



# THE S M A NEWS

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**Preservation of trust and confidence in the doctor-patient relationship is the single most important facet of developing a harmonious healthcare system.**

## ■ ETHICAL ISSUES - THE MEDICAL PROFESSION AND THE PHARMACEUTICAL INDUSTRY

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The medical profession and the pharmaceutical industry are important partners in the delivery of healthcare to patients and the public at large. The medical profession is expected to put the patients health and welfare above any financial or commercial gain. The pharmaceutical industry is expected to fund and develop new treatment for the benefit of the patients and market them ethically.

However, it is quite clear that a medical doctor or institution (as a drug purchaser, prescriber and dispenser) working in cahoots with a pharmaceutical company (developer and seller) can reap significant mutual financial gain at the disadvantage to the patient and society at large. On the other hand an antagonistic or disharmonious relationship between the profession and the industry would be detrimental to development and delivery of drugs for the benefit of patients and of society. Therein lies several ethical dilemmas. An such an ethical and professional behaviour must regulate the relationship so as to ensure that the patients and public interest are always upheld.

The medical profession at large and the individual physician must assure and be able to show to the patient and public that the medical treatment offered is the most appropriate for the patient (considering benefits, side-effects and cost) and not influenced by commercial or financial gains. Preservation of trust and confidence in the doctor-patient relationship is the single most important facet of developing a harmonious healthcare system. Public confidence and patients' trust in the medical profession can only be preserved by responsible prescribing by the physician based on scientific and clinical integrity. The medical practitioner must be trained and be able to critically assess a new treatment modality and be aware of the subliminal-effects of drug promotional activity.

In an attempt to assess the impact on medical ethics of the principles and activities or the interaction between the medical profession and the pharmaceutical, a **5 way test** is proposed, namely:

- (1) Will it lead to any harm to the patient's welfare?
- (2) Is it directly or indirectly beneficial to the patient's health?
- (3) Will it impede the patients autonomy to choose his treatment?
- (4) Will it be beneficial to the society at large and all parties concerned?
- (5) Will it build better professional integrity and character?

Using the 5 way test, one could classify each practice or activity as:

- (I) Ethically acceptable practice. Needs minimal monitoring.
- (II) Probably acceptable but needs professional self regulation.
- (III) Possibly acceptable but with a potential to easily deteriorate into the unacceptable - "A Slippery Slope Situation" best avoided.
- (IV) Ethically unacceptable practice. Avoid at all cost.

The ethical dilemmas in the interaction between the medical profession can be classified under several headings for the purposes of discussion. Some questions arising from these issues are listed.

- (1) **Discount and Bonus Schemes, Samples**  
Will it affect prescribing integrity?  
Should the savings be passed on to patient?  
Should list price be printed on medicine packages?
- (2) **Gifts - Lucky draw - Quiz Prizes**  
Are these necessary for good medical practices?  
What gifts can improve the standard of medical practice?  
What are unacceptable gifts?
- (3) **Hospitality**  
What is lavish hospitality?  
Should doctors accept hospitality only when associated with CME?  
Is hospitality extended to families of doctors acceptable?



BRINGING ETHICS HOME

Last year the half-day SMA Ethics Symposium on "Medical Advertising: Boon or Bane" held in conjunction with the SMA Lecture attracted a record crowd of more than 200 doctors. This year, we have expanded it to a full-day Ethics Convention with a keynote address, two symposia and the 1997 SMA Lecture.

Lectures on medical ethics have been perceived as peripheral and academic by doctors. Bringing ethics home as bread-and-butter issues is an attempt to show the profession that it has to engage ethical challenges head-on in their daily work. Two articles in this Newsletter reflect the work of the SMA Ethics Committee in grappling with medical ethical issues of the day.

The 1997 SMA Lecture "In Search of Future Role Models in Medicine" by Dr Wong Heck Sing, a much respected physician who has just retired from active practice, is timely. The Minister for Health, at the 5th SGH Formal Lecture on 27 April 1997, emphasised the importance of role models. He said: "... Besides good training, we also need to preserve the virtuous cycle, where each generation of doctors ensures that the next generation will be even better..."

The SMA Ethics Convention 1997 with the theme "The Medical Profession and the Industry" has a keynote address by Prof S Y Tan, Professor of Medicine and Adjunct Professor of Law of the University of Hawaii and two symposia.

The first symposium, "The Medical Profession and the Pharmaceutical Industry" is organised with the participation of the Singapore Association of Pharmaceutical Industries (SAPI). The Academy of Medicine recently published a position paper on "Pharmaceutical Companies and Doctors in Singapore". We hope to stimulate discussion on the subject and generate a profession-wide consensus.

The second symposium is on "Managed Care". The SMA organised the first Managed Health Care Conference in 1993 when Managed Care was first introduced into Singapore by the NTUC. Now, four years later, the number of patients under managed healthcare has increased. The recent legislation introduced by the Labour Ministry on medical benefits may further increase the impact of the scheme. It is important for us to discuss the ethical implications involved.

At the start of the Ethics Convention, this year, the SMA will be conferring SMA Honorary Membership upon Dr Kwa Soon Bee, former Permanent Secretary (Health), Director of Medical Services in recognition of his meritorious service to Medicine and the community.

Please make time to attend the SMA Ethics Convention on Sunday, 26 October 1997. The Organising Committee promises that it will be a session on ethics that will be different from those you have attended so far. You can bring it home. ■

DR CHEONG PAK YEAN

GST 2 (GST: GLUTEUS STAMINA TEST)

Recently, the usage and waiting times of A & E, polyclinics and other outpatient services as well as the workload of public sector doctors have been discussed and highlighted on various occasions by the media, doctors and even the government lately. Are doctors overworked? Are waiting times too long? Are patients going to A & E unnecessarily? Perhaps, perhaps not.

Let us look first at the polyclinic. The polyclinic is perhaps the simplest health care institution to examine. Some may lament that there are too many patients relative to doctors. As a result, doctors do not spend sufficient time with each patient and waiting times are too long. A quick possible remedial action would be to double the number of polyclinic staff, from doctors to health attendants. But one big problem remains; there is practically no means test for patients to qualify for the hefty polyclinic subsidies. Practically anyone can walk into a Polyclinic to see a doctor, from tycoons, professionals, bus drivers to the aged, destitute and young. The only means test is what I call the GST2 (to differentiate from the original GST), ie. the Gluteus Stamina Test. As long as one has the stamina to sit in a polyclinic from 1 to 3 hours, one gets to see a doctor for \$7, maybe even \$3.50. So while a quick infusion of staff may cut the waiting time dramatically in the short run, slowly but surely, the workload of each doctor will still creep up to 70 or so a day in the medium or long-term. That is because the current long-term equilibrium is determined by the waiting time tolerance of patients (GST2), which is I guess, up to at most 3 hours, but generally about 1 to 2 hours. Simple economic theory states that short-term equilibrium will move towards the long-term equilibrium. Therefore, even if we double the number of polyclinic MOs, it will not be long before all these young and frail doctors will be seeing 70 a day again and they will start complaining and contemplate resigning again.

Perhaps we need to question assumptions once in a while, as the Prime Minister pointed out recently. Should the Gluteus Stamina Test be the only means test for eligibility to receive polyclinic subsidies or should there be others? Surely, the old, young and destitute deserve every bit of help they can get, but how about economically productive individuals? Surely, even blue-collared workers like factory production line workers and bus drivers are paid enough nowadays to afford private GP fees charged for the treatment of ailments that should be treated at the primary health care level. Or have we nurtured a welfare mentality that demands subsidised health care when we think nothing of spending \$7 to see a movie (excluding snacks which is about the cost of medicine in polyclinic) or \$7 to \$8 for a haircut at a barber (note: not hairdresser but barber)? I don't know, but honestly, I am old enough to remember spending 50 cents on a movie ticket at an open-air cinema in Holland Village and I wince at seven bucks. And it would be reasonable to surmise that an average working adult visits the barber or hairdresser at least as frequently (if not more) as he visits the polyclinic or his family doctor.

Let us move on to A & E. The recent announcement by the government of its intention to review A & E fees is timely. It could be an admission that patient education alone will not achieve the aim of offloading unnecessary workload from A & E departments. Price and charges will have to play some part in achieving this regulation of workload. This is because inefficiencies will always be exploited in a market economy. No matter how altruistic some may be, there will be others who will take a good deal when there is one.

The conclusion that can be made is that we should not call those who unnecessarily use A & E, polyclinic and even Specialist Outpatient Clinic services, "irresponsible" and "kiasu". They are merely exploiting market inefficiencies, as clever people are supposed to in a market economy.

Some of our health care services may indeed require a more comprehensive workload regulator than the Gluteus Stamina Test. Waiting time may be more than an indicator of service quality. It may itself determine service quality in the absence of other regulators such as charges. For example, a polyclinic doctor who is perfectly competent to do a simple toilet and suture for a small laceration will refer such a case to A & E because he is given 6 minutes on the average to see a case (Not many doctors can assess, clean and sew up a laceration in 6 minutes, especially when polyclinics are often big buildings with treatment and consultation rooms located some distance apart.) Service quality of both the polyclinic and A & E suffers. Polyclinic is doing less than it is capable of in terms of physical facilities and skills (but not time). The A & E waiting times also go up. If practically every working adult can afford SOC, A & E, private GP and polyclinic charges, then the differential ability to wait among patients determines who goes to these health care institutions on which occasions. This is especially so when other obvious determining factors, such as the severity of symptoms and financial affordability are equal.

Affordability can be measured in dollars and cents as well as in minutes and hours. ■

DR WONG CHIANG YIN

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SO WE SHOULD NOT ADVERTISE

The wish to advertise one's services is great, especially if one has invested a lot and wants to recover the capital ploughed into the enterprise. This is the beginning of a slippery slope. The person or organisation about to embark on the slope says he will remain above board and be ethical. But unfortunately, a slippery slope is such that once on it, the laws of physics dictate that whatever is on it must slide down, and at an ever increasing pace. This sums up why the medical profession's code of medical ethics forbids advertising.

It is important that those in and out of the medical profession are reconciled to the notion that the respect the medical profession gets, hangs on the public's trust that doctors will do good, and will do no harm. The doctor has a contract that he will serve the community. This is recited by doctors upon the completion of their housemanship, at the ritual of the Singapore Physician's Pledge. That doctors will serve the community by doing good and doing no harm is also stipulated in the Hippocratic Oath and the Declaration of Geneva.

Relaxation of the principles to allow the medical profession to advertise liberally is likely to result in the persons involved to fall into situations where there may be too much vested interest for one to be objective and to be able to say honestly that the patient's interest has come first. The patient's interest may then drift into a second place, with survival of the enterprise taking the first place.

It is incumbent that the leaders of the medical profession, both in and out of Parliament, convince entrepreneurs of the reason why they have hung on to the conservative view on advertising. One cannot fault the layman for wanting to allow advertising, particularly, if they invested heavily. They may fail to see the difference between the responsibility to the community that they, and the doctors, have. It is up to the medical profession to show them the way and not the other way round.

It is important also to note that whilst we may want to liberalise medical advertising to the detriment of the community that we serve, other countries around the globe may not share our view. The recent

unhappiness that the Malaysian Medical Association had with some Singaporean doctors on the promotion of the gamma knife is a case in point. When we are the recipients of the consequences of foreign-origin advertising, we too begin to realise the importance of forbidding advertising in health care. A case in point is reported in this issue of the newsletter.

Liberalising medical advertising is to allow people to get on a slippery slope. However logical and balanced one can be as we stand poised at the top of the slope, the same cannot hold true when we are tumbling down it. It is therefore heartening to note that the provisions on advertising in the Private Hospitals and Medical Clinics Act have been conservative.

The best medicine about medical advertising is not to get on that slippery slope in the first place. Perhaps, just as well too. Doctors should gain their reputation from the patients' mouth and no other way as good wine needs no bush. We should therefore concentrate on doing the best for our patients. They will take note of that. ■

A/PROF GOH LEE GAN

News from Council

1. **Points on Review of Constitution**

The SMA council has decided to discuss principles relating to the SMA constitution periodically this year, and to bring relevant points to the attention of members for feedback throughout the year.

The subject of manner of election of office bearers was discussed. The council would like to recommend the following, pending consideration when constitutional amendments are proposed in the next AGM, should they be considered necessary:

  - a. There are at present, 16 elected council members each holding 2 year term. Half of the councils seats lapse each year and are up for election. The council felt that to ensure greater representation in the council, up to 4 additional councillors can be permitted to be co-opted by the elected council for the term of that council. These 4 councillors would not have the right to vote in council meetings. The councillors could be appointed as individuals or appointed by medical bodies so invited by the SMA council to be represented.
  - b. Presently not only are councillors elected in the AGM, the key posts, ie. President, 1st and 2nd Vice Presidents, Secretary and Treasurer are all proposed and elected from the floor at each AGM. The council felt that a better system may be that the AGM elects only the President and Council Members. Within 4 weeks, at the first Council Meeting, the other office bearers would then be elected by the Council Members from among the elected council members and the general membership would be informed via a circular.
2. **MAAU Clarification on Medical Advertising Guidelines**

The SMA has written to the Medical Audit and Accreditation Unit to seek clarification on the application of certain clauses of the Private Hospitals and Medical Clinic Act - Advertising Guidelines. The replies from Dr Ho May Ling, Director, MAAU are reproduced for your information.

Clause 1.8 Healthcare establishments are allowed to insert in any of the approved media referred to in paragraph 110 information pertaining to their commencement of operation, or any change of address. The advertisements permitted under paragraph 21, 2.2, 31, 3.2, 3.3 and 4 may not be issued or published more than once every 6 months except with the prior written approval of the Director of Medical services.

Application: "We would like to bring to your attention the fact that the listing of branches of the group practice when announcing the opening of a new clinic is acceptable practice." 2/9/97, Ref: MAAU 02-02/0-2 Vol 6

Clause 11.6 Healthcare establishments may post advertisements on the Internet provided the advertisements only contain the information permitted under paragraphs 21, 2.2, 31, 3.3 and 4.

Clause 11.7 The Internet shall not be used to correspond or provide professional information, consultation or advice to any member of the public in such a manner as to amount to soliciting or encouraging the use of services provided by or at any healthcare establishments.

- Application: "Listing of healthcare establishments on the internet must comply with the following:
- 1. The amended Private Hospitals and Medical Clinics Advertising Guidelines issued in 9 May 97.
  - 2. Doctors cannot advertise themselves independent of their licensed premises.
  - 3. The directory must contain an entire listing of all licensed healthcare establishments as published by the Ministry of Health in the Government Gazette.
- 27/8/97 Ref: MAAU 02-02/02-2 Vol 6
- To date, the MAAU has, to our knowledge given approval to MediMedia and Cyberbitz to list health care establishments on the internet.
3. **Colonic Hydrotherapy**
- The SMA received some queries from members with regards the promotion of colonics machine distributed by Medex Pte Ltd. The SMA has sought clarification from MAAU on colonics hydrotherapy and the reply from Dr Jeffrey Cutter, Acting Director of MAAU is reproduced for your information.
- "The Ministry of Health's stand is to discourage the practice of colonic hydrotherapy. The Ministry will also not approve any future applications for medical clinic licence to provide colonic hydrotherapy. The information provided by Medex Pte Ltd that "MOH approves of colonics" is not true. We will take up the issue with Medex Pte Ltd."
- Ref: MAAU (DF) 1-08, 11 September 1997 ■



NEWSPAPER REPORT ON STUDY OF HORMONES

The SMA Ethics Committee received numerous complaints from doctors regarding the article entitled "Doctor studies effectiveness of 'youth' hormones" was published on page 32 of the Straits Times on 26 May 1997. The article quoted a couple who "are taking part in a study to examine the effectiveness of hormones by Dr Paul Tseng, an obstetrician and gynaecologist in the private sector". In the same article, Dr Tseng also commented on the practice of geriatricians.

The Ethics Committee corresponded with Dr Tseng on the matter and obtained the views of expert committees and statutory bodies regarding the report. On 8 September 1997, Dr Tseng wrote to the Editor of Straits Times to clarify the points he made at the interview. A copy of the letter extended to SMA is reproduced in full in this article.

VIEWS OF VARIOUS INSTITUTIONS

Undue publicity

"I have always been against unqualified newspaper articles on medical issues by doctors. The recent article on "doctor studies effectiveness of 'youth' hormones" certainly gives (i) inaccurate information, and (ii) undue publicity and advertisement to the doctor concerned".

- Letter dated 25 June 1997 from Dr Charles Toh, Chairman, National Medical Research Council

No advertising

"The Medicines Advisory Committee (MAC) met on 4 July 1997 and decided that both Melatonin and DHEA cannot be registered due to lack of clinical trials to prove efficacy. The drugs will be allowed to be sold but no advertisements are permitted except for the treatment of jet lag with Melatonin".

- Letter dated 23 July 1997 from Mrs Tan Shook Fong, Director/Chief Pharmacist, Pharmaceutical Department, Ministry of Health

A certificate is needed

Section 5 (1) of the Medicines (Clinical Trials) Regulations stipulates, "No person shall conduct or cause or permit to be conducted a clinical trial except in accordance with a certificate issued by the licensing authority".

- Letter dated 11 July 1997 from Ms Lee Hui Keng, Secretary, Medical Clinical Research Committee, Ministry of Health

"No person shall conduct or cause or permit to be conducted a clinical trial except in accordance with a certificate issued by the licensing authority".

EXCERPTS OF THE NEWSPAPER ARTICLE, 26 MAY 97

(1) A study on 10 Indonesians

"Dr Tseng, 40, who is also a visiting consultant at the Singapore General Hospital, is doing the study on 10 Indonesians living in Jakarta, as Singaporeans have not started such comprehensive hormone treatment yet".... "He said he started the research by chance".... "I started looking into this after patients came to me complaining of low libido, which improved after they under-went hormone replacement treatment." .... "The study hopes to look at how the drugs can reverse the ravages of time and also possibly prevent degenerative diseases such as Alzheimer's disease, cancer, arthritis and heart attacks".

(2) Blood tests

"The patients in his study first undergo a blood test to find out the different hormones they are deficient in, and then take some doses of the hormones".... "The hormone levels are monitored every three months, and treatment is adjusted if necessary".

(3) Preliminary results

"The results of the five-month study, started in January, are still preliminary, he said". .... "At present, they have not had any unpleasant side-effects, and are very excited about their improvements in energy levels, sex drive and so on". .... "The full effectiveness of taking such hormones would be borne out in 20 years or so, when most of his subjects reach their 60s or 70s, he said". .... "But if I wait until then, many people who can benefit from the treatment will lose out". .... "Because this is a new form of treatment, I am starting out very cautiously, using very small doses of the hormones and monitoring the treatment regularly".

(4) Personal testimony

Caption of photograph of Dr Tseng - "Dr Tseng himself has been taking Melatonin for three months. He says that he is more active, can sleep better, and has even shed 2 kg without changing his lifestyle.

(5) Comment about geriatricians

"By right, it should be the specialists in geriatric medicine who are studying such hormones and their role in preventive treatment". .... "But they are often caught up in treating the symptoms of old age, and by then, it may be too late".

Premature

"... the advocacy of DHEA as hormone replacement therapy for human ageing, or even as a therapeutic for a specific disease indication, is premature at best and potentially even dangerous".

Endocrine News, American Endocrine Society, Volume 21, No 5, Dec 1996

Caution in press interview

"A practitioner should exercise the greatest caution in granting a Press Interview and the same general principles applicable to the publication of written articles should be scrupulously observed. A seemingly innocuous remark or casual aside is often open to misinterpretation and easily form the subject of a damaging headline. This may place the practitioner in a position of embarrassment and danger. In certain circumstances it may be

preferable to promise a prepared statement than to give an impromptu interview, or if an interview be granted, to ask for an opportunity to approve the statement in proof before it is published".

- excerpt from Chapter VI, Section A "Relations with the General Public" on pages 21 - 22 of the SMA Ethical Code

Undermining colleagues' reputation

"A practitioner should refrain from making gratuitous and unsustainable comments, which, whether expressly or by implication, sets out to undermine the trust in a professional colleague's knowledge or skills".

- excerpt from Paragraph 47 "Comments about colleagues in the medical profession" on page 17 of the SMC Ethical Code

(Dr Tseng's letter to the Straits Times has not been published as of 19/9/97).

The Editor

The Straits Times

390 Kim Seng Road, Times House

Singapore 239495

8 September 1997

Dear Sir,

Re: ST article on 26.5.97: "Doctor studies effectiveness of 'youth' hormones".

I would like to clarify some of the points in the article which have inadvertently led to misunderstanding amongst my peers and some relevant authorities.

The "study" as quoted in the article is purely an observational study as opposed to a treatment study. The drugs are being prescribed, supplied and modified by the patients own respective doctors in the United States. These patients are on a "rejuvenation program" by one of many such centres in the United States. They require close monitoring of their hormonal status so as to minimise side-effects, if any. But because they are unable to keep returning to the U.S. centres for their blood tests, they have approached me to perform these blood tests and to fax the results to the respective centres. I have found it an excellent opportunity to "study" these individuals with regards to observing the hormonal changes on treatment and to physiological and mental changes they experience. My function has been advisory on the doses they should be taking, but the final decision on treatment dose is still the responsibility of their primary physicians in the U.S. So far, small as the numbers may be, no one has had any adverse effects. Most have had noticeable difference in physical and mental abilities. These findings do not in any way confirm the beneficial properties of this kind of therapy, however, it does certainly warrant further investigation into its therapeutic or "rejuvenating" properties.

The drug, DHEA is not registered for use in Singapore and I am glad that you had mentioned the possible side-effects of the drug. However, this drug can be easily bought over the counter in the U.S. and there are many well travelled and well-read individuals who have started self-medication. They have found the article very enlightening and now realise the need for physicians advice on its use. Some were taking large amounts with the mistaken idea that more was better. They have been advised to stop immediately. Like most drugs, when taken for the right indication and in the right amount they are helpful, but when taken indiscriminately or in large quantities they are bound to produce side-effects which only serves to damage the therapeutic reputation of the drug.

I was also quoted to have said, "By right, it should be the specialists in geriatric medicine who are studying such hormones....". This statement had been construed by the geriatricians as deprecatory. I have absolutely no intention to deprecate my colleagues and have the utmost respect for what they are doing. I wish to clarify that the answer given was in response to a question put forward to me as to why as a gynaecologist I have an interest in ageing. My response was to agree that most of the existing work intentionally were performed by Geriatricians. Unfortunately, in Singapore we have inadequate numbers of specialists involved in Gerontology. Their existing responsibilities in the care of the aged so inundate them that such a study would not be in their top list of priorities. It was unfortunate that the quote seemed to suggest that they were not doing what they should be doing. This was certainly not my intention.

I hope you will be able to help me set the record straight.

Yours sincerely,

Dr Paul S L Tseng

Consultant Obstetrician and Gynaecologist

TLC Gynaecology Practice

cc Dr Cheong Pak Yean

Chairman, SMA Ethics Committee & President, 38th SMA Council

DELIBERATIONS OF THE SMA ETHICS COMMITTEE

The SMA Ethics Committee deliberated on the matters raised in the above newspaper report.

1. Dr Tseng stated in the newspaper article that he was conducting a study. Details of the aims, methodology and 'preliminary results' of the study, were published in the article (see above excerpts). When the Ethics Committee wrote to enquire about details of the study, Dr Tseng asserted on 1st August 1997 that 'there seems to be a difference of understanding between what the journalist described as a study and to what the committee and fellow doctors understand of a study'. This stand was maintained in his letter to the Editor of the Straits Times dated 8th September 1997. Dr Tseng stated that the views expressed were still in the context of a study, 'an observational study as opposed to a treatment study' and that there are 'misunderstandings amongst my peers and some relevant authorities'.

The SMA verified from the relevant authorities that the drugs were not registered for use in Singapore and that no certificate had been issued to conduct a clinical trial on these drugs. The Committee has not been provided details of the protocol and design of the study by Dr Tseng, whether 'observational' or 'treatment'.

2. Claims were made of the beneficial effects of the use of these hormones such as 'improvements in energy level, sex drive and so on'. The Ethics Committee has ascertained from the authorities cited above that there is 'a lack of clinical trials to prove efficacy' and that 'advocating of DHEA as hormone replacement therapy for human ageing is premature at best and potentially even dangerous'.

3. Dr Tseng remarked that the geriatricians are "often caught up in treating the symptoms of old age, and by then, it may be too late". The SMA Ethics Committee views this statement as unnecessary and deprecating to fellow colleagues.

In conclusion, the SMA views the actions by Dr Tseng seriously. Doctors who give medical information to the public have a duty to ensure that the information given is truthful, balanced and is able to stand peer scrutiny. ■



**Doctors are responsible for the safe use of pharmaceutical products for the benefit of their patients. Any relationship between doctors and pharmaceutical companies must be absolutely ethical and professional.**

## ■ ETHICS OF THE MEDICAL PROFESSION RELATING TO ADVERTISING AND PROMOTION OF HEALTH-RELATED PRODUCTS - A CASE STUDY

In this time of increasing affluence and competition, it is natural for companies to have to work harder to increase their market share by creating any image that will appeal to the consumer. For example, some companies sell consumer products with "pseudo-medical" claims, ie. claims that impress the consumers with an image of "authority and science", often beyond what is realistic, balanced or fair. To increase the credibility of these claims, medical professionals have sometimes been "employed" by such companies to assist in promoting their products to the general public, through talks and seminars organised by the companies. Such involvement is viewed as ethically improper. The following is a case study of one actual incident. By coincidence, the doctor involved was foreign, but her involvement in a public talk organised by a local company marketing a skin-care product illustrates the ethical difficulties very well.

In August 1996, the Singapore Medical Association was alerted to an advertisement in the Straits Times on Imdeen, a skin care product. The advertisement named a medical doctor, "Dr Marianne Kieffer, a leading Dermatologist from Denmark" in connection with this skin care product. Moreover, the advertisement was written in the form of an invitation to the general public to attend a promotional meeting later in the month, during which Dr Kieffer was to participate.

SMA immediately informed the Danish Medical Association (DMA), as SMA is concerned with any advertisement that features a doctor in the promotion of a product to the general public. This concern would have been identical had the doctor been a Singapore-registered medical practitioner. DMA was informed that SMA had always "taken a firm stand against advertising by doctors, and considered the promotion of their names and particulars in the press, unethical". Furthermore, SMA also informed them that "involvement with a promotional message is in contravention of the Singapore Medical Council's Ethical Code<sup>(1)</sup>".

The DMA Ethical Council subsequently

informed SMA that they concurred with SMA's opinion, and had written to Dr Kieffer to remind her about the ethical regulations on advertising, according to which doctors are not allowed to advertise medicinal products and other articles. This letter was sent to her prior to the sales meeting in Singapore.

Nonetheless, the meeting was conducted as scheduled in a local hotel. SMA sent a representative to the meeting, and an eyewitness report of the meeting was submitted to the DMA Ethical Council for their information. The report confirmed that the meeting was indeed a sales promotion meeting, and Dr Kieffer lectured on her clinical research supporting Imdeen's claims.

Ferrosan, the manufacturer of Imdeen, informed the DMA Ethical Council in September 1996 that they had sponsored Dr Kieffer's clinical research, the results of which were presented at the meeting in Singapore. However, they stated that Dr Kieffer's name had been used in the Singapore advertisement without her knowledge. Dr Kieffer did not comment to the DMA Ethical Council on this issue.

On February 1997, the DMA informed SMA of the decision taken by its Ethical Council on Dr Kieffer. She had been informed that she had infringed the DMA's Ethical Regulations concerning advertising, by her participation in the sales promotion meeting on August 1996 in Singapore. In this respect, Dr Kieffer was informed that "DMA's Ethical Council had attached importance to the fact that she had not commented or demented the sequence of events in this case". We were not informed of the action taken against her.

DMA's Ethical Council also found that the use of Dr Kieffer's name in an advertisement infringed their Ethical Regulations concerning advertising. As Ferrosan had informed DMA that Dr Kieffer was not informed about the use of her name in the advertisement, she was not reprimanded on this incident. However, she was reminded to be more attentive to the fact that her name was not to be misused in connection co-operation with pharmaceutical companies in

clinical trials.

SMA's main concern in this case was that a foreign doctor came to Singapore with the express purpose of advertising a commercial product to the general public, an activity that both the SMA and SMC considers unethical in the case of Singapore-registered doctors. Instances like this, where a doctor speaks openly about research work done with a named product, in a public forum conducted and sponsored by a company with commercial interests in the product, clearly constitute advertisement.

Should doctors distance themselves from pharmaceutical and similar companies? The relationship between the two is an important one. Pharmaceutical companies develop and introduce many new drugs and products into the world, and doctors are responsible for the safe and appropriate use of such products for the benefit of their patients. Bearing in mind both the importance of this synergistic relationship and the potential of misunderstanding and abuse, the way doctors relate to the pharmaceutical industry must be absolutely ethical and professional, and clearly seen to be so both by their peers and by the general public<sup>(2)</sup>. Certainly, any invitation to speak in a public forum should be very carefully considered. In cases where there is any doubt, we urge caution, and we suggest that a brief conversation with the SMA might be helpful. Of course, speaking to an audience of doctors, in an event independently organised by a medical body, in which no obvious attempt to promote or advertise the product occurs, is a different matter entirely. ■

DR LEE PHENG SOON  
DR TAN SZE WEE

### References

1. SMC Ethical Code para 72 - "It is improper for the practitioner to be involved in public talks to promote the products of a company and his name and clinic should not appear in the company's promotional materials".
2. Guideline on Pharmaceutical Companies and Doctors in Singapore (1997), Academy of Medicine, Singapore

## ■ A SURGEON'S THOUGHTS ON PAINTING

Upright creatures like us have been walking the earth for close to two million years and yet it was in the last ten thousand years that we began to refine and beautify our tools and made earthenware pots. We call this period of our development the neolithic age.

A few years ago, archaeologists digging at a 15,000-year-old site found an animal tooth with a hole drilled in it. They were thrilled! Was this tooth for wearing around the neck? Was this find an indication of early man's interest in decorating himself?

But in fact, the oldest known painting on a stone wall done by Australian Aborigines is said to be 80,000 years old. Then there have been a number of findings of paintings in caves in France and Spain said to be 15,000 to 25,000 years old. These paintings are of hunting scenes and of animals, and are astoundingly high in artistic standard, full of vitality and movement and with brilliant use of colours. The purpose of the cave paintings are not known and the artists are not identified.

Human history, even stretching the imagination, is no more than 5,000 years. The Egyptians, Greeks and Chinese were among the first to paint, often on the walls of temples or tombs to remember the dead or to honour the Gods and great Kings and beautiful Queens.

We in the East, especially the Chinese, think of paintings as of 2 types, Chinese brush painting and Western painting. Chinese brush paintings are the products of scholarly pursuit, being related to calligraphy. Chinese writing is expected to look beautiful and is itself an art form. By the time a scholar has been writing for 15 to 20 years, he is half-way to being an artist, since he paints with the same brushes as he writes, and his medium is ink, with colouring a secondary concern.

Historically many emperors have been painters and in recent times, Mdm Chiang Kai Shek is quite a presentable painter. In Europe however, painters and musicians only gained respectability in the last 150 years. They were considered servants by the nobility, and had their meals with the servants.

Artists require patronage. In China, while

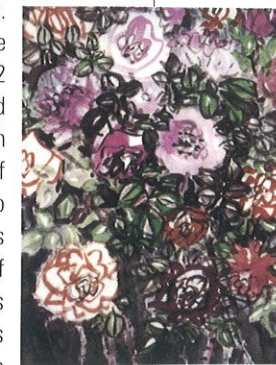
**As he became freed from the bondage of a conservative patronage, he allowed his imagination more and more latitude.**

artists of the imperial academies were dependent on the court and sometimes on the emperor himself, most artists were scholars for whom painting was a scholarly pursuit and were independent of patronage. Indeed, scholar-painters did not sell paintings for a living until in the last century,

European painters for many years depended on the Church and the nobility for support, and that explained the great sacred paintings and the paintings of Kings, Queens, Noblemen and Ladies until the last 150 years.

With the advent of trade and with the industrial revolution in Europe, the patrons of art were now the rich merchants and manufacturers, and as a result, painting became more personal, creative and varied.

At first, Western paintings, like those elsewhere, were representational, ie. the artist reproduces in paint what he sees around him. As he became freed from the bondage of a conservative patronage, he allowed his imagination more and more latitude. The impressionists at the end of the last century, misinterpreting the nature of light, painted objects they saw with small



patches of complimentary colours, giving an attractive shimmering appearance to the objects they depicted. The critics of the time condemned these paintings, as they did subsequent styles of paintings that were changing rapidly. Why? Criticism is comparison and analysis and when something is unfamiliar, there is no way to compare them with what we already know and accept.

After impressionism which was the last stronghold of representational art, representational art became unfashionable that is, unfashionable until in recent years, when the circle has made its full turn and artists became representational once more. To mention some schools, post impressionism, cubism, surrealism, expressionism, pop art etc. came and went. If we judge historically and if we judge by the way a child draws, artists will still be inspired by nature. Even if not fully representational, art is influenced

by the environment and also by the ideas of the most persuasive thinkers. For instance, violent colour and instant gratification so typical of modern paintings is inspired by advertising where neon-lit signs light up the night sky and where every second an TV advertising costs money. As for the influence of thinkers, Freud's theory of the unconscious (and also of dreams) gave rise to surrealist painting and to the stream of consciousness style of writing.

It is not rewarding to go into details of the various - isms. Basically the artist can choose to express his outer world or his inner world. Chinese artists who tend to be community orientated, tend to take the outer world as his basis for communications, while the western artist being more individualistic is more prone to emphasize art through his private world.

For the same reason the Chinese artist emphasises technique and brushwork, while the western artist is more proud of his ideas than of his technique. This also explains why Chinese artists are at their best when old, and Western artists are at their best when at a much younger age.

In spite of this difference, artists share similar thoughts about art. For instance, St. Thomas Aquinas defined beauty as that which pleases the sight and that it is characterised by unity, harmony and brightness. The Chinese artist in the 6th Century already spoke of a superior painting having an appearance of being alive, of having a life rhythm, and that a good painting has weight, has immensity and has eccentricity. These aesthetic thoughts are universal and go beyond the boundaries of east or west.

In the end, what matters about a painting is not the history, the style, the medium or the country of origin. What matters is whether it is good. Most of all a painting is not judged by the name of the artist or by its price in the market place but by its degree of excellence as a work of art. Knowing what is excellent takes experience and it takes learning time.

Above all paintings must be judged with the eyes, not the ears. ■

DR EARL LU  
CHAIRMAN, SINGAPORE ART MUSEUM



#### (4) Travel Grants

Should travel grants be only made through medical societies? Should doctors and pharmaceutical declare publicly the recipients of travel grants? Is it acceptable to accept travelling expenses for accompanying members of the family?

#### (5) Sponsorship of Drug Promotion Talks, Scientific Meeting (CME) and Medical Conferences

Is it acceptable for a single pharmaceutical company to sponsor the entire medical meeting? Is it acceptable that a pharmaceutical company spend on a lavish, entertainment program during medical conferences? Should medical societies ask for inappropriate sums of money to sponsor drug promotion talks in the name of CME?

#### (6) Sponsorship of Public Talks

Is it acceptable for medical institutions to ask for sponsorship from pharmaceuticals to sponsor public talk? Are public talks an indirect way of attracting more patients to medical institutions? Are public talks an indirect way to advertise medicine to the public?

#### (7) Pharmaceutical Promotional Methods and Materials

Do promotional material tell the whole truth? Are fancy drug promotional brochures beneficial to the doctors education? Are the doctors able to differentiate a new drug as a new advancement in treatment vs a new creation for a new market?

#### (8) Medical Research and Clinical Trials

Should clinical trials compare new drug vs standard treatment instead of placebo? Should pharmaceutical companies have the right not to publish "no benefit" results of clinical trials? How can the medical profession ensure 'no fraud' when researches are paid to research grants provided by the industry?

Obviously, there are always more questions than answers which however, should not preclude the development of guidelines and consensus. Only open discussion, continuous soul (conscience) searching and realisation of human follies can help us all move along the right direction in promoting an ethical, harmonious relationship in the medical ecosystem. ■

DR T THIRUMOORTHY  
CHAIRMAN, SMA ETHICS CONVENTION 1997

The SMA Ethics Convention will be held on 26 October 1997 from 9.00pm to 5.30pm at the College of Medicine Building, 16 College Road, Singapore 169854



**Raffles SurgiCentre**

For Your Total Specialist Healthcare

8 September, 1997

Dear Friends and Colleagues

I wish to inform you that I have resigned from the K K Women's & Children's Hospital and joined the Raffles SurgiCentre as a full-time consultant obstetrician & gynaecologist from September 1997.

I will be available for consultation and can be contacted at:

#### Raffles SurgiCentre

182 Clemenceau Avenue

Level 3, Specialist Centre

Singapore 239923

Telephone : 3315830

Facsimile : 3315845

Pager : 92042997

Ans Service : 5358833

My special interests include infertility, colposcopy and laparoscopic surgery. I look forward to be of service to you and your patients.

Yours sincerely

Koh Gim Hwee

MBBS (Spore), M Med (O & G) (Spore)

MRACOG (Aust), MRCOG (Lond)



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  - Study/Exam leave
  - Career path
- Sponsorship for M. Med (Family Medicine) Course

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

**The Medical Director**  
**182 Clemenceau Avenue**  
**Singapore 239923**



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

#### RENTAL/TAKEOVER

Clinic space for rental/takeover. 1,200 sq ft at Tanglin Shopping Centre. Suitable for medical or dental practice. Available immediately. Partitioned with built-in cupboard. Please call 235 1890 or 737 9696.

Johor Bahru at Harimau Tarum, clinic for takeover. Heavy human traffic. Along main road, opposite Pelangi Supermarket. Easy terms. Doctor retiring. Page 95095148, Fax 462 2606.

Clinic space available for sharing in Gleneagles Medical Centre, comprising personal office space of 220 square feet and common reception/waiting area. Available immediately. Please call 474 6377.

GP Clinic for sale. HDB and thriving light industry/office area. Still further growth potential. Limiting factor is only yourself. Average 45.96 patients in August 97. About 50% company contracts makes it easier to takeover. Pleasant clientele. Good and trustworthy clinic staff. Call 9640 4280 or Tel 433 6318 Dr Lee.

Established profitable clinic for takeover. HDB and contract patients. Low rental. Good frontage and potential. Please contact 9214 5389.

**Clinic/Laboratory Space** at the Singapore Medical Centre, Tanglin Shopping Centre. Ideal location for medical practice or laboratory. Outside CBD area. Facing escalators and lifts. For sale @ \$3,200 psf. For enquiries, page 9802 5478.

Medical Clinic and Dental Surgery premises. Practice: 10 years old. Location Blk 1 Rochor Centre, #01-542 Rochor Centre. Complete takeover. Walk in and practice immediately. Heavy human traffic daily. Adjacent to Bugis MRT and Bugis Junction. Contact Miss Tay at Pgr 9510 0430, tel 223 1811.

Clinic available for rental at Mount Elizabeth New Medical Centre. Immediate occupancy. Area: 1,200 sq ft. Please Tel 733 4466 (Theresa).

Clinic space for rent. Heavy human traffic. Approximately 750 sq feet. Page 9301 5904.

#### POSITIONS AVAILABLE

Full time doctor required for group practice. Attractive remuneration. Please apply stating curriculum vitae, expected salary and contact no to: 501 Clementi Road, Rosedale, Singapore 599487.

Dynamic, enterprising doctors required! Permanent night locums required to run midnight clinic in Queenstown. Salary negotiable. Timing Mondays to Fridays 11pm - 7am Saturdays, Sundays and Public Holidays 7pm - 7am. Doctors who wish to take over management and running of this night clinic are most welcome to discuss. Call Dr Ho at tel 474 8923.

Position available for a committed doctor in a family practice. Very attractive remuneration package and excellent prospects for advancements. Please page 9519 2398 for an interview.

Full-time/Part-time associated doctor invited for a clinic in a HDB estate with equal mixture of family and contract patients. Must be available on Sunday mornings. Kindly send resume to 28, Ashwood Grove, Singapore 739965.

We are inviting motivated doctors to join us in an established 24-hour medical practice in Ang Mo Kio Community Hospital. Please write in to: Director, General Outpatient Clinic, Ang Mo Kio Community Hospital, Ang Mo Kio Ave 9, #02-07/08, Singapore 2056 or call Ms Margaret Lok at tel 459 2385.

#### Senior Medical Officer/Registrar

MBBS or medical degree registrable in Singapore. At least 5 years clinical experience, experience in palliative medicine or oncology desirable. Computer literacy and driving licence an advantage. A warm outgoing personality and a compassionate interest in people essential.

Responsible for assessment and medical management of inpatients at Dover Park Hospice. Administrative duties include screening referrals, rostering medical staff, updating computerised patient care database and maintaining pharmacy stock. Some administrative and clinical duties involving Hospice Care Association, including emergency night and weekend call for patients being cared for in their own homes.

Interested applicants please call 355 8205 for further information or send resume to: Administrator, Dover Park Hospice, 10 Jalan Tan Tock Seng, Singapore 308436. Fax 258 9007. Closing Date: 8 November 1997.

Lady assistant doctor (office hours) required. Profit sharing and long term prospect. Please page 9606 5326. Also available a new Schiller Cardiovit AT-1 ECG for sale. It comes with self interpretation and less than a year old. Call 9606 5326.

NEW fully furnished HDB clinic in Clementi. Next to MRT. Invites full-time partner. Targeted to begin in Jan 98. Please contact owner at Tel/Fax 444 0271.

#### Erratum

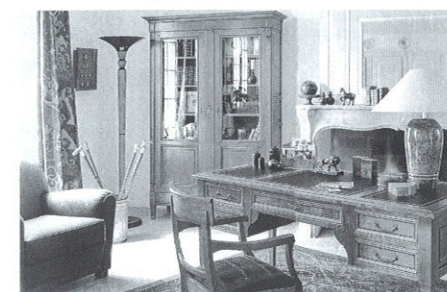
SMA News, Volume 29 No 4, August 1997  
N5, Garfield, Paragraph 7, line 13-14 should read: "The few talkative ones were probably either show-offs or sycophants."  
Paragraph 12, line 1-2  
"A bad speaker is in no position to advise other bad speakers on how not to speak badly."

We apologise to Garfield and the readers for the oversight.

**SMA AIR-CON  
DISCOUNT SCHEMES**  
see scientific section page 378

#### SMA Membership Privileges - New Additions

#### Handmade Classical Designs for Modern-day Furniture



#### Acanthus Collection

9 Penang Road #01-11, Park Mall, Singapore 238459  
Tel: 337 0113 Fax: 337 3406. Contact: Rachel Seet.

Individually handmade and crafted to a skilled quality, the collections of furniture from Acanthus are made to suit both office and home space. Members can bring home a piece of art at 20% during the exhibition cum promotion at Park Mall from 10 October to 2 November. Remember to present your membership cards for discount. Go down to the Show room at Park Mall to view these beautiful yet affordable classic European furniture and examine the intricate carvings yourselves. Rachel, the Sales Manager will be pleased to tell you more about their new collections.

#### Restaurants

##### Chinese/Cantonese

Mouth Restaurant Pte Ltd

133 New Bridge Road, Chinatown Point, #02-01, Singapore 059413 Tel: 534 4233 Fax: 532 2629.

##### Dollars Restaurant Pte Ltd

160 Orchard Road, Orchard Point, #B1-02, Singapore 238842 Tel: 738 9688 Fax: 738 9633.

10% for cash payment, 5% for credit card payment (Discount excludes special offer items and set menu).

##### The Olea Greek Restaurant

833 Bukit Timah Road, #01-06, Royalville, Singapore 279887 Tel: 563 2771 Fax: 563 9771 Reservation: 463 4183/84.

15% discount on all a la carte dishes during LUNCH except on special promotions. Valid till 31 December 1997.

Singapore's only authentic Greek restaurant located just beyond the Sixth Avenue junction, offers high standards of traditional home-style Greek cuisine. High quality ingredients, many of them imported directly from Greece, are skillfully blended into famous specialities such as Tzatziki (Greek yoghurt, cucumber, garlic, etc), Taramosalata (Cod roe spread), Moussaka (Eggplant and lamb meat layers) and the famous Olive Bread. The Olea also features carefully selected assortment of wines and spirits, such as Retsina, Ouzo and Metaxa. Many Greek products are also available for takeaway from the deli counter.





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### REQUIREMENTS

- Experience in areas such as emergency medicine, anaesthetics, intensive care or previous experience in medical evacuations. GPs with this type of experience may also apply
- Singaporean Citizen/PR or a western-trained foreign doctor residing in Singapore
- Should be outgoing, energetic, hardworking and possess excellent general medical skills
- Proficient in English and preferably one other language
- Be willing to be involved in AEA's in-house medical escort training scheme

Doctors interested in exploring this opportunity can obtain further information by calling Dr Doug Quarry, Area Medical Director, AEA Singapore at 338 2311. Resumes can be faxed to Dr. Quarry at 339 5836, e-mailed to aeamed@singnet.com.sg, or mailed to:

Area Medical Director  
AEA INTERNATIONAL PTE LTD  
331 North Bridge Road, 17th Storey Odeon Towers  
Singapore 188720

## CHENG JUN GASTROENTEROLOGY & MEDICAL CLINIC

MOUNT ELIZABETH MEDICAL CENTRE  
SUITE 15-06, SINGAPORE 228510  
OFFICE : 732 2282 FAX: 734 2926  
EMERGENCY : 535 8833

Dear Colleagues,

Re: **Clinic Relocation**

I wish to inform you that my clinic shall be relocating from #05-04 in Mt Elizabeth Medical Centre to #15-06. The tel and fax numbers will remain unchanged.

This will take effect from 22 Sept 1997.

Thank you for your kind support and kindly update your databank.

Sincerely,

Dr CHENG JUN, FRCP  
Consultant Gastroenterologist

## E H NG BREAST & GENERAL SURGERY

Dear Colleagues,

I have resigned from Singapore General Hospital and my new practice is based in Mount Elizabeth Medical Centre at: -

E H Ng Breast & General Surgery  
#07-09, Mount Elizabeth Medical Center  
Tel: 732 7755 Fax: 732 0829  
After Office Hours: 535 8833

I am privileged in being able to take care of your patients. Thank you for your support.

With warmest regards,

Dr Ng Eng Hen  
Consultant Surgical Oncologist and General Surgeon  
MBBS, FRCS (Edin), M Med (Surg), FAMS (Spore)  
Member of the American Society of Surgical Oncology  
& UT MD Anderson Cancer Center Associates

## K.H. TUNG UROLOGY

August 8, 1997

Dear Colleagues,

I would like to inform you that I have resigned from my position as Associate Professor and Consultant Urologist, Department of Surgery, National University of Singapore and Head, Division of Urology, National University Hospital with effect from 1st October 1997.

I wish to thank you for all your support over the years while I was in institution practice. I hope that I will be of service to you and your patients in future. Please do not hesitate to call me if I can be of help.

I deal with the whole range of urological and andrological conditions with special interests in urinary stone disease, prostatic disorders, urological malignancies and impotence.

My practice will be at: K.H. TUNG UROLOGY  
Gleneagles Medical Centre  
6 Napier Road, Suite #09-08  
Singapore 258499  
Tel: 473-9595 Fax: 472-9595  
Answering Service: 535-8833

Yours sincerely,

Tung Kean Hin  
Consultant Urologist  
MBBS (Spore), FRCSed, FRCSGlas, FAMS (Urology)

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