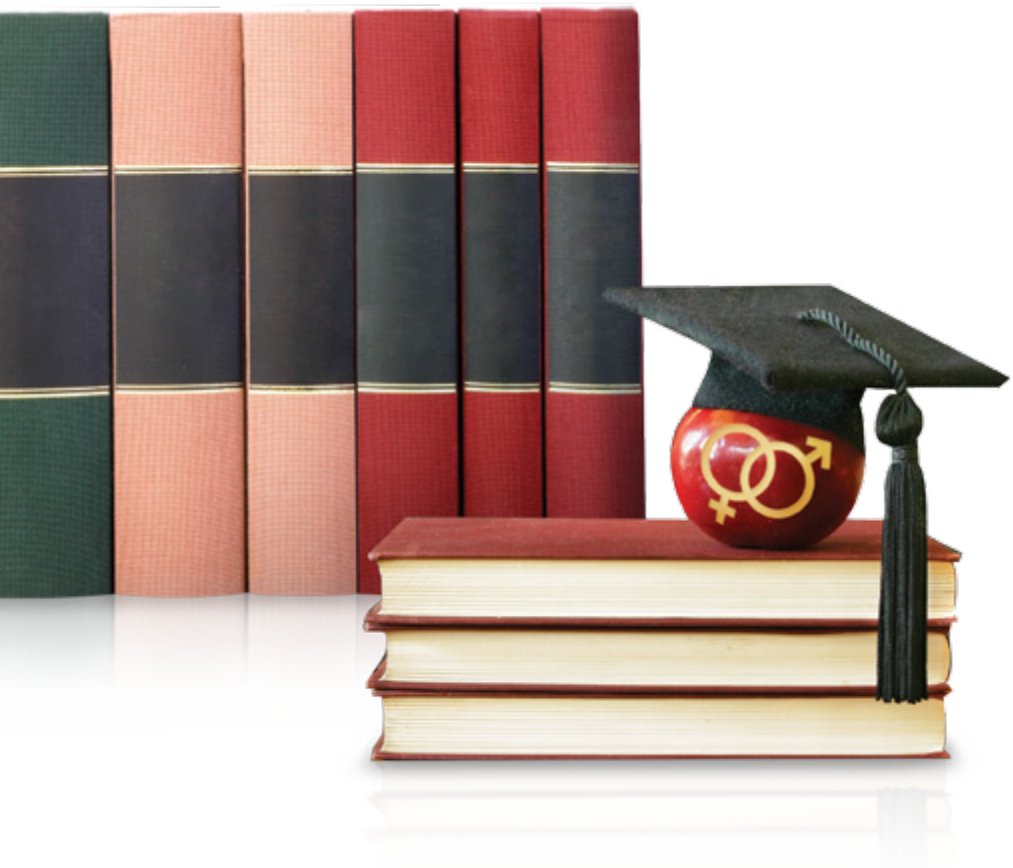
LIFE AS A PUBLIC HEALTH SPECIALIST IN ACADEMIA

Text by Dr Raymond Lim



Choosing Preventive Medicine

My interest in Preventive Medicine (PM) can be traced back to when I was just starting out in medical school. I was intrigued by the value of prevention I witnessed through the many community health projects and case studies. A patient stricken with terminal liver cancer and chronic obstructive pulmonary disease also left a huge impact when I followed up with him for a case study. He shared with me how he had picked up smoking and drinking during his adolescence, and how much he regretted not having taken better care of his health in order to witness his daughter's marriage.

As doctors, it is our duty to provide treatment. However, this alone does not give me true satisfaction. Rather than fix the leaking tap, why not repair the source? This desire for prevention practice grew stronger each day during my houseman year. It is with this aspiration that I choose to specialise in PM.

Landing up in academia

I was exposed to research and teaching during my posting at the Saw Swee Hock School of Public Health, National University of Singapore (NUS), as part of the PM residency programme, and I eventually joined as a lecturer. During the posting, I was most inspired by my mentor A/Prof Wong Mee Lian. For more than 20 years, she has tirelessly led projects to promote safe sexual behaviour among various target groups, including vulnerable individuals such as sex workers, adolescents and those who are HIV-positive.

My involvement in research projects

I am privileged to learn from the research endeavours of several NUS professors. These projects ranged from sexual health intervention trials, population health surveys under the Singapore Population Health Studies, to workplace health promotion and evaluation of behavioural-based

interventions related to total workplace safety and health.

I was a counsellor in a behavioural-based intervention led by my mentor to promote safer sexual behaviours among adolescents seeking care at the Department of Sexually Transmitted Infections (STI) Control Clinic. The intervention yielded successful results. Males in the intervention were more likely than controls to report secondary abstinence, while more females in the intervention than controls kept to one partner compared to no differences in the males.

To bring about behavioural change in adolescents, we need to communicate in an empathetic and non-judgemental manner. We also have to listen actively to their needs. As adolescence is a turbulent period with many competing concerns, our interest in safer sexual behaviour might not be their topmost priority. It is only after we have addressed their needs and gained their trust that they would be more willing to start on a journey of behavioural change. I still remember clearly one such adolescent's feedback during post-intervention: "Talking to you is like talking to an elder brother. At least there is another person to listen to my problems and my issues… this kind of thing, you can never talk to your parents about…"

I also worked on a project, under the supervision of my mentor, to assess the impact of a comprehensive multi-component health promotion and HIV/STI preventive intervention programme, targeting both foreign female entertainment workers (FEWs) and heterosexual men who patronise entertainment establishments (eg, pubs, clubs, bars, discos and karaoke lounges) and engage in casual or paid sex in Singapore. The trials were effective in promoting consistent condom use and reducing STI incidence among Thai and Vietnamese FEWs, as well as promoting condom use with casual partners among local men who patronise such entertainment establishments. Even before the study started, we faced great obstacles in gaining access to the entertainment establishments and FEW population. It took us one year to overcome these barriers by identifying and engaging key opinion leaders with social responsibility; obtaining management support; identifying and addressing the concerns of community stakeholders and FEWs; building trust and relationships through sharing of success stories; as well as participating in the activities organised for FEWs. In public health, we often have to be patient and be willing to spend time to engage the relevant stakeholders and the target population before we can achieve the aim of improving community health.

I am currently leading a project to conduct a lifestyle behavioural risk assessment on the health education and health communication needs of pre-diabetics who seek care at polyclinics. During the in-depth interviews, it is apparent that lifestyle behaviour is not only influenced by each individual's knowledge, perception and beliefs, but also deeply shaped by the underlying social, cultural, economic and legal-political environments. I aim to share the findings with policymakers and programme planners upon completion of the study. This project underlies the importance of collaboration with our colleagues in primary care, who are at the frontline of the battle against chronic disease. I believe that such a transdisciplinary approach, drawing from the strengths of each party, is necessary to better support public health efforts.

The value of teaching

Another important aspect of work in academia is teaching. My teaching areas include lifestyle behaviour, health promotion, public health communication, general epidemiology and environmental health. I have taught PM residents, medical and non-medical undergraduate students, as well as postgraduate students. Regardless of their background, I see this as a valuable opportunity to plant the seed of valuing prevention in my students. There is a limit in what we Public Health practitioners can achieve alone. As an educator, I hope to inculcate in my students the value of public health to the community and to cultivate their passion for prevention. It is my wish to see them take up public health work and contribute to improving population health after they graduate.

In conclusion

It has been a fascinating and rewarding journey ever since I embarked on this route in PM. As long as people live in communities, PM will continue to be relevant.

I would like to leave you with a quote by Thomas Edison: "*The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease*". ◆

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