October 1996

THE SMA NEWS

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SMA's website aims to harness the potential of the Internet to better serve the medical profession and the public.

SMA'S HOMEPAGE ON THE INTERNET

SMA has ventured into cyberspace with setting up of its homepage on the Internet. This was accomplished by the SMA informatics Committee, chaired by A/Prof Goh Lee Gan. Dr Ivan Shim and Dr Chia Shi-Lu who provided the technical expertise in setting up the website. SMA's website aims to harness the potential of the Internet to better serve the medical profession and the public.

The objectives of SMA website include:

1. Using the Internet to link other healthcare information resources and medical organisations.
2. Providing its members an electronic resource on its services on the Internet.
3. Using the Internet as a medium for continuing medical education for the medical professional.
4. Using the Internet as a medium for health education of the public.

For a start, the SMA Homepage will have the information on the Association, its membership and its activities. The office bearers of the Council and its Constitution will be posted on the Homepage. The SMA Membership Register and the SMA's Directory of Healthcare Organisations in Singapore will make it easy to look up such information. Selected information from the two major publications of the Association will also be available. Abstracts of the Singapore Medical Journal is one such information. The September issue of the Singapore Medical Association Newsletter is presently available in full on the Homepage.

In its role of stimulating continuing medical education, notes, review papers and quizzes are being planned. The first to kick off are therapeutic notes on common drugs and medical problems. A calendar of major events serves as a aide memoir of such events.

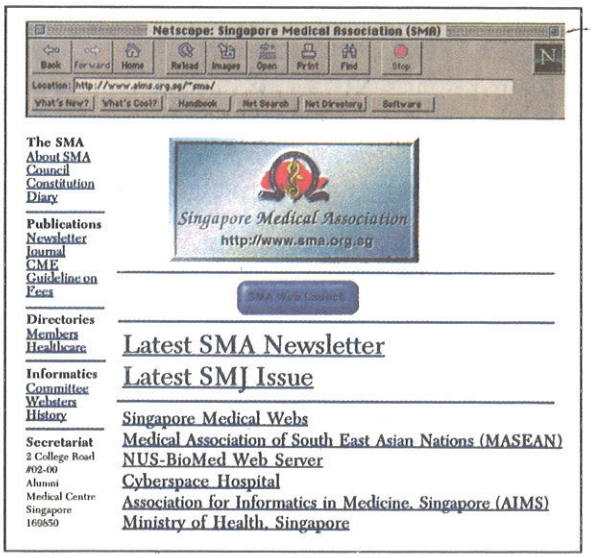
From the Homepage, doctors also able to link up to other medical web sites in Singapore and around the world. Cyberspace Hosputal, the NUS Biomed server and journal websites are some examples.

A link is also made with the MOH Homepage so that the doctor can click into it with ease.

SMA is also helping to set up the MASEAN Homepage and it will be hosting it during its term as the MASEAN Secretariat.

SMA's Homepage, in the near future, will also provide electronic application of Medik Awas Registration for doctors on behalf of their patients and SMA membership for doctors. Health education on selected medical allergies is provided for members of the public who have applied for Medik Awas.

SMA's website was launched by Prof N Balachandran, President of Singapore Medical Council on Sunday, 27 Oct 1996, at the Marriott Hotel. The SMA plans to launch MASEAN's Website in the forthcoming MASEAN Annual Meeting in Batam island, Indonesia on 5-6 Nov 1996.



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TSW

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EDITORIAL

The Medical Fraternity

Is there a medical fraternity? Some colleagues in the medical profession voice the disquiet that in the current heat of bottom-line medicine, monetary incentives, increasingly permissive ethical values and one-upmanship, the medical fraternity is wilting.

Will the medical fraternity become a situation of 'every man for himself' or will Singapore continue to be an environment where doctors feel that they are mutually supported in their professional work of caring in the best interests of the patient and the profession as inseparable twins? What will drive the practice of medicine in the next decade – competition or co-operation among doctors?

The medical fraternity and stipulation is explicit in the Hippocrates Oath and its modern version, the Declaration of Geneva. The Hippocrates Oath stipulates: "I will impart a knowledge of the Art to my own sons, and of my teachers and to disciples bound by a stipulation and oath according to the law of medicine." The seventh of the eleven statements in the Declaration of Geneva states: "My colleagues will be my brothers." This statement is also found in the Singapore Medical Council Physician's Pledge that Singapore doctors now take on graduation, namely, "Respect my colleagues as my professional brothers and sisters."

The incumbent Council of the Singapore Medical Association sees the strengthening of the medical fraternity an important mission in contemporary times. The President has devoted his President's Column on this subject. Readers are invited to submit their views and ideas on how we could strengthen the medical fraternity. A forum is provided in this Newsletter and the responses will be collated and published in a later issue.

Carpe Diem.

GLG

NATIONAL DAY AWARDS . CONGRATULATIONS

The Public Service Star (Bar)	Dr Robert Loh Choo Kiat
The Public Service Star	Dr Walter Roland Chen
The Public Administration Medal (Gold)	A/P Ong Yong Yau
The Public Administration Medal (Silver)	Dr Chee Kuan Tsee
The Public Administration Medal Military (Silver)	LTC (VOL) (Dr) Fong Yeng Hoi
The Commendation Medal (Military)	LTC (Dr) Tan Eng Hoe
Public Service Medal	Dr Khoo Chong Yew

OTHER AWARD

Fellow of the International Association of the Scientific Study of Intellectual Disability (IASSID)	Dr Freda Paul

37TH SMA COUNCIL

President	Dr Cheong Pak Yean
1st Vice President	Dr Lim Teck Beng
2nd Vice President	Dr Tan Kok Soo
Honorary Secretary	Dr Wong Chiang Yin
Hon Asst Secretary	Dr Tan Sze Wee
Hon Treasurer	Dr Jason S K Yap
Council Members	Dr Au Kah Kay, Dr Goh Jin Hian, Dr Gong Ing San, Dr Lee Pheng Soon, Dr Low Lip Ping, Dr Richard M H Ng, Dr W R Rasanayagam, Dr Tan Yew Ghee, Dr Wong Tien Yin, Dr Yue Yai Mun

PRESIDENT'S MESSAGE

One Fraternity

"It was the best of times. It was the worst of times." We have too many doctors. We have too few doctors. Older GPs should take the lead in charging more. Younger GPs should not undercut by charging less. Managed Healthcare is bad for the profession. Managed Healthcare is good for the profession. Senior doctors are more keen on service than teaching. Young doctors are not prepared to go the extra mile to learn.

The above contradictory views are expressed albeit, by different groups of doctors. The changes imposed upon the medical profession in the past decade have tested the fundamental tenets of professional values. Out-of-bounds markers for ethical and practice issues are constantly challenged by commercial considerations and are shifting. Some doctors react to these transgression with cynicism, others resignation. A few exploit the uncertainties created

Charles Dickens, in his epic 'A tale of two cities' however, shrewdly observed that past the maelstrom of the French Revolution, 'it was a winter of despair' yet 'it was a spring of hope.' Past the eye of the storm, the profession can now forge our consensus within the framework of the new order instead of harking back to an era lost and past, when medicine could be practiced just as calling and career.

The practice of medicine today has all three dimensions – calling, career and commerce. Calling must still remain sacrosanct for this is the raison d'etre of the profession. The doctor practising medicine as a career should expect a reasonable remuneration from society for his toils. The third dimension must now be collectively harnessed, by ensuring a level playing field, by accountability not only to patients but to society and by transparency of information and actions. Perceived as such, the excesses which are allowed free rein because of denial of the role of commerce can then be curbed.

The past months have seen the notion and rationale of GP consultation fees accepted and medical offcers' remuneration increased. The guideline on medical advertising now being forged is another step in making the playing field of practice more even. The profession can then, despite the 'restructuring' and other challenges, be united as one fraternity practicing within one healthcare system and within one society we call Singapore.

CPY

Caning or physical punishment when unrestrained can lead to child abuse, hence Western liberals tend to oppose the whole idea of punishing children physically.

CHILD ABUSE

In recent weeks, the story of Winnie Ho as well as the death of a young toddler, Joel Matthias Peter, who died after being abused by his stepfather have been the focus of media attention attracting headlines and comments from laymen and professionals alike. Child abuse, the cause of Winnie's injuries and the death of the young Joel, is an emotive issue. The whole community is shocked by it and the public debate almost degenerated into one of looking for someone to blame. What is often forgotten is that once the dust has settled on this, the need is ever more urgent to identify potential future eases not so much as to punish but to prevent them from getting out of control.

Definition of Child Abuse

The whole question of definition can be difficult in our culture where physical punishment is acceptable and caning is often used for shaping behaviour. Caning or physical punishment when unrestrained can lead to child abuse. Hence Western liberals tend to oppose the whole idea of punishing children physically.

But no matter what liberal views may be, the feet remains that all over the world, the majority of parents do cane their children for something or other. It is for us to define in our culture what constitute acceptable physical punishment and what borders into child abuse. My own view is that caning should not be used for shaping a child's behaviour at all. That is a short cut which I think the wrong cut and brings with it a whole trail of psychological problems.

Appropriate physical punishment should be proportional to the offence. Hence, it is objective. Parents should, in parenting programmes, be instructed that they should refrain from punishing when angry or agitated. They should use more positive methods of effective parenting.

Classification

Child abuse may be classified as follows:

1. Child Physical Abuse or non-accidental injury
2. Emotional Abuse
3. Physical and Emotional Neglect
4. Child Sexual Abuse

Physical signs and symptoms will be present in cases involving Child Physical Abuse or non-accidental injury, Physical Neglect and Child Sexual Abuse. In addition, cases of Child Sexual Abuse have physical signs around the genitalia.

All cases of abuse will have psychological signs and symptoms which may be picked up by a mental health professional trained to examine children. In fact, the psychological effects of abuse are very important. They persist in the child as he/she grows into adult life and lead to psychiatric morbidity. These include:

a) An increased incidences of psychiatric disorder of which the most important is post-traumatic stress disorder(PTSD), depression, etc.,
b) Personality disorders which affect the way an adult handles relationships and intimacy, multiple personality disorders and
c) Behavioural problems such as drug addiction and promiscuity.

The context of child abuse

Physical and Emotional Neglect is often due to an environment which is not child-centred and therefore inhospitable to children, with hot objects such as an iron lying around, or by obstructive furniture leading to injuries and falls. Child Sexual Abuse is often perpetuated by older adults in a household or by friends or strangers who insinuate themselves to induce the child's goodwill towards them. We should be cautious here as not all who love children are potential abusers. Child Physical Abuse often involves care giving acts such as feeding, bathing and sleeping and in the older child, studying. The abused parent assumes, wrongly, that the child is capable of adult thought and may feel that the child is 'purposely' opposing him and frustrating him.

Profile of the abuser

It may surprise many to know that there is no definite profile of an abuser. He or she may have a normal personality and background. Child abuse is often the accumulation of factors arising from:

a) the child – some children are prone to difficult behaviours which may be temperamental or secondary to brain damage including minimal brain damage. Even the mildest of mothers can be driven by difficult children to desperation, frustration and despair and therefore child abuse.
b) the mother – by virtue of her background and personality, a mother may be prone to poor impulse control, faulty problem solving and inability to control anger and aggression. These factors will increase the probability of her abusing the child.
c) mother-child mismatch – the mother is out of tune with the child and not adaptable to meet the child's needs. Often a mixed of factors arising from a) and b), the mismatch simply makes it almost inevitable.

The role of the doctor in detecting child abuse

It is impossible for any case of abuse to be detected by the abuser confessing to the offence. More likely the abuser as well as the family involved will deny it because of the shame and embarrassment involved.

All injuries in children should be examined carefully for non-accidental injuries. Generally injuries on the extensor and lateral surfaces may be suspect, if the injured site(s) are disproportionate to the fall or accident reported or if the injury is recurrent.

Should a doctor wishes to investigate the possibility of child abuse, a standard protocol to elicit the factors outlined above may be used to establish the likelihood of abuse. Otherwise the doctor may wish to report the matter.

What to do when one suspect child abuse

All cases of suspected abuse should theoretically be investigated and all borderline

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Support can be in terms of participation in our activities and surveys, as well as coming forward to serve in the Committee.

A WORD FROM THE MO COMMITTEE CHAIRMAN

... where do we go from here?

The MO Committee has come a long way since it was formed in December 1994. A number of activities have since been organised which we hoped, have benefited a broad section of the young doctors in Singapore. These activities included the House Officers' Seminar", the forum on "How to set up a medical practice" and the MO Posting Exchange exercise. We are now reaching out to the medical students in NUS by sponsoring the Faculty of Medicine Shield and by encouraging closer ties between the Medical Society and the Singapore Medical Association. In the near future, we are planning to set up a sub-committee to deal with problems that young foreign medical graduates may face when they return to work in Singapore.

A number of issues dear to young doctors working in government service have also been looked into. The findings of the two surveys conducted (Survey on the Concerns of Young Doctors in Singapore, 1995 and the Survey of Medical Officers who have recently left Government Service, 1996) revealed many concerns, views and aspirations of young doctors in Singapore. Active dialogue has been initiated and is on-going between the Ministry of Health and the MO Committee regarding some of these concerns. We are grateful that MOH has been responsive to our feedback and is taking active measures to look into the problems faced by the young doctors, such as the recent adjustments of salary and promotion prospects of junior doctors, as well as the increase in night duty allowances.

When the MO Committee was first set up, many doctors were skeptical about what it could achieve. We have proven that changes are not impossible as long as we have the support from the young doctors and feedback is provided in a constructive manner.

We can only succeed if we have the support of all young doctors in Singapore. Support can be in terms of participation in our activities and surveys, as well as coming forward to serve in the Committee. The majority of our Committee members are nearing the end of their 'MO-ship'. Continuity is needed so that more can be done for young doctors in Singapore. The day will come when members of this committee have to leave and it would be a waste if all the effort put in would just end. The baton is in our hands waiting to be passed on to the next group of runners to continue the race...

Yue Wai Mun
Chairman, MO Committee

An Occasional Word from Your Secretary

MO Committee: a short history

A pastor once said that a Committee consists of the incompetent chosen by the unwilling to perform the unnecessary. He was speaking of the multitude of committees that flourished in his parish and they were not very good at doing what they were supposed to do.

There were times in the short 2 year history of the MO Committee that I was beginning to feel that way too about what we were doing as members of the Committee.

The SGMDOA or Singapore Government Medical Dental Officers Association had existed before the SMA MO Committee and had been dissolved many years ago. We were not sure how the MO Committee would fare. Was there a place for a MO Committee in today's complex world?

There were in the beginning, 5 of us. Wong Tien Yin, Koh Woon Puay, Wong Hon Tym, Goh Jin Hian and I. Too many Wongs....I thought. We were formed one night in a hotel coffee house in Marina City. The dinner was good. Mainly because Tien Yin paid for it.!

I thought supper would naturally follow dinner. But Tien Yin had other ideas, like hard work.

MO Committee Survey 95. We learnt many things from that survey, like how not to do a survey with a response rate of less than 20 % from the survey population. But it was nonetheless an important survey. We had achieved one invaluable objective: raised awareness amongst those concerned that there are problems facing junior doctors that needed attention.

Along the way, we recruited many friends to help us. Some showed initial interest. But many did not persist and drifted away. Family commitments, or rather commitments to start families, to be more appropriate; postgraduate examinations; too many calls; these were just some of the reasons that people came and left....such are the understandable pressures and realities of life today.

But we got lucky. We found Tan Sz[illegible] and Yue Wai Mun and the show could go on.

1996. MO Committee minus Tien Yin. More uncertainties. But fortunately, in the age of Internet and e-mail, Tien Yin was both far and near and there were times that his input was very much sought and valued. The show must go on...and so the MO Committee Survey 96 was born out of necessity. There was a perception that we were short, or getting really short in numbers and short-changed in remuneration as well. The grass seemed greener on the other side. But we wanted to know how green it actually is. And so Survey 96 was born. It was born in haste and it was born in an opportune time. Some of the findings were used in the SMA's presentation to the Select Committee on Health Care Subsidies and the survey saw light. More light than we ever thought it wou[illegible]e. The survey findings were also published in the August issue of the SMA Newsletter and again this time, the survey findings were reported in the press. We had established that the market value of a MO in the private sector was about $80K+ a year. And we threw light on why they were leaving.

Along the way over the 2 years, we had more than our share of detractors and cynics. We don't blame them. Because for a long while, there really wasn't much ostensibly happening. The call allowance revision that was wished, whispered, promised, hankered and even ridiculed indeed seemed never to come. Even the Committee was getting discouraged. But we always had hope. Hope, and belief that we live in an equitable and just world drove us on in 1996. In other words, we were running pretty

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cases should be monitored closely in case it converts to an actual case of child abuse. In practice, this is much more difficult

In an institutional setting, reporting is easy as the medical social worker is but a call away. In a GP setting, the situation is more complex. If a GP reports a suspected case of abuse, he runs the risk of offending patients who may not have abused the child. In any case, once a report is made, the relationship will most likely sour. The dangers of over-zealousness is illustrated by reports of such paediatricians and social workers in the West who overreact to every suspicion of child abuse by committing many children into care needlessly.

If the GP is to be at all involved in detecting child abuse in our local setting, then the medical community represented by the SMA should work out with the MCD how such cases can be referred and managed. A subtle way of investigating suspected cases will be to refer them for "social assistance". This is not an euphemism as child abusers really do need some help to get out their vicious cycle of abuse.

Management of child abuse

While committing the child into care is often assumed to be the outcome in identified cases of abuse, this is unlikely to be helpful unless the mother is inadequate and unresponsive to child management training. Separating an abused child from his mother further compounds the trauma and should be done only when absolutely necessary.

More important is the implementation of social intervention measures such as supervision and training of the mother in parent-craft. Psychiatric evaluation is necessary to pick up morbidity in the mother which should be adequately treated. Relationship problems such as marital conflict have to be resolved with professional help and most important of all, the child needs psychological treatment and not just committal into care. The treatment of the child is sometimes forgotten as professionals may be ignorant of how the child can be helped and most investigations are centred on the adults involved because they are more accessible for investigation and perhaps punishment. In summary, a complete evaluation of suspected abuse includes the investigation and evaluation of the psychiatric status of both parents, family functioning, marital relationships and parenting style and not forgetting that an evaluation of the child who is the object of abuse, is needed.

It can be seen from the above that the management of child abuse is complex and requires skill which only a multi disciplinary team can provide. The need for such teams to handle child abuse is therefore urgent if we are to be pro-active and actively work to prevent and to rehabilitate broken bones (the result of CPA) and broken relationships (the cause of CPA).

Dr Douglas Kong

References

Briere JN: Child Abuse Trauma: Theory and Treatment of the Lasting Effects. Sage Publications, London, 1992

Cattanach A: Play Therapy with Abused Children. Jessica Kingsley, London, 1992.

Terr L: Too Scared to Cry: Psychic Trauma in Childhood. Harper and Row, New York, 1990.

■ 13TH INTERPROFESSIONAL GAMES 1966

Standing left to right
Dr Nithiananthan (Chess Convenor), Dr Cheong Pak Yean (President) and Dr Siak Chong Leng (Road Relay Convenor)

The Interprofessional Games (IPG) are staged annually amongst members of the Institute of Certified Public Accountants, Institution of Engineers, Law Society of Singapore, Singapore Institute of Architects, Singapore Institute of Surveyors and Valuers and the Singapore Medical Association (SMA).

SMA has done well emerging overall champion in 1995 and 1st runner-up this year. The overall champion of the 1996 IPG held in September is the Institute of Certified Public Accountants (ICPAS). This year we won 4 Championships (Billiards, Chess, Tennis and Track Relay) and 2 Runner-up awards (Bowling and Golf) out of the 11 games contested.

Games	Convenors
Badminton	Dr Chee Weng Sun
Billiards	Dr Alvin Koo
Bowling	Dr Steven Yeoh
Chess	Dr Wong Yip Chong
Golf	Dr Goh Hoon Pur
Soccer	Dr Tan Yew Ghee
Squash	Dr Jonathan Pang
Tennis	Dr Julian Theng
Road Relay	Dr Siak Chong Leng

cont'd from page 6, 'A Word from the MO Committee Chairman'

much on nothing for the first half of 96. But we never stopped working behind the scenes, quietly plodding on....

And then it came. Night duty allowances and faster pay progression that was announced in September this year. Suddenly, life as a junior doctor was not so bleak. And there was this feeling that we were not so ignored, neglected and expendable after all.

How effective will these measures be in stemming the tide? We are hopeful but we really don't know. Of course, a pay revision would perhaps be better than a promotion exercise. For the time being, the SMA and MO Committee appreciates all that has been done. Being an MO however, is more than just pay.

The MO Committee was born out of relevance and necessity, nurtured by collaboration, consensus and cooperation, not confrontation or conflict. We are not a union, do not seek to unionise junior doctors. Instead, we are a unifying force and voice for junior members of our profession.

All that can be said is that supper is not served yet. More hard work awaits. Fellow MOs who believe in what we do are more than welcome to join us.

The show must go on.....

WCY

MANY THANKS TO...

Those of you who have written in by mail, fax and e-mail since our letter to you. Many frank opinions and accolades were expressed and we thank you for your appreciative and encouraging comments. However, we want to stress that the recent revision of pay scheme and promotion prospects for MOs and House Officers would not have been possible if not for the Ministry of Health, which is receptive to our suggestions and comments.

The Mo Committee is still in the process of collating more queries and suggestions from you. We believe more of you would have questions once the information on the individual promotion had been fully disseminated. We would try our best to clarify all your queries with the Ministry of Health and publish your letters with their replies in future issues of the SMA NEWS, so keep those letters coming in.

Our fax number is 224-7827 and our e-mail address is sma@sma.org.sg

Goh Jin Hian, Tan Sze Wee
Yue Wai Mun, Wong Chiang Yin

It is necessary to remove the pacemaker from the deceased's body before cremation as it can cause an explosion.

■ NEW DEATH CERTIFICATE

The Registry of Death has implemented some changes in the Death Certificate. I wish to highlight the point on removal of pacemakers, which myself and other GPs are concerned about. Prior to the change, the GPs only need to indicate whether there is or isn't a pacemaker in the deceased's body. The new Death Certificate reads, "There is no evidence suggesting the presence of a pacemaker or similar device in the body of the deceased/The pacemaker in the deceased has been removed." This implies that if a pacemaker is present, it is the duty of the doctor to remove the pacemaker before he can certify death. This is a messy affair because the removal of pacemaker involves incision and stitching of the deceased body. I do not know who removes the pacemaker in the past, but surely this is best done by the mortician. Kindly advise.

Dr SKH

In response to this letter addressed to the President, the SMA has written to Prof Chao Tzee Cheng, Director of the Institute of Science and Forensic Medicine for clarification. His reply is reproduced below:

NEW CERTIFICATE OF THE CAUSE OF DEATH (CCOD) – FORM G

It is necessary to remove the pacemaker from the deceased's body before cremation as it can cause an explosion.

The removal is simple and can also be done by undertakers.

The procedure for the post-mortem removal of pacemakers is as follows:

A Practical Guide on Postmortem Removal of Permanent Pacemakers

Where is a permanent pacemaker usually implanted?
A permanent pacemaker is usually implanted under the subcutaneous tissue in either the left or right infraclavicular region or the left or right hypochondrial region. The most common location is in the left infraclavicular region. There is usually a visible and/or palpable bulge where the pacemaker is located.

Why do permanent pacemakers have to be removed postmortem?
A permanent pacemaker contains a battery which is usually of the lithium iodide type. In Singapore, many of the dead are cremated. Therefore, we are required by law to ensure that the body of the deceased does not contain a permanent pacemaker before issuing the death certificate.

How do I remove the pacemaker postmortem?
Firstly, locate the position of the pacemaker. Next, using a scalpel, make an incision on the skin overlying the pacemaker. The incision should traverse the longest diameter of the pacemaker in order to facilitate removal of the pacemaker. Take the incision down to the fibrous capsule surrounding the pacemaker. Once the capsule has been entered, the pacemaker can be delivered with ease. The pacemaker system consists of a pulse generator (metal housing containing all the internal components) and one or two leads. The leads are connected to the metal housing at one end. You do not have to unscrew the leads from the housing. Using a sharp pair of cutting scissors, simply cut off the leads beyond the point where they exit from the housing. Once the pacemaker is out, you can stitch up the incision as you would any other incision.

What about sterility and hemostasis?
Since this procedure is done post mortem, you do not have to worry about aseptic technique or bleeding. You should, of course, take the necessary precautions of wearing protective gear, e.g. gloves and apron for your own personal protection.

Dr Ruth Kam/Dr Teo Wee Siong

The competent physician, before he attempts to give medicine to his patient, makes himself acquainted not only with the disease which he wishes to cure, but also with the habits and constitution of the sick man.

Cicero: De oratore II

The visit was a rare opportunity for many Singaporean doctors from diverse backgrounds to strengthen their ties with their counterparts in Myanmar in a relaxed atmosphere...

SMA FOSTER TIES WITH MYANMAR MEDICAL ASSOCIATION

VISIT TO MYANMAR: 16 TO 20 OCT 96

Our President (Dr Cheong Pak Yean) and Honorary Secretary (Dr Wong Chiang Yin) visited Yangon from 16 to 20 Oct 96, in conjunction with the 2nd Myanmar Medical and Pharmaceutical Expo '96.

The Expo was held in the Tatmadaw Convention Hall from 17 to 20 Oct 96 and saw many international and Singapore companies exhibiting the latest in medical technology and products. Singapore doctors also gave demonstrations of interventional and invasive procedures.

Conducted together with the Expo were 2 Symposia: the first concerned Medicine and Surgery and the second was on Obstetrics and Gynaecology. These Symposia saw the active participation of many Singapore specialists*, from both the public and private sectors. Dr Fong Poh Him, who devoted much time and effort in organising the symposium and putting together the team of Singapore doctors needs to be congratulated for the great success of the Symposia.

The SMA took the opportunity to renew old ties with the Myanmar Medical Association (MMA), and Prof Ye Myint who is currently the President of the Association. We also presented to MMA the complete set of teaching materials of the Healthcare Assistant Training Course, previously developed by SMA in collaboration with the Private Hospitals Group and Institute of Technical Education. The teaching materials consisted of books, teaching guides and over 1000 slides. We also gave a presentation on the course to the Myanmar Institute of Nursing. Both parties were generally enthusiastic about the course, especially on the fact that the course could produce many skilled technicians in a short time with minimum disruption to the ongoing work of these workers. SMA will be undertaking several projects with MMA as a result of the visit.

The visit was an opportunity for doctors and Singaporean doctors from diverse backgrounds to strengthen their ties with their counterparts in Myanmar in a relaxed atmosphere, amid the tranquility of Yangon and the warm hospitality of our Burmese hosts.

PROJECTS IN MYANMAR

As a result of the various meetings and discussions held during our visit, the following projects will be explored by SMA over the course of the next few months:

a) Singapore Medical Journal

The SMA and MMA have agreed that SMA will give 200 copies of every issue of SMJ henceforth to MMA for distribution to key health institutions and doctors in Myanmar. We have liaised with a pharmaceutical company to be in-charge of shipping the SMJ to Myanmar. The 200 copies is an initial number that will be increased if the response is favourable. In addition, Myanmar doctors will also be invited to contribute papers to SMJ. Such an initiative will promote more professional and scientific exchange between the doctors of Myanmar and Singapore. It will also go a long way in making SMJ a journal with not just local but regional emphasis as well.

b) Journals for Myanmar

The coordinator for this project will be Dr Fong Poh Him, plastic surgeon in the private sector. SMA will be involved in the collection of medical journals, both past and current as well as medical books, for shipping to Myanmar sometime in mid-1997. Singapore doctors will be asked to give copies of medical journals and books at various collection points. These collection points will probably include the SMA office as well as some private hospitals. The materials so collected will be shipped to Myanmar by Dr Fong and thereafter distributed (possibly by MMA) to various medical libraries there. Read coming issues of SMA News for more details.

(Left to right)
Dr Cheong Pak Yean, Dr Fong Poh Him (Chairman Organising Committee Expo 96) and Dr Wong Chiang Yin at the Tatmadaw Convention Hall

c) Healthcare Assistant Course

The concept and structure of this course has been explained to both MMA and Institute of Nursing officials. These 2 organisations will be studying the feasibility of adapting this course for their local needs and if need be, SMA will hold a trainers' course for our Burmese counterparts.

d) Family Medicine Training Programme

We have been told that the Myanmar doctors and health officials are now in the midst of developing their Family Medicine Training Programme. They are keen to learn from our experience in this area. The College of Family Physicians Singapore (CFPS), may be going to Yangon in January 97 to share Singapore's experience on the development of a Family Medicine Training Programme with Myanmar.

* Singapore doctors at the Symposia:
Drs Joseph Sheares, Tong Ming Chuan, Lee Chuen Neng, Leslie Lam, Wong Wui Min, George Lim, Vincent Kwok, Tan Hock Lim, Chew Chuan-tieh, Prof Foo Keong Tatt, A/Prof Tung Kean Hin, Prof Walter Tan, Drs Fong Poh Him, Seah Chee Seng, Yeo Poh Teck, Balaji Sadasivan, Yeow Yew Kim, Mark Cheng, Tan Kok Hian, Roy Ng, Yap Lip Kee, G V Nair, Chong Jin Long, Loh Foo Hoe and Suresh Nair

Meeting with Council of the Myanmar Medical Association & Ministry of Health Officials, President of MMA, Prof Ye Myint (2nd from right), Vice President Prof Myo Myint (extreme right), Secretary Dr Aye Aung (extreme left)

Meeting with Dr Win May, Rector (7th from right) and the Faculty of the Myanmar Institute of Nursing

Dr Wong Wui Min, one of the speakers with Dr Leslie Lam chairing the session

Some of the doctors from the Singapore Delegation of the National University Hospital, the Kandang Kerbau Hospital, Gleneagles, Mount Elizabeth Hospital and SMA

Ward 2, Internal Medicine Department, Yangon General Hospital

YANGON GENERAL HOSPITAL

A highlight of the trip was a visit to Yangon General Hospital. There, we were brought to see the A & E and Internal Medicine Wards. There was a profusion of cases with florid physical signs. Walking down Ward 2 (Internal Medicine) of Yangon General Hospital (YCH), we saw 3 rheumatic heart patients, 2 subacute bacterial endocarditis and another 2 mitral stenosis with embolic stroke.

What also struck us was the familiarity of the case clerking system. The "software" were all remarkably familiar: case sheets in English, typical "British" style: chief complaint, history, physical examination. And to complete the picture: medical students in white overalls attending bedside tutorials, clutching their Oxford Handbook of Medicine, Hutchinsons, and for the more diligent and muscular, Davidsons as well. Of course, the ubiquitous Keeler opthalmoscopes were also present.

One can tell that it is here that with the relative paucity of some modern investigations, clinical medicine is practised in its purest form. There is a heavy emphasis on clinical skills instead of reliance on investigations. There is indeed much that Singapore doctors can learn under such an environment, where medicine is still more than an art than a technological skill.

The entrance of the Yangon General Hospital

reported by WCY

...we were thrilled by the knowledge of what nice things money can buy and most of all by our awakening to the immense power that comes with wealth.

WHAT TO DO WITH IT?

Our group of under-achieving doctors, with little or no assets by today's standard, agreed that we have nothing more to say on the matter. We had covered all the angles. We had in turn blamed ourselves, blamed others and blamed our parents, the latter for being inadequate providers, for the sad situation we found ourselves in. We had exhausted all our arguments and two bottles of whiskey, and were ready to call it a day. Our wives too had stopped complaining about their husbands. Their chief unhappiness was that they have to work so hard to supplement our meagre incomes.

We were bidding each other good-night when someone asked, "How do the mega-rich spend their money anyway?" This took us by surprise because we had never thought of it before. So far our talk had all been on how to make it and nothing on how to spend it – typical, I must say, of people who don't think very far ahead. The question was therefore timely. We had touched on one half of the topic only. The other half must be addressed if we were not to be caught unprepared, not knowing what to do in case we become rich. We removed our shoes and sat down again. The host opened another bottle of whiskey.

But it wasn't easy to talk about something which we are not familiar with. The first was less difficult because all of us, no matter how dim, should by now have some ideas, given the enormous interest and publicity on the subject of late. Therefore, all eyes were on the person who had asked the question. It was natural for the rest to expect him to lead part two of our discussion.

"Listen," he said. "If we were to discuss this matter seriously, we are not to speak out of envy or to make tasteless jokes. For a start, I would like to hear from someone who has some inside knowledge of the life-style of the rich. Who knows someone who is really well off?"

I said, "The Sultan of Brunei."

"Is he your personal friend?" he asked. Nobody dropped any more names.

"Pity," he said. "Since none of us have intimate friends belonging to that class, we won't have first hand information. But never mind, we'll treat this as an intellectual exercise. Imagine you have money spilling out of your ears, what would you do? Any suggestions?"

You bet we have. But I would not be able to describe for you the dream houses, the dream cars, the dream boats, the dream vacations, the dream diamonds or the dream companions, that we wish for because it will take too many pages. All I can say here is that we were thrilled by the knowledge of what nice things money can buy and most of all by our awakening to the immense power that comes with wealth. It wasn't surprising that we became rather euphoric, even though the scenario was only of make-believe. It was exciting and exhilarating.
The whiskey was not half as intoxicating.

We made a list of all the things we desire and gave each one a copy.* However, to draw up a shopping list like this was quite energy sapping for greenhorns like us. The effort tired us out. Our leader, waving his copy said, "I suppose this is all there is to it." I thought so. The list contains enough items that should gratify the senses of even the most demanding and hedonistic. Anyway, the third bottle of whiskey had disappeared. We began to put on our shoes again.

"Hold it," a voice said, "There are important things that rich people do with their money which you have failed to mention. Can't blame you though because you have no experience of being rich." The voice belonged to someone who had dropped in a short while ago. He is the neighbour of our host, a PhD in Food Technology, towkay of a famous kway chup stall. We stopped tying our shoe-laces.

"Like what?" we asked him.

"Like charity," he said.

"Ah yes, someone said, "It makes one feel good."

"And now abideth faith, hope, charity, these three; but the greatest of these is charity" – 1 Corinthians, also, "All our doings without charity are nothing worth"– Ib Quinquagesina Sunday ," quoted our pious colleague.

"I don't know about feeling good but it certainly makes one look good," said another.

"Anything else?" we asked.

"Like security," Dr Kway Chup said.

"Ah yes," someone said, "The rich man needs to protect his possessions. He has to pay for security guards, watch dogs, alarm systems, safe deposit boxes, insurance, karate lessons, etc."

"It goes without saying, but that is not all," he said.

"Like what?" we asked.

"He has to take care of those around him. They are the ones who know his true worth, weaknesses and where he is most vulnerable. Some of them are potential trouble-makers. They have itchy fingers. Therefore...

"Ah yes. The rich man therefore has to make them contented," someone said. "Usually there are a number of such characters in one's backyard."

"Ah yes, if you put it this way. No guarantee though. Often one doesn't know how much is enough," Dr Kway Chup said.

"Now comes the most important item," he said, "Let me put it in way of a question and if you

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can answer it correctly, you may stand a chance to become real tycoons in the future."

"Who minds being a tycoon? Go ahead sir," we were re-energised on hearing this.

"Listen then. The question is, what is money really use for? Think carefully before you answer. I"ll give you a clue. It is important not only for the continuous well-being of the rich but also for the rest."

There was a brief moment of silence, then the most under-nourished looking doctor present exclaimed triumphantly, "I've got it sir. To buy rice. All of us need it."

Dr Kway Chup looked at us in dismay. "Doctors are supposed to be quite clever, but as far as money matters go, some of you are really quite dumb. The answer is to use money to make more money you clods."

The doctor had learnt a lesson.

garfield

* we don't mind sharing this list with whoever is interested.

To study medicine without books is to sail the unchartered seas; to study medicine without patients is not to go to sea at all.

Sir William Osler

WELCOME NEW MEMBERS (June to October 1996)

Aw Tuan Soo
Ban Hon Kim Kenneth
Beng Teck Liang
Chai Chin Yoong
Chan Hian Kiang
Chan Shao-Wah Georgette
Chee Jing Jye
Chen Chung Ming
Chen Lisa
Cheng Yew Kuang
Cheong Ee Cherk
Cheow Peng Chung
Chew Eng Lee
Chew Him Lim Madeleine
Chia Chui Ping
Chia Foong Lin
Chia Hong Chye Vincenl
Chiam Choon Guan
Chiam Toon Lim Paul
Chiang Siew Hwa
Chiang Wing Chiong
Chong Ah Lek
Chong Kong Hui
Chong Shin Yuet
Chong Siew Yun
Chong Swee Long
Chong Yan Gerald Mark
Choo Cheng Swee Desmond
Choo Wei Chieh
Chua Meng Hui Sebastian
Chua Wei Chong
De Silva Deidre Anne
Wily Aabrina Bte Ismail
Fong Shee Yan
Foo Csian Ian Christopher
Gan Suay Hong
Goh Cheng Chuan
Goh Hsin Kai
Goh Kian Peng
Goh Shu Chen Geraldine
Goh Sing Hong
Hing Siong Chen
Ho Chiuen Leey Victor
Ho Choon Heng Benjamin
Ho Kok Yuen
Ho Sun Sien Henry
Ho Tze Yin
Hwang Siew Yoong
Ip Yam Pierre Christian
Kam Shyan chin
Kamaljit Singh
Kay Aih Boon Ewin
Kek Peng Chin
Khi Yu May Caroline
Kho Sunn Sunn Patricia
Koh Boon Kee Adam
Koh Kian Hiona Derek
Kwan Meng Hui
Kwek Jin Wei
Kwok Kay Choon George
Lai Li Cheng
Lai Yeow Loong
Lee Boon Leng Kevin
Lee Cheng San Kenneth
Lee Earn Chun Christabel
Lee Hock Peng Kelvyn
Lee Huat Ming Danny
Lee Jong Jian
Lee Kuan Wee
Lee Liang Tee
Lee Sao Bing
Lee Shu Yen
Lee Siong See Joyce
Lee Siu Lin
Lee Soo Quon
Lee Wee Chieh
Lee Yi Liang Jonathan
Lee Yong Kwong Martin
Leo Seo Wei
Leong Hoe Nam
Lew Eileen
Liau Kah Han
Liew Yow Ming
Lim Chee Kong
Lim Chong Hee
Lim Hong Huay
Lim Kay Kiat
Lim Ling Choo
Lim Shueh Yee Lynne
Lim Teck Meng Emest
Lim Wee Shiong
Lim Yean Ycn
Lim Yeow Wai
Liu Tze Hsien
Loo Wee Ping Louis
Loo Wei Chye Kenneth
Low Seng Hooi
Mendis Ajit Rohan
Mohan Tiruchittampalam
Neow May Yin Pauline
Ng Chee Mun Christopher
Ng Chung Wai
Ng Ming Yann Karen
Ng Su Lyn Lynette
Ng Tze Kiat
Ngiam Siew Pei Nicola
Ngo Su-Mien Lynette
Ngo Yeow Seng Raymond
Nurhidayati Bte Mhd Suphan
Nyam Ngian Kwong Denis Christopher
Ong Ai Ling Julia
Ong Chin Fung
Ong Wah Ying
Paul Hangchi
Phua Jason
Poon Yew Hee Donald
Quek Gim Hian James
Rozario John Antony
Sathappan Sathappan
See Jee Jian
See Li Shuen Jovina
Sia Chong Yah
Siau Chuin
Sim Kok Ping
Sim Li Ping
Sim Tiong Beng
Sim Yen Yen
Soh Ling Ling
Tan Boon Chwee Colin
Tan Camlyn
Tan Chew Seng Louis
Tan Choon Seng Gilbert
Tan Hao Yang
Tan Hwee Hwang
Tan Kian Hian
Tan Kim Kiat
Tan Pei Lin Geraldine
Tan Peng Kok
Tan Sau Chew
Tan Shwu Cuin
Tan Teck Jack
Tan Wei Hsia Audrey
Tan Ying Chien
Tang Hui Kheng
Tay Jam Chin
Tay Kah Phuan
Teng Shi Chong
Teo Boon See
Teo Li-Ming
Tham Tuck Seng
Tham Wai Fong Eileen
Thomas Paulraj Thamboo
Thong Kim Thye Mark
Tian Ho Heng
Tong Hong Seong Gabriel
Tung Yew Cheong
Umapathi N Thirugnanam
Voon Li Wern
Wee Kien Han Andrew
Wong Eu Joon Adrian
Wong Seng Weng
Wong Sheau Hwa
Wong Sook Min Joycelyn
Wong Thien Chong Marcus
Wong Wei Mon
Wong Yng Yng Bertha
Yap Yang Ming Milion
Yong Boo Ling
Yong May Yuen Jane
Yu Wei Siang

SMA INTERNET WEBSITE

The SMA Internet Website was launched officially on 27 October 1996 at the Marriott Hotel, by Prof N Balachandran. This was followed by a tour of the Website and other Internet medical resources. Our Webpage address is http://www.sma.org.sg

MEMBERSHIP WITH SINGAPORE PROFESSIONAL CENTRE (SPC)

The SMA has withdrawn from membership of the Singapore Professional Centre with effect from September 1996.

MASEAN COUNCIL MEETING

The MASEAN Council Meeting will be held on 5-6 November 1996 at Hamoni Hotel, Nagoya, Batam Island. The MASEAN Web Page will also be launched offcially at the Council Meeting. The MASEAN Web Page is located at http://www.masean.org.sg. SMA, being the MASEAN Secretariat, will host and maintain the Web Page for the duration of its office until 1999.

During the Meeting, participating member countries, including Malaysia, Indonesia, Thailand, Philippines and Singapore will be presenting their country report. The SMA would be presenting the Ministry of Health's report on Traditional Chinese Medicine as part of the country report. The Asian Health Translator will also be presented to the MASEAN delegates at the Council Meeting.

In conjunction with the MASEAN Council Meeting, a conference on "Emergency Life Support in the Community" will be jointly organised by Indonesia Medical Association and the SMA. Topics to be discussed include CPR Training Programme for the Community, by Dr Low Lip Ping, Development of Emergency Care in ASEAN and Recent Update in Emergency Life Support, by Dr V Anantharaman. Representatives from IMA would be speaking on Chain of Survival in the Community and Trauma Life Support/Pre-hospital Emergency Medical Services in Indonesia.

The SMA delegation is made up of Dr Cheong Pak Yean, Dr Tan Kok Soo, Dr Au Kah Kay, being representatives of MASEAN Secretariat, and Dr Low Lip Ping, Dr Tan Sze Wee, Dr Goh Jin Hian and Dr Wong Chiang Yin, being SMA representatives.

IMPORTANT ANNOUNCEMENT FROM SMA MEDIK AWAS

With effect from 1 October 1996, the registration fees for Medik Awas have been revised to:

Registration and identification card	:	$15.00
Registration, identification card and amulet	:	$20.00
Renewal (change of address, additional drugs)	:	$10.00
		(inclusive of 3% GST)

The increase in Medik Awas registration fees is necessary because of the rising cost of administration of this non-profit community service which has been heavily subsidised by the SMA over the years.

Doctors with the old Medik Awas Registration Forms are reminded to amend the fees on the form or contact Mrs Emily Ong of SMA (Tel: 223-1264) for additional forms.

We also wish to highlight to members that patients are required to (1) sign the form, (2) send in ONE photograph and (3) send in cheque or postal order made payable to "Singapore Medical Association". Patients NEED NOT send the form to the SMA office personally.

Announcement

ASSISI HOME & HOSPICE FUND RAISING PROJECT – INTERNATIONAL FOOD-FRUITS & FUN FAIR 1997

Assisi Home & Hospice supports cancer patients of all ages, races and religions. It provides In-Patient Care, Day Care and Home Care to over 400 terminal patients each year, and this number is increasing every year. The Assisi Home & Hospice is in need of your support of its Mission to help care for these patients in their last days.

The Food-Fruits & Fun Fair will be held at Mt Alvernia Hospital and Assisi Hospice grounds on 27 April 1997. You can support this event in several ways:

1. Cash Donation
2. Donation of goods to be sold at the fair
3. Donation of prizes for the fair
4. Send volunteers/staff as part of Community Service
5. Sale of fair tickets at $10 per book
6. Sale of fair tickets for needy children & homes

All cheques are to be made payable to "ASSISI HOME & HOSPICE".
For further information, please contact Miss Ronita Paul at Tel: 359-7935.

The competent physician, before he attempts to give medicine to his patient, makes himself acquainted not only with the disease which he wishes to cure, but also with the habits and constitution of the sick man.

Cicero: De oratore II

MOUNT ALVERNIA HOSPITAL

requires

LADY RESIDENT MEDICAL OFFICER

- To work office hours
- Possess MBBS registrable with the Singapore Medical Council
- Minimum 2 years experience in hospital setting

Interested applicants to write of fax with full resume to:

The Personnel & General Administration Manager
Mount Alvernia Hospital
820 Thomson Road, Singapore 574623
Fax 356 1151

Raffles Medical Group

We invite applications for the positions of

DOCTORS

(i) Full Time & Part Time
(ii) Resident Medical Officers (Hospital Shift)
(iii) Health Screening
(iv) Regular Locum Sessions

Benefits:

- Basic salary to commensurate with experience with profit sharing incentive scheme
- Annual Leave Entitlement
- Medical & Dental Care
- Hospitalization & Surgical Benefits
- Subsidised medical & dental care extended to spouse & family members
- Sponsorship for local and overseas CME
- Sponsorship for M. Med (Family Medicine) Course
  - Course/Exam fees
  - Study/Exam leave
  - Career path

Interested applicants, please telephone **331-5770** or write in with full resume and contact number to:

The Medical Director
182 Clemenceau Avenue
Singapore 239923

RafflesSurgiCentre

Headquarters/Correspondence: 182 Clemenceau Avenue Singapore 239923
Tel: 3343333 Fax: 3345688

THOMSON HEALTHCARE SPECIALISTS PTE LTD

THOMSON HEALTHCARE SPECIALISTS, an associate of the Thomson Medical Centre Group of Companies, is embarking on an expansion programme to enhance present medical services avaliable within the Group.

In conjunction with the expansion programme, we would like to invite specialists and professionals from the following disciplines to join us.

- Obstetrics & Gynaecology
- Paediatric Medicine
- Endocrinology
- Dermatology
- Plastic Surgery
- Family Medicine (Full Time & Part Time positions)
- Physiotheraphy

Interested applicants, please call Tel 255-0311 to arrange for a discussion of fax to us your participants at Fax 250-1389

ALEXIUS CHEE GASTROENTEROLOGY & MEDICAL CLINIC

Dr Alexius Chee Eng Nam
MBBS, M.Med (Internal Medicine), FAMS
Consultant Physician & Gastroenterologist

3 Mount Elizabeth, #11-08
Mount Elizabeth Medical Centre
Singapore 228510.
Tel 7343343 Fax 2352389

Dear Colleagues,

I have left Tan Tock Seng Hospital for private practice at the above address. I was practising as Consultant Gastroenterologist and Physician, chairman of Endoscopy, and member of the NUS liver transplant programme representing TTSH. My areas of interest besides general gastroenterology include hepatobiliary disease, therapeutic ERCP and GI-endoscopy.

Thank you for all your support and encouragement. I look forward to working with you again, and being of service to youn and your patients.

With warmest regards.

Yours sincerely,

Dr Alexius Chee

The University of Sydney

Department of Public Health, Faculty of Medicine

MASTER OF MEDICINE
(Sexual Health)
one year full time, two years part-time

Applications are invited from medical graduates for enrolment in this unique course, which offers an integrated approach to Sexual Health, STDs, and HIV infection.

Coursework begins in February, 1997.

If you have any further enquiries, or would like to receive an application form and prospectus, please contact:

Ms Kim Hutchinson, Dr Melinda Tenant-Flowers
or Professor Adrian Mindel
Academic Unit of Sexual Health Medicine
Sydney Hospital
GPO Box 1614, SYDNEY NSW 2001 Australia
Tel: +61 (2) 9382-7420
Fax: +61 (2) 9382-7425
E-mail: psweeney@extro.ucc.su.oz.au
Closing date: 30 November 1996

HEART AND MEDICAL SPECIALIST CLINIC

319 Joo Chiat Place, #05-07,
East Shore Medical Centre,
Singapore 427989
Tel: 4470919 Fax: 4473430

24 September 1996

Dear Colleagues

I am pleased to inform you that I have resigned as a Senior Consultant Cardiologist and Consultant-in-charge Adult Echocardiographic services in Singapore Heart Centre, Singapore General Hospital.

I have commenced my private practice at:

Heart and Medical Specialist Clinic
Unit 05-07 F, East Shore Medical Centre
Tel: 4470919 Fax: 4473430 Ans service: 5330088/5358833
on Monday, Wednesday, Thursday and Saturday

And,

Arthur Tan Heart Clinic
Unit 04-07 Gleneagles Medical Centre
Tel: 4755483 Fax: 4755209
on Tuesday and Friday

I will also be contacted by Pager no: 95956337

I look forward to your valued support and the privilege of working with you.

With personal regards

Dr Chee Tek Siong
Consultant cardiologist

NOVO VITA ORTHOPAEDIC SURGERY

Ref: Commencement of Private Practice
DR LIEW YOW MING MBBS (S pore)FRCS(Edin) FAMS(Ortho.S,lrg)

4th September, 1996

Dear Colleagues,

I have resigned from Government Service and have commenced my private practice under the name of Novo Vita Orthopaedic Surgery at:

Mount Alvernia Medical Centre
Sessional Clinic D 820, Thomson Road, Singapore 574623
Tel: 3597834 Pgr: 94128794

Block 131 Jalan Bukit Merah, #01-1573,
Singapore 160131
Tel: 2712521 Fax: 2710979 Pgr: 94128794

My special interests are in Joint Reconstructive Surgery, Hand Surgery and Trauma. I thank you for your previous support and I look forward to being of fuTher service to you and your patients.

Yours sincerely,

Dr Liew Yow Ming

CHILDREN & BABIES SURGERY

3 Mt Elizabeth #15-03 Mt Elizabeth Medical Centre
Singapore 228510 Tel: 8350125 Telefax: 8350127

14 September 1996

TO ALL SMA MEMBERS

Dear Colleagues,

I had resigned from the position of Consultant Paediatric Surgeon in the Department of Paediatric Surgery, Singapore General Hospital and had started my Private Practice in Paediatric Surgery.

My practice address is:

Children & Babies Surgery
3 Mt Elizabeth #15-03 Mt Elizabeth Medical Centre Singapore 228510.

I can be contacted at the following numbers:

telephone	:	8350125
telefax number	:	8350127
pager	:	96011486
answering service	:	5358833

I will practice in general paediatric surgery, paediatric urology and neonatal surgery. I look forward to provide an excellent service to your patients.

Thank you.

Yours sincerely,

Dr Cheah Siew Leng.

HERPES NO LONGER HAS TO FEEL LIKE A LIFE SENTENCE

Genital herpes is not only painful, but can seriously disrupt patients' lives.

Valtrex™ treatment can increase the proportion of patients in whom vesicles are prevented from developing.[1] Valtrex™ is therefore the only new genital herpes therapy that offers a combination of improved efficacy,* simpler dosing and the safety heritage of Zovirax.™[1,2,3]

As a Doctor, you can help your genital herpes patients face the future, without feeling hopelessly trapped.

VALTREX™ VALACICLOVIR **RAPIDLY CLEARS GENITAL HERPES ATTACKS[1]**

Valtrex™ Abridged Prescribing Information.

PLEASE SEE FULL DATA SHEET BEFORE PRESCRIBING. VALTREX™ TABLETS PRESENTATION: White Tablets marked 'VALTREX' and '500' containing 500mg valaciclovir. INDICATIONS: VALTREX is indicated for the treatment of herpes zoster (shingles). VALTREX is indicated for the treatment of herpes simplex infections of the skin and mucous membranes, including initial and recurrent genital herpes. DOSAGE AND ADMINISTRATION: Dosage in adults: For treatment of herpes zoster, 1000mg of VALTREX to be taken 3 times daily for 7 days. For treatment of herpes simplex, 500mg of VALTREX to be taken twice daily. For recurrent episodes, treatment should be for 5 days. For initial episodes, which can be more severe, treatment may have to be extended to 10 days. Dosage in children: No data are available. Dosage in the elderly: Dosage modification is not required unless renal function is significantly impaired. Adequate hydration should be maintained. Dosage in renal impairment: The dosage of VALTREX should be modified in patients with severely impaired renal function (See full prescribing information). Dosage in hepatic impairment: Dose modification is not required in patients with mild or moderate cirrhosis (hepatic synthetic function maintained). CONTRA-INDICATIONS: VALTREX is contra-indicated in patients known to be hypersensitive to valaciclovir, acyclovir or any components of formulations of VALTREX. PRECAUTIONS AND WARNINGS: Use in the elderly: Dosage modification is not required in the elderly unless renal function is significantly impaired. Adequate hydration should be maintained. The VALTREX dose should be adjusted in patients with significant renal impairment (See full prescribing information). The results of mutagenicity tests *in vitro* and *in vivo* indicate that valaciclovir is unlikely to pose a genetic risk to humans. Valaciclovir was not carcinogenic in bio-assays performed in mice and rats. Valaciclovir was not teratogenic in rats or rabbits. Valaciclovir did not affect fertility in male or female rats dosed by the oral route. Pregnancy & Lactation: There are no data on the use of VALTREX in pregnancy and lactation. VALTREX should only be used in pregnancy if the potential benefits of treatment outweigh the potential risk. DRUG INTERACTIONS: No clinically significant interactions have been identified. Cimetidine and probenecid increase the AUC of acyclovir by reducing its renal clearance: however no dosage adjustment is necessary because of the wide therapeutic index of acyclovir. Other drugs which affect renal physiology could affect plasma levels of acyclovir. ADVERSE REACTIONS: VALTREX was well tolerated when used for the treatment of herpes zoster or herpes simplex in clinical trials. The most commonly reported adverse experiences were mild headache and nausea and these were reported in a similar proportion of patients on valaciclovir, acyclovir and placebo. There are at present no data available on overdosage with VALTREX. Full prescribing information is available on request. REFERENCES: 1. Kinghorn GR, Fiddian AP. Prevention of lesion development in recurrent gential herpes with oral valaciclovir. Eur Acad Dermatol Venereol 1995; 5 (suppl 1): S162. 2. Patel R. Antiviral Therapy for HSV and VZV – an update on recent developments. Br J Sexual Med. July/Aug 1994: 24-26. 3. Data on file. *A separate analysis of males shows that the odds of VALTREX treatment aborting an episode compared with placebo are greater (96%) than for acyclovir compared with placebo (61%). Glaxo Wellcome Singapore Pte Ltd. 150 Beach Road, Gateway West, Twenty-First Floor, Singapore 189720. Tel: 291 6070 Fax: 291 9737. Further information is available on request. VALTREX and Zovirax are trademarks owned by the Glaxo Wellcome Group of companies. AV/VAL/FL/Adv/8.96 BQGT 95-03 GWS 9119.

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