

# CHARTING THE HISTORY OF SINGAPORE MEDICINE

## Interview with Prof Chew Chin Hin

Interview by Dr Toh Han Chong

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



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

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

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

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

**THC:** Now you don't live around here?

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

### Back to the beginning

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

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

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

**THC:** Was it the BMA?

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



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

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

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

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

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

### The post-war years

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

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

### The formation of SMA

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

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

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



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

## Developing the medical landscape

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

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

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

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

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

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

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

## Personally speaking

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

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

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

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

**THC:** Who are some of your role models?

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

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

### Legend

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



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