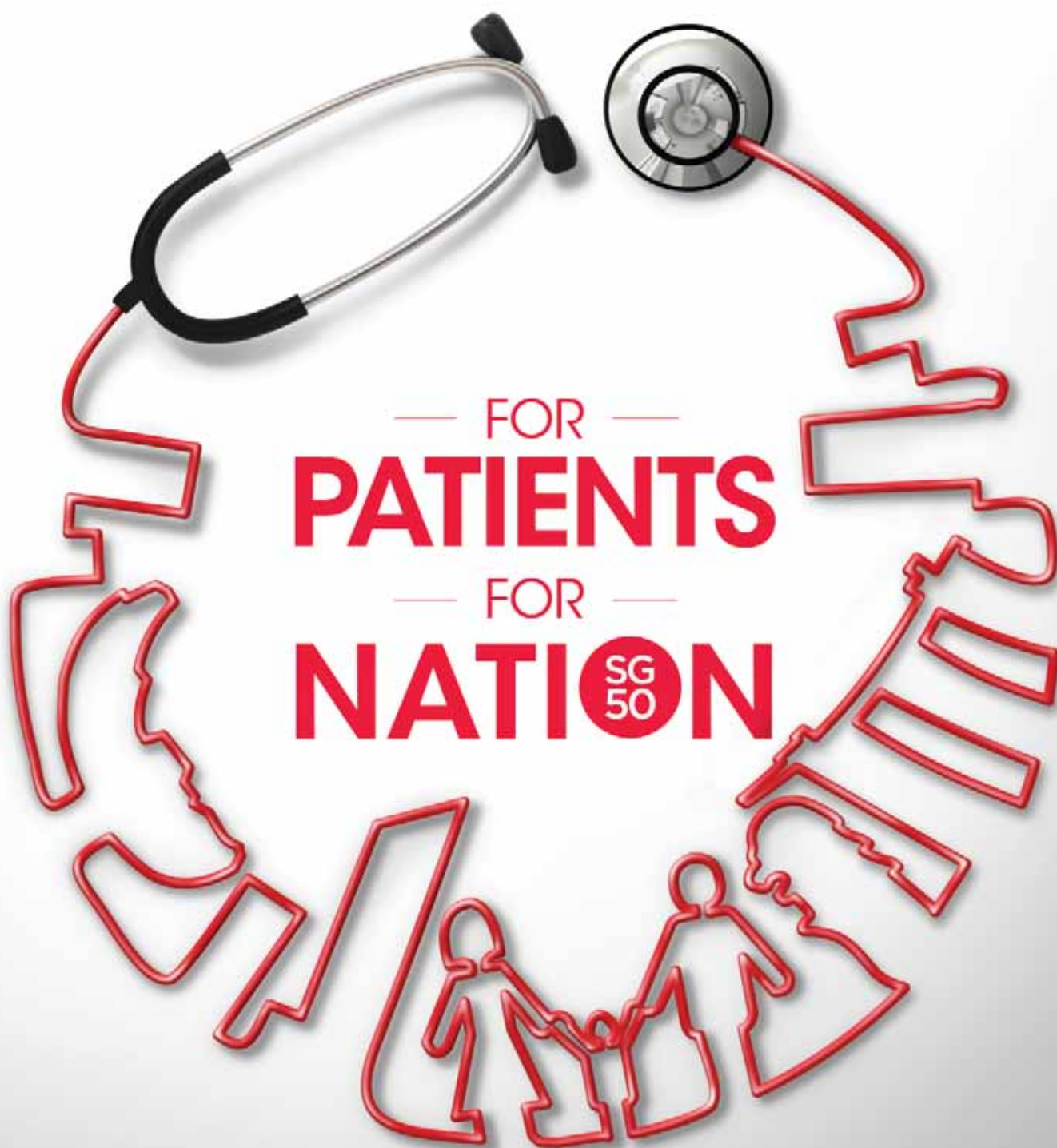


# SMA NEWS



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## AIC SAYS HEALING HANDS AT HOME

# BACK TO THE FUTURE

As Guest Editor, I was asked to write the editorial for this SG50 issue of the *SMA News*. Actually I had never, in my entire 25 years as member of the SMA, been asked to write an editorial; what more for the issue that celebrates our fledgling nation's Jubilee. I read through the articles which were a smorgasbord of personal reflections, powerful testimonies and veiled criticisms. There were technical articles on the practice of medicine, travelogues of self-indulgence and doctors displaying swimming and musical excellence. I wondered if I should discuss the importance of universal healthcare coverage, spin another story about the future of ageing or just do what such an issue was all about — acknowledge our past and personalise our future. I had a quick peek at the Merriam Webster dictionary on what an editorial was all about and it states that it is an opinion piece about a topical issue.

I thought long and hard for about 50 seconds and realised that the entire issue was what these 50 years of Singapore was all about. I remembered how we were always reminded that we are a nation of no resources except for our people. That is what we celebrate, the unwavering spirit of medical doctors that brought us from the past into the future. Singapore has nothing but its people: the pioneers led by SMA Honorary Member Mr Lee Kuan Yew and the future, the doctors who are to be. How are we preparing for that future? How do we prepare the next generation of doctors for the next 50 years? We should continue to focus on having role models to look up to, improve our curriculum to meet the needs of our time and also look to innovate. When I say innovate, I don't mean to just find new cures for illnesses. I refer to full-fledged disruptions of what we are doing. For example, change what we do now of taking histories and examining individuals, and embrace technology in developing new predictive models of care, machine learning decision support and personalised educational self-care which is implemented at population level.

Each of these topics could be an article in itself but I am suggesting that we consider moving out of our hospitals and clinics into the community and out of the restrictive confines of our noble tradition to allow for true universal healthcare, where every person is responsible for their own health and taught this from young. As we worry about our ageing population, we also need to think of our young who will have to bear the burden of this generation. How do we prepare the so called "strawberry" generation for resilience? This begins with considering well-being as a different dimension from illness. Poor well-being is not the same as having an illness. In fact, in the World Health Organization preamble to their constitution in 1948, health is defined "as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This means that we should move outside of illness care and into the unfamiliar areas of social service and community integration if we want to take medicine forward. We need to help the younger generation develop beyond technical skills, inculcate abilities to motivate and change behaviours. To provide care from cradle to grave and not the brief episodes of hospital or even outpatient work, including health promotion and well-being as well as prevention care. We will, in the words of one senior colleague, "help the population start well, live well and die well". I suspect that the next 50 years, or maybe just the next 50 issues of *SMA News*, will be very exciting for what this newsletter is all about — you, the learning and innovating medical doctor of our future. ♦



A/Prof Daniel Fung is Chairman, Medical Board, at the Institute of Mental Health. He is reminded of a verse from Isaiah that his wife, Joyce shared with him recently,

*"Forget the former things; do not dwell on the past. See I am doing a New Thing!"*

*A/Prof Daniel Fung*  
Guest Editor

# MOVING FORWARD

This year is Singapore's Jubilee year and we have come so far as a country in such a short period of time. What have we done and what more can we do? We ask five past Presidents of SMA to share their thoughts and wishes for the nation and the profession.



## Remembering Those who Served before Us

By Dr Lee Pheng Soon

Dr Lee has a Fellowship in Pharmaceutical Medicine from the UK Royal Colleges of Medicine. He works fulltime in industry and part-time as a GP. Sometimes still referred to as "The SARS President", he remembers how every member of the 44th SMA Council stood tall to be counted on when the call came, to serve SMA and the medical profession, even after returning exhausted from caring for their patients in those dark days. What an honour it is to have stood shoulder to shoulder with such doctors!

W

hen I trained as a student in Toa Payoh Hospital in the late 1970s, sometimes students would sit at the nurses' station while waiting for their tutors, helping nurses sharpen reusable stainless steel injection needles on a whetstone meant for a knife. These were to be sterilised with glass syringes, for reuse later on that day and thrown away only when they were too short for use.

With Singapore's progress comes so much improvement and technological advancement that many younger specialists cannot even imagine that such "early days" occurred. And incidentally, needles are just one illustration of how far we have come in so short a time.

Many older doctors from these early days are still among us, some retired and others still practising. Let us not forget them. We could perhaps offer them a little more time, patience and respect when they are our patients. Our turn to appreciate this will come one day. One of my earliest memories of "old style mutual professional courtesy" was the collegiality shown by Prof Ransome to my father, a GP, when I was brought in for a second opinion on the heart murmur picked up by the school health physician. Despite being busy, he was careful, allowing time for questions before he gave his opinion, "A functional murmur, Lian Chye, in my opinion. I wouldn't worry." He used my father's full given name when he spoke, gave a diagnosis and offered a prescription (to the parent) in just a few words — doctor to doctor, being neither dismissive nor condescending. To this day, it was the mutual courtesy between two doctors — though clearly of different stature and of different ages but above all, of the same profession — that remains in my mind. I contrast this with a recent story I heard of our attitude toward retired doctors, still mentally more than able, who cannot get enough continuing medical education (CME) points to remain "one of us" just because they are wheelchair bound or visually impaired. They received no help from their peers, who preferred to "go by the book".

My wishes for the decades ahead? It is not further advancement of medical science, which will anyway surely come. It is these two: Within society, I hope for a better understanding of the role of the doctor in patients' lives, with patients taking full personal responsibility for their earlier choices of lifestyle and alternatives to conventional "western medicine". Within the medical profession, I hope we will find the extra measure of professional courtesy to older doctors within our busy schedules. It is not good enough to just acknowledge them as another member of Singapore's Pioneer Generation. They were Pioneers in our Profession, who had served under circumstances beyond the imagination of most of us now.





## Together We Grow

By Dr Chong Yeh Woei

Dr Chong was SMA President from 2009 to 2012 and is a member of the 56th SMA Council. He has been in private practice since 1993 and has seen his fair share of the human condition. He pines for a good pinot noir, loves the FT Weekend and of course, wishes for world peace...

I have been a member of SMA since graduation and have been active in the Association since 1998. In these three decades, I have seen the organisation grow from strength to strength. A defining moment was SARS in 2003. In the midst of that chaotic situation, the Association gathered its resources and helped GPs and specialists in the private sector handle the deadly threat.

We have seen many changes since including the H1N1 pandemic, withdrawal of the Guideline on Fees, the introduction of the residency programme and the legal issues in the Singapore Medical Council.

Going forward the challenges are huge; we have the relentless march of advances in clinical application of molecular science, pharmaceuticals, biologics, prosthesis and medical devices. We are feeling the seismic shifts in the rebalancing of primary and tertiary care, the moves of the state in insurance and payer mechanisms and the consumerisation of healthcare as patients want to be empowered in deciding where, when and how they wish to consume their healthcare dollar.

All this is playing out with fast broadband and smartphone penetration and the entrance of technology companies into the healthcare space. We will soon see the next "Google", "Apple" or "Alibaba" of healthcare emerging.

I am convinced that the Association is the vehicle for all of us in the profession to navigate, grow, adapt and eventually transcend these massive shifts. To this end; I ask, cajole and plead with all doctors to throw their support behind the leadership of the Association in membership, spirit and resolve.



## SG50 – A Tribute to an Independent Nation and Ageing Better

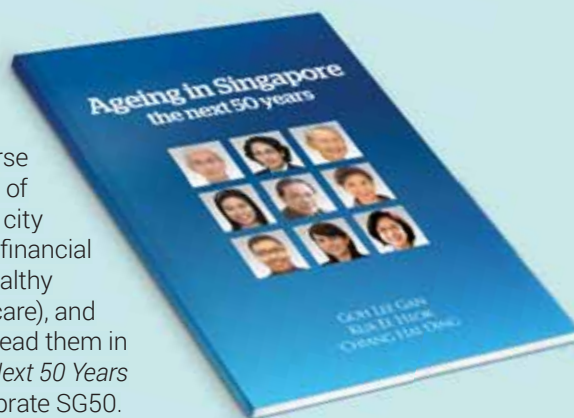
By A/Prof Goh Lee Gan

A/Prof Goh Lee Gan is a Fellow of the College of Family Physicians Singapore; Royal College of General Practitioners, Australia; Royal College of General Practitioners, UK; Academy of Family Physicians, Malaysia and also a Fellow of World Organisation of Family Doctors (Wonca). He is a past president of Wonca Asia Pacific Region and past President of SMA.

The story of Singapore post-1965 stirs the hearts of Singaporeans (and non-Singaporeans alike) while making some eyes misty. I pay tribute to the people and leaders of Singapore, both past and present, who have worked hard to ensure the survival and sustainability of Singapore.

We are on the threshold of another 50 years. Challenges ahead include sustaining our economic achievements, creating a city for all ages, and changing the mindset on ageing, from one of doom and gloom to that of celebration. Indeed, the ability to grow old and hoary is the greatest achievement of mankind. We need to modulate the Shakespearean description of ageing in *As You Like It* – "Last scene of all, that ends this strange eventful history, is second childishness and mere oblivion, sans teeth, sans eyes, sans taste, sans everything". We can age better.

What every healthcare provider needs to do in the coming decade is to successfully mentor present and future Singaporeans on how to age better as a life course approach. The Singapore formula of many helping hands, the vision of city for all ages, and the four pillars of financial independence, ageing in place, healthy ageing (through chronic disease care), and active ageing is an open secret. Read them in the book *Ageing in Singapore the Next 50 Years* written by several doctors to celebrate SG50.





## A Healthy Nation

By A/Prof Chin Jing Jih

A/Prof Chin was the President of SMA from 2012 to 2015. He is a geriatrician in Tan Tock Seng Hospital with an interest in ethics, professionalism and systems of care.

Singapore turns 50 this year. For most of us, this is an appropriate point in our lives to take stock of what we have done. But it is also a good point in one's life to look ahead. The Chinese philosopher Confucius once said that by the age of fifty, one should be sufficiently wise to know the decree of heaven (“五十而知天命”).

Do we know what is in store for Singapore in the next 50 years and more? Maybe not, but what we do know is that the well-being of Singapore in the coming years will very much depend on the health of her people. Without a doubt, Singapore has made remarkable progress over the last 50 years in public health and combating various diseases. However, the nation's rapidly ageing population demands a new dimension in our approach. We need to see, in the coming years, a definitive shift in the emphasis of our healthcare model. We need to make the transition from disease care to healthcare, from episodic care to planned primary care and from crisis care to preventive care. Singapore will also need to see greater and more innovative adoption of technology in healthcare in order to provide more precise, efficient and cost-effective healthcare.

The aim is certainly not for robotics and technologies to replace humans, but to free up healthcare professionals' time, so that they can better provide the personalised touch needed by patients. Illness is a human experience and healing is a human activity that is irreplaceable by robots and technologies. And finally, it is my personal wish that we begin to see staying healthy and away from disease as part of the nation's total defence. For a nation can only be strong if its people are healthy. It leaves me to wish Singapore a happy 50th birthday, with many more good years to come.



## Singapore Healthcare — Growing from Good to Great

By A/Prof Cheong Pak Yean

A/Prof Cheong Pak Yean is an adjunct associate professor at the Division of Family Medicine, Yong Loo Lin School of Medicine, National University of Singapore. He is a past President of SMA (1996–1999), past president of the College of Family Physicians Singapore (2000–2006) and director of the National Healthcare Group board (2000–2006). His clinical practice spans family medicine, internal medicine and psychotherapy.

Singapore moved from third world to first world status in a mere 50 years and the healthcare system developed in tandem. Now, where do we go from here?

In the rapid progression to level up healthcare, we needed to adopt best practices and avoid fragmentation of care that is evident in some developed societies. The rapid pace of our development threw up challenges as we progressed. The financing of our healthcare is a case in point; our national philosophy of “many helping hands” and individual savings for times of need have enabled Singaporeans to lessen the healthcare burden on the State, through the use of Medisave, Medishield and for the needy, Medifund. Looking to the future, we need to think of universal healthcare coverage for life.

To address these tough challenges, policy and professional leaders need to have synergy to further improve our healthcare system. There is a need to strengthen institutions to engender health and long-term care as our population ages. Strategic financing is essential in ensuring unity of clinical and financing governance for patients across the panoply of providers. Training and clinical practice need to be better aligned to sustainability. Healthcare literacy in society also has to be improved to ensure optimal use of healthcare resources.

Growing from a good to great healthcare system is not easy, but it is worth striving to ensure that good quality, sustainable and accessible healthcare is available for every Singaporean through life in the years to come. ♦

**SINGAPORE AT**

**50**

**PROGRESSING TOGETHER  
AS A NATION**



Singapore turned 50 on 9th August this year. Many articles have been written about our achievements during this period. The statistical indicators of our economic growth, the long list of international acclamations that attest to our success in many areas of socioeconomic development, and the surveys that consistently rank Singapore as an ideal destination to visit, work and emigrate, give testimony to the success story of Singapore progressing from third world to first, all within five decades.

In healthcare, our indicators are equally impressive. Singapore has one of the lowest infant mortality rates at two per 1,000 live births and one of the highest average life expectancy at 83 years. Indeed, we have shifted our healthcare resources to prepare ourselves for a population that is ageing rapidly. The remarkable fact is that all these improvements in healthcare came on a low national expenditure on healthcare of around 3% as a percentage of the GDP for a long period of time, before climbing to 4.5% recently, leading Bloomberg to rank Singapore's healthcare system as the most efficient in the world in 2014.

As a national medical association, we would have liked to congratulate our doctors for these remarkable achievements in Singapore's healthcare indicators. However, medical advances, technological innovation and good doctoring did not seem to have contributed significantly to such improvements. The accolades squarely belong to the nation's public health measures when it comes to improving the health of the entire population. These include the provision of clean water fit to drink from the tap, reliable and safe sources of food supply, proper sanitation and good public housing for the masses. The government of Singapore has certainly been able to deliver and meet the needs of Singaporeans since our independence.

Like Abraham Maslow's hierarchy of needs for individuals (1943), the needs of the population seem to conform to a natural order of priority as well. In trying to understand the factors that motivate people, Maslow described a five-stage hierarchy,

with the needs progressing from basic to higher level growth needs. These needs start from physiological/physical needs to safety needs, social needs, esteem and finally, self-actualisation. Singapore's progress and development in the last 50 years has been able to meet the needs of its citizens as they progressed up the stages of Maslow's hierarchy.

With this observation in mind, I thought that it would be an interesting exercise to try to mirror the progress of our society according to Maslow's hierarchy. Is it possible that a psychoanalytical tool for individuals can be used to comment on a society in general?

Attempting to apply this model to populations is certainly imperfect at best. Firstly, not everyone moves through the hierarchy equally; due to differences in stages of life and opportunity, people are always at different stages of achievement. There will always be some that are left behind, struggling to survive and meet basic needs. It is crucial that those at the top lend a helping hand. Secondly, in a multicultural society such as Singapore, the motivations for different groups of people are diverse and the importance of each level of need cannot be generalised. Most people are happy with their social situation, and self-actualisation is not necessarily the ultimate goal in life. Thirdly, the government does not deliver its programmes in stages, but rather treats physical, safety and social needs as a whole and implements them through broad national policies.

Nevertheless, the model (page 10) is useful as a commentary on our development as a society; perhaps, it may also provide a glimpse into where we are heading in the future.

### **SAFETY, SECURITY AND A HARMONIOUS SOCIETY**

Let us start with the most basic needs of the individual — the physiological requirement for survival such as water, food and shelter. These needs were identified very early right after Singapore's independence. In terms of the provision of shelter, public housing for the masses has successfully evolved over the years, from





the humble walk-up flats in Queenstown to the green and energy efficient flats of Punggol eco-town today. Provision of water was also a priority, with the need to establish diverse and stable sources of water supply. We achieved this through a combination of local catchment in the reservoirs supplemented with imported water. To this we have recently added desalinated water and reclaimed NEWater to our list of water sources. Although we do not produce our food in any significant amount, our country is fortuitously situated at the crossroads of trade, enabling us to enjoy such abundant and varied produce that we have been labelled the culinary capital of Asia.

Safety and security include factors such as physical safety from harm, financial security, freedom from threats, and living in comfort and peace. Such needs were met with the development of Singapore's Total Defence strategy, which encompasses the five aspects of military, economic, civil, social and psychological defence. Our armed forces provide an effective deterrence for would-be aggressors, our civil defence force and home team regularly prepare us for emergencies and disasters on home soil, and our strong economic performance and fiscal policies enable our citizens to achieve financial security. We no longer worry about our basic needs, sometimes to the extent that we have come to take them for granted.

Social needs addresses the individual need of belongingness, to feel accepted as part of a larger social group, be it friends or family. On a population level, maintaining a harmonious society with diverse peoples and cultures can often be challenging. We now live and work

closely together in a multicultural society and are able to choose from all manner of social, religious and educational organisations to which we can contribute our time and energy. The provision of a stable and safe environment that encourages families to grow, a culture that respects our pioneers and promotes intergenerational ties, and an education system based on meritocracy such that all students have a good chance of achieving their full potential, are some of the important achievements that Singapore has made in meeting our social needs in the last 50 years.

### SELF-ESTEEM AND ACHIEVING EXCELLENCE

Once the basic-tier needs are met, individuals next seek self-esteem and recognition for their achievements. We long for our voices to be heard and our contributions to society appreciated. On a whole, it is important that Singapore achieve a position of prestige among its neighbours and on the international stage. From economic performance to education, from shipping hub to sports, and from healthcare to housing, we have consistently punched above our weight in the international arena despite being a small and young nation.

### UNIQUENESS, CREATIVITY AND INNOVATION

Maslow proposed that the pinnacle of motivation for individuals is to achieve "self-actualisation". According to him, these are self-confident people who accept their own shortcomings as well as those of others. They form opinions independent of cultural norms and are able to perceive reality accurately. They function autonomously by being resourceful and have a larger purpose to fulfil in life. Self-actualised individuals



PROFILE

#### TEXT AND DIAGRAM BY

#### DR WONG TIEN HUA

Dr Wong Tien Hua is President of the 56th SMA Council. He is a family medicine physician practising in Sengkang. Dr Wong has an interest in primary care, patient communication and medical ethics.

are able to develop strong interpersonal bonds, are socially compassionate and contribute back to society.

As a nation, Singapore has progressed to a point where we have been successful in meeting almost all our basic needs. Further advancement towards higher needs becomes more dependent on "software", such as strong social bonds, feelings of happiness and esteem, and achievement of individual goals. A society that hopes to "self-actualise" is a society concerned with continuous growth.

### THE CHALLENGE

Is there a higher goal for Singapore in the future? How can Singapore continue to stand out and be unique among the nations? These are important questions that we have to continually ask ourselves as we look ahead.

The challenge before us is to sustain a society that is able to provide stability and security for psychological wellbeing, maintain our heritage as a nation with a rich cultural diversity and varied opportunities for individuals to grow and excel, and create an environment in which ideas can be exchanged freely and where creativity and innovation are nurtured. This must be our goal for the next 50 years. ♦



# HONOURING EXCELLENCE

The 56th SMA Council warmly congratulates SMA members who were recipients of the National Day Awards 2015.

## THE MERITORIOUS SERVICE MEDAL

**Prof Tan Chorh Chuan**  
President  
National University  
of Singapore

## THE PUBLIC SERVICE STAR (BAR)

**Dr Ang Peng Chye, BBM**  
Chairman  
Institute of Mental Health  
Medifund Committee  
Ministry of Health

## THE PUBLIC ADMINISTRATION MEDAL (GOLD)

**A/Prof Benjamin Ong Kian Chung**  
Director of Medical Services  
Ministry of Health

## THE PUBLIC ADMINISTRATION MEDAL (SILVER)

**Prof Christopher Cheng Wai Sam**  
Chief Executive Officer  
Sengkang Health  
Singapore Health Services

**Dr Jarnail Singh**  
Chairman  
Civil Aviation Medical Board  
Civil Aviation Authority  
of Singapore

## THE PUBLIC ADMINISTRATION MEDAL (SILVER) (MILITARY)

**COL (Dr) Poon Beng Hoong**  
Chief Army Medical  
Officer/Commander  
Headquarters Army Medical  
Services/SAF Medical  
Training Institute  
Singapore Armed Forces

## THE PUBLIC ADMINISTRATION MEDAL (BRONZE)

**Dr Wong Kirk Chuan**  
Deputy Chief  
Executive Officer  
Agency for Integrated Care

## A/Prof Cuthbert Teo Eng Swee

Senior Consultant Forensic  
Pathologist and Branch  
Director (Operations)  
Forensic Medicine Division  
Health Sciences Authority

## THE PUBLIC SERVICE MEDAL

**Dr Yeo Kwee Kee**  
Vice-Chairperson  
Charlton Park  
Residents' Association NC  
Aljunied GRC

## Dr Ong Hang Shyan

Member  
Ang Mo Kio-Hougang CCC  
Ang Mo Kio GRC

## Adj Prof Terrance Chua Siang Jin

Chairman  
SAF Cardiology Specialist  
Advisory Board

## Dr Chen Ai Ju

Chairperson  
Bethany Methodist  
Nursing Home  
Medifund Committee

## A/Prof Kevin Lim Boon Leong

Chairman  
Cerebral Palsy  
Alliance Singapore

## THE LONG SERVICE MEDAL

**A/Prof Paul Chew Tec Kuan**  
Associate Professor  
Department of Ophthalmology  
Yong Loo Lin School  
of Medicine  
National University  
of Singapore

## Prof John Wong Eu Li

Professor  
Department of Medicine  
Yong Loo Lin School  
of Medicine  
National University  
of Singapore

## A/Prof Yeoh Khay Guan

Associate Professor  
Department of Medicine  
Yong Loo Lin School  
of Medicine  
National University  
of Singapore

## Dr Mona Toh Cheong Mui

Assistant Director  
Youth Preventive  
Services Division  
Health Promotion Board

## Prof Philip Choo Wee Jin

Group Chief Executive  
Officer  
National Healthcare Group

## Dr Audrey Tan Siok Ling

Senior Consultant  
Central Regional Health  
Office — Health Promotion  
National Healthcare Group

## Prof Roy Chan Kum Wah

Medical Advisor/  
Senior Consultant  
National Skin Centre  
National Healthcare Group

## A/Prof Patrick Chan Mun Yew

Senior Consultant  
Tan Tock Seng Hospital  
National Healthcare Group

## A/Prof Chou Ning

Senior Consultant  
National University Hospital  
National University  
Health System

## A/Prof Shirley Ooi Beng Suat

Senior Consultant  
National University Hospital  
National University  
Health System

## Asst Prof Kurugulasigamoney Gunasegaran

Senior Consultant  
National Heart Centre  
Singapore  
Singapore Health Services

## A/Prof Lim Soo Teik

Deputy Medical Director &  
Senior Consultant  
National Heart Centre  
Singapore  
Singapore Health Services

## A/Prof Lim Choie Cheio Tchoyoson

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Institute  
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## A/Prof Loh Ngai Kun

Senior Consultant  
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## Adj A/Prof Lim Li

Senior Consultant  
Singapore National Eye Centre  
Singapore Health Services

## Adj A/Prof Quah Boon Long

Senior Consultant  
Singapore National Eye Centre  
Singapore Health Services

## Dr Doric Wong Wen Kuan

Senior Consultant  
Singapore National Eye Centre  
Singapore Health Services

## Dr Chan Yew Meng

Senior Consultant  
Singapore General Hospital  
Singapore Health Services

## A/Prof Ng Beng Yeong

Senior Consultant (Head)  
Singapore General Hospital  
Singapore Health Services

## A/Prof Wong Mereng Koon

Senior Consultant  
Singapore General Hospital  
Singapore Health Services

## Dr Paul Goh Soo Chye

Clinic Director  
SingHealth Polyclinics  
Singapore Health Services

## Dr Swah Teck Sin

Assistant Director,  
Clinical Services  
SingHealth Polyclinics  
Singapore Health Services

This list may not be exhaustive. If we have inadvertently omitted the name of any recipient, we sincerely apologise for the oversight. ♦

## COUNTRY REPORTS

The meeting proper started on the second day. Each of the national medical associations (NMAs) presented their country report, gave an update on the key events organised and spoke about the challenges faced. The presentations showed how the NMAs operate in different healthcare systems, cultural contexts and population profiles as well as their response to the needs within their countries. SMA's presentation included an update on what was done in the past year and highlighted SMA's advocacy work on behalf of its members, such as raising and discussing issues with the Government. The sharing among the NMAs allowed the representatives to learn from one another's experiences and to build stronger ties, thus facilitating future collaborations among the associations.

## CHALLENGES IN TRAINING OUR FUTURE HEALTHCARE WORKFORCE

Following the country reports was the Scientific Symposium, which demonstrated the power of meeting together to share experiences and ideas over common problems. Each country was given speaking slots to share how their respective country looks at the issue in relation to the theme. SMA touched on Singapore's system of training, focusing mainly on the transition to US style residency, as well as the advantages of incorporating family medicine into the residency system. Valuable insights were gathered from the robust discussions that followed.



TEXT BY

**DENISE TAN**

*Executive,  
International Relations*

The 16th Medical Association of South East Asian Nations (MASEAN) Mid-term Meeting was held from 1 to 3 May 2015 at Badi'ah Hotel, Bandar Seri Begawan, Brunei Darussalam. This year's meeting was hosted by the Brunei Medical Association and delegates from seven ASEAN medical associations attended; Cambodia, Laos and Indonesia sent their apologies as they were unable to provide representatives for this year's meeting. The SMA delegation comprised Dr Wong Tien Hua, Dr Lee Yik Voon, Dr Daniel Lee, Dr Tammy Chan, Dr Wong Chiang Yin and Dr Bertha Woon.

The theme for this year's Scientific Symposium was "Challenges in Training Our Future Healthcare Workforce".

## MASEAN DINNER

The MASEAN dinner was held on 2 May 2015 at the Polo Country Club in Jerudong, Brunei Darussalam. The guest of honour was Brunei's Minister of Health, Pehin Orang Kaya Johan Pahlawan Dato Seri Setia Awang Haji Adanan bin Begawan Pehin Sraja Khatib Dato Seri Setia Awang Haji Mohd Yusof.

During the dinner, Dr Wong Tien Hua, Chairperson of MASEAN, summarised the main issues discussed over the past few days and reiterated the main objective of the MASEAN meeting – to re-establish the bond of friendship among the medical associations of ASEAN. He also thanked the host, Brunei Medical Association, for excellent hospitality.

## NEXT MASEAN MEETING

The Medical Association of Thailand will be hosting the 17th MASEAN Conference in 2016. ♦





# MOH'S

## REPLY TO

# SMA'S LETTER

SMA's letter published in the *Straits Times Forum* was reprinted in the June 2015 issue of *SMA News* (<https://goo.gl/N1OGjC>). The sample template patient consent form (reproduced below) was sent to licensees/managers of licensed healthcare institutions (HCIs) on 11 May 2015 (ref: MH 71:25/5-28).



Annex A

Patient Consent Form (Sample Template)

Name and MRCP/MS of Patient	
Name of procedure/treatment to be performed	
Date of procedure/treatment to be performed	
Indication(s) for procedure/treatment	
Name and MCR no. of doctor (who performed the procedure/treatment)	
Signature of doctor	
Benefit(s) of the procedure/treatment	
Possible risk(s)/side effect(s)/complication(s)	
To be completed by the patient	
I am aware of the mentioned benefit(s) and possible risk(s)/side effect(s)/complication(s) of the _____ (name of the procedure/treatment received). Upon giving my consent to receiving the _____ (name of the procedure/treatment received), I understand and agree to be contacted and interviewed by authorised officer(s) from the Ministry of Health to assess the outcome of the procedure/treatment.	
Signature of patient	
Date	

An alternative form was made available by MOH on 28 July 2015 and is available at <https://goo.gl/5yoSgp>.

The Ministry of Health (MOH) thanks the Singapore Medical Association (SMA) for its feedback ("Patient autonomy key part of medical ethics"; June 4).

As SMA president Wong Tien Hua said, MOH has powers under the Private Hospitals and Medical Clinics Act to audit any patient's clinical outcomes, should the need arise.

Our medical audits enable MOH to monitor and uphold the high quality of care and safety of aesthetic procedures performed in Singapore.

Our intent in including this information in the consent template for medical practitioners and healthcare institutions is to give patients the opportunity to be informed of and to agree to participate in MOH's medical audits before they undergo aesthetic procedures.

In this way, situations whereby patients are surprised when they are contacted after undergoing the procedure are avoided.

Dr Wong's letter might have given the impression that the patient must consent to participate in the audit for the treatment to proceed. This is not so. The patient's autonomy is not compromised in this process: Should the patient not agree to participate in any future audit of his aesthetic procedure, neither the patient nor the doctor is prohibited from undergoing or performing the procedure, respectively.

Before they undergo any aesthetic procedure, we urge the public to exercise due caution by ascertaining that the medical practitioners and healthcare institutions consulted are properly licensed and accredited to perform the desired procedures and treatments.

When in doubt, they should seek a second opinion from their regular family physician or other qualified medical practitioners.

**Ms Lim Bee Khim**  
Director, Corporate Communications  
Ministry of Health

### PATIENT AUTONOMY IN AUDITS: MOH REPLIES

This letter was first published in the *Straits Times Forum* page on 18 June 2015.

# LIQUID GOLD

T.OUT

---HOME---

2  
PERIOD

---GUEST---

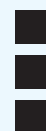
T.OUT



15

10:00

10



SMA News speaks to **Dr Lin Diyang (LDY)** and **Dr Nigel Tay (NT)** about their recent SEA Games gold-medal feat in water polo.

In the recent 28th SEA Games 2015, Singapore achieved a record medal tally of 259 medals, including a phenomenal 84 golds. Among the decorated gold medallists, two medical officers (MOs) carried the heavy burden of protecting Singapore's unbeaten gold streak in water polo — Dr Lin Diyang and Dr Nigel Tay. After battling some fierce SEA games rivals, they emerged in glorious triumph, beating Indonesia 15–10 in the final. Having been in the water polo national team for nearly ten years, the two veterans were looked upon to lead the team to victory. As part of our SG50 celebrations, SMA News interviewed our 2015 SEA Games champions.

**Congratulations on your magnificent performances at the SEA games. This makes five consecutive SEA Games gold medals in water polo for both of you! Tell us more about your water polo career and some of the highlights.**

**LDY:** My water polo career began at about ten years old. I used to have swimming training at The Chinese High School, where my brothers were also having water polo training. I enjoyed sneaking over to join their training. Finally, their water polo coach relented and let me join the training sessions. I've not looked back since.

The highlight of my career is definitely the most recent SEA games. It was a completely different experience to play before the home crowd, with the support of friends, family and my girlfriend. Because of that, I put in extra effort. *[laughs]* The World Junior Championships was another highlight.

It was such a thrill to spar with the best players in the world, some of whom were already established celebrities in their home countries. I managed to exchange some jerseys and trunks as memorabilia.

**NT:** Water polo has been a huge part of my life since secondary school. Thankfully, I've managed to cultivate my passion for the sport throughout my university years and career. It certainly hasn't been an easy journey trying to juggle family, friends, work, training and examinations, but I wouldn't give it up for anything in the world. The experiences and memories that this sport has given me are unforgettable and truly priceless.

Some of my highlights include the 2007 SEA games in Korat, Thailand, the 2014 Asian Games in Incheon, South Korea and the recently





concluded SEA Games in Singapore. The Korat Sea Games, which was my first international major games debut, was nerve-wrecking yet immeasurably exciting. I really wanted to prove my strength and abilities, and I did. The 2014 Asian games was unforgettable because we came so close to making the Bronze Medal play-offs by a single goal but unfortunately, it was not meant to be. Of course, everyone was crushed, but it gave us the strength to persevere. The 28th SEA Games was especially memorable, since it was my first time competing on home ground with the home crowd rallying behind us. It also gave my grandmother a chance to watch me play for the first time, and that was unforgettable! Winning gold was especially sweet.

### What are your training schedules like and how have you been able to juggle your training and career thus far?

**LDY:** We train every day, including Sundays. From 7.30 pm – 10 pm on weekdays, and 4 pm – 6.30 pm on weekends. Trying to balance training and medicine is very draining, as I have to wake up early to attend work, then immediately head for training before finally reaching home at about 11.30 pm. As such, there is hardly any time to study or socialise. But winning the SEA Games has made it all worthwhile.

**NT:** It's about prioritising and planning your timetable well. Sacrifices have to be made to accommodate both. We are cognisant of that and so we try our best.

### What are your future plans in water polo and medicine? Are you going to continue playing to add to your medal tally?

**LDY:** I'm planning to apply for orthopaedic surgery residency at Khoo Teck Puat Hospital this year. I've done two MO postings there, and I've learnt a lot and thoroughly enjoyed myself. It helped that the department head was very understanding towards my intensive training regime. As for water polo, I may consider taking a break for now to concentrate on my medical career.

**NT:** I haven't quite decided whether to continue playing water polo. After all, I've been in the National Team for eight years now, so it may be time to retire to focus on my career and family. But I still have a passion for the sport and wish to continue, if my schedule and career allow. I am doing my National Service as a Naval Diving Unit Formation Medical Officer now and will complete service early next year. Currently, I am working on a few projects in ENT and will be applying for residency. I am also looking forward to going for medical mission trips with my church, to give back to others in the capacity of not only a national water polo player but also a medical doctor.

### Both of you must have had some idols growing up? Who are some of your inspirations in both arenas?

**LDY:** My inspiration is definitely my father. While studying medicine in the National University of Singapore

## PROFILE



INTERVIEW BY

**DR JIPSON QUAH**

*Editorial Board  
Member*

### Legend

**1.** A formidable attacker, Dr Lin scored seven goals at the 2015 SEA Games

**2.** Dr Tay proved to be a resolute guardian as Singapore devastated all opponents by scoring 74 and conceding only 18

*Photos courtesy of Byron Wee/  
SINGSOC (VOUXphotography.com)*

(NUS), he too continued with his passion for badminton and tennis by representing NUS in numerous competitions while dating my mother! He encouraged me to excel in both medicine and sports; I would not have been able to do it without him.

**NT:** In water polo, my inspiration is the Italian national goalkeeper, Stefano Tempesti. Watching him play is a spectacle to behold. In medicine, the Dutch Olympic gymnast, Epke Zonderland (aka the "Flying Dutchman"), is one who truly inspires me. There aren't many medical doctors today who have managed to juggle their sport and career well, but Zonderland has perfected the art. An aspiring orthopaedic surgeon and a multiple gold medallist in major international sporting events, he is undoubtedly the most illustrated Dutch gymnast in recorded history.

**Thank you for sharing with SMA News your precious personal sporting experiences. ♦**



# Creating a Legacy

## For Singapore Music

**Dr Sydney Tan (ST)** is an aesthetic physician in private practice but has been involved professionally in music for the last 35 years as a music director and producer. Working with and producing music for industry veterans from Tracy Huang, Dick Lee, Kit Chan, Taufik Batisah and Vocaluptuous to newer artistes like Charlie Lim, Tabitha Nauser and indie darlings The Sam Willows. He has been involved in ground breaking musicals as early as *I Remember Broadway* (1982) and *Beauty World* (1988, 1998, 2008), and has conducted the orchestra as music director for *Forbidden City: Portrait of an Empress* at the opening of the Esplanade – Theatres on the Bay in 2002 and its subsequent runs in 2003 and 2006. Sydney also composed and produced the movie soundtrack for *Singapore Dreaming* (2006). The last couple of years have been especially busy, with Sydney juggling clinical practice while fulfilling the role of music director for the 28th South East Asian Games (SEA Games) as well as the 2014 and 2015 National Day Parades (NDP). *SMA News'* Dr Jipson Quah speaks to Dr Sydney Tan to find out more about his remarkable career in music.

**Hi Sydney, how did you embark on your career in music production? What was your training like and who are some of your musical inspirations?**

**ST:** My mum gave me piano lessons while I was growing up and I started to flourish under the guidance of my band conductor, the late Mr Lim Peng Ann, while I was in Anglo-Chinese School in the 70s. He made me take up the oboe, exposed me to the orchestra and demonstrated the meaning of discipline and rehearsal technique. Church choirs and acapella groups rounded off the exposure and in those pre-YouTube/internet days, the cassette recorder was my teacher as I spent hours rewinding tapes and transcribing the music and arrangements of Burt Bacharach, Sergio Mendes, Quincy Jones and Gene Peurling's Singers Unlimited. One thing led to another for one moment I was running the National University of Singapore Students' Union (NUSSU) talent time and in the next moment, I was Dick Lee's music director for his WEA Records release in the early 80s, *Life in the Lion City*. The extra money earned from WEA Records helped pay my medical tuition fees!

**What made you decide to have dual careers in medicine and music? What are some of the similarities and differences in both your professions?**

**ST:** By the time I graduated from medical school in 1985, things were at a high musically. In my housemanship year, I remember dashing off from the hospital wards on my off days to produce Dick Lee's *Return to Beauty World* and two other albums for WEA

Record's boss Jimmy Wee. It was a lot of fun, I was meeting people, gaining experiences, earning extra money and music technology was on its upswing, those being the formative years of MIDI and early digital music, leading to compact discs and the transition from analogue music to the digital recordings that we know today. I thought I'd keep doing this and see how far the balance between my two careers could be maintained. It's been more than 30 years, and I just hit the CPF collection age, so maybe it's time to slow down.



I find medicine and music similar, different and yet complementary at the same time. While the medical process is convergent in its problem-solving, the musical process is divergent in its exploration from a given point. Yet both are about communication, require a connection and empathy with your fellow men, involve maths and pattern recognition and most importantly both have the privilege and power to heal and to soothe.

**Tell us more about your role in this year's SEA Games and NDP. As we host the SEA Games and celebrate our National Day in our 50th year of independence, the music production must be tremendous!**

**ST:** The role of the music is to touch and move people attending and watching the events, bringing them to a heightened awareness of what is unfolding before their eyes. This involves writing/choosing the correct music, motifs and performers, then finding the appropriate musical arrangements, instrumentation, recording and mixing which results in the final soundtracks for the occasion. Especially for such large projects, this

is a fairly complex process involving countless meetings and coordination with multiple departments from choreography and props to fireworks, lighting, projection and special effects; all have to be synchronised, not just to the second, but to the frame in time code. (There are 25 frames per second.) Beyond all the technicalities, the paradox is that in spite of the grandeur and scale, our hope is that the individual watching/attending would come away with memories of a special personal experience.

The SEA Games comes to Singapore once every 22 years but not only that, this year's games coincided with the opening of our new national stadium, our country's 50th year of independence, and it is also the year that our founding Prime Minister Mr Lee Kuan Yew passed away, so the significances, expectations and pressures are very high.

**In your celebrated career, you have worked with numerous generations of local and international artistes. Which has been your most memorable production and why?**

**ST:** It's been a great privilege to be able to be involved with music all these years but perhaps the most meaningful one was in producing the national song *Home*. In 1998, I was putting together the Sing Singapore project and Dick Lee had written the song *Home* while he was away and feeling homesick. It was a song with a genuine core, message and emotion. After I arranged and produced the song, early detractors deemed the lyrics negative, the instrumentation and approach with the acoustic guitar and string quartet accompanying Kit Chan was unlike the model of what was considered a "National Song". With the support of Prof Bernard Tan and Joe Peters, who were on the committee at the time, it was pushed through. Years later, on every National Day, children across Singapore spontaneously sing out the lyrics, not because they are made to, but rather because they feel the emotions and want to, "This is home truly...". I feel a sense of gratitude for being able to play a small part in contributing to the legacy of Singapore music for the generations to come. ♦



#### PROFILE



INTERVIEW BY

**DR JIPSON QUAH**

*Editorial Board  
Member*

#### Legend

1. With Dick Lee mixing Singpop in Japan 1996
2. With the Empress Dowager (Kit Chan) during *Forbidden City* at the Esplanade Theatre 2003
3. Producing music in the studio for SEA Games 2015 and SG50 NDP

*Photos by Dr Sydney Tan*

## PROFILE



TEXT BY

**DR TAN YIA SWAM**

Editor

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

*Reference*

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# First the Dragon Year

## NOW IT'S SG50

As some of you may know, I have a son born in the Year of the Dragon, and I'm expecting another boy later in the year. Most mummies would know, there is really no way to *plan* a successful pregnancy. Sure, every couple roughly plans for kids, maybe two to four years apart, when the relationship and careers are stable. But those of us "older" mummies also know that trying for a child can be quite difficult and age does bring more complications. Meanwhile, the reality is sinking in; I have kids in reputedly crowded years! Let's look at some statistics.



Photo: DBS Group and Ms Grace Tan



Since 2003, the number of babies born each year has been hovering around 37,000 to under 40,000. The year of the Dragon yielded a bumper crop of 42,600 babies (a 7.4% spike from 2011), the highest number born in a decade and the first time Singapore had exceeded 40,000 births.<sup>1</sup> Last year, there were 24,000 marriages involving at least one citizen, the highest number since 1997. Singaporeans had 33,000 babies, an increase from 31,000 in 2013. This raises the country's total fertility rate to 1.25, from 1.19 in the previous year.<sup>2</sup> In July, the National University Hospital reported a 7.6% increase in babies born from January to June this year compared to the same period in 2014, while KK Women's and Children's Hospital estimates a 5% increase in deliveries by the end of the year.<sup>3</sup>

The buses are so full of pregnant (and elderly) commuters that priority and even regular seats are filled. The best I can score is a standing corner with something to lean against. Waiting rooms are filled to bursting; it doesn't help when some pregnant patients bring along their entire extended family. I was guilty of that once, but now it's a quick solo visit for me. There are long waits to not only see the doctor, but also to register and pay. Dating and growth scans are booked months ahead. Although I appreciate that I'm booked for the FIRST slot, it does get stressful when I am reminded politely, but firmly, that I **MUST NOT** be LATE for my 7.45 am scan. I shall do my best to waddle onto the train, make my way safely and briskly to the clinic, clear my bladder and order the baby to be in an optimal position for scanning. At the last visit, the baby stayed prone for a long time and my doctor had to wait past clinic hours!

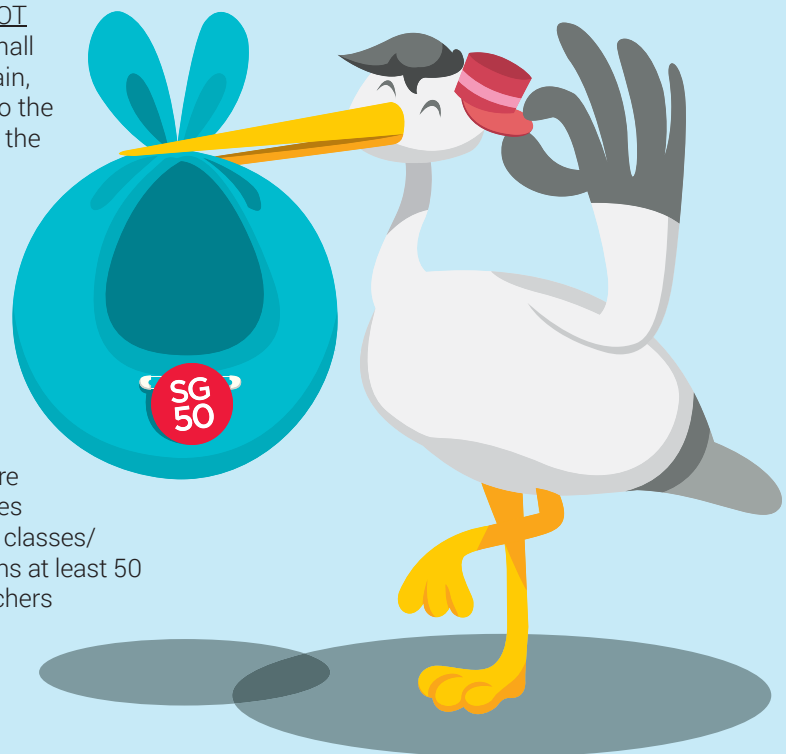
There will be more stresses to look forward to in the coming years. Taking a modest 5% increase in the total number of babies, that's still some 2,000 more babies. If each childcare class takes 20 kids, that's 100 more childcare classes/teachers needed; which also means at least 50 more primary school classes/teachers needed! I shall worry about that

when the time comes. Meanwhile, there's already the Dragon Boy to worry about!

There are, however, some small perks to having an SG50 baby. I have done some research<sup>4</sup> and gathered feedback from friends who have already delivered their babies. A list of the gift packages available and some comments on the items can be found on page 20.

Additional monetary incentives from the Government come in the form of cash top up (matching dollar-for-dollar up to S\$6,000 for first and second child).<sup>5</sup> The initial participating banks are OCBC and Standard Chartered; this year, there are two other banks, POSB/DBS, and UOB who also offer the Child Development Account (CDA); with matching interest rates of 2% per annum, OCBC has revised their rate to match, while Standard Chartered is maintaining at 0.5% per annum. This is just a quick summary — for additional information, please check each respective website and talk to a bank representative.

Ultimately, I believe that every mother would agree with me — a healthy and happy child is the greatest gift we can have. The rest are just perks; nice, but not essential. I wish those who are trying for a baby all the best and I hope for good news soon.



## BABY GIFT PACKAGE

### SG50 BABY JUBILEE GIFT (8 ITEMS)

A commemorative birth certificate

- (1) Commemorative medallion
- (2) Scrapbook
- (3) Diaper bag
- (4) Baby clothes
- (5) Family photo frame
- (6) Five children's books by a local author
- (7) Baby sling with free workshop on usage
- (8) Multifunctional shawl

## MY COMMENTS

The birth certificate (in a gold paper folder) looks decent. The rest of the items are quite useful, especially for first-time parents. The books are meaningful for a child to grow into and learn about the country. The medallion probably has monetary worth, but hopefully no one thinks of selling it! The commemorative value is worth more than the physical value.

### POSB/DBS: LIMITED EDITION SMILEY GIFT BAG (9 ITEMS)

- (1) Smiley diaper bag
- (2) Mittens and booties
- (3) Plush toy
- (4) Coin bank
- (5) Height chart
- (6) 'Baby on Board' car signage
- (7) Bluetooth monopod (selfie stick)
- (8) 2R picture holder
- (9) A pack of Zappy baby wipes

Items are generally useful, although the coin bank is arguably antiquated? Still, a good way to start teaching the concept of saving! Smiley squirrel isn't very cute. Zappy reminds me too much of hospital wipes and why a selfie stick for a baby?

### GREAT EASTERN SG50 BABY GIFT PACK (4 ITEMS)

- (1) Baby insurance (one year)
- (2) A pair of mittens
- (3) A pair of lion booties
- (4) Waterproof bibs

The lion booties are THE CUTEST!!!

### THOMSON SG50 JUBILEE JOY PACK (14 ITEMS)

- (1) \$50 Cordlife cord blood banking premium (FBI/SBI members receive an additional \$650 premium)
- (2) SG50 rates for single and two-bedded rooms
- (3) AXA six months medical coverage for newborn and premium vouchers up to \$450 (FBI/SBI members receive an additional \$150 voucher)
- (4) OCBC exclusive (receive up to \$100 in your OCBC Child Development Account)
- (5) Six months online subscription to *Mother & Baby* and *8 Days* magazines
- (6) Huggies newborn diaper pack (24 pieces), Huggies gentle care wipes (10 pieces) and \$5 diaper voucher
- (7) Thomson Medical 36th anniversary special edition Baby's Health Booklet cover
- (8) Educational book made of fabric to aid child's learning
- (9) Baby latex bean pillow
- (10) Diaper caddy
- (11) Selfie stick
- (12) Baby changing mat
- (13) A copy of Thomson Mummies' Pampering Treats on dental/aesthetic/traditional Chinese medicine services
- (14) Thomson SG50 tote bag

Of the private hospitals, only Thomson seems to have a SG50 pack clearly stated on their website. From mummy bloggers, it looks like Mount Elizabeth has a maternity pack as well, although I couldn't find any information on the website. (If anyone has first-hand experience, do share it with us!)

As you can see, Thomson's pack does look a lot more valuable than the three earlier packs.

Do you know how much poo a breastfed baby passes and the price of diapers these days? 24 pieces is not to be sneezed at, and with a S\$5 voucher to boot! The baby book and bean pillow are also very useful. But again, why the selfie stick? ♦

*Disclaimer: The views below do not necessarily reflect my own; please refer to individual organisational websites for the latest terms and conditions*



# A PRIVILEGE TO SERVE

## FIVE LITRES OF BLOOD

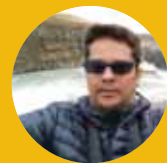
The blood literally drained from her cheeks, the pink hue giving way to a ghastly pale tone. Monitors beeped away in a frantic cacophony. Her pulse rate shot up while the blood pressure came crashing down. My anaesthetist wife screamed, "Jayant, I am going to die!" It felt like my wife and I were unceremoniously thrust into the leading roles of an episode of *ER* on steroids.

What happened over the next few hours was a whirlwind of events. I switched between both doctor and patient roles as I barked instructions to the house officers on duty and called down all the doctors whom I deemed relevant to the urgent care of my wife, even as I reeled with despair. Within the next three minutes, my friend, a cardiology registrar, got down to setting lines, while my wife's anaesthetist colleague rushed down immediately to prepare for intubation

and OT. The obstetrics, surgical and anaesthetist teams were in the OT within the next ten minutes, despite it being a public holiday. I followed my wife's trolley to the intensive care unit and watched as they shoved a tube down her throat to keep her alive, while simultaneously battling tears to participate in discussion with the surgical teams to decide on the next immediate step. The feeling was surreal and the situation desperate.

Commotion quickly gave way to terse but calm purpose, and order arose from disorder as I clung onto hope. The emergency operation took four hours, during which I found myself pacing the corridors of an OT I was all too familiar with. While we lost the lives of our beautiful twins, whom we had just a week earlier christened Aaryas and Aarushi, my wife was brought back alive with five litres of donated blood packed in.

## PROFILE



TEXT AND  
PHOTOS BY

## DR JAYANT V IYER

*Editorial Board  
Member*

Dr Jayant V Iyer is an associate consultant with Singapore National Eye Centre. While remaining enjoyably busy with fellowship and mission work, he now rushes back home post-work at breakneck speeds to spend time with his newborn son.





As the surgeons and anaesthetists — many of whom we knew as colleagues and friends — went through the operation details and subsequent plans with me, brushing aside tears from their own eyes, I couldn't help feeling overwhelmed by it all. Overwhelmed by the gravity of what had transpired over the preceding six hours when I could have lost it all; overwhelmed by the dedication, commitment and fervour with which our doctors treated and saved my wife's life; and overwhelmed by the love and support of my immediate circle of friends and family, who kept vigil beside me.

The next few days saw the anaesthetic team bring some colour back to my wife's face. A psychiatrist was quickly brought on board to ensure our faculties remained in order in the immediate aftermath of the devastation, while the surgical and obstetrics team made regular visits to ensure all was well.

The entire episode forced me to view things from a patient's perspective — to see what we doctors do from the other side and the impact that our work has on the patients we serve.

I am thankful to have chosen such a profession, as is my wife. More importantly, I am thankful to the medical team, for without their dedication and diligence, my wife (and perhaps I, too) would quite literally not be here today.

### JUST DOING OUR JOB

More than a year ago, I had set up a non-profit organisation called The Vision Mission with a colleague, Dr Jason Lee, and a long-time friend, Mr Avinash Jayaraman. The primary purpose of this organisation is to eradicate treatable vision impairment in underserved populations in parts of Asia. Last year, we performed 1,000 surgeries for the poor in Odisha, India, along with building up the capacity of our local partner hospital (Trilochan Netralaya) in subspecialist services and systems optimisation.

During one of the camps this year, we organised a surgery for Mr Sahu, a patient who had perception to light (PL) vision in both eyes. As a result of this, he could no longer partake in farming or walk a step without assistance, thus leaving him homebound and confined to his chair.

#### Legend

1. Daddy duty back home
2. The Vision Mission — Trilochan Netralaya team after a successful mission trip
3. A very happy Mr Sahu with his family





in his vision by medical standards, from PL to CF, meant a world of difference to him. It took me a while to compose myself before telling the patient that we were all just doing our job.

Just doing our job.

## CONCLUSION

As I complete 34 years of existence and move on to my 35th, while still undertaking fellowship and planning for further training, these encounters remind me of why each of us chose to do what we do and why we must each continue to do what we are doing to the best of our abilities.

The long hours, continuing medical education and barrage of examinations can easily cause one to become disillusioned or jaded. But by “just doing our job”, we can have such a positive impact on a fellow man’s life. What an honour! It is truly a privilege to be able to take care of one’s friends, relatives and all the “uncles” and “aunties” we see in our daily practice.

It is truly a privilege to serve. ♦

## Notes

1. My wife and I are thankful to the entire medical team that took care of us, my circle of friends without whom we might not have retained sanity and my family who keep us going.
2. I found the patient in the second story to have a macular scar, but the cataract surgery allowed him to have navigational vision, which conferred upon him a significantly better quality of life. The Vision Mission intends to organise cataract surgery for the other eye in the hope of a better visual prognosis. This is slated to take place in the later half of the year after the harvest season.
3. My wife and I thank our parents for nudging us through our childhood to choose the path of medicine.

We performed cataract surgery on one of his eyes in the hope of alleviating his situation. Unfortunately, following his surgery, we found the red reflex to be blunted, suggesting another underlying pathology. His vision was found to be just counting fingers (CF) at one metre on the next day, while many of his fellow patients enjoyed vision in the range of 6/6 to 6/12.

While dual pathology is not an uncommon event, I was a little

disappointed that the vision improvement was less than modest, even though the operation itself was a success.

I visited this patient a day after the surgery, with the intent of diagnosing the other underlying problem and explaining the reason for his less-than-stellar improvement in vision. As I entered the thatched hut, I was welcomed by the scene of a thin, grandfatherly man clad in a dhoti and wearing oversized shades, sitting pensively on a red plastic chair that didn’t quite belong. One of his family members explained to him that the doctor was there to visit him.

He quickly removed his shades, pried open his eyes and asked his relative to point out whom, among the figures in front of him, the doctor might be. Upon identifying my figure, the old man shot up, took a few brisk steps towards me and literally fell to the floor trying to find my feet.

I took a step back and got the man back up on his feet, asking him what he was doing. The tearful man explained that he viewed us doctors as among his gods. He then requested the names of the members of the surgical team involved in his care, so that he could pray not just *for* us, but *to* us. Coming from a relatively more understated culture of gratitude in Singapore, this was not something I was used to. I was touched that the modest improvement





## PROFILE



TEXT BY

## DR LEONG CHOON KIT

Editorial Board  
Member

Dr Leong Choon Kit is a GP in the private sector. He feels strongly about doctors contributing back to society. As a result, he tries to lend a voice to the silent majority in every issue he has come across, particularly those in healthcare, educational and other social concerns.

*"I'm having some problems with a contract company. They refused to pay me for the services I had rendered to their clients."*

*"We are fair people, but there are colleagues who do not cooperate with us for their claims."*

I am sure we have heard from both sides of managed healthcare (MHC) schemes for years now. The gripes from both sides would certainly provide much fodder for fireworks. Let us take a glimpse of the views of the public, the profession and the service provider on these schemes.

## THE PUBLIC — PATIENT

*"Doc, I would like to recommend your clinic to our contract service provider. Can you please join the scheme so that we can see you?"* One patient requested.

*"Our family prefer to see you. So, if you are part of the panel, even though my kids are not covered, I will continue to bring them to you."* Another patient shared his thoughts.

*"I need a medical certificate (MC) today, but I cannot get it from you since my company only recognises clinics in the panel. Can you consider joining one of them?"* Because of such company policies, many workers have no choice but to visit company clinics, polyclinics or the accident and emergency departments to get "official" MCs.

This somewhat sums up the benefits experienced by the man on the street.

*"Doc, I went to see my company doctor to get an MC this morning, but I don't feel comfortable with the consultation and the medicine prescribed. Now I am here to see you."* This strange phenomenon happens almost daily. The public perceives that company doctors tend to short-change them with shorter consultations and lousier medicines.

The converse is also common. *"Doc, thank you for solving my longstanding medical problem. Your medicine works so well. A few days of it and I am all well."* These perceptions add to the public's feeling against clinics offering contract services. And we all know very well that it is always the last doctor who gets all the credit.

## THE PUBLIC — COMPANY

A few of my patients who are human resource consultants share with me their views on MHC.

*"When my company enrol into a contract with a managed care service company, it saves me a lot of work. Now I don't have to employ staff to process claims and medical leave or call up clinics to verify facts or settle disputes."*

*"With the software provided by the management companies, my department is able to see the number of MCs taken by an employee at a glance. I'm also able to better manage the cost set aside for medical and dental benefits."*

It does seem like companies would have nothing to dislike about such a system. Well, not all companies have the same principle of operations.

*"Doc, please help me see my employees. I don't need you to give me a discount and I can pay you immediately in cash. I just want the best for my workers,"* requested a patient who owns a company.

*"But why?"* I asked ignorantly.

# TO CONTRACT OR NOT TO CONTRACT



*"Oh, when my workers recover and feel well looked after, they are less likely to give me headaches. They are more willing to work hard, even for overtime and over the weekend," he replied with a smile.*

In fact, a few of my patients who own companies have asked me to offer similar services to their employees. A few of these companies even encourage their employees to come for regular flu vaccinations.

## THE PROFESSION

Some younger colleagues have these to say about MHC:

*"I'm seriously thinking of offering contract services in my new clinic but I'm really worried when the clinic is not crowded."*

*"I think I feel more secure when I have these contracts. I'm more relieved with a large crowd and also happy not to earn from them."*

In case some of you accuse me of being biased, below is a shortened list of gripes that some colleagues have sent me.

*"I'm paid so little ... even less than the barber."*

*"I have yet to receive payment for my services. If I receive it within three months, I am thankful enough."*

*"I have to think of creative ways to make sure I remain ethical yet don't lose money."*

*"It's not right to suppress consultation fees; it cheapens the profession."*

Years ago, one of my reservist mates told me this: *"You know, they pay us so little for the tablets; one day I decided to call up the company and order a few thousand tablets from them at their price. Do you know what they told me? They say my requested price is impossible to match. And I promptly reminded them that I am merely quoting from their formulary."*

## THE PROVIDER

Four years ago, when I chaired the practice management committee under College of Family Physician (CFPS), I helped a group of private GPs mediate with a contract company. From that experience, I learned about some of the problems these providers faced with our colleagues.

*"It is difficult. There are colleagues who inflate the prices of medicines. Some claim original but dispense generic to the patients. In fact, we caught one GP who kept claiming for a patient. On checking with the patient directly, we realised that he had been treating "phantom" patients. We choose not to expose them out of collegiate etiquette."*

I set out to write about managed care with an open mind and to bring to light some of the misgivings and misunderstandings surrounding it. If this sharing generates more conversation, resulting in improvement and enhancement, it would be the perfect ending.

As my partners and I chose not to have any contracts when we started our clinics, I must confess that my experience is not personal but based entirely from hearing my colleagues out. I would love to hear from more of you about your experiences.

One of my clinic partners used to say, *"If either way our clinic will die, I would rather die shaking legs than die working hard with no pay."*

What lured you out of public practice into private practice in the first place? What joy do you derive from starting your own practice? In short, the choice is yours. Decide based on your needs and with your eyes open, and go where your heart and conscience lead you.

I hope this article has offered much food for thought. We shall hear from our GP colleagues about their experiences and what satisfy them in the next issue. ♦



# UNDERSTANDING PRIVACY AND CONFIDENTIALITY IN MEDICAL PRACTICE

The preservation of privacy and confidentiality is enshrined in the doctor-patient relationship by the principle of patient autonomy. Patients have a right to authorise or decline access about matters relating to themselves. Privacy is a complex concept which does not lend itself to a simple definition. For purposes of understanding, privacy can be divided to several domains or segments in medical practice namely:

1. **Informational privacy** which is also called medical confidentiality, where information that is shared in confidence is only used for specific therapeutic purposes unless there are valid ethical and legal reasons to do otherwise.
2. **Physical privacy** which in medical practice is that the physical examination and medical procedures occur in appropriate ways and places to preserve the patient's privacy.
3. **Decisional privacy** in medical practice is where patients are given sufficient time, place and persons to consult to make their medical decisions that are free of coercion or constraints.
4. **Propriety privacy** pertaining to the right to authorise or decline use of tissues and other materials of the patient for purposes other than therapy. Explicit consent is necessary for use of images or tissue for medical research or education.

## THE ETHICAL BASIS

The ethical basis of medical confidentiality is guided by the principle of patient autonomy (which also includes consent, fidelity and truth telling). Competent patients have the right to control the use of information pertaining to them (informational privacy). Patients have the right to determine the person, time and manner of disclosure of sensitive information. When healthcare professionals disclose confidential information to others without consent or knowledge or against the wishes of the patient, this is considered lack of respect or disregard of patient's autonomy. This is irrespective of whether the patient is harmed by the disclosure. This right is limited by the obligation not to harm others and the wider public health or societal interests.

The fiduciary nature of the doctor-patient relationship is based on trust and mutual respect. Confidentiality is the bedrock of trust which enables the patient to freely share his medical and personal information with his

doctor without fear of inappropriate disclosure. This free sharing of information does not only benefit the patient and the doctor in arriving at an accurate diagnosis and developing an effective management plan, but has value for public health disease management.

### THE LEGAL ASPECTS

The legal basis of confidentiality lays in public interest of protecting the public and other members of society. It is in the society's interest that the public and patients have trust in the healthcare system so that they will seek treatment for illness. A trusted and effective healthcare system promotes security, social cohesion and harmony within a society which is of public interest. The management of medical epidemics of infectious diseases requires the public to share accurate and timely information about their health, contacts and travels. Unless the patient is certain that no harm will befall him, he is unlikely to divulge all that is necessary for managing the epidemic and his medical management. It is in the public's interest that persons with infectious diseases seek early treatment, so as to limit its spread. The public interest in medical confidentiality lies in the preservation of the public trust in the healthcare system and medical profession.

The law by statutes and regulations stipulates specific obligations to preserve medical confidentiality (Termination of Pregnancy Act and Infectious Diseases Act) and when confidential information is legally authorised to be released to appropriate persons (Infectious Disease Act and Enlistment Act).

### UPHOLDING THE OBLIGATION OF CONFIDENTIALITY

The doctor owes an ethical and legal obligation not to disclose, without consent of his patient, information that the doctor has gained in his professional capacity. Even if the medical information is acquired through a third party, if revealing it will cause offence to the patient, the doctor has an ethical duty not to disclose as it risks damaging the trust and doctor-patient relationship. There is a general

professional obligation of fidelity to patients in the therapeutic relationship.

Risks to patients associated with inappropriate release of confidential medical information includes grief and distress from the loss of privacy and gossip about one's illness, social stigmatisation, occupational discrimination and loss of housing. Minors and children may be subjected to inappropriate family disapproval and discrimination by both parents and schoolmates. Information given to family members may put the patient at risk of family violence and other forms of violence.

Medical confidentiality is critical in certain areas of medical practice. This includes sexually transmitted diseases and HIV medicine, adolescent medicine and sexuality, psychiatric conditions, alcohol and addiction medicine, cosmetic and enhancement surgery and reproductive procedures like artificial insemination by donor and vasectomy. However, one cannot always predict which information the patient would consider as critical in the preservation of confidentiality.

Ensuring security of medical information requires certain behaviour of confidentiality consciousness. This includes being aware of access by others when information is given by email, fax or phone when one cannot determine who is on the other end and who else can listen in. Case notes and computer screens must not be left open after viewing. Discussions in the corridors, lifts and canteens or other public places often lead to lapses. Written documents must carry the label of "Private and Confidential". It is good practice to hand the documents directly to the patient rather than through intermediaries wherever possible.

### Special care with electronic devices

Electronic medical records are a permanent feature of today's healthcare systems. Large amounts of personal and intimate data may be accessed by a wider audience rapidly. Storage, transportation, reproduction and retrieval are possible in small portable devices. A single lapse can lead to catastrophic

and damaging effects. Integrity of the holders of electronic information and security of the data are key factors in preventing breaches.

### FOR THERAPEUTIC PURPOSES OR FOR THE BENEFIT OF THE PATIENT

Sharing of medical and personal information is acceptable between medical teams for the therapeutic benefits of the patient. There is implied consent by the patient's conduct, accepted practice and absence of explicit objection. All healthcare workers and institutions are under obligation to keep information about their patients confidential. Patients' concept and expectations on the nature and limits of medical confidentiality often differs from those of their clinicians. It is always best in clinical practice to seek consent and give general information on how and why medical information is shared in a referral or transfer of care, and how confidentiality is preserved. When patients discover on their own that their clinician had disclosed or allowed access, without their consent or knowledge, their trust in their clinician would be seriously damaged. This may lead to withholding information and even avoiding seeking of medical help in the future.

When patients have diminished or lacking capacity (in situations of minors or disorders of the brain or mind) to give consent, clinical judgement must be exercised to determine with whom and how much information is to be shared for the medical and social benefit of the patient. Physicians must exercise the best interest principle, taking into consideration previously expressed wishes and confer with appropriate guardians or surrogate decision-makers.

### Sharing with family and caregivers

Family members, domestic caregivers and home nurses often form part of the care team, especially of the elderly, children and disabled. Information shared must always be done in the best interest of the patient. Good clinical and ethical judgement must be exercised as to how much information



## PROFILE



## TEXT BY

**DR T THIRUMOORTHY**

Dr Thirumoorthy has been involved in the SMA CMEP for the last 15 years and has been Faculty at Duke-NUS Graduate Medical School since 2007. His teaching responsibilities include subjects on clinical skills, professionalism, medical ethics, communications and healthcare law. He has been practising medical dermatology at Singapore General Hospital since 2002.

is to be shared to ensure effective care of the patient and effective protection and safety of the caregiver.

**DISCLOSURE WITH CONSENT OF THE PATIENT**

Other than for therapeutic reasons, demands for information about patients arise from many sources. These include teaching, research, medical publication, public health surveillance, clinical audit, the hospital administration, the police, insurance companies, employers, relatives and the press. Seeking explicit consent from the patients for non-therapeutic purposes is the usual default position. Balancing the benefits and risks of disclosure is a part of the process when applying the best interest principle in issues of confidentiality. Judgement must be exercised on the extent, relevance, method of the disclosure and to whom the information is disclosed.

**ETHICAL AND LEGAL DISCLOSURES OF MEDICAL INFORMATION**

1. With the consent of the patient.
2. For the benefit of the patient for therapeutic purposes.
3. For the protection from harm to the patients (eg, child abuse and poorly controlled epilepsy).
4. To prevent harm to others and when consent for disclosure is unreasonably withheld.
5. By statutory requirement (eg, Infectious Diseases Act).
6. In assisting the police in criminal investigations.
7. By demand of court in civil and criminal proceedings.
8. For a doctor to defend himself in disciplinary inquiries.
9. Anonymised data for legitimate audit, teaching or research.

**DISCLOSURE FOR THE PREVENTION OF HARM TO OTHERS AND PUBLIC**

When disclosing medical information to prevent harm or protect others and the public from harm, the doctor needs to consider the likelihood of occurrence of the harm (evidence of risk), the seriousness and the immediacy of the harm. In disclosing, there should be an identified or identifiable person(s) at risk and when the person(s) at risk of harm has no other means of finding out.

The patient must first be informed of the importance of sharing information and has unreasonably refused to consent or inform those at risk. When the patient refuses assistance to inform those at risk, the doctor should inform the patient of intention of disclosure. It is important first to discuss with the relevant authorities, including seeking legal advice before disclosure. The disclosure is made only to the relevant persons concerned. Equally important is to document clearly the intention and reasons for disclosure in the medical case notes.

**CONCLUSION**

The Caldicott Report<sup>1</sup> on patient identifiable information recommends that patient identifiable medical information is obtained fairly and efficiently, recorded accurately and reliably, used effectively and ethically, shared appropriately and lawfully and held securely and confidentially. ♦

*References*

1. The Caldicott Committee. Report on the review of patient-identifiable information. December 1997. Available at: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4068404.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4068404.pdf). Accessed 22 July 2015.



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# A HELPING HAND

## • FOR OUR ASPIRING MEDICAL DOCTORS •

Seven medical students from Duke-NUS Graduate Medical School (Duke-NUS) were awarded the SMA Medical Students' Assistance Fund (SMA-MSAF) this year, almost doubling the awards given out to Duke-NUS students in 2014.

The bursary, a programme now under SMA Charity Fund (SMACF), was first awarded to medical students in Duke-NUS last year. Both new and existing medical students in the school are eligible to apply for the bursary. Applicants are then reviewed and assessed based on their financial situation.

One of the recipients, Ms Samantha Sim, a medical student in the AY2015/16 intake at Duke-NUS who graduated with a Bachelor of Science (Honours) specialising in Molecular and Cell Biology, from the National University of Singapore, shares more about her passion for medicine and how the bursary would impact her life.

### HEARING FROM SAMANTHA

The main motivation behind my pursuit of medicine is the desire to help others. I first experienced the joy of helping others medically when I joined the St John Ambulance Brigade. Besides my desire to help others, I was also motivated by my interest in biology. The current emphasis on translational medicine attracted me and I decided to take my passion a step further. I would like to be able to balance both of my interests — helping people in a clinical setting and improving the treatment and diagnosis of life-compromising diseases through research.

By enrolling in Duke-NUS's Doctor of Medicine (MD) programme, I hope to acquire the necessary clinical and research skills to contribute to

Singapore's healthcare as a clinician scientist. As I have a great interest in psychiatry, I hope to learn more about treating mood disorders and participating in relevant researches during my MD programme, and aim to be a psychiatrist specialising in mood disorders upon graduation. I endeavour not only to treat patients clinically, but also to create more awareness about mental illnesses, which would hopefully alleviate the stigmatisation which is evident in our society.

During my undergraduate years, I taught the *guzheng* and actively performed at several public and private events as a means of income. Some of the most memorable events include:

- BILA World HQ 5th Meeting of the Fourth Board of Directors at Suntec Convention Hall (October 2009)
- First Haematopoietic Stem Cell Transplant (HSCT) Patients/Donors Reunion and Launch of HSCT Support Group at National University Hospital (October 2009)
- People's Association Youth Movement YOUThs Care —

Project YEA (Youths of Eunors in Action) at Eunors Community Centre (October 2011)

It has been a challenging task having to balance my studies with the need to take on such assignments to help the financial situation at home. When I first heard of the SMA-MSAF bursary through an email from Duke-NUS, I immediately applied for it.

With this bursary, I hope to reduce my *guzheng* engagements and to dedicate more time to my studies. The acceptance into Duke-NUS and the financial help from SMA-MSAF have given me the chance to take my love of helping others to the next level. I am determined to give my best and make a difference in healthcare! ♦

Donation towards SMA-MSAF can be made online via the SG Gives website at <https://www.sggives.org/smacf> or by cheque or credit card donations. The donation form is available on our website at <https://www.sma.org.sg/smacares>



#### PROFILE

TEXT BY

**JENNIFER LEE**

Deputy Manager,  
SMA Charity Fund

#### Legend

1. Samantha performing the *guzheng*





# CAMP

# SIMBA

## 2015

Since 2009, students from Duke-NUS Graduate Medical School (Duke-NUS) and Yong Loo Lin School of Medicine (YLLSoM) have co-organised a fun-packed camp in June for children whose parents, siblings or close relatives have contracted or passed away from cancer.

Modelled after Camp Kesem in the US, Camp Simba aims to give these children the opportunity to just be kids and enjoy themselves. Camp Simba was first organised in collaboration with SingHealth and HCA Hospice Care. Since its conception in 2009, the annual camp has been a huge success and is now an integral part of SingHealth's and HCA's annual programmes for their patients' children. It also provides a platform for students from the two medical schools to come together annually to reach out to these children, providing a fun, safe and supportive environment amid the emotional stress caused by their family members' illness.

Camp Simba 2015 saw a total of 62 participants from multiple partner institutions, KK Women's and Children's Hospital, HCA Hospice, Singapore Cancer Society and National Cancer Institute Singapore. Our campers were carefully matched with 32 student facilitators recruited from Duke-NUS and YLLSoM in a two to one ratio. The camp was held from 5 to 7 June 2015, with activities held at locations such as Sentosa and the Wild Wild Wet water theme park.

**"Camp Simba is definitely one of the most enriching experiences I've had," says Amelia Koe, head facilitator of Camp Simba 2015 and a Duke-NUS year one student. "Seeing the happiness on the children's faces and hearing the gratefulness expressed by their parents made me realise that medicine goes far beyond the patient's illness. It's a precious reminder to keep both emotional and social needs in mind."**

SMA Charity Fund (SMACF) is one of the supporting partners of Camp Simba 2015. SMACF has been working closely with the medical schools to support meaningful projects to promote volunteerism and build a compassionate medical profession that impacts healthcare and our society! ♦

### PROFILE

TEXT BY

**JENNIFER LEE**

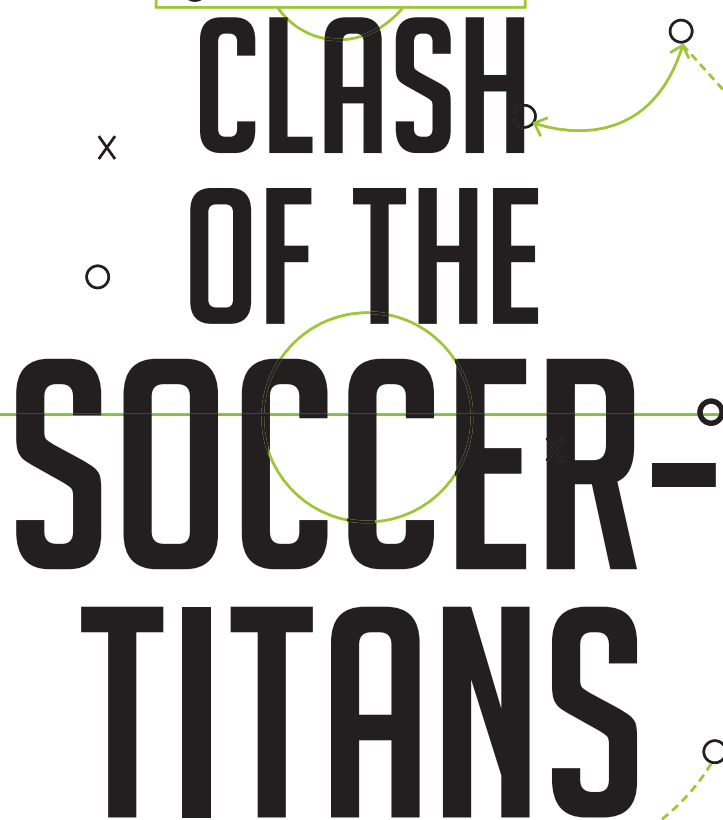
*Deputy Manager,  
SMA Charity Fund*

### Legend

1. A big thank you to all who supported Camp Simba 2015
2. Your smile makes my volunteer trip worthwhile; Amelia Koe with one of the camp participants

*Photos by Camp Simba*





# CLASH OF THE SOCCER-TITANS

Believe it or not, the SMA-Eagle Eye Centre Inter-Hospital Soccer Tournament held on 9 May is the 41st run of the annual inter-hospital soccer tournament. This year, the tournament was held at neither the hallowed grounds of Alexandra Hospital as in the initial years nor the grand Jalan Besar Stadium as in the latter years, but at the freshly-laid grounds of the Home United Youth Academy. Never a tame affair, the tournament is more akin to a proxy war between the hospitals to see who would win the bragging rights as victors of the fields.



Group A comprised four teams. Geriatrics United was the veteran Private Practice team, which bred the oldest players. The dentists declined to send a team for the tournament this year. In their place was the first guest appearance of the Nurses team, cobbled from all the hospitals in the nation. This was not a rag-tag, hastily assembled outfit that just made up the numbers; rather it resembled a professional team studded with skilled players and foreign talents. The Singapore Armed Forces (SAF) team hoisted young blood with their fiery power, while Singapore General Hospital (SGH) was the perennial favourite with their deep pool of talent. The pharmacists entered two players who were absorbed into the Private Practice team.

Group B was a wee bit more congested with five teams. A younger Private Practice team was formed and participated under this group. Tan Tock Seng Hospital (TTSH) had an amazing constellation of soccer stars and was heavily tipped to win, while KK Women's and Children's Hospital (KKH) also managed to send in a team this year. National University Hospital (NUH) was threatening with





intent, with their cleverly scouted team of cherry-picking young interns to liven their team. Khoo Teck Puat Hospital (KTPH) made their maiden debut as a single team. Defending champions, Changi General Hospital, opted out this year, as they felt they were unable to field a side that would do justice to their proud record.

### THE BATTLE BEGINS

Beginning last year, the organising team, led by Dr William Kristanto of NUH, introduced simultaneous matches whereby four soccer teams played on two full-length soccer fields, while another set of teams practised and prepared on a third field. With that, teams no longer rested and twiddled their thumbs in between the games. Instead, the games came fast and furious, an unrelenting surge of soccer battles one after another, under the harsh gaze of the sultry sun.

Surprisingly, or unsurprisingly, it was the Nurses that topped group A. If the rest of the teams were expecting a squad composed of members of the fairer sex to grace the fields, they would have been sorely disappointed. Instead, they

encountered a team of hardy men who gave no quarters and pulled no punches. In a tempestuous match between the Nurses and the Private Practitioners, which saw three penalties, the Nurses nicked the game 2-1 when Geriatrics United failed to convert one penalty.

Geriatrics United contested KTPH for the third place and emerged the victor when Ying Zhou slotted the solitary goal. The final match between the Nurses and TTSH was bitterly fought. A sliding tackle by a nurse resulted in the referee issuing a red card to the perpetrator. Dangerous play by the nursing goalkeeper led to another penalty, which TTSH failed to convert. As the seconds exhausted, the Nurses were able to tenaciously weather the onslaught to emerge Champions by a single goal.

Muhammad Fairuz for KKH, Mohamad Farid for SGH, Soon Hock for SAF, T Jegathesan and Edward Zhang for TTSH, Jerome for KTPH, Ganesh Ramalingam and Charles Tan for Private Practice, and Bharmu Sharma the pharmacist are just a few of the many outstanding

PROFILE

TEXT AND PHOTOS BY

**DR CHNG NAI WEE**

Dr Chng Nai Wee is an ophthalmologist at Eagle Eye Centre, practising at Mount Alvernia and the Parkway Group of Hospitals. He keeps fit by playing 11-a-side soccer at the various fields across Singapore in happy defiance of his age.

*Legend*

1. The Private Practice team (group B) in green-purple jersey

2. The Nurses team in blue jersey with the TTSH team in red-black jersey

players in this year's tournament. Eagle Eye Centre sponsored this year's tournament and a set of resplendent coloured jerseys for every member of each team, while Otsuka Pharmaceuticals Co. Ltd sponsored a well of ice-cooled Pocari Sweat drinks.

The organisers intend to hold a night tournament on artificial pitches with flood lights in 2016. A night game will surely be cooler and more enjoyable for the players. There will be a greater emphasis on skill and less on fitness. It is our hope that more families, friends and supporters will also come to make this annual tournament a happy festive gathering. ♦





## SMA Lecture 2015

**Date:** 7 November 2015, Saturday

**Time:** 1 pm to 5.30 pm

**Venue:** One Farrer Hotel & Spa, Ballroom 2

**Number of CME Points:** Pending approval from the Singapore Medical Council

To register, visit <http://www.sma.org.sg/academy> or fill in the form below.



# Medicine & Diplomacy

1 pm	Registration (Lunch will be provided) Tour of Farrer Park Hospital**
2.30 pm	Welcome Address - Dr Wong Tien Hua, President, SMA
2.45 pm	Citation - Prof Cheah Jin Seng, Emeritus Consultant, Endocrinologist, National University Hospital
3 pm	SMA Lecture: Medicine and Diplomacy - Prof Tommy Koh, Ambassador-at-Large, Ministry of Foreign Affairs
4 pm	Panel Discussion - Prof Tommy Koh - Moderator: Dr Toh Han Chong, Council Member, SMA - Dr Benjamin Seet, Executive Director, Biomedical Research Council, A*STAR - Dr Vivien Lim, Specialist in Endocrinology, Gleneagles Medical Centre
5 pm	Networking over Tea

\*\* 2 sessions (1 pm and 1.30 pm)

Please state your interest during registration

## SMA Lecturer 2015: Prof Tommy Koh

Ambassador-at-Large, Ministry of Foreign Affairs



Professor Tommy Koh is currently the Ambassador-At-Large at the Ministry of Foreign Affairs; Rector of Tembusu College; Governor of the Lee Kuan Yew School of Public Policy; Chairman of the International Advisory Panel of the Asia Research Institute; Special Adviser of the Institute of Policy Studies and Chairman of the Centre for International Law, National University of Singapore. He is the Chairman of the SymAsia Foundation of Credit Suisse. He is the Co-Chairman of the China-Singapore Forum, the India-Singapore Strategic Dialogue and the Japan-Singapore Symposium.

Please return this slip for SMA Lecture 2015 to **Denise Tan, Singapore Medical Association, 2 College Road, Level 2, Alumni Medical Centre, Singapore 169850. Tel: 62231264, fax: 62247827 or email: [denisetan@sma.org.sg](mailto:denisetan@sma.org.sg)**. A confirmation email will be issued to all applicants.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

MCR no.: \_\_\_\_\_

Handphone no.: \_\_\_\_\_

Profession/Specialty: \_\_\_\_\_

SMA member: YES / NO (please circle accordingly)

I am interested in the Farrer Park Hospital Tour (please tick):

☐ 1 pm ☐ 1.30pm

### Registration (inclusive of GST)

Complimentary for all healthcare professionals

# LIFE IN PIXELS

## SMA NEWS PHOTO COMPETITION



### WINNING PHOTO

MAY THEME: "CULINARY HERITAGE"

**1 EGG 1 KOSONG.**  
**LIFE SHOULD BE THIS SIMPLE.**

Dr Deshawn Tan Chong Xuan



**Camera:**  
Canon  
700d



**Lens:**  
Sigma  
35mm F1.4  
DG HSM



**Shutter speed:**  
1/60 s



**Aperture:**  
f/2.8

**ISO**

**ISO:**  
200

### JUDGES' COMMENTS

*"This picture is well taken with nice bokeh in the background."*

*"This Indian dish, matched with kopi (Malay for coffee; usually served by the Chinese), is called roti prata only in Singapore, and thus is uniquely Singaporean. I like the composition and the interesting background."*



### HONOURABLE MENTION

**Goreng Pisang,  
Traditionally Malay,  
Modified and Sold by the  
Chinese... Loved by All**

Dr Tan Teck Siang

## SINGAPORE BY NIGHT

The July theme for the Life in Pixels SMA News Photo Competition is **Singapore by Night**. Send your best photographs along with your name and MCR or matriculation number to [lifeinpixels@sma.org.sg](mailto:lifeinpixels@sma.org.sg), with the email subject "SINGAPORE BY NIGHT" by 13 September 2015. All photographs submitted must be in JPEG format and sized to at least 2,480 x 3,508 pixels. The winning entry will be featured in *SMA News*, and the winner will receive \$50 in CapitaVouchers, a Crumpler camera bag and a Canon Digital Ixus lanyard with 16GB thumbdrive.

This photo competition is open to SMA members in good standing only. Visit <https://www.sma.org.sg/lifeinpixels> to check out the rules prior to submission.





Project DOVE 2015 was made possible through the help and generosity of our sponsors and supporters. The project was primarily funded through donations by Vox Cordis Chorus, Lee Foundation, SingHealth, Narambi Café, NUS Faculty of Dentistry, Health Promotion Board, Aeras Medical Pte Ltd, and the many donors who contributed to our online campaign and donation jar.

For more information on Project DOVE, visit our Facebook page at <https://www.facebook.com/projectdovedukenus>

SMA and the SMA Charity Fund support volunteerism among our profession. SMA News provides charitable organisations with complimentary space to publicise their causes. To find out more, email [news@sma.org.sg](mailto:news@sma.org.sg). Visit the SMA Cares webpage at <https://www.sma.org.sg/smacares>

# SERVICE BEYOND SINGAPORE'S SHORES

Every year, teams of young medical students from Duke-NUS Graduate Medical School (Duke-NUS) are charged by their seniors and faculty to think beyond their books and examination, to roll up their sleeves and serve underprivileged communities within and beyond the republic's shores. Project DOVE is one of many opportunities provided by Duke-NUS to combine the curriculum with real-world experiences, thereby helping students develop and nurture their leadership and clinical skills.

What started out as "Project Karen" in 2010 has morphed into the more encompassing Project DOVE in recent years; DOVE stands for the Duke-NUS Overseas Volunteering Expedition. Duke-NUS student teams have successfully undertaken five annual projects serving the Karen Tribe in Chiang Mai, Thailand and Long Hai town in Ba Ria-Vung province,

Vietnam. Despite the name change, the mission of improving lives in under-served communities beyond Singapore, through sustainable medical care and health education, remains unwavering.

This year, the Project DOVE team has expanded its focus to serve Kampong Speu in Cambodia. The 2015 mission provided free annual mobile clinics to address common ailments, expanded health education to local schools, as well as established partnership with One-2-One Cambodia, a local non-governmental organisation, to ensure the delivery of sustainable and beneficial medical services to the community.

A Project DOVE team typically comprises Duke-NUS student volunteers and experienced physicians. This year, the organising committee of Project DOVE 2015







fortunate and reminded me of my motivation to pursue medicine."

With fresh perspectives and renewed interests in providing healthcare to the underprivileged, we strive to use the lessons learnt from Project DOVE 2015 as building blocks to expand our service to the people of Kampong Speu.

Personally, I am thankful to have been part of a great team serving the underprivileged beyond our shores. I look forward to the opportunity to help expand Project DOVE in future years. ♦

was formed by a dedicated group of eight students, who worked tirelessly to make the mission a success. In addition, 12 MS1 and MS3 student volunteers assisted in executing the project under the supervision of four faculty members.

Building upon the past experiences of seniors and the clinical faculty has been instrumental in the success of Project DOVE. These invaluable lessons enabled us to better handle cross-cultural health practices and ensured that our approach to improving overall health in these communities is sustainable. Similar to previous trips, this year's project adopted a two-pronged approach – providing mobile clinics and health education to target communities. The mobile clinics served as a platform to provide health screening, address health concerns and provide advice on management of one's health. The educational activities helped to teach village children about personal hygiene and care while training adults about basic first aid and healthy daily living.

For Project DOVE 2015, the three-day clinics were a flurry of activities – from triage and health screenings to history taking, physical examinations and case presentations to the supervising faculty. During the clinics, we discovered that most patients had been living with their medical ailments for years and had not sought help due to fear of incurring high costs. We were glad to address their longstanding health concerns and fears during the clinics.

Treasurer and secretary for Project DOVE 2015, MS1 student Tan Yu Bin says: "It was certainly humbling to see the stark contrast between their

difficulties in accessing healthcare services and our ease in obtaining affordable medical care. Also, so many diseases are easily treatable in Singapore but in developing countries, they can become life-threatening. This experience has given me the desire to do more for these people. It was truly a privilege to have been able to serve and help 450 patients during those three days."

Our mission to serve culminated with health education sessions for the children and adults. Some 470 children learned simple yet important personal health tips like de-licing, deworming, nail clipping, hand washing and dental hygiene, all conducted on the grounds of the village school. Meanwhile, six local teachers received basic first aid training, which they would eventually impart to teachers from schools in the vicinity. As we believe that education gives the people of Kampong Speu a sense of ownership and self-reliance, key ingredients of sustainability, we plan to further expand the project to reach even more patients. Due to the dental and hygiene issues in Cambodia, we will also be considering a water filtration system and collaborations to expand our dental health programme. In short, effective sustainability is our goal for Project DOVE.

Medicine is both an art and science. Certainly, every member of the Project DOVE 2015 team was reminded of the challenges and achievements faced in medical service. For some Duke-NUS students, the trip also served to reignite their passion for medicine. Lim Mei Xing, a MS1 student who had volunteered in Tanzania, commented, "Participating in Project DOVE has renewed my passion to help the less

#### PROFILE



#### TEXT AND PHOTOS BY

#### GOH KIAN LEONG

Kian Leong is a first year medical student at Duke-NUS. He loves photography and always aims to lower his caffeine intake. Besides that, he loves the great outdoors and finds it hard to turn down an opportunity to go on hiking trips.

#### Legend

1. Focus and attention to detail – that's the way to de-lice effectively.
2. Kenneth Chin, MS3, teaching the children the seven steps of handwashing, alongside translator and medical student Sreymin Huon
3. Students work in pairs at each consultation station to complement one another's clinical impression. Nur Atiqah Binte Adam and Sandra Lynn Jaya, MS1s, examining the oral cavity of a villager.



# ROAMING THROUGH

# ROME

PASSENGER:  
**CHIO,  
MARTIN**

DEPART:  
**MAY**  
05 / 2015

CHECKED IN  
LUGGAGE:

 **1**

● ..... 603 KM (375 MILES) ..... ●

MARSEILLE,  
FRANCE

**MRS**

SCAN THE  
QR CODE TO  
KNOW MORE  
ABOUT YOUR  
DESTINATION



ROME,  
ITALY

**FCO**

} TOTAL  
TIME:

**1HR  
20M**





## BOARDING PASS

Flying in from a wet and foggy Marseille, France, we were greeted by sunshine and a cool breeze at Rome's Fiumicino Airport. I think May is the ideal time to visit Rome, as it is just beginning to get a bit warmer and hordes of tourists haven't flooded the streets yet. The last time I was in Rome, it was during my medical school days. For this trip, I was looking forward to appreciating some of the iconic locations with a new perspective while also going through a new experience of booking accommodation via Airbnb.

We arrived in a quiet street in the Prati quarter, only to be told that our greeter

was delayed and may be an hour late! Thankfully we managed to get into the apartment building by following some residents in (which made me question the security — but hey... safer than tourists on the pavement with suitcases). Even though we did not have the best of starts to the city, we were pleasantly pleased when our greeter arrived and showed us to the charming and cosy apartment. There was a 24-hour convenience store just around the corner (a rarity I was told) and the area was relatively safe.

When in Rome, do as the Romans (tourists) do, so I present here the highlights of my trip. ♦



## PROFILE



## TEXT AND PHOTOS BY

## DR MARTIN CHIO

Martin finds travel and food photography (taken with a Canon S95) a pleasurable distraction.

## Legend

1. Mass on Pentecost Sunday by Pope Francis
2. View from atop St Peter's Basilica
3. Dark Rome tour of the Colosseum - a unique way to visit sans UV rays, heat and crowds
4. Parma ham, melon, cherry tomatoes and salad for lunch
5. Frescos, Vatican museum
6. Bernini's angel on the Ponte Sant'Angelo





# SMA EVENTS SEP – OCT 2015

DATE	EVENT	VENUE	CME POINTS	WHO SHOULD ATTEND?	CONTACT
<i>CME Activities</i>					
5 September Saturday	Medical Protection Conference 2015 — The Changing Medicolegal Landscape: Rising to the Challenge	One Farrer Hotel & Spa	TBC	Doctors and Healthcare Professionals	Carina Lee 6223 1264 carinalee@sma.org.sg
13 September Sunday	BCLS Course	Alumni Medical Centre	TBC	Family Medicine and All Specialties	Lin Shirong 6223 1264 shirong@sma.org.sg
10 October Saturday	Mastering Adverse Outcomes	Sheraton Towers Singapore	2	Family Medicine and All Specialties	Margaret Chan 6223 1264 margaret@sma.org.sg
13 October Tuesday	Mastering Difficult Interactions with Patients	Sheraton Towers Singapore	2	Family Medicine and All Specialties	Margaret Chan 6223 1264 margaret@sma.org.sg
20 October Tuesday	Mastering Difficult Interactions with Patients	Sheraton Towers Singapore	2	Family Medicine and All Specialties	Margaret Chan 6223 1264 margaret@sma.org.sg
24 October Saturday	Mastering Adverse Outcomes	Sheraton Towers Singapore	2	Family Medicine and All Specialties	Margaret Chan 6223 1264 margaret@sma.org.sg
24–25 October Saturday–Sunday	The Annual National MedicoLegal Seminar 2015	Fairmont Singapore, Raffles City Convention Centre and Swissotel Stamford	TBC	Doctors and Healthcare Professionals	Carina Lee 6223 1264 carinalee@sma.org.sg
28 October Wednesday	Mastering Adverse Outcomes	Sheraton Towers Singapore	2	Family Medicine and All Specialties	Margaret Chan 6223 1264 margaret@sma.org.sg
29 October Thursday	Mastering Difficult Interactions with Patients	Sheraton Towers Singapore	2	Family Medicine and All Specialties	Margaret Chan 6223 1264 margaret@sma.org.sg
31 October Saturday	Cancer Education Series 2015: Prostate Cancer	Health Promotion Board	TBC	Doctors and Healthcare Professionals	Denise Tan 6223 1264 denisetan@sma.org.sg

# HEALING HANDS AT HOME

BY AGENCY FOR INTEGRATED CARE

Tzu Chi Foundation's Home Care nurse Ms Selina helps Mr Koh to monitor his blood pressure.

As a general practitioner in the forefront of the primary care sector, you are in the best position to advise your patients and their family on home care services. You can work directly with the Agency for Integrated Care (AIC) to refer your patients for home care services.

When one is old, frail or requires some form of mobility assistance, tending to their everyday needs can be difficult. Home care, or having a home-based care plan tailored specifically to their medical, nursing and rehabilitative needs means that patients can enjoy greater independence, comfort, and a better quality of life.

Read on to find out how to assist your patients in finding the right services and providers.

## Referral for Home Care services in 2 simple steps

01

### NEEDS ASSESSMENT OF YOUR PATIENTS

Should your patients need home care services, you can help by filling up the *AIC Referral Form (Home-Based Services)* and provide details such as their medical history, current functional status and the procedure(s) required. For Home Therapy referrals, you will need to indicate if the patient is fit for rehabilitation.

02

### PROCESSING OF APPLICATION BY AIC REFERRAL TEAM

The processing time, upon the team's receipt of the form, will depend on the complexity of the case. The referral team will contact the patient and family to review his/her condition and suitability for the recommended service(s), and recommend a suitable home care provider. The identified provider will contact them directly for the next course of action.

You may contact the Singapore Silver Line (SSL) helpline at 1800 650 6060 to request for a copy of the home care referral form and check on the referral outcome.

## Financial support for patients

As the costs of long-term care can be high, there are several funds and subsidies that your patients can tap on for financial support:

- Caregivers Training Grant (CTG), for caregiver training courses
- Foreign Domestic Worker (FDW) Grant, for hiring a FDW to care for the patient
- Seniors' Mobility and Enabling Fund (SMF), for assistive devices, transport and home care consumables
- Enhancement for Active Seniors (EASE), for elder-friendly home improvements

Please visit [www.silverpages.sg](http://www.silverpages.sg) or contact the Singapore Silver Line helpline at 1800 650 6060 for more information on:

- Home care services
- How your patients can apply for government subsidies via mean-test
- Eligibility for financial assistance schemes



## GPs Voice Out

Share with us how your patient has benefited from home care services. SMS your <NAME>, <MCR number>, <Your thoughts> by 15 September to AIC at **9125 4665** and receive a 2GB thumb drive/stylus pen!