circumstances as defined in an insurance context is an event that may give rise to a claim. An example of a circumstance could be a difficult patient threatening a complaint or expressing great dissatisfaction with the outcome of medical care, but has not acted on the threat.

- Doctors are encouraged to notify their indemnity providers of circumstances to allow for a quicker response in the event it escalates to a claim.
- A good indemnity provider will not penalize the doctor for notification of circumstances but encourage it instead.
- Early notification helps greatly to bring about proactive dispute resolution.
- A good indemnity provider is able to swiftly triage the severity of the matter and quickly initiate the proper response. At times, the complaint might be deemed a frivolous one and a watching brief is maintained on the case.

Claim

A claim in an indemnity context is coverage rendered, or compensation for a loss as defined within the scope of cover. An example of a claim would be compensation to the patient or defence costs incurred in defending the doctor.

- Doctors are often notified of claims when they receive a demand for compensation from a patient or the patient's family
- When facing a claim, a doctor should avoid admitting liability and settling the claim without prior reference to their indemnity provider.
- There are a variety of dispute resolution options to consider and the viability of mediation should be considered as the objective is to provide a more cost-saving and effective dispute resolution mechanism.

Council Inquires

Disciplinary inquiries are brought against doctors on a case-by-case basis and are initiated by a complaint made to the SMC about the doctor.

- Doctors are encouraged to immediately notify their indemnity provider of the matter to allow for legal representation to be arranged quickly for the doctor
- The intent is to allow the doctor to respond to the SMC in a timely and appropriate fashion that will not compromise their position.

Counsel

There are many law firms in Singapore taking on medico-legal work but it is important to check and make sure that the firm is experienced in handling matters from a doctor's perspective.

- It was common practice in the past for the panel law firm to assist with both notification to the indemnity provider as well as the defence work for the doctor.
- A new model via Medefend dissociates notification and defence work. The broker handles the notification process, serving as the intermediary between all parties (insurers, doctor, law firms).
- This allows the panel law firm to focus on defence work for the doctor

Compensation

Indemnity protection or insurance is at its very core, a financial tool to protect the doctor's personal assets to allow them to practice with peace of mind. The protection must be comprehensive and the provider must have a good track record of handling claim matters.

- If insurance is selected, the appropriate limit of cover must be selected. It is a fallacy that unlimited or "blank-cheque" coverage is the be-all and end-all of protection. Instead, a careful consideration of the average and maximum quantum for medico-legal cases should be studied and this should be juxtaposed with the doctor's personal practice habits and risk appetite before deciding on the limit of liability required.

Joel Tng
FINPRO, Marsh JLT Specialty
Healthcare – Assistant Manager

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MARSH

Braving A NEW WORLD

Doctoring is a calling, but there can be times when medical personnel feel called to another mission or direction amid their journey. What happens then? Here, *SMA News* features four authors who have generously shared their journeys as well as advice for others who may be facing such a dilemma in life.

Text by **Dr Yau Teng Yan**

Dr Yau is a digital health advocate and self-professed techie. He is also the chief medical officer of Holmusk. He believes that one day, technology will finally fulfil its promise of making our lives as medical practitioners easier, so that we can spend more of our time on what matters most – our patients.

I have always had a deep interest in healthcare. Looking back, I was highly inspired by my father, a doctor who is still practising. I remember vividly when I first told him that I was going to apply for medical school. He asked if I was absolutely sure about it and whether I would rather consider other career options, and shared that medicine was a very challenging path. As a teenager I was stubborn of course and stuck to my decision. I have no regrets that I did.

After housemanship, I spent a good part of my six years working in the field of diagnostic radiology. Radiology was intellectually stimulating investigative work and it was nice to be at the cutting edge of technology to support clinical diagnoses. But there came a point where I felt I wanted more. I wanted to be able to positively impact more people, and was frustrated that I was not able to scale my time up to do so. My impact was limited to the number of patients I could see (or number of CT scans I could read) a day.

This led me to go on a year-long break from clinical medicine, which has since extended to almost six years. Together with my partner Nawal, we started a healthcare technology company five years ago where we are building the world's largest real-world evidence platform for neuroscience and chronic diseases – to accelerate research and development in new therapeutics for various disease areas, including depression, schizophrenia and diabetes.

I did not realise it at that time, but I was driven by a personal vision. A vision to use my skills and expertise in a unique way to bring different people together to solve complex healthcare problems. My current work is very cross-functional. I still use my clinical knowledge to guide our teams – to ensure that the work we do and products we create are grounded in medical science and are relevant to the various stakeholders, especially clinicians. But a larger part of my work now involves skills that I was not taught specifically in medical school – building and managing teams of people, operational management, strategic thinking and planning, and making business presentations and pitches. It was (and still is) a steep learning curve and there are constantly new things to learn which keeps me excited and growing.

The skills and experiences I picked up from medical training have helped me immensely in this career detour. Medical training provided me with various mental models to use when approaching difficult problems – to be systematic and analytical. Ambiguous business problems can be approached in the same way as we doctors approach a diagnostic problem of a patient with fever of unknown origin or abdominal pain – do a good history and examination, conduct relevant investigations (gather data), come up with a list of differential diagnoses (probability analysis), treat, and consider other diagnoses if the patient does not respond (adaptability).

Another important thing I have taken away from medical training is the ability to work and perform in highly stressful situations. As doctors, we have all had to go through years of working long irregular hours, rigorous training and multiple code blues on a bad night call. This builds in us an inner resilience, a perseverance which I greatly appreciate. It lends us confidence to handle difficult situations outside of the hospital. Few things can be more stressful than a patient collapsing on you unexpectedly, and everything else seems relatively minor compared to that!

Text by **Dr Lee Guo Rui**

Dr Lee is the medical director at Kai Suites Pte Ltd. He constantly pursues challenges and seeks to offer solutions that help plug the gaps in the medical landscape.

In my free time, I occasionally sit back to reminisce the journey that I have embarked upon when I entered medical school 17 years ago. What first started as a passion for the art of medical practice evolved over the years into a love for the ever-advancing frontiers of medical technology.

Venturing beyond my comfort zone

Three years into my residency training with the department of radiology, I was presented an opportunity at managing general practice clinics in the capacity of a medical director. Having nestled comfortably for over seven years in the restructured hospitals, it was a tough choice between the pursuit of cutting-edge diagnostic technology and the chance to run my own business, attending to the concerns of patients who come through my clinic as well as managing the day-to-day operations. I am now thankful I chose the latter.

Over the span of 18 months, a close-knit team of doctors and founders grew the group from three clinics to a chain of 12, allowing me to hone my skills in business management. It was at that point I was offered a chance to take a dive into the fast-paced world of telemedicine and set up a practice of my own.

Telemedicine and last-mile solutions for health screening were novel ideas in 2017. These new operational concepts enabled GPs to consult patients via a telemedicine application, enabling the dispensation of electronic medical certificates and delivery of medications to the patients. Mobile phlebotomists could be scheduled to perform home- and office-based health screenings at the convenience of patients. Follow-ups could then be made via video consultation. This allowed clinic owners to open longer hours, tapping on a pool of doctors to cover them remotely and also extend their reach to patients across the island!

While I was eager to spring into action, I was also filled with nervousness from challenges that faced my team. Introducing these modules into unchartered waters and applying for the regulatory sandbox was daunting enough, let alone the responsibility of designing a viable business model to fulfil my duties to the company.

Embracing change

The journey from conceptualisation to the execution of my "hybrid clinics" and "nurses on wheels" model was fraught with unexpected turns and surprises. Through this, I understood the regulatory processes better and made a vast network of like-minded individuals from all walks of life. I even had the opportunity to integrate a telemedicine-enabled chronic disease management programme into a life insurance plan offered by a leading insurance brand.

Once again, I have embarked on yet another exciting new path, introducing a novel holistic step-down care model for pre- and postnatal ladies. Carefully extracting the essence of seasoned specialists in the fields of medicine, nursing, dietetics, hospitality and gastronomy, my team has set out to blend age-old traditions of confinement with outcome-driven practice, offering peace of mind to parents and grandparents alike so they can truly savour the joy of welcoming a new life into their family.

My training from medical school and radiology has definitely given me an edge in managing my projects, allowing my core offering to always revolve around the provision of excellent and holistic patient care.

Text by **Dr Zubin J Daruwalla**

Dr Daruwalla is the Health Industries Leader for PwC Singapore and PwC South East Asia Consulting and leads the healthcare consulting team in the region, while remaining a practising clinician with an interest in orthopaedics, and an advisor to a number of start-ups in the digital health and medical education spaces. A healthcare thought leader and strong believer in collaboration, he hopes to bridge the gap between the clinical and corporate sides of healthcare.

Which stage of your medical journey were you at when you made the decision to depart from medicine? What changed your mind?

I left my full-time job in the Department of Orthopaedic Surgery at the National University Hospital almost four years ago in July 2016. At the time that I left, I was going into my final Accreditation Council for Graduate Medical Education accredited year of the NUH Orthopaedic Residency programme and had already been awarded the degrees of MCh (Orthopaedics) and MMed (Orthopaedics) by the Royal College of Surgeons in Ireland and the National University of Singapore, respectively.

Several reasons existed for my decision to leave. First and foremost, I have a creative and innovative mindset, with many of my friends and colleagues referring to me as a healthcare futurist. What I soon realised however, was that this was often frowned upon by many (at the time) who did not believe in what I did – that we needed to rethink the future of healthcare and health industries. We needed to work towards allowing technology to complement rather than replace our clinical practices. In the private sector however, locally as well as globally, things had already started to evolve.

Why did you decide to enter your current vocation/field?

During my residency, I became a Clinical Ambassador to Singapore's first

digital health platform, MyDoc, which subsequently triggered my passion in digital health. Over time, learning more about healthcare technology and how it was transforming patient care for the better only got me more excited. This pull factor, in combination with the push factor of several policy changes continually shifting the goalposts of residency programmes in Singapore, made me actively explore alternative career options that would provide me opportunities to make a difference while maintaining some form of clinical practice. During the year-long exploration, I saw examples of the bigger differences I could make outside the system, at a population level. This really sealed the deal for me.

Ultimately, I accepted an offer where I had the opportunity to build and grow PwC's Health Industries practice in Singapore and Southeast Asia.

What advice would you offer to someone considering a non-medical path for themselves?

They say hindsight is twenty-twenty. Switching careers is daunting, especially as practising clinicians. Advice I would give all my doctor friends and colleagues considering a switch in their careers to a non-medical one would be:

1. Think long and hard on the career switch you are considering. The grass is not *always* greener on the other side and all that glitters is definitely not gold. Why are you looking to leave? What are the push and pull factors? Be objective and think things through.
2. Spend time exploring the options. Do your homework and understand what the jobs actually entail and whether you have the right skillset(s) for them. Speak to people in similar organisations and roles that you are considering to get a better grasp and understanding of things.
3. Do not expect to parachute into a senior position just because you are a doctor. The extent of the advantages of being a doctor is dependent on the organisation and role, as well as whether your clinical insights and experience actually add value.
4. Decide if you want to give up clinical practice completely. This is very important because many organisations and roles may or may not be able to cater to this.
5. Look for a boss, not a job. This is something I would say applies to all jobs and industries. Find a coach, a mentor. A good one.
6. Dream big and do not let anything anyone says or does hold you down. In the words of William Arthur Ward, "If you can imagine it, you can achieve it. If you can dream it, you can become it."

Text by **Ethan Seow**

Ethan is a TEDx and CreativeMornings speaker, author, entrepreneur and ex-medical student from the National University of Singapore. His love for mental health and developing people has led him to help companies design their cultures. He is now on a quest to help good employees rise above office politics through his company Undelusional.

Which stage of your medical journey were you at when you made the decision to depart from medicine? What changed your mind?

I spent five years in medical school followed by two years on a leave of absence, when I ran my own business and worked part-time as a musician. I was prepared to return to school, but as I was about to go in for an extra month before school started, I realised I could not do it anymore.

I entered medical school because of psychiatry; I had fallen in love with it as a teenager. I was passionate about mental health, psychology and psychiatry because of my affinity with people with various mental illnesses. I would often support and guide them through their toughest times and I wanted to do that in psychiatry.

However, returning to medical school reminded me of the gruelling hours, inability to connect with patients because of the rigours of the career, and conversations I had with doctors who burnt out along the way because reality and expectations did not match. I saw myself in the burnt-out doctors and realised I did not want to be one of them.

Of course, it would have been nice to say that I persevered, but the five years in medical school already took a toll on me and drove me to depression. When I realised that I did not have the capacity to maintain that passion in me, I left. It has since led me to who I am today, which I would honestly say I'm proud of.

Why did you decide to enter your current vocation/field?

My current work is an extension of my love for mental health. Since I left medical school, I focused on building educational and people-centric businesses that better mental and emotional wellness. Whether it was through music, education, technology or business, my goal was to improve the lives I've touched.

I founded my company two years ago to target psychosocial problems in the workplace and found us focusing on the fundamentals of the problems – culture. That was how I found myself starting a new project to help people with office politics.

One of the biggest gifts from medical school was the ability to think algorithmically about challenges and problems. The diagnostic methodologies that I gained from my days in medical school helped me tremendously in being laser-focused on finding problems in the company culture.

Today, I empower people to rise above office politics through my platform The Office Matters, while consulting for companies to develop cultures of trust, initiative and collaboration.

What advice would you offer to someone considering a non-medical path for themselves?

Here is my advice that doesn't look like advice (just like what a therapist should do).

The most important question I asked myself was "who do you want to be when you're 30?" To leave medical school is tremendously difficult because of the social, emotional and financial sacrifice it would take. But if you look at who you want to be in five to six years' time, you would know what the right choice is – whether medical or not. ◆

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PSYCHOLOGICAL FALLOUT

Doctors in the COVID-19 Pandemic

Text by Dr Tina Tan, Editor

Dr Tan is a consultant at the Institute of Mental Health and has a special interest in geriatic psychiatry. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.

Day 1. I don't remember what day that was – some time in February. I took off my watches and decided not to wear them to work anymore. I kept only the two rings on my fingers – my wedding ring and a ring from my sister that I'd worn since university days.

Day X. I don't recall the exact day when I took off my rings and locked them up. The infection risk had become too high. I'd never taken these two rings off for an extended period of time. I stared at them with fondness before I secured them at home. It was around the date that the circuit breaker was announced.

COVID-19's mental effects

By now, all of us would have had moments that made us pause and reflect, just before we adjusted to a new reality. I've read countless accounts and social media posts and they are all similar – we are hurting in various ways even as we soldier on in this battle against COVID-19.

I'm a psychiatrist. Technically I'm not on the "front line" as we traditionally understand it, though my hospital is actively supporting this national crisis in terms of manpower and essential mental health services. However, slowly but surely (rapidly in the past few weeks), the semblance of normal life at the Institute of Mental Health and everywhere else, has been eroded by COVID-19. The physical toll of this pandemic exists, as my friends and colleagues working in other settings and doing shift work can attest to. The psychological toll on doctors, though easy to ignore now, is very real. Downplaying this would come at great cost to us, and to those whom we live and work with.

Being human, doctors are subject to the same problems that the general population faces under constant stress, if not more so because of the work we do. We might experience anything from anxiety, to post-traumatic stress disorder (PTSD)-like symptoms, to alcohol dependence. Suicidal thoughts can occur as well – I have heard of doctors in Italy who were suicidal because they had to choose who lived and who did not, and an American physician, who treated coronavirus patients, did in fact kill herself back in April.

Mental impact on doctors

Let's look at the reasons why the mental well-being of doctors might be affected.

1. Infection fears

   The act of donning and doffing personal protective equipment (PPE), and having to be conscientious of what you've touched and what part of you is clean or contaminated, involves a heightened vigilance bordering on obsessiveness. You cannot be distracted or you will make a mistake. Thankfully, in Singapore, we have enough PPE. But in other parts of the world, PPE is a privilege, not a given, and that adds to the fear of infection.

2. Stigma

   It is natural to fear what could kill. In India, there were news reports of healthcare workers being forced out of their homes once COVID-19 hit. In Singapore, some healthcare staff working in a nursing home were apparently evicted from their homes by their landlords when a cluster of cases was discovered in the nursing home. Thankfully, the stigma of healthcare workers now seems less profound than during SARS in 2003. The public are more aware of how the virus transmits and the care that healthcare workers take in protecting themselves at work.

3. Our loved ones

   Many of us have families whom we are worried about passing potential illnesses to. This is more so for those on the front line where the risk of exposure is greater. Some doctors want to, or have chosen to, stay in hotels or similar facilities, away from their families in order to answer the call

of duty. It is a genuine dilemma that many of us have had to ask ourselves, and answer in our own ways.

4. Constant change

   There is a constant upheaval, with no end in sight and no chance to catch a breath. For most of us who are not public health experts, we often do not know "what's next". All we have to rely on are what is available in mainstream media and instructions and updates from our clinical leaders. Sudden changes mean we have to scramble. It's hectic, not what we are used to, and over and above our usual clinical and administrative workloads. Plus, so much has happened in the past few weeks alone. Many of us, as dutiful healthcare professionals, have carried on looking after our patients according to our ethical and moral code. We continue with our work, with smiles on our faces and jokes a-flying as usual. But over the past few weeks, I've seen more strain, irritability and grimness in my colleagues' faces than before. Yet few of us have allowed ourselves to process what has happened and allow a catharsis of our emotions – fear, anxiety, anger and stress. Practically, there is no time to; psychologically, the pressure could be building up unbeknown to us individually.

5. Having to make no-win choices

   As global COVID-19 numbers increase, and hospital beds become occupied by COVID-19 patients, doctors in some countries are faced with the heavy task of deciding who gets the ventilator, and who doesn't. Who needs the hospital bed, and who can be discharged? Healthcare systems aren't just dealing with COVID-19 patients. There are other competing healthcare needs – patients with cancer, stroke and other emergencies. Having to decide the fate of patients when resources become scarce is an overwhelming responsibility and burden. I am grateful that such a scenario has not happened in Singapore at the time of writing. We do not want to play God. We want as many people to recover and walk out of the hospital as possible.

6. The morale of our doctors

   Service needs have taken precedence. You are deployed where you are needed, not where residency wants you to be. Your exit examination is to survive each day, with endless dilemmas and choices to be made and planned for. There is no more pass or fail – human lives and limited resources are at stake. And if you make a careless mistake, there's no examiner to prompt you – you risk catching an infection and becoming another case number. And I can't even begin to talk about the psychological effects of safe distancing.

Getting through this pandemic

Here's what we must do to get through this and emerge on the other side:

1. Rest well

   When we are tired, we will make mistakes clinically, and in our donning and doffing of PPE. Resting well also builds up our immunity.

2. Make a conscientious effort to unwind

   Switch off from your emails, carve out an hour to do something unrelated to work. Socialise with friends and loved ones virtually. You are not a robot, you are human. The great blessing is that this crisis comes at a time when technological advances make staying connected possible, and relatively easy.

3. Catharsis

   Talk to someone. Cry if you have to. Allow yourself the space to grieve for the way things were, the patients who are sick, and the demise that has just happened.

4. Be aware when you need help

   Now is not the time to worry about your reputation or what your colleagues might think of you. If you are not coping well, seek professional help. Each institution in Singapore has peer support, and there are free psychological services for healthcare workers that we can access.[1,2,3]

5. Change your perspective

   Stress is not always a bad thing. Stress can refine you and build your endurance. What goes through your mind when you wake up each morning and head for another day of work? Is it fear? Anxiety? Dread? Think of the positives in your life, and hang onto the hope that in time to come, this too shall pass.

6. Support your leaders

   You may wonder why this point is here. We are in unprecedented times and our leaders have to make decisions that even they were not trained to do. None of these decisions are easy, because they all involve a balance of breaking the chain of transmission versus sustainability, being mindful of the consequences of every decision without acting too slowly. Giving criticism with the benefit of hindsight is easy, but providing on-the-ground feedback that is constructive and an accurate forecast of things is what matters, and that is where we can make a difference.

The psychological fallout of COVID-19 on doctors won't be as obvious as its direct effects, though we can be worn down in ways that aren't so immediately apparent. I implore my fellow doctors to look after yourselves and your mental well-being. A special note goes to my fellow practitioners in the mental health field: our role is to tend to the psychological needs of those who have suffered COVID-19's direct and indirect effects. Even as we care for those who have suffered from them, let's not forget our own mental health. Burnout and PTSD in mental health workers can happen as it would to doctors in other fields during this time. So do take care.

As obvious as all this seems, oftentimes in the daily work grind, we may lose sight of the simple but important things. We are in this fight together. This is a war with many battlefronts of varying intensity. Let's be there for each other as an extra pair of hands, and a shoulder to lean on in tough moments. We are all in this together. #SGUnited ◆

References

1. Seow J. Mental wellness services for 14,000 healthcare workers. Available at: https://bit.ly/3akxOjr.

2. Tan Tock Seng Hospital. Tan Tock Seng Hospital Staff Support Staff Programme. Available at: https://bit.ly/2Koj9cI.

3. SMA Psychological Support Programme for Healthcare Workers. Available at: https://bit.ly/2RVdPSl.

STANDING Together in the Face of COVID-19

Editor's note:

As you read this, Singapore would be into its first, and hopefully only, extension of the circuit breaker (#CCB). It's been a long journey and I hope that everyone is coping well. For better or worse, the marathon isn't over, though I hope we have made progress by now.

We continue our series of featuring the voices of doctors in various settings as we continue to fight COVID-19. We hope these snippets bring encouragement to all.

When news of the then unknown coronavirus disease – COVID-19 – first broke, nobody expected it to hit our shores so quickly and extensively. And when the Disease Outbreak Response System Condition was raised to Orange on 7 February 2020 in Singapore, we knew it was a rallying cry to take up our posts at the battlefront.

Teamwork and communication were paramount and as a teamlet lead, I assisted my clinic head with providing critical ground updates to colleagues, so as to keep pace with rapidly changing clinical guidelines. I ensured the well-being of my team as work can be stressful, given the heightened vigilance and continually evolving situation. Donning personal protective equipment for hours when working in the segregation area and fever clinics, we persevered with meticulous history-taking and clinical assessment of patients with acute respiratory infections and fever. Split teams within the polyclinic, with clinicians working in separate teams, were rolled out to achieve safe distancing and as part of business continuity plans.

Safe distancing among colleagues persisted throughout lunch breaks over teleconferenced continuing medical education in separate rooms. In addition, medication extension and home medicine delivery were arranged for eligible patients to reduce clinic attendance and minimise infection risk.

We brace ourselves for challenging days ahead as the pandemic progresses, cheered on by the heart-warming support and care packs from the public and our colleagues. We, as front line healthcare workers, will fight hard to protect our patients and our Singapore. There is light at the end of the tunnel and together, we will overcome! #SGUnited

Dr Victoria Leung, *Family Physician and Associate Consultant, National Healthcare Group Polyclinics*

This Mask

This mask I wear, through which I breathe
This mask covering mouth and nose.
This mask which protects my lungs beneath
This mask, that prompts here this prose.

This mask, that protects me from you
from COVID and other such things.
But it also protects you from me too,
from my halitosis and judgemental grins.

I'm not a superhero, and I don't wear a cape.
I'm just a healthcare worker with a mask
I don't need bubble tea, (I'm already outta shape)
if you want to know what I want, just ask!

So don't stay home for me, for this is my job.
A calling to serve, with pride.
Especially when donned in full PPE, to swab,
and sweating, even from my backside.

Stay home instead for my mum, my dad,
for my aunties and uncles too.
I'm not there to take care of them, it's sad.
So you take care of them, by staying home with your crew.

This mask, it hides my smiles, my fears,
my happiness, or when I feel blue.
But one thing it doesn't hide are my tears
But lucky for me…I wear goggles too.

Dr Ian Mathews, *Consultant, Emergency Medicine, National University Hospital*

"Adversity introduces a man to himself."
– Albert Einstein

I'm an ENT consultant. Very early on, before we knew much about the disease called COVID-19, doctors from the Tan Tock Seng Hospital Division of Surgery had been asked to volunteer at the National Centre for Infectious Diseases screening centre.

We saw heads of departments stepping up to the plate and consultants on the brink of private practice giving their last contribution to public service before leaving. There were also our medical officers and registrars who didn't complain one bit despite the pressure of examinations (which had yet to be postponed) and increase in workload. Our nurses, clinic assistants and paraclinical staff were also co-opted to work in unfamiliar roles.

Every time that I don my mask, cap, gown and goggles and step into the screening centre, I feel grateful that we are protected in our battle. Our colleagues in the UK and US aren't so lucky.

I feel proud to have friends who have my back. When I volunteered to do high risk tracheostomies for our COVID-19 patients, there were many colleagues who stepped up as well. That's as close to taking a bullet as we get in our line of work. I'm not sure if it was guided by some sense of chivalry, but the courage and strength that everyone around me has shown inspires me every day.

Together, we shall overcome.

Dr Valerie Tay, *Consultant, Tan Tock Seng Hospital*

Over the years, one learns to go to the tearoom. Hungry? Tearoom. Clinical conundrum? Tearoom. Administrative challenge? Tearoom. Bored? Tearoom. Angry? Tearoom. Happy? Tearoom. Urge for number 1? Tearoom (there is an adjoining washroom). Basically, you go to tearoom for everything, at least in the Singapore General Hospital Division of Anaesthesiology.

Usually a hive of activities, it is now often quiet. The table that usually seats upwards of ten people, is now limited to four, in the name of safe distancing. Previously a place where we would rub shoulders with each other, today we rub sanitiser on our own hands (on arrival and before leaving).

It was never this empty during office hours. After all, this small tearoom serves close to two hundred of us. One cannot help but feel a little melancholic stepping into the tearoom these days.

However, we are not lonely or helpless. Far from it! We remain upbeat and optimistic. Thanks to WhatsApp and other social media applications, we are never truly alone. The whole of our division is literally one click away. Clinical conundrum? Post it on WhatsApp (minus the identifiers, of course, we are all professionals), and helpful advice would land on your phone within seconds, often with the latest evidence or guidelines. Help in the physical form may suddenly show up in your operating theatre too! Bored? Just watch the latest cat video someone shared in the chat group. Our old tearoom lives on virtually on WhatsApp.

We are so fortunate to go thru this current pandemic with a wealth of resources, both physical and virtual. Let's lean on each other virtually and together we shall prevail. Looking forward to a crowded tearoom again. Can't wait. ◆

Dr Yeoh Chuen Jye, *Division of Anaesthesiology, Singapore General Hospital*

DEFENDING DEFENSIVE MEDICINE

Text and photo by Dr Chuang Wei Ping

Dr Chuang, a family practitioner, has university degrees in medicine, law, economics and divinity. He worked full-time in the UK National Health Service for several years and won the 1985 North East England David Dickson research prize for an outstanding contribution to medical knowledge on "Forensic Audiology".

In the classical triad of "noble professions"– priests, lawyers and doctors – all results are not guaranteed. Unrealistic expectations result in malpractice suits, especially against doctors.

Civil suits against doctors

Litigation against UK doctors accelerated in the 1950s, resulting in the landmark case of Bolam.[1] As with all offensive weapons, "defensive medicine" shields were developed to meet the growing menace. How big should a shield be? Too small and one will die like the 300 Spartans under volleys of cowardly Persian arrows. I recommend the Roman Testudo (tortoise) formation of adjacent shields impenetrable to arrows from all sides.

Lord Denning, Master of the Rolls and prominent jurist, stated that a medical man should not be found negligent unless he has done something of which his colleagues would say: "He really did make a mistake there. He ought not to have done it."[2]

In 1954, Lord Denning directed the jury with instructions which are still applicable today:

> *"…there is always some risk, no matter what care is used. Every surgical operation involves risks. It would be wrong, and, indeed, bad law, to say that simply because a misadventure or mishap occurred, the hospital and the doctors are thereby liable. It would be disastrous to the community if it were so. It would mean that a doctor examining a patient, or a surgeon operating at a table, instead of getting on with his work, would be forever looking over his shoulder to see if someone was coming up with a dagger, for an action for negligence against a doctor is for him like unto a dagger. His professional reputation is as dear to him as his body, perhaps more so, and an action for negligence can wound his reputation as severely as a dagger can his body."*[3]

While I subscribe to the wisdom in this passage, it is difficult for doctors not to be wary of the occasional dagger. Julius Caesar was assassinated when he let his guard down.

Definition

Defensive medicine describes the situation where a doctor performs a procedure with the main objective of protecting himself from legal liability and relegates the patient's interests to a secondary place in decision-making.

Two emblematic clinical situations which are used to illustrate defensive medicine are chest pain and head injury. Endless discussions have yet to produce any definitive guidelines.

Assessment of intention is illogical

It is obvious that it is impossible to read the mind of the doctor at the very instant of decision-making. We can only make an educated ex post facto guess after the case is closed. A doctor manages a patient without a prophetic knowledge of what is going to happen in the end. It is unfair to use hindsight to retrospectively determine decisions which were made long ago, and after full knowledge of all the results of a procedure, or a conflation of procedures.

After all the dust has settled, retrospective introspection still cannot be extrapolated backwards to prove the doctor's motive. Even when all the cards are open, it is still difficult to find the "Goldilocks management": not too much, not too little but just right. It is therefore illogical to criticise judgement calls in circumstances of uncertainty and where the ultimate benefit is totally unknown during the procedure. It is sufficient that a procedure falls within a "broad band of reasonable responses". There is rarely consensus on an ideal "gold standard".

A defensive intention may fortuitously result in much concrete benefit later on. Luck plays a large part in medical decisions and their attending results. It is the difficulty in controlling the patient's medical destiny which makes defensive medicine so controversial.

Beware counsels of perfection

Defensive medicine does not cure anyone and is not a sensible way of doing things even if it occasionally yields benefits. The huge drawback of name-dropping "defensive medicine" is that there are no established guidelines. Few policy makers have the courage to lay down well-defined "rules of engagement".

Clinical situations are now complicated by advocates of patient-centricity. [4] Doctors are told to empower patients to exercise their autonomy in decision-making about their own care. The corollary to patients being so empowered is that patients can also enter the discussion on what procedures they think are appropriate. If patients demand procedures which fall within the "broad band of reasonable responses", it would be foolish for a doctor to try to save patients from themselves.

The *Straits Times* had this advice for doctors:

> *"What must be avoided is the practice of defensive medicine. This is when doctors – to shield themselves from legal complications – avoid high-risk patients or procedures, or refer patients early to specialists, who may then order more advanced tests to rule out every other condition. Patients lose by paying for possibly unnecessary treatment, and society loses through rising health-care costs. Only a doctor-patient relationship based on trust can prevent the practice of defensive medicine from becoming a norm here."* [5]

All this is just fanciful cogitation. Doctors are urged to gamble their expensively hard-earned careers against a reasonable premium for tests. If a doctor has the misfortune to be sued, the *Straits Times* has no capacity to testify for the doctor.

In similar vein, the 2019 Ministry of Health (MOH) Workgroup stated:

> *"The fear is that more doctors, distrustful of the system and fearing that their patients would lodge complaints, would move towards defensive medicine. This includes giving patients too much information, ordering more tests and procedures than necessary, or even possibly refusing to treat high-risk patients.*
>
> *Such practices can confuse or make patients more fearful, and lead to higher healthcare costs and possibly increasing litigation."* [6]

This ad hoc workgroup's opinion cannot help a doctor facing a civil suit or a disciplinary proceeding.

Every workman practises defensiveness. We see this in phrases like "terms and conditions apply", "this is an artist's impression', "while stocks last", etc. The Chief Justice in *Lim Lian Arn*, for example, berated a lawyer for "defensive lawyering". [7]

A lucky break

In the past, the Singapore Medical Council (SMC) took a "no smoke without fire" approach. The "guilty until proven innocent" attitude meant that any doctor who appeared before the SMC could expect punishment.

The current practice is that a doctor has to intentionally depart from reasonable standards and the departure has to be "serious" or "egregious". The test of "serious" or "egregious" departure has gained more authority from frequent use since 2008. *Lim Lian Arn* [2019] is now the leading case.[7]

In Singaporean patois, all doctors should agree that "this is too much" or "this is disgusting". Complaints Committees (CCs) have now been instructed not to refer minor cases to a Disciplinary Tribunal (DT), but to use a suite of other powers like a letter of warning or mediation. At a training session for the CC, an influential senior doctor advised that, "*last time when in doubt, CC members referred cases to the DT. Going forward, when you are in doubt, you should not refer the case to the DT.*"

This current thinking and changed attitude is indeed a lucky break for doctors. Dodging the DT bullet – which requires proof beyond reasonable doubt – does not exonerate a doctor from a subsequent traumatic civil suit.[8]

Doctors should continue to learn counter-measures to shield themselves from poisonous arrows. Medical Protection Society bulletins are useful – Confucius was attributed with the saying "wise man learn from mistakes; wiser man learn from mistake of others".

As clinical notes become important in litigation, doctors have to learn to strike a balance between active listening, targeted copying of key words while trying to understand patient issues, and letting patients know that the doctor is listening.

The meek shall inherit the earth

Matthew 5:5: "Blessed are the meek: for they shall inherit the earth". "Meek" is "praeis" in original Koine Greek. No German or English translation of "praeis" does justice to the fullness of meaning in the Greek word. It does not mean "friendly", "soft", "humble", "passive" or "compliant". [9] A satisfactory interpretation is "restraint", like a skilled swordsman who can wield his weapon to kill but prefers to keep his sword sheathed.

Restraint is a profitable quality, now fashionably termed "anger management". It is too easy for doctors to lose their tempers. Spoils belong to victors who conquer with restraint.

Everything you say can be taken down in evidence and used in a complaint against you. We live in an age where a smartphone can capture all conversation and transliterate it into words. A wireless connection to a printer can reproduce the whole conversation in document form.

All procedures should be guided by the caveat of "restraint".

The Coase theorem

The Coase theorem is a complicated and debated concept in economics which can have a different significance for different people. My simple rendering is that the true cost ("basic cost") of a service will be disturbed, distorted and displaced by "externalities" such as administrative cost, time, effort, resources, legal cost, taxation, licensing, insurance and so on. There are frictional "transaction costs" and "compliance costs" which impact demand-supply graphs.

The first paper by Ronald Coase appeared in 1960. By the time I studied economics for my Bachelor of Arts degree from 1984-1986, legal scholars had appropriated the Coase theorem to support their "construct" (theoretical idea) that more laws and regulations drive up the cost of goods and services. Conversely, deregulation will send costs down closer to the true cost. Coase was awarded the Nobel Prize in 1991.

In medical practice, the more judgements against doctors and the more regulations to comply with, the higher the cost of medical care. After Dr Lim Lian Arn was fined $100,000, the cost of hydrocortisone and lignocaine injections jumped over 30%. QED for this construct of the Coase theorem.

Lord Denning again:

"Malpractice suits (in the USA) have become a curse of the medical profession. The legal profession get contingency fees. So they take up cases on speculation. The jury gives enormous damages. Insurance premiums are high. The doctors charge large fees to cover them. It is all very worrying." [3]

Over-regulation and the cost of compliance drive up medical costs more than the nebulous concept of defensive medicine. Whether regulations are good or bad is not in frame here.

Back to Bolam

In 1957, the landmark Bolam principle was formulated. No matter what the majority of doctors think, if an accused has a reasonable and logical witness to testify that the management was acceptable by a respectable minority, there is no negligence. This decision has been very helpful for doctors. In line with the Coase Theorem, Bolam has kept medical costs down. There have been attempts to qualify this test. By a "syllogism cascade" after six decades, the law has gone full circle and returned to the Bolam principle.

In the much used "Bolam-Bolitho principle", Bolitho is actually a useless addendum. Bolitho held that if the minority opinion was devoid of logic, the court could overrule it. Since the courts always had an implied power to overrule any illogical argument, Bolitho has no practical legal purpose. Yet Bolitho continues to be tethered


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to "Bolam-Bolitho" with an ecstasy of vacuity. [10]

Western emphasis on human rights may have influenced Montgomery. [11] The doctor must consider all special circumstances of the patient and what the patient actually wants.

The doctor has to inform patients of:
(1) The diagnosis,
(2) The prognosis with and without treatment,
(3) The nature of treatment and its attendant risks, and
(4) Alternatives to the treatment proposed.

Singapore's Modified Montgomery Test (MMT) [12] complicated matters by adding redundant "explanations" which the UK considered implied. No wonder Dr Wong Chiang Yin said that "*the MMT resulted in a significant increase in uncertainty in the medico-legal environment; doctors are unsure what is expected of them.*" [13]

The UK Montgomery test updated Bolam with the freedom of the patient to decide how he wants to undergo treatment. The doctor has to take into account any special patient objectives and the patient's personal values.

Information dumping will not absolve doctors as the law will take into account whether they actually interacted with the patient to secure genuine informed consent.

Singapore's MMT curiously emphasised that if doctors withheld information from the patient, they will then be judged by the standard of their peers. This brings us back to the classic Bolam test, albeit updated to include informed consent.

> *It would mean that a doctor... would be forever looking over his shoulder to see if someone was coming up with a dagger, for an action for negligence against a doctor is for him like unto a dagger.*
>
> – Lord Denning

The MOH Workgroup recommendation was to remove the Bolam-Bolitho and MMT altogether. All medical practice, including informed consent, would be covered by what a body of reputable doctors would do.

The Bolam test of 1957 has undergone a circuitous route to return to the same position 60 years later, updated by "patient choice".

Commentary

I would like to associate myself with the views of my fellow Board Member of the SMC, Dr Lim Ah Leng, whose permission I obtained to reproduce the following:

> *"Defensive medicine is a monster that will be very hard to slay. It takes not just the change in the attitudes of doctors, but more so the attitudes of patients, lawyers and the legal system. The element of trust nowadays is very fragile and only exists when things go well. In the end, all stakeholders must come to accept that to achieve a 'sustainable healthcare system', all must agree that no one is perfect."*

For an existential rice-bowl issue, it would be over-optimistic to defeat defensive medicine with a few prodigious hammer strokes.

Summary

- Medicine can be called "defensive" only long after the event. Basically, if you do not know how things will turn out, you are not entitled to call the procedure defensive.
- The long reach of fate makes it impossible to determine what defensive medicine is. It is not given to us to peer into the mysteries of the future.
- There are no established guidelines relating to defensive medicine.
- Do not trust authorities who tell you not to practise defensive medicine as these are the last people on earth who will come down to testify for you.
- Targeted copying memory joggers on your clinical case-notes are better than no notes at all.
- A soft answer turns away wrath: but grievous words stir up anger. (Proverbs 15:1).
- You have the right to remain silent. Anything you say can be taken down in evidence and used in a complaint against you.
- The Bolam test has withstood the test of time. All the MOH Workgroup did was to update Bolam to stress patient autonomy.
- Coase theorem translated: the more rules, the more expensive medical care. Litigated cases creating more rules from precedents also drive up costs.

Conclusion

Putting a patient's interest above financial gain (or equivalent) fortifies a solid defence. Personal benefits should only be secondary consequences. Act professionally with meekness and humility and above all err on the side of caution. That, I think, is the best defensive medicine.

Never let money get in the way of clinical decisions. ◆

References

1. *Bolam v Friern Hospital Management Committee [1957] 1 WLR 582.*
2. *Hatcher v Black, (1954) Times, 2nd July. In: Rt Hon Lord Denning MR. The Discipline of Law. Butterworth & Co (Publishers) Ltd, 1979: 237.*
3. *Lord Denning MR. The Discipline of Law. Butterworth & Co (Publishers) Ltd, 1979:242-244.*
4. *Wong CY. The way forward for informed consent in medicine. The Straits Times 14 December 2019, A27.*
5. *Editorial. A fairer system for doctors and patients. The Straits Times 13 December 2019, A22.*
6. *Teo J. A look back at 2019: Faster, fairer handling of complaints against doctors. Available at: https://bit.ly/2wx5FIb.*
7. *Singapore Medical Council v Lim Lian Arn [2019] SGHC 172.*
8. *Chuang WP. Angels are not perfect – can human doctors be? SMA News 2019; 51(11):22–5.*
9. *Luz U. Matthew 1: Chapters 1-7: a commentary. Hermeneia series. Minneapolis: Fortress Press, 2007:194.*
10. *Bolitho v City and Hackney Health Authority [1996] 4 All ER 771.*
11. *Montgomery v Lanarkshire Health Board [2015] UKSC 11.*
12. *Hii Chii Kok v Ooi Peng Jin London Lucien and another [2017] SGCA 38.*
13. *Wong CY. The way forward for informed consent in medicine. The Straits Times 14 December 2019, A27 (col 5).*

Legend

1. *Lord Denning and Dr Chuang, 1982*

NANJING

A Witness to the Centuries of Changes

Text and photos by Dr Jimmy Teo, Editorial Board Member

During my recent trip, I learnt that Jinling (金陵) is the ancient name of Nanjing, the Southern "capital", finally enlightening me on the poem by Li Bai (李白), who wrote "Farewell in a Jinling Tavern" (金陵酒肆留别). Since the founding of the People's Republic of China, Nanjing has been the capital city of Jiangsu province. It has many important historical sites, including the Presidential Palace and the Sun Yat Sen Mausoleum.

The southern capital

Nanjing was the capital of several ancient Chinese dynasties, as well as the early Republican period. The first emperor of the Ming dynasty, Zhu Yuanzhang, made it the dynastic capital in 1368 when, for the first time, all of China was ruled from the city (1368–1421). During his reign, he constructed a new palace and a 48-km-long city wall. The brickwork joints were poured with mixed lime, water (in which glutinous rice had been cooked) and tung oil. The city wall remains in good condition and has been well preserved, making it one of the longest surviving city walls in China. It is amazing that a wall made with such primitive technology survived 500 years!

Prior to its flight to Taiwan by Chiang Kai-Shek during the Chinese Civil War, the Kuomintang occupied the Presidential Palace during the period of 1927–1937 and 1946–1949. The city was also the seat of the Taiping Heavenly Kingdom (1853–1964).

Since the first Emperor failed to completely burn all books, the Chinese have been subjected to examinations. The Imperial Examination Museum of China (Jiangnan Examination Hall, originally built in 1168) traces the history of how the examinations were conducted. Imperial examinations were conducted in cells, which were also the rooms for the candidates. Each door-less cell was formed by two brick walls and a roof, containing two wooden planks. The upper one was used as a desk during the examinations while the lower one was a seat. In the evening, the candidates put these planks together to make a bed. Because the cell width was just about 1.33 m, they would have to curl up. Often the tests were conducted over several days and the candidates were not allowed to leave to prevent cheating. Imagine taking your GCE "O" and "A" levels in such conditions.

The Chinese love revolutions and their history is replete with uprisings, rebellions and the rise and fall of dynasties. The first president of the Republican period, Dr Sun Yat Sen, was buried in Nanjing. His mausoleum is situated on a hill and has a magnificent view of the surroundings. The trip to the mausoleum is enjoyable in early December as the trees exhibit the colours of fall. The daytime temperature of 15 degrees Celsius makes climbing up the 392 steps (representing the then 392 million population of China)

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Sun Yat Sen's mausoleum

reasonably relaxing. The remarkable story of Dr Sun Yat Sen and the revolution to overthrow the Qing dynasty is also a part of the history of Singapore. Before our current aversion to history-making, Singapore was the staging ground for the Chinese revolution. In fact, in 1994, the Singapore government gazetted the Sun Yat Sen villa (Wan Qing Yuan) as a National Monument (later renamed the Sun Yat Sen Nanyang Memorial Hall). Dr Sun stayed at this two-story colonial style villa in Balestier, which was also the headquarters of the Tongmenhui where he recruited revolutionaries and raised funds.

No trip is complete without a description of the area's cuisine. Singaporeans no longer have easy access to congealed blood, but one of Nanjing's delicacy is congealed duck's blood with vermicelli soup (鸭血粉丝汤). In fact the people of Nanjing love eating ducks and have many dishes cooked from it, including brined duck (盐水鸭) and roast duck. There are some restaurant chains specialising in Nanjing and Jiangsu cuisine, and they are easy to locate on the internet.

All too soon the trip has come to an end, and as I am met by friends sending me off, I recall Li Bai's poem between cups of Jinling beer. "Vacillating between leaving and staying, we emptied our goblets. My friends, consider this, in the east the river flows, when compared to our intent to part, which of them is longer?"

风吹柳花满店香，
吴姬压酒劝客尝。
金陵子弟来相送，
欲行不行各尽觞。
请君试问东流水，
别意与之谁短长?

Tips and notes

If you use Wi-Fi connections, you will not be able to access Google or WhatsApp reliably. But you can access them when using a foreign mobile phone and data plan. It would be best to download Baidu maps and Di Di (a ride hailing service) for ease of getting around. Visa and Mastercard are not widely accepted and you may need to carry a lot of cash or have a Union Pay card. Automated teller machines are common enough for cash withdrawals. Bring your passport when travelling, booking tickets or visiting museums. Some museums and places of interest require prior online bookings due to crowd management during peak seasons. ◆

Legend

1. Sculpture of exam candidate

Simulated throne room

Duck blood congeal with vermicelli

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AIC SAYS

SUPPORTING THE PRIMARY CARE SECTOR'S RESPONSE TO COVID-19

By Agency for Integrated Care

Following Singapore's first confirmed COVID-19 case in late January 2020, the primary care sector has been significantly involved in helping to enhance disease surveillance and reduce risk of community transmission. To this end, various temporary measures and schemes have been implemented to support our GP partners in the fight against COVID-19. For one, to focus primary care efforts in better detection and management of COVID-19 infections, the Public Health Preparedness Clinics (PHPCs) were activated on 18 Feb 2020. A total of 933 activated PHPCs (as of 1 May) have helped more than 400,000 patients diagnosed with acute respiratory infection (ARI) to benefit from the Flu Subsidy Scheme (FSS). Besides the activation of PHPCs, the primary care sector and supporting agencies have come together in the implementation of various measures to combat the spread of COVID-19.

OVERVIEW OF PRIMARY CARE'S RESPONSE TO COVID-19

PHPC Flu Subsidy Scheme (FSS)

- Under the FSS, PHPCs have been activated to provide treatment via an in-person consult at subsidised rates to Singaporeans, PRs, or eligible Work Permit Holders diagnosed with acute respiratory illnesses (ARI).
- To facilitate the proper tracking and analysis of cases, PHPCs have also been submitting relevant data related to their ARI cases. This has been crucial in ensuring the national caseload is managed more robustly, and strategies to combat COVID-19 can be developed more effectively.
- To ensure adequate protection of doctors and clinic staff of PHPCs, activated PHPCs have also been provided with personal protective equipment (PPE).
- A list of activated PHPCs can be found at www.flugowhere.gov.sg.

Time-limited extension of Medisave and CHAS subsidy for video-consultations (VCs)

- To support the larger national move towards safe distancing, CHAS Chronic subsidy and MediSave have been extended to VCs of selected chronic conditions from 3 April 2020 till further notice.
- Each VC is subject to the same CHAS Chronic subsidy and MediSave withdrawal limits as compared to a physical consult, and GPs should have had at least one in-person consultation with the patient within the past year before opting for VC for treatment during this period.
- A list of institutions with practitioners who have completed the necessary e-learning and are able to submit CHAS Chronic and MediSave claims for VC can be found at www.moh.gov.sg/covid-19/vc.

Swab and Send Home (SASH)

- To cope with the increasing number of patients requiring swabbing, more than 200 GP clinics (as of 1 May 2020) have signed up for the SASH initiative.
- Under SASH, clinics who meet the requirements work with their labs and perform COVID-19 swabs for their patients who meet the swabbing criteria.
- The costs of the swab are covered under FSS and participating SASH clinics are able to make claims in MOH Healthcare Claims Portal (MHCP).

Patient Risk Profile Portal (PRPP)

- IHiS, with the support of MOH, has launched a Patient Risk Profile Portal (PRPP) to help clinics triage and promptly identify patients with COVID-19 symptoms.
- After a patient completes an online declaration form pre-visit or at the clinic, clinic staff can view the patient's risk indicator aggregated based on the patient's responses and information from Government databases. GPs are able to view more details, including the patient's contact and travel history, as well as the number of GP clinic visits in the past 14 days.
- PRPP allows clinic staff and GPs to take necessary actions such as isolating the patient and donning appropriate PPE before seeing the patient. The use of PRPP not only protects a clinic's patients, staff and doctors, it also helps other GP clinics in managing COVID-19 infections.

Thank you to all our GP partners for your ongoing support and cooperation as our first line of care in the community in the fight against the COVID-19 outbreak.

If you would like to find out more about support for the primary care sector against COVID-19, please contact the GP Engagement Team at gp@aic.sg or 6632 1199, or visit Primary Care Pages (www.primarycarepages.sg).

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We would be happy to discuss options of alternative subspecialty interest.

Interested applicants are to submit the following documents along with the application:

1. Detailed CV.
2. Scanned copies of certificates.
3. A copy of current practicing medical certificate.
4 A copy of specialist register certification.

- Only shortlisted candidates will be contacted for an interview session
- Please send CV and relevant documents to the following address: **recruit@pjscbrunei.com**
- Please be reminded to include the job advertisement code on the subject of the email at **PJSC/JA/CMO/1/MAY20**
- All interested applicants are required to submit their application no later than **12th June 2020**

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• SMA JOBS PORTAL •

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Positions Available:

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Date Posted	Position/ Job Title	Organisation	Application Deadline	Job No
13/04/2020	Family Physician	National University Polyclinics	31/07/2020	J00362
31/03/2020	Associate Consultant / Consultant	Woodlands Health Campus	31/05/2020	J00364
31/03/2020	Hospital Clinician	Woodlands Health Campus	31/05/2020	J00365
31/03/2020	Resident Physician / Senior Resident Physician	Woodlands Health Campus	31/05/2020	J00366
24/03/2020	Ophthalmologist	Eye Specialist Clinic Pte Ltd	15/05/2020	J00310

An International Hospital in Cambodia providing International standards of care and treatment to the Cambodian people, invites both General Practitioners (GPs) and Specialist Doctors (such as Obstetrics and Gynaecology, Men's and Women's Health & Wellness, RAI - Rheumatology, Allergy and Immunology).

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FOR THE SPECIALISTS:

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Interested GPs and Specialist doctors who would like to obtain further information are welcome to send email to the HR Manager: **sophea2007@gmail.com** or phone: **+855-15 631 056 / +855-11 799 037.**

Shaping medicine **for the future**

NUHS
National University Health System

Consultant, Ophthalmic Plastic & Reconstructive Surgery, **Department of Ophthalmology, NUH, NUS**

Join us at the cutting edge of medical innovation

The National University Health System (NUHS) brings the National University Hospital (NUH), and the National University of Singapore's Yong Loo Lin School of Medicine and Faculty of Dentistry under a common governance structure to create synergies to advance its tripartite mission of excellence in clinical care, research and education. A tertiary care medical and educational centre, it offers both paediatric and adult medical and surgical services, with a complete range of general surgical and medical departments including oncology.

Established in 1986, the NUH Department of Ophthalmology comprises a team of eye surgeons offering a comprehensive range of diagnostic and therapeutic eye services. Our services include: Cataract & Refractive Service, Cornea Service, Glaucoma Service, Neuro-Ophthalmology, Medical and Surgical Retina Service, Ocular Inflammation and Immunology Service, Ophthalmic Plastic and Reconstructive Surgery Service (Eyelid, Lacrimal and Orbit), and Paediatric Ophthalmology.

The Ophthalmic Plastic & Reconstructive Surgery Service provides a complete spectrum of clinical and surgical services dealing with both children and adults with simple and complex diseases and surgery of the eyelids, lacrimal system, orbit and oculofacial disorders. Current multidisciplinary services include the Thyroid Eye Disease Clinic and the Lacrimal Clinics. In addition to simple and complex surgical services, there is close collaboration with Paediatric and Adult Oncology, Craniomaxillofacial Surgery, Endocrinology & Immunology, Rhinology, etc. The Service is also active in regional and international education including surgical missions with clinical research and publications. Apart from residency education, the service also runs a highly sought after Fellowship program having trained Fellows in Oculoplastic Surgery from over 10 countries.

The Department of Ophthalmology is seeking candidates for the position of **Consultant, Ophthalmic Plastic & Reconstructive Surgery,** who is highly motivated and willing to join us for a challenging and fulfilling clinical appointment on a contractual basis.

Job Requirements

As a Consultant, you will join esteemed colleagues to provide a comprehensive spectrum of Oculoplastic services. General responsibilities and opportunities include providing services independently with the following broad opportunities.

1. **Clinical commitments** (office consultations, outpatient minor surgical procedures, day surgeries, major surgeries).
2. **Research**: Clinical and translational research with collaborative opportunities within and outside ophthalmology.
3. **Teaching**: Apart from resident and medical student education, mentoring Fellows in Oculoplastic surgery, national, regional and international teaching opportunities are available.
4. **Publications**: Opportunities to publish in leading international journals, editorial activities are also encouraged.

The candidate shall demonstrate good diagnostic and clinical acumen with management and perform any other duties as directed by the Head of Services and the Head of Department, under the Chairman Medical Board, NUH.

Qualifications

- Basic medical degree from an accredited medical university or medical school, registrable with Singapore Medical Council (for details visit www.smc.gov.sg).
- Fellowship certification in Ophthalmic Plastic & Reconstructive Surgery.
- Competence in Endoscopic surgery (endoscopic DCR) with special interest in Ophthalmic oncology and Oculofacial trauma with prior working experience are desirable.
- Possess specialty specific knowledge and clinical skills, show enthusiasm in improving knowledge.
- Must be registered/be registrable with the Singapore Medical Council.
- Must be specialist accredited/be accreditable with Singapore Accreditation Board.
- Practise and promote NUHS values: Teamwork, Respect, Integrity, Compassion, Excellence and Patient-Centredness.

To apply, please send us your updated professional CV with photograph, relevant certificates of professional qualifications, names and letters from three clinical referees to

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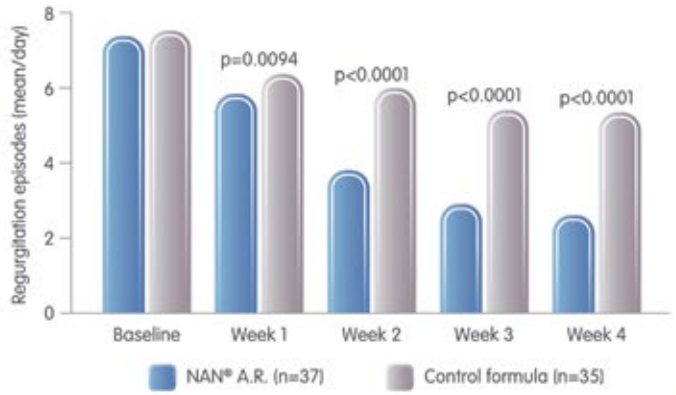
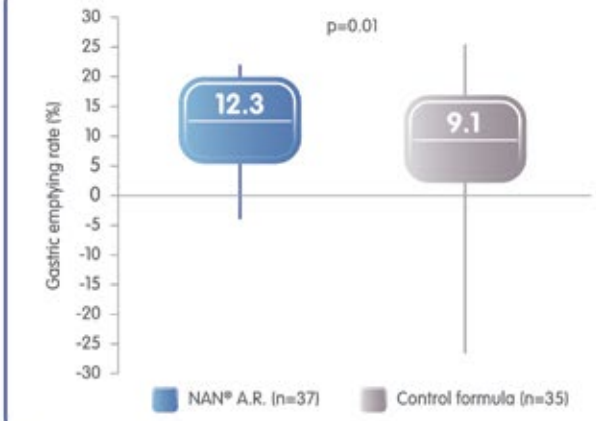


✓ Significantly improves gastric emptying*[2]

Increase in gastric emptying rate[2]



*Gastric emptying rate was expressed as percent reduction in antral cross sectional area at time 0 and 120 min after meal ingestion. The change (delta) in gastric emptying rate (the difference in the % GE rate values before and after intervention) was then calculated.

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REFERENCES: 1. Indrio *et al* Effect of partially hydrolyzed whey infant formula containing starch and *Lactobacillus reuteri* on regurgitation and gastric motility: A Randomized, Controlled Trial, Submitted for publication December 2016. **2.** Indrio F, Di Mauro A, Trove L, Brindisi G. Thickened partially hydrolyzed milk formula added with *L. reuteri* decreases the number of regurgitation in infants and ameliorates gastric motility. *Journal of Pediatric and Neonatal Individualized Nutrition.* 2015;4(2):8. (Abstract presented at 1st Congress of joint European Neonatal Societies – jENS – Budapest, 2015).