THESMANEWS

Vol 30 NO 11 November 1998

...it is an offence to sell or supply expired, unsafe or unregistered medicines – Mr Sivalingam, Head, Inspectorate, Pharmaceutical Department, Ministry of Health

SMA ETHICS AND PRACTICE CONVENTION 1998

The 1998 SMA Ethics & Practice Convention was held on 14 and 15 November 1998. This was a four-part Convention. The first part was the Seminar on Clinic Dispensing. This was held on 14 November and the SMA publication titled "The Medical Profession and Pharmaceuticals" was released on that day. A synopsis of this publication can be found on Page N6.

The second part was the Mini-Course on Medical Ethics held on the morning of 15 November. The third part was the 1998 SMA Lecture titled "Not To Be Ministered Unto But To Minister" held in the afternoon and the fourth part was the Seminar on "The Medical Profession and Media". It was a weekend of pertinent information and the general consensus was the Convention was useful professionally.

In this issue, Dr Au Kah Kay reports on the Seminar on Clinic Dispensing. The Mini Course on Medical Ethics and the Seminar on the Medical Profession & The Media will be reported in the December issue. The 1998 SMA Lecture will be published in the SMJ in January 1999.

SEMINAR ON CLINIC DISPENSING

Laws and Regulations on Medicine

Dr Lim Teck Beng, Chairman of the Seminar on Clinic Dispensing

The import, storage, sale and dispensing of medicinal products in Singapore are governed by three important pieces of legisture, namely, The Medicines Act, The Poisons Act and The Misuse of Drugs Act. Mr R Sivalingam, Head, Inspectorate, Pharmaceutical Department, Ministry of Health spoke on the relevance of the Acts with regard to medical practitioners.

Doctors are privileged under the Medicines Act to be exempted from the requirement to hold a license to order drugs for treatment of his own patients. In a similar manner, the Misuse of Drugs Act allows them to legally prescribe controlled drugs like morphine and tranquilisers in their professional capacity. All clinics are legally required to maintain separate dispensing record books to record all receipts and supplies of poisons and controlled drugs. The information must be entered on the day on which the medicine was dispensed and the registers must be kept for 2 years in the case of poisons and 3 years for controlled drugs. Mr Sivalingam cautioned that it is an offence to sell or supply expired, unsafe or unregistered medicines.

Challenges in Clinic Dispensing

Clinics in Singapore offer a unique service in dispensing medicines in-house. This is for the convenience of the patients. Dispensing involves reading the prescription, dishing out the drug in its correct form and dosage, labelling, giving instructions to the patient and rational pricing. Dr Lee Pheng Soon, medical director of an international pharmaceutical company, highlighted some of the common pitfalls and errors encountered in clinic dispensing.

Dispensing errors commonly arise as a result of the doctor's illegible handwriting or the use of abbreviations in their prescriptions. Ambiguous prescriptions may also result in the wrong form or dosage of a drug being dispensed, resulting in serious clinical consequences.

Dr Lee advised doctors to train and supervise their clinic assistants, especially new staff, because they are the ones who are ultimately responsible for any mishaps arising out of a dispensing error. Critical tasks like asking for drug allergies and concomitant drug use should be done by the doctor personally and not delegated to the clinic assistant.

State Certified Healthcare Assistants as Dispensers

Dr Chong Yeh Woei, a general practitioner in private practice, outlined the development of the SMA Healthcare

▶ N4

CONTENTS

EDITORIAL BOARD

Editor
A/Prof Goh Lee Gan

Members
Dr Au Kah Kay
Dr Chan Kah Poon
A/Prof Chee Yam Cheng
Dr Goh Jin Hian
Dr Jon Goh
Dr Tan Chi Chiu
Dr Tan Hooi Hwa

Ex-officio
Dr Wong Chiang Yin
Dr Cheong Pak Yean

Executive Secretary
Ms Chua Gek Eng

Editorial Assistants
Ms Tan Hwee Ping
Ms Ng Mei San
Ms Hazel Goh

The views and opinions expressed in all the articles are those of the authors. These are not the views of the Editorial Board nor the SMA Council unless specifically stated so in writing. The contents of the Newsletter are not to be printed in whole or in part without prior written approval of the Editor.

Published by the
Singapore Medical Association,
Level 2, Alumni Medical Centre,
2 College Road, Singapore 169850
Telephone 223 1264
Facsimile 224 7827
Email sma_org@pacific.net.sg
URL http://www.sma.org.sg

NEW INITIATIVES IN MEDICAL ETHICS

Speech by President, SMA at the 1998 SMA Ethics & Practice Convention

The healthcare system in Singapore has undergone rapid changes in recent years. The year 1985 was the watershed with the introduction of Medisave scheme to finance inpatient healthcare and the restructuring of the National University Hospital. The decade following saw the redevelopment and restructuring of our major public hospitals and the exponential expansion of our private specialist sector.

With the tapering of the growth spurt and the recent slowdown in the demand for healthcare due to the regional economic crisis, it is timely to re-focus on our core institutions and ethical values. The revision of the Act governing the Singapore Medical Council (SMC), the setting up of the National Medical Ethics Committee (NMEC), the move by the Ministry to introduce clinical guidelines are all moves in this direction.

On the ethical front, SMA has forged consensus on the issues of medical advertisements and profit guarantees in the past two years. It has also released position papers on ethical issues. "The Medical Profession and the Pharmaceutical Industries" and "The Principles and Practice of In-clinic Dispensing" are some of the examples.

Riding on that momentum, we would like to announce two new initiatives – the SMA Ethics Award 1999 and the setting up of a Centre for Healthcare Ethics and Practice.

The SMA Ethics Award aims to encourage and develop wider interest in issues concerning medical ethics among medical practitioners and undergraduates. The essay-writing competition is open to two categories: one exclusively for medical undergraduates, and the other for non-medical students. The Award consists of a cash prize of S$1000 each and a certificate, to be presented to the winners at the next SMA Ethics Convention. The winning essays will be published in the Singapore Medical Journal. The focus of the 1999 Medical Ethics Essay is on any ethical aspect of the doctor-patient relationship in the Singaporean context. The submitted essays of between 1500 to 2000 words must reach the SMA by 30 June 1999. Details are found on page N9 of this issue.

SMA is also looking into the possibility of setting up a Centre for Healthcare Ethics and Practice. The Centre aims to be a vehicle to foster formal education and research. It would also serve as a think-tank for the healthcare profession in the area of ethics and practice. It hopes to complement and work with statutory bodies such as SMC, NMEC and other professional bodies, both in Singapore and overseas. It could also study the ethical and practice implications of the new healthcare financing tools such as Casemix and managed care.

There is now a greater interest in ethical matters. We are pleasantly surprised that more than 100 doctors have attended the short course on medical ethics held on Sunday morning on 15 November 1998. These two new initiatives would build upon that ground swell. ■

DR CHEONG PAK YEAN

Medical Officers' Column

Do you know...?

WHAT WE HEARD ABOUT STAFF BENEFITS...

Have you ever wondered what staff benefits you have as a MOH staff when you are hospitalised, getting married, after childbirth or in times of bereavement?

The SMA MO Committee has recently posed this question to the HR department, MOH. We have found out that funds are normally allocated to institutions for staff welfare benefits. It is very much up to the individual institutions to set their guidelines. Some institutions heavily subsidise social activities but do not offer individual staff welfare benefits and vice versa for others.

So check out what your welfare benefits are from your own staff welfare committees.

THE SMA MO COMMITTEE

RESULTS OF SINGAPORE MEDICAL COUNCIL ELECTION

The Singapore Medical Council (SMC) election was held over 5 days from 28 Oct to 1 Nov 98. Prof Chao Tzee Cheng and Dr Tan Kok Soo have been elected into the Council as they received the highest number of votes.

SMC announced, altogether 4,389 or 90.2% of the 4,866 fully-registered medical practitioners voted over the 5 days. This is a big improvement as compared with previous elections of the Council when only about 10% to 15% of the total number of eligible medical practitioners voted. For those who did not turn up for voting, the majority were overseas.

The Council of the Singapore Medical Association would like to send its heartiest congratulations to Prof Chao Tzee Cheng, who is an SMA Honorary Member; and Dr Tan Kok Soo, SMA Council Member and Past President; upon their election to the Singapore Medical Council. ■

SKILLED WORKER STATUS FOR HEALTHCARE ASSISTANTS

The SMA has been informed by the Ministry of Health (ref: MH 114:36/1 Vol 4) on 7 November 1998 "that the Ministry of Manpower (MOM) has confirmed that non-Malaysian workers who have obtained a NTC-3 (practical) certificate from ITE will be considered as skilled workers wef 1 Apr 98. As such, they will be eligible for a lower levy of $100 and an extension of employment period of up to 10 years".

MOM has also verified that the above conditions will apply to the foreign healthcare assistants who have obtained the Certificates in Healthcare (Outpatient) and (Inpatient) from ITE.

The levy of $100 has since then been reduced to $30, as reported in Straits Times, Wednesday, 25 November 1998.

This means that certified clinic and hospital ward assistants are now considered as skilled workers and will be eligible for the lower levy of $30 and an extension of employment period of up to 10 years. ■

39TH SMA COUNCIL

President	Dr Cheong Pak Yean
1st Vice President	A/Prof Goh Lee Gan
2nd Vice President	Dr Lim Teck Beng
Honorary Secretary	Dr Wong Chiang Yin
Hon Asst Secretary	Dr Goh Jin Hian
Honorary Treasurer	Dr Tan Sze Wee
Council Members	Dr Ang Peng Tiam, Dr Vivian Balakrishnan, Dr Chong Yeh Woei, Dr Chow Wan Cheng, Dr Lee Pheng Soon, A/Prof Low Cheng Hock, Dr Tan Kok Soo, Dr T Thirumoorthy, Dr Wong Weng Hong, Dr Yue Wai Mun

PRACTICE OF MEDICINE

The practice of medicine today has become more complex because of professional and societal changes. There are more choices to make, more things to keep up-to-date and more outdated information to discard. Patients too are generally more knowledgeable, which is a good thing, but many of them are also becoming overly demanding.

What lies ahead? There are many things to grapple with. These things could however be narrowed into two categories: the professional side of medical practice and the business side of it.

Professional side of medical practice

We need to keep sight of the scientific basis in our practice. Evidence-based medicine is a newly-introduced buzzword but nevertheless, a useful concept. There is a need to examine the evidence for the way we practice. This is especially true where the methods of treatment are many. Take acute backache for instance. A Swedish group on technology assessment have come to the conclusion that the effective treatment consists of analgesics and a short period of bed rest, no longer than a week. Physiotherapy is not found to make a difference. The diffusion of new knowledge to practice takes a long time and there is a need to speed this up. It must be pointed out however, before the murmurs of sceptics become too loud, that the basis of the evidence needs to be scrutinised to ensure that the studies are not flawed.

New technology in particular must be backed by the assessment of its usefulness and its place in the armamentarium of modern medicine. There many new innovations that have proven to be useless. Also, the assessment should be conducted before they become part of the accepted regular treatment. With time hallowed use, ineffective technology can be difficult to dislodge.

A logical step from evidence-based medicine is clinical guidelines where a set of statements are made based on scientific evidence. This whole subject has been looked upon with sceptism from some quarters.

Perhaps, the role of clinical guidelines needs to be clarified. They are meant to be signposts and not cookbook recipes. The purpose is also not legal prescription. To be useful, clinical guidelines need a practical approach. They also need to be reviewed periodically to ensure validity.

Business side of medical practice

The practice of medicine from time immemorial has been a perpetual struggle between the business and the professional sides of medical practice. And doctors can be lured by the promise of financial gain from business entrepreneurs, pharmaceutical manufacturers and industrialists. This can range from apparently innocuous persuasion to allow the sale of non-medically-related products in the clinic to more elaborate business arrangements like profit guarantees and discounts. Perhaps, the way out of this dilemma is to remember the meaning of medicine – to provide professional care in the patients' best interests.

The patient – friend or foe

Certainly, the experience of many doctors of their patients have not been entirely positive. Fortunately, most patients are reasonable people, open to discussion and a fair dealing. The challenge remains in dealing with the minority who can give their doctors a hard time either by being litigious, hateful, dependent or unreasonable. Doctors, more than ever, need to foster a good doctor-patient relationship through good communication skills, care and concern. For the difficult patients, the solution lies in the doctors being professional, tolerant and assertive. The few patients who create unhappy relationships must not be allowed to negatively influence the attending doctor. It must be an exercise of positive counter-transference on the part of the doctor. ■

A/PROF GOH LEE GAN

Quotable Quotes from the SMA Lecture 1998

"Endow me with strength of heart and mind
So that both may be ready to serve
The rich and poor, the good and wicked, friend and enemy
And may I never see in the patient
Anything else but a fellow creature in pain"

– The Prayer of The Physician
Moses Maimonides
AD 1135 – 1204

"The practice of medicine is an art, not a trade: a calling, not a business; a calling in which your heart will be exercised equally with your head."

– Sir William Osler

"Integrity without knowledge is weak and useless. Knowledge without integrity is dangerous and dreadful."

– Dr Samuel Johnson

"Of learning, that you may apply in your practice the best that is known in our art, and that with the increase in your knowledge there may be an increase in that priceless endowment of sagacity, so that to all, everywhere, skilled succour may come in the hour of need.

Of a humanity, that will show in your daily life tenderness and consideration to the weak, infinite pity to the suffering, and broad charity to all.

Of a probity, that will make you under all circumstances true to yourselves, true to your high calling, and true to your fellowmen."

– From: The Master Word in Medicine, delivered in 1903: Sir William Osler

The report on the SMA Lecture title "Not To Be Ministered Unto But To Minister", delivered by Dr Chew Chin Hin, will appear in the January 1999 issue of SMA News.

Assistants Training Programme. It was developed in 1990 as an ITE (Institute of Technical Education) course with a grant from the Skills Development Fund to train healthcare workers at the technician level.

The programme aims to train healthcare assistants to provide healthcare for inpatient, outpatient and homebound patients. The course comprises two main components – a one-year supervised on-the-job training programme and attendance of a basic healthcare module, and another relevant module. Upon satisfactory completion of the course and passing the examinations, an ITE certificate is awarded which confers the skilled-worker status to the healthcare assistant.

Participants at the session on Implementing Good Dispensing Practices for Healthcare Assistants

Computers in Clinic Dispensing

Computers are increasingly used in clinics. More than 50% of private clinics in Singapore are using a clinic management software which may cost between $3000 and $8000. Dr Lim Poh Heng, general practitioner in private practice, gave an on-line demonstration of the usefulness of clinic software in clinic dispensing.

Besides increasing productivity and saving time, dispensing software can assist the doctor with drug inventory control, alert him to drug allergies and interactions, and generate drug registers and statements of accounts. In Dr Lim's experience, clinic computerisation has also increased the morale and efficiency of clinic staff.

Rational Pricing of Medicines in Clinics

A workshop on rational pricing of medicines was conducted for doctors. SMA President, Dr Cheong Pak Yean highlighted the salient points of the 1996 SMA survey of the practice costs of clinics in housing estates and GP fees.

The survey found that the mean consultation fee component, comprising professional fees and practice costs, was $19.04 while the mean medicine cost was $6.63, thus adding up to an average total patient bill of $25.67.

However, it was possible for the GP to assign varying proportions of his total bill to the consultation and medicine components. One method would be to increase the medicine charge, resulting in an apparently low consultation fee well below the SMA guidelines. It is SMA's policy to discourage this method of computation of the patient's total bill.

SMA recommends doctors to quote their consultation fees according to the SMA guidelines and to price the medicine such that it would be comparable to what the patient would have to pay if he were to choose to fill the prescription at a pharmacy instead. When the 'pharmacy price' is not known, the following alternative prices are acceptable:

- drug index price eg. DIMS
- manufacturer's list price
- 1.25 times the nett price for single-user pack size
- 2 times the bulk-packed price
- for very low-cost medicine, a rounded-up price of 10 cents/tablet, $1.50/5g cream or $1.50/30 ml mixture or a minimum charge of $2 per item per week

Participants at the Seminar on Clinic Dispensing

During the discussion, questions were raised over the issues of prescription fees and telephone consultations. A doctor is entitled to charge a prescription fee of $10 per monthly supply of medicine when the patient is not physically present in his clinic. This is to cover the doctor's time spent in looking through the patient's case notes and professional judgement exercised in issuing the prescription. Although telephone consultations are theoretically chargeable, SMA discourages this practice as the doctor can be held liable for any advice given over the telephone. ■

DR AU KAH KAY

ETHICAL STATEMENT FROM AMA: SALE OF NON-HEALTH-RELATED GOODS FROM PHYSICIANS' OFFICES

The sale of non-health-related goods from physicians' offices has been the focus of much discussion in America. It is also true of Singapore. How acceptable is it?

The Council on Ethical and Judicial Affairs of the American Medical Association has deliberated on this subject and made a stand on this subject. The Council considered the sale of the following:

Sale for charity benefits

The AMA's stand is that physicians may sell non-health-related goods from their offices for the profit of community organisations provided:

(a) the goods in question are of low cost,
(b) the physician takes no share in profit from their sale,
(c) such sales are not a regular part of the physicians' business,
(d) sales are conducted in a dignified manner, and
(e) sales are conducted such that patients are not pressured into making the purchases.

Sale of non-health-related goods which may be for-profit, at cost or free

Apart from sales or charity benefits, there are sales of goods that may have different profits.

a) For-profit sales

On for-profit sales of such goods, AMA's stand is that this inherently create a conflict of interest. The reasons are:

- The offer of goods in the medical office setting puts subtle pressure on sick vulnerable patients to purchase them.
- Sale of goods in the medical office setting also risks demeaning the practice of medicine. Trust of the physicians is undermined whenever physicians, through their behaviour, equate the office setting with the supermarket or the bazaar.

b) Sale of goods at cost

AMA's stand on sale of non-health-related goods at cost is that they carry no health benefits to patients and distract from the practice of medicine.

c) Free goods

AMA's stand is that the free distribution of non-health-related goods in the office is permissible, provided it is conducted in a dignified manner.

Ref: America Medical Association. Sale of non-health-related goods from physicians' offices, Council on Ethical and Judicial Affairs, JAMA Aug 12, 1998:280:6:563. ■

"A relationship takes two parties to nurture. Much of what takes place in a relationship remains unwritten but understood". – Dr Wong Chiang Yin

■ THE DOCTOR-PATIENT RELATIONSHIP AND THE REDUNDANCY OF RULES

A Good Doctor-Patient Relationship: much has been written and spoken about this entity. It is almost cliché.

What exactly is a good doctor-patient relationship? A relationship takes two parties to nurture. Much of what takes place in a relationship remains unwritten but understood. If everything were to be written down and signed, then it would be documented as a contractual relationship between signatories. But a doctor-patient relationship is more than a blunt legal contract. While good case-notes are a cornerstone of good care, they only represent medical and factual recordings of this relationship.

It is a relationship where doctors undertake the following (non-exhaustive) to their patients:

a) to be non-maleficent (do no harm)
b) to be beneficient (do good)
c) to respect patient confidentiality
d) to respect patient autonomy and self-determination
e) to be truthful and not withholding relevant information

It is a relationship whereby patients undertake on their part to also reciprocate with the following (also non-exhaustive):

a) to be truthful and not withholding relevant information
b) to consent to be questioned and physically examined
c) to be compliant with doctors' advice and management to a reasonable degree
d) to make payment for services rendered (when there is no third-party payment)

All this takes place against the backdrop of the law of the land, and common etiquette and courtesy expected of a reasonable and responsible adult. Some of the above obviously do not apply to children, and psychiatric and certain severely ill patients. The doctor-patient relationship is therefore one of trust and mutual respect, without the need for written contracts, formal or informal. We believe that this is the way for a good doctor-patient relationship to develop, which in turn is crucial for good care.

Now, in the light of this, what do we make out of Dr Charles Loo's rules for his 6-10 Clinic & Surgery as reported on 2 November 98 in The Straits Times? Not only are his rules under scrutiny, but the nature of the doctor-patient relationship as well. But let us first examine his Rules. Certainly, upon careful scrutiny, there is nothing that is blatantly unethical about the Rules. They do not really put the patient at any great disadvantge. In fact, there is much truth in what Dr Loo claims, "all the rules are about common courtesy and etiquette". However, the fact that rules are so declared for "common courtesy and etiquette" demeans if not nullifies the quality of the common courtesy and etiquette so obtained. More importantly, can a good doctor-patient relationship arise and grow out of such an "adversarial" and "distrustful" stand?

Making patients sign an agreement like 6-10 Clinic, while not unethical, is not the way to go. In fact, such practices could be the beginning of a severe erosion of the doctor-patient relationship. Certainly, we do not want to go the way of some developed countries whereby patients are made to sign a tome of agreements and disclaimers by the health provider. Trust and mutual respect should still be the order of the day. And when expected but unwritten obligations are not taken up by any party in the doctor-patient relationship, then the other party can abrogate such a relationship. There will always be unreasonable patients and unsatisfactory doctors. Over time, doctors and patients alike can choose who they want to work with. Doctors should assume in the beginning that all patients will play their part in the doctor-patient relationship, not otherwise.

DR WONG CHIANG YIN

A set of Dr Loo's rules which has appeared in the Straits Times, Monday, November 2 1998 is reproduced as below.

DR LOO'S RULES

A sign at the 6-10 Clinic & Surgery reads:
These rules and regulations were established so that we can serve you better and efficiently. If you cannot conscientiously keep to these, we suggest that you find a new clinic.

- Tell us your complete medical history
- Only two persons are allowed into the examination room at a time
- Don't ask any questions until after the doctor has finished his examination and note-taking
- Two categories of medicines will be given – patients can stop taking the first type if they get better. The second type of medicine must be completed as instructed
- If you know your disease, what test you want, and what drugs and treatment you must have, please treat yourself. Your don't belong here. But if you have records, written requests, or treatment from other doctors, we will be glad to oblige
- You must produce your identity card, birth certificate or passport. ■

NEW SMA PUBLICATION – "THE MEDICAL PROFESSION AND PHARMACEUTICALS"

"The Medical Profession and Pharmaceuticals" is a 3-part publication consisting of "In-Clinic Dispensing: Principles and Practice", "Relationship Between the Medical Profession and the Pharmaceutical Industry" and "Training of Certified Healthcare Assistants as Clinic Dispensers". The general principles of the 3 sections are reproduced below.

Perhaps the most relevant portion to the majority of our readers is the section in Part 1, dealing with rational pricing of medicine dispensed from the clinic. The SMA expects that there will be more and more requests for clinic charges to be split in the future. If the charge for medicine dispensed is to be specified, a rational and defensible method of arriving at this charge is important to prevent misunderstandings from arising.

Members should receive their free copy of the "The Medical Profession and Pharmaceuticals" in the next mailbag. It is available to non-members at $10.00.

Part I: "In-clinic dispensing: principles and practice"

This section sets out the basic principles and suggests some practices of in-clinic dispensing, namely principles of pricing and standards of good dispensing practice. There is presently a wide variation in the methods of pricing medicines dispensed from clinics. This is because of the various ways Practice Costs are assigned to Medicine Charge and Consultation Fees. We hope that these principles when used in conjunction with the SMA Guideline on Consultation Fees, will lead to less variability in computing Medicine Charges.

General principles

1. In-clinic dispensing of medicine offers several advantages to the patient. Beyond obvious convenience, the patient can be sure that the medicines he has been prescribed will be stocked. Moreover, he will have the added confidence that his prescription indeed reflects the medicines that the physician considers optimal for his individual case (rather than less suitable ones, chosen simply because they are more likely to be available at a pharmacy).

2. Offering these benefits to the patient carries a cost. The clinic needs to buy the necessary medicines in bulk, to repack them into single-user packs, and to cover the costs of spoilage, spillage, broken tablets, etc. The cost of trained staff to man the dispensary during all hours that it is open, rather than just office hours, is not insignificant, especially as the standards of dispensing practice should be high-comparable to those offered in a pharmacy. A margin to cover these and other additional costs is thus reasonable.

3. In spite of both of the above points, the SMA still recommends that the price of medicine charged to the patient should be comparable to what he would have to pay, if he were to choose to fill the prescription at a pharmacy instead. In computing this Medicine Charge for drugs dispensed from the clinic, the SMA assumes that its existing Guideline On Fees for consultation and other professional fees is followed. (Please refer to explanatory note). This latter covers the costs of running the clinic and providing all services (the "Practice Cost"), and permits the Medicine Charge to be comparable to the "pharmacy price" as recommended above.

4. The pricing methods for medicines dispensed from clinics should be simple in practice, easy to remember, and fair to all parties.

5. The patient retains the right to choose whether to fill the prescription in the clinic, or externally at a pharmacy.

Part II: "Relationship between the medical profession and the pharmaceutical industry"

The joint paper is the combined effort of the Singapore Association for Pharmaceutical Industries (SAPI) and the Singapore Medical Association (SMA). It is based on concepts originating from the last SMA Ethics Convention in 1997. It adopts existing SAPI guidelines for responsible marketing of pharmaceutical products, CME, gifts and travel grants, sponsorship and consultancy, and relates them to what is permitted by the Medical Code of Ethics for doctors. It also spells out what are permitted for public medical talks sponsored by pharmaceutical companies.

It is important to be transparent in these matters, as Singapore quickly develops as a regional centre for pharmaceutical research and high-tech drug manufacture. With this development, doctors will increasingly be involved in various professional activities with these companies. It is our hope that this document will serve as a useful guide to facilitate a better working relationship between the two groups in this regard.

General principles

1.1 The medical profession and the pharmaceutical industry are important partners in the delivery of healthcare to patients and the public. The medical profession is expected to place patients' health and welfare above financial or commercial gains. The pharmaceutical industry is expected to invest in research and development, to develop new and improved treatment options for the benefit of patients and market them ethically.

1.2 In the relationship between the medical profession and the pharmaceutical industry, strict and professional conduct is necessary to prevent abuses. This relationship must always be seen to be impartial, honest and in compliance with the SMA Ethical Code, SMC Ethical Code and the SAPI Code of Marketing Practices. This is to ensure that patients' and public's interests are always upheld.

1.3 The medical profession at large and the individual physician in particular must assure and demonstrate to the patient and public that the medical treatment offered is the most appropriate for the patient (considering benefits, side-effects and costs) and not primarily influenced by commercial or financial gains. The physician must not compromise nor be regarded by others as likely to have compromised their independent professional judgement in prescribing.

1.4 Public confidence and patients' trust in the healthcare delivery system can only be preserved by:

a) responsible prescribing by the physician based on scientific and clinical integrity and,

b) responsible marketing by the pharmaceutical industry.

1.5 Physicians must ensure their professional judgement and impartial clinical assessment of drugs is not impaired by the receipts of gifts, hospitality, travel grants nor research grants.

1.6 Educational medical meetings sponsored by the pharmaceutical industry must always preserve scientific and educational aims foremost. The level of accompanying hospitality should not exceed the level which the physicians might normally adopt when paying for themselves.

▶ N7

◀ N6 'NEW SMA PUBLICATION – THE MEDICAL PROFESSION AND PHARMACEUTICALS'

1.7 Scientific research carried out in collaboration with the pharmaceutical industry must be of high scientific merit, properly planned, approved by an ethics committee and professionally executed. Proper accounting procedures are to be adopted with independent audit and fulfilling all legal requirements.

1.8 Conflict of interests, if any, must be declared by speakers, researchers, medical institutions and pharmaceutical companies at meetings, presentations and publications.

Part III: "Training of certified healthcare assistants as clinic dispensers"

The third section of this publication outlines the requirements of healthcare assistants by ITE, the detailed programmes of the various training modules as well as other relevant information relating to the existing training scheme, which leads to the ITE qualification "Certified Healthcare Assistant".

The training of healthcare assistants has now been established for more than a decade. As of December 1997, a total of 2,286 healthcare assistants have participated in the Course and received ITE certification. Many clinics now have at least one employee who has been formally trained and state-certified in this manner. The SMA will continue to help doctors provide quality care to their patients by ensuring that their clinic staff is adequately trained. Soon, continuing education will also be introduced for Healthcare Assistants to keep them up-to-date. Six workshops have been planned for 1999 as part of Continuing Medical Education for the clinic assistants. SMA encourages clinics to set targets for themselves for the training of their staff so that in time, the majority of clinics will have certified healthcare assistants as dispensers. ■

RESULTS OF THE EXAMINATION FOR THE MMED (OBSTETRICS & GYNAECOLOGY) : 9 – 11 SEPTEMBER 1998

Name	Citizenship	Result
Dr Fong Yoke Fai* MBBS (Singapore) 1991	Singaporean	Pass
Dr Tan Lay Kok MBBS (Singapore) 1990	Singaporean	Pass
Dr Wong Pui Ling MBS (Singapore) 1992	Singaporean	Pass
Dr Vong Nyam Seng MBBS (Malaysia) 1980	Malaysian	Pass

* This candicate also passed the MRACOG at this sitting and is recommended the award of the IV Asian O&G Congress Gold Medal.

Surgical removal of xanthalesma – is it cosmetic or therapeutic?

A patient had xanthalesma surgery done on eyelids by a plastic surgeon in a restructured hospital. The surgeon subsequently stated in a memo to the patient that the procedure was "not cosmetic surgery". The company doctor however stated that the surgery was "cosmetic in nature" when asked for his opinion by the company who was submitted the bill. The patient wrote to request the SMA Ethics Committee to rule against the company doctor in favour of the plastic surgeon as she felt strongly that the surgery done on her "by the Specialist in Singapore General Hospital is a Medical procedure" and that she "strongly feels that any professional would accept the statement made by the plastic surgeon instead of the Company Doctor, a General Practitioner" who did not even see her prior to the operation.

The Ethics Committee's opinion is that there is no universal or standard criteria by which one can distinguish a therapeutic procedure from a cosmetic one. Generally, one could define a cosmetic procedure as one which is done in the absence of disease and only improves physical appearance without improving function. A therapeutic procedure is done to remove or heal disease or correct any form of medical or mental (including emotional) disability caused by a change in body appearance or function. The decision whether the xanthalesma surgery is a therapeutic procedure can only be determined on a case by case basis, according to the severity of disability in that individual. The medical opinion can only be given by the doctors with clinical knowledge of the patient's physical and psychological background.

The Committee noted that the reason for asking for a ruling appeared to be related to a claim for reimbursement from the employer. This is outside the purview of the Ethics Committee as it is in the nature of contractual arrangements between the complainant and employer. The Committee suggested that the complainant should request the plastic surgeon to give a detailed report based on the principles given. The employer can then use it as a basis to decide whether that procedure is in the medical benefits entitlement of the complainant.

Use of professorial salutation

The SMA has received six complaints regarding the use of professorial salutation on a medical doctor in private practice, in the broadcasting media, newspaper, professional journals and press releases over a few months.

The Ethics Committee has obtained confirmation from the National University of Singapore that the doctor concerned does not have any current appointment in the university and is not an emeritus professor. The Ethics Committee brought the matter to the attention of the doctor concerned and he confirmed that he had been "misrepresented in those reports by the title of Professor" and he disclaimed responsibility for their publications. At his request, the Ethics Committee has written to the publishers and media concerned, on his behalf, to clarify the matter.

Members are reminded that unless they are so entitled, they should not use salutations such as the professorial title.

The Ethics Committee is of the view that it is prudent for any medical practitioner who has contact with the lay press to ensure that he/she has been correctly addressed. The inappropriate use of Professorial title as in the case mentioned above may leave the practitioner concerned vulnerable to a charge of seeking undue advantage or suggestion that he/she is superior to his/her colleagues. ■

CONGRATULATIONS TO THE CANDIDATES WHO HAVE PASSED THE FINAL EXAMINATION FOR THE MMED (FAMILY MEDICINE) : 5.10.1998 – 11.10.1998

1. Dr Cheong Cher Chee David MBBS (Singapore) 1993
2. Dr Cheong Lee Ching (Mdm) MBBS (Singapore) 1992
3. Dr Chow Mun Hong MBBS (Singapore) 1990
4. Dr Gill, Shivcharan Kaur (Mdm) MBBS (Singapore) 1985
5. Dr Goh Chin Ai Moira Clare (Mdm) MBBS (Singapore) 1988
6. Dr Goh Khean Teik MBBS (Singapore) 1991
7. Dr Kang Aik Kiang MBBS (Singapore) 1987
8. Dr Kiran Kashyap (Mdm) MBBS (Singapore) 1992
9. Dr Loh Weng Keong Victor MBBS (Singapore) 1991
10. Dr Low Chee Wah Mark MBBS (Singapore) 1985
11. Dr Ng Chirk Jenn MBBS (Singapore) 1992
12. Dr Ng Joo Meng Matthew MBBS (Singapore) 1988
13. Dr Ong Yanny (Miss) MBBS (Singapore) 1992
14. Dr Phang Siung King Jonathan MBBS (Singapore) 1990
15. Dr Quek Su Ling Lilian (Mdm) MBBS (Singapore) 1991
16. Dr Soon Shok Wen Winnie (Mdm) MBBS (Singapore) 1992
17. Dr Tan Kia Yong Paul MBBS (Singaporean) 1990
18. Dr Tan Lip Pin (Miss) MBBS (Singapore) 1992
19. Dr Tan See Leng MBBS (Singapore) 1988
20. Dr Tang Kim Lian (Mrs) MBBS (Singapore) 1992
21. Dr Thng Lip Mong MBBS (Singapore) 1991
22. Dr Tok Sock Cheng (Mdm) MBBS (Singapore) 1991
23. Dr Wong Chek Hooi MBBS (Singapore) 1992
24. Dr Yeo Sok Pheng (Mdm) MBBS (Singapore) 1992

Medical Officers' Column

UNDERSEA & HYPERBARIC MEDICINE

SMA NEWS TRAINEE COLUMN SERIES

Untested trail

Joining the SAF and the Navy was an important milestone decision – I had to forgo the tried-and-tested route of mainstream clinical specialty training in the hospital (at least for the initial years) and embark on a somewhat untested trail. However, with the support of my wife, family and some friends, I decided to do what my heart has always told me to do – to serve my nation beyond National Service liability.

At the onset, the SAF offered a dual specialty career ie. a military operational medicine specialty (I opted for undersea & hyperbaric medicine) and a mainstream clinical specialty to complement our military training. The programme is arranged such that there is built-in flexibility to cater to the needs of individual as well as the organisation. At the organisational level, trainees are expected to undergo training in their respective fields of operational medicine during the first three years. At a later time, they will continue their hospital training in a chosen mainstream clinical specialty.

First-hand experience

Undersea medicine comprises diving and submarine medicine, and deals with the physiological and operational aspects of medicine and human performance in the high-pressure underwater milieu. One of the challenges in the course of training is to experience first-hand the working conditions in the operational environment.

As a trained diver, I was able to better understand the needs of our naval divers and the physiological and psychological demands of their occupation. Unlike recreational divers, military divers do not have a choice on where to dive. A good example is the search and rescue/recovery mission for the SilkAir MI 185 air crash off Palembang into the Musi River in December 1997. Biological hazards, poor visibility and unforgiving underwater conditions were some of the common problems encountered.

With the recent acquisition of submarines, the medical support for our submariners in training and operations has opened up a whole new dimension of medical practice. Good medical fitness and mental endurance are required as working in a submarine environment under less-than-optimal conditions with limited personal space can be a potential source of stress especially during prolonged periods of operations.

Both divers and submariners are highly trained personnel working under exacting environmental conditions, it is therefore essential that the health needs of these servicemen are well taken care of to optimise their operational capabilities. Our concern starts with the selection of these men to ensure that only those with a high level of medical fitness are enrolled. After recruitment, the training of these personnel frequently involves high-risk activities and it is important that they remain in good health to undergo such strenuous training. The working environment and training methods are also closely monitored to avoid unnecessary injuries.

Developing directives

An important part of our work involves the development and revision of safety/training directives and medical support doctrines to better support our operational forces during peacetime training and in war. Conduct and participation in operational or medical exercises further sharpen our situational awareness in managing the constraints imposed by naval battles.

Hyperbaric medicine

In our Naval Medicine & Hyperbaric Centre (NMHC), the practice of hyperbaric medicine involves the application of hyperbaric oxygen therapy as an adjunctive treatment modality in the management of clinical conditions such as chronic non-healing wounds, osteoradionecrosis, refractory chronic osteomyelitis, and many other medical conditions approved by the Undersea & Hyperbaric Medical Society (UHMS, based in United States). Many years of research and clinical trials have proven the value of adjunctive hyperbaric oxygen therapy in obtaining better clinical outcomes when used judiciously under the care of trained physicians.

Operational medicine

The rationale of starting our career with operational medicine and training revolves around the need to immerse ourselves in the military environment at an early stage and have a firm understanding of the issues at hand. It is also thought that it will be easier for us to undergo the various strenuous military and physical training when we are relatively young. Part of our training is done overseas. For myself, I underwent the United States Navy (USN) programme for their undersea medical officers and several other related courses and conferences in diving and hyperbaric medicine. The Swedish submarine escape training which I completed last year and a training stint onboard a USN fast-attack submarine earlier this year were the other highlights.

In our career, there are more than adequate opportunities for us to learn and be exposed to new ideas and foreign cultures. Through our work and interaction with foreign military personnel during exercises or while on course, I have come to see things in a much broader perspective and view diversity as a complement and strength. The job also demands that we acquire both leadership and management skills, to be an effective leader and manager. This, in turn, has contributed positively to my overall development as a clinician, a manager and a military officer.

Not a bed of roses

Like all jobs, this one is not a bed of roses. Problems and crises do occur periodically. Taken positively, this enhances our skills in problem-solving and crisis-management and we emerge from it stronger. In addition, this also provides good operational training as such occurrences are not uncommon in the battlefield.

As I come towards the end of my first three years training, I look back with fond memories and great satisfaction. There were trying times as the physical demands and mental stress can be daunting and the task at hand sometimes may seem insurmountable. Thankfully, there are always seniors and colleagues to lend a helping hand and give valuable advice. The Navy family culture has also made the working experience much more pleasant.

A calling too

Just like practising medicine itself, serving in the military should be a calling, with the commitment to safeguard our future and that of our children. The main drawback of this system (if any) is the delay in completing my mainstream clinical specialty training. This may not be a significant issue as the organisation does make provisions for us to complete our clinical specialty training. Recognition from our peers may be hard to come by as they may not fully understand our training requirements and commitment to the organisation and national defence. Financial remuneration is also not as lucrative as that of our colleagues in private practice.

Give it some serious thought

At the end of the day, one has to be honest with himself and understand his station in life and most importantly, be at peace with himself in whatever he is doing, be it career, family or friends. For those of you who are thinking of joining us or have not decided on your career path, do sit back and give military career some serious thought. Like most clinical specialties, this may not be everybody's cup of tea, but for those who dared, it will be a challenging, balanced and rewarding career. ■

CPT (DR) KANG WEE LEE
CPT (Dr) Kang is a regular SAF doctor. He joined the SAF in Jan 96 and is currently in the Moic Submarine Medicine branch in Sembawang Naval Base. His specialty is Undersea and Hyperbaric Medicine.

Medical Students' Column

"The true gravity of my present and future responsibilities emerged from that first day at the wards." – Ms Regina Zuzarte

■ THE ELEMENTARY CLINICS EXPERIENCE – A NEW JOURNEY

New course

This year's Elementary Clinics for pre-clinical students, renamed *Clinical Skills Foundation Course*, lasted 8 weeks from late April to early June. Apart from the traditional laying down of groundwork for history-taking and physical examination, the course offered us the chance to be the pioneer batch to learn clinical procedures such as venepuncture and urinary catheterization on simulated models and wound suturing.

As my classmates arrived in the LT for introductory lectures, I guessed from their pleasant disposition and that oh-so-subtle spring in the footsteps that we were all thrilled to embark on this, perhaps our greatest journey yet. Taking that giant leap into the wards is an event that every medical student looks forward to, not just for the academic opportunities, but for entering the wards is symbolic of the acceptance of a student to the closely-knitted fraternity of doctors.

So it was with immeasurable pride that I donned my white coat (freshly pressed, of course) emblazoned with my name-tag, adorned my neck with my stethoscope (the way I'd seen the seniors do) and marched in with my tutor and clinical group-mates to meet our first patients. I remember some of them vividly: the lady huddled under her blanket, clutching a rosary, her eyes closed in a silent battle to overcome her pain; the gentleman propped in bed by cushions, struggling for each breath, coaxing the life-force from a thin mask moulded to his eburnean countenance.

I had been living a near-ethereal existence from the day I received my letter of acceptance into the Faculty. I treasured the honour of being a medical student, delighted in knowing gems of information like the 4 developmental anomalies of a Tetralogy of Fallot and that femoral hernias are more common in females than in males. But much of this had been plain information committed to memory, without my having any inkling of the repercussions of a disease on a patient.

Revelations

The true gravity of my present and future responsibilities emerged from that first day at the wards.

Over the weeks that we were assigned to NUH and TTSH, my group-mates and I took history from and examined over 60 patients – 60 complete strangers who willingly answered our questions that probed into their lives and permitted us to lay our hands on them. I remember more of our patients: the grizzled faces that were glowing at the end of the conversation and the tearful mother who took comfort in our simple reassurances. I could never have anticipated the immensity of the privilege that we had been given or the trust that a patient can award us. In the movie *Restoration*, a young doctor, in speaking of his patients, confesses,

"I am frightened by their faith ... and my ignorance."

How many a time have I echoed this sentiment exactly? We'd only had 2 years of pre-clinical studies and still a long road remains before us. It has become my fervent hope since that the years ahead will see me develop to become the competent doctor that I should be.

The joy of doctoring

For me, the whole E. Clinics experience is very aptly described by Shakespeare's Sonnet 25,

"Let those who are in favour with their stars
Of public honour and proud titles boast,
Whilst I whom fortune in such triumph bars,
Unlooked for joy in that I honour most"

Most of my friends are in universities in Singapore or elsewhere in the world – many on prestigious scholarships, some have made it to the Dean's List and during vacation, they may take ski trip holidays or surfing lessons – they have attained their *honour* and *titles*. But I have found my *joy*.

As I explore the SGH wards now for my Surgery posting, I find inspiring role-models among my teachers and discover camaraderie among my colleagues. I know that the life-force may ebb for the gentleman and may one day cease to flow, but I take heart in knowing too that the lady may conquer her pain. At that moment, the faces that glow and the tears that subside will be *honour* and *title* enough for me.

"Then happy I, that love and am beloved
That I may not remove, nor be removed". ■

MS REGINA ZUZARTE
M3, FACULTY OF MEDICINE
NATIONAL UNIVERSITY OF SINGAPORE

Announcement

SINGAPORE MEDICAL ASSOCIATION ETHICS AWARDS 1999

Applications are invited for the above award. The Singapore Medical Association (SMA) aims to encourage and develop a wider interest in issues concerning medical ethics. The SMA Ethics Awards are intended to encourage undergraduates in Singapore to research and review important aspects of medical ethics.

The Award is in the form of a sum of S$1,000 and a certificate, to be presented to the winner in each of the 2 categories, at the SMA Ethics Convention. The Award is open to two categories:

(i) Medical Undergraduates
(ii) Non-Medical Undergraduates

All students studying in institutes of higher learning in Singapore (universities/polytechnics) are eligible to apply. The Award will be presented to the person who submits the best original unpublished essay in each category. The essay should be of single authorship.

The full essay of 1,500 to 2,000 words and a list of references must reach the Singapore Medical Association by 30 June 1999.

The focus of the essays for 1999 is on any ethical aspect of the doctor-patient relationship in the Singaporean context. The essays should be submitted in English, typewritten (one side only), double spaced on standard foolscap paper with wide adequate margins.

The panel of judges includes:

(i) President of SMA or his Nominee
(ii) The Chairman of SMA Ethics Policy and Review Committee
(iii) Independent assessors appointed by the SMA Council

The Panel reserves the right not to give the award if the essays submitted do not reach an adequate standard.

The SMA reserves the right to publish the essays selected for the Award in the Singapore Medical Journal. The successful authors may be required to present any abstract of their essays at the SMA Ethics Convention 1999.

Enquiries and essays should be sent to:
The Executive Secretary
Singapore Medical Association
2 College Road Singapore 169854
Tel 223 1264 Fax 224 7827

Deadline for submission: 30 June 1999 ■

SMA MEMBERSHIP PRIVILEGE – NEW ADDITION

RIVIERA BAY RESORT
MALACCA • MALAYSIA

RIVIERA BAY RESORT MALACCA

Situated away from town, in Tanjung Kling, Malacca, the Riviera Bay resort is an ideal seaside resort getaway for you and your family. This first-class resort managed by the renowned Meritus Hotels and Resorts (which manages Mandarin Singapore and Penang Mutiara Beach Resort among others) has 450 rooms all of which face the Straits of Malacca.

From now to 31 June 1999, SMA members can enjoy the luxurious 2 Days 1 Night Malacca getaway at an exclusive rate:

Room Type	Cost
Executive Room	S$120.00 nett (for 2 persons)
Family Suite	S$220.00 nett (for 4 persons)
Inclusions	Buffet Dinner, Local Newspaper, Free use of Fitness Centre and Sauna
Peak Seasons surcharge	S$15.00 nett per person
Peak Seasons	24, 25, 31 Dec 98/1, 18 – 20 Jan 99/15 – 17 Feb 99

Terms and Conditions

- Confirmation of booking is subject to room availability
- The special rates are strictly meant for SMA members (please produce SMA Membership Card upon booking)
- Rates are not applicable for group travel or meeting groups

All bookings are to be made through Meritus Hotels and Resorts Singapore Regional Sales Office at Tel: 235 8588 or Fax: 235 4588 or Email: resvn.sin@meritus-hotels.com For more details please contact Mr Samuel Tan, Sales Manager at the same number.

■ FOR SALE/RENTAL

1. For sale or rent – beautifully renovated and furnished new clinic (approx 1050 sq ft.).
2. For rent – small and/or large consultation rooms in new clinic. Rental includes common waiting room, business office and toilet. Call 476 7157 for more information.

Family practice at Jln Bt Merah for rental/ takeover/ partnership. Near MRT & bus stop. High potential. Upgrading completing soon. Surrounded by new HDB blocks. Contact Dr Tan – 9706 9180.

HDB shop for lease. Approx 1400 sq ft. Close to Northpoint, shops, markets, new HDB flats. Suitable for general, specialist practice. Partially furnished. Interested, please call 9805 6680/ 9627 2984.

For Rental a fully furnished, 1,100 sq ft medical suite at Mount Elizabeth Medical Centre. Please direct inquiries to Mrs Yong at Tel: 475 6833 or fax: 475 0068.

Mt Elizabeth Medical Centre Clinic (old block) for rental. Approximately 800 sq ft. Contact Sue at Tel: 737 8000.

I collect medical, surgical and nursing junk (ie more than 30 years old) – stuff like uniform, photo, bed pan, thermometer, etc. Will pay for them. If you know of anyone who has recently retired or expired, please call me. Karang Guni Dr (Lee) Tel: 872 2309 / Pg 9709 7273.

■ EQUIPMENT FOR SALE

Well maintained X-Ray Processor – Model RG-II by Fuji for Sale. Interested please call Dr Linn at 265 3700 or Dr Wong at 791 3988.

SMA MEMBERSHIP PRIVILEGE – NEW ADDITION

THE BLUE GINGER RESTAURANT

The Blue Ginger Restaurants
97 Tanjong Pagar Road Singapore 088518
Tel 222 3928 Fax 222 3860

260 Orchard Road #05-02C The Heeren
Singapore 238855 Tel 835 3928

The Blue Ginger (Tanjong Pagar) is open daily from 11.30am to 3.00pm (last order 2.30pm) for lunch, and 6.30pm to 10.30pm for dinner (last order 10.00pm).

The Blue Ginger (The Heeren) is opened daily from 11.30am to 3.00pm (last order 2.30pm) for lunch, and 6.00pm to 10.00pm for dinner (last order 9.30pm).

For more information, kindly contact Andrew Lian at 222 3928, or fax to 222 3860.

ST LUKE'S HOSPITAL FOR THE ELDERLY (A Community Service Project) 圣路加爱老医院

St Luke's Hospital for the Elderly is a 223-bedded community hospital, set up by eight Christian Foundation Members to serve the needs of the elderly sick in Singapore. Established with the vision of providing a haven for the elderly, the Hospital offers quality care and compassionate service through residential services and support programmes. We now have an additional vacancy for a full-time medical officer to commence work in 1999.

MEDICAL OFFICER

The Job : To provide in-patient care for the elderly

The Requirements : Basic medical degree and registered to practise in Singapore, with 2 – 3 years' experience in a hospital environment as a medical officer. Interested in working with the elderly.

Salary : $3500 to $8000

Interested applicants are requested to write/fax a detailed resume together with a recent photograph by **31 December 1998** to:

The Personnel Manager
St Luke's Hospital for the Elderly Ltd
2 Bukit Batok Street 11
Singapore 659674
Fax: 561 8205

(Only shortlisted candidates will be notified.)

Raffles Medical Group

To Our Patients Our Best

Raffles Medical Group, an integrated health care service provider, invites Specialists and Medical Officers to join our expanding team in the following areas:

1) **Obstetrics & Gynaecology**

2) **Paediatrics**
These Specialists, who should possess relevant qualifications and experience recognised and registrable in Singapore, will be practising full-time at Raffles SurgiCentre and selected Raffles Medical Group specialist clinics.

3) **General Practice**
i) Full Time & Part-time
ii) Resident Medical Officers (Hospital Shift)
iii) Health Screening
iv) Regular Night & Weekend Locums

Interested candidates, please call **331 5770** for
Dr Alex Lee (Director SurgiCentre) or
Dr Wilson Wong (Director Clinical Network)
or send curriculum vitae together with the addresses of 2 referees to

THE MEDICAL DIRECTOR
Raffles SurgiCentre
182 Clemenceau Avenue
Singapore 239923
Fax : 332 3855

SMA MEMBERSHIP PRIVILEGE – NEW ADDITION

Tel:1800-7422066
(Pre-recorded messages)

HEALTHLINE

7 Dec – 13 Dec 98
AIDS Antibody Test

14 Dec – 20 Dec 98
Breast & Cervix – Most common women's cancers

21 Dec – 27 Dec 98
Pap Smear Test – A simple test for cervical cancer

28 Dec – 3 Jan 99
Breast Self-Examination – A life-saving technique for all women's cancers

NUTRILINE

30 Nov – 6 Dec 98
Artificial sweeteners – use it freely?

7 Dec – 13 Dec 98
Bread – its nutritive values and proper storage

14 Dec – 20 Dec 98
Meat/meat products – proper handling

21 Dec – 27 Dec 98
Leftovers – eat it or waste it?

28 Dec – 3 Jan 99
Microwave cooking – is it in to stay?

For personal advice call HealthLine 1800-2230313 (during office hours)

KK WOMEN'S AND CHILDREN'S HOSPITAL

FELLOWSHIP IN PAEDIATRIC CARDIOTHORACIC SURGERY (1-YEAR)

Applicants should possess basic and post-graduate medical Degrees/Diplomas (FRCS,A.B.) registrable with the Singapore Medical Council, and must have spent at least 2 years in a recognised training position in cardiothoracic surgery.

Fellowship allowance will depend on qualifications and experience.

If you are interested, please submit details of qualifications, experience, current & expected salary together with a recent photograph & contact number to:

Manager, Human Resource Management
KK Women's and Children's Hospital
100 Bukit Timah Road
4th level, Children's Tower
Singapore 229899
E-mail: HRdept@kkh.com.sg
Closing date: 15 December 1998

(Only shortlisted candidates will be notified)

SMA 40th Anniversary Celebration 1959 – 1999

▷ TENTATIVE PROGRAMME FOR SMA ANNUAL MEDICAL CONVENTION "CHANGING OF THE SEASONS – ARE YOU PREPARED?"

PUBLIC FORUM SERIES 1 –
STAYING HEALTHY IN THE GOLDEN YEARS

Date : Saturday, 23 January 1999
Venue : IRAS Auditorium
Time : English Forum – 2.30pm to 4.00pm
Mandarin Forum – 4.30pm to 6.00pm
Common Tea Break at 4.00pm

Programme:

- Healthy Dietary Habits for the Elderly
- Health Screening for the Elderly – Is It Necessary?
- Keeping Physically Fit

PUBLIC FORUM SERIES 2 –
"GROWING OLD – MONEY ENOUGH? -
Financial & Legal Aspects Of Growing Old"

Date : Saturday, 27 Feb 1999
Venue : IRAS Auditorium
Time : English Forum – 2.30pm to 4.00pm
Mandarin Forum – 4.30pm to 6.00pm
Common Tea Break at 4.00pm

Programme:

- Do I Have Enough Money to Grow Old? – Financial Planning for Old Age
- When There's A Will, There's A Way – What Are Wills and How Do I Make One?
- The Price of Sickness – Hospital Bills, Can I Afford Them?

PUBLIC FORUM SERIES 3 –
GROWING WISER OVER THE YEARS

Date : Saturday, 20 March 1999 (English)/
Sunday, 21 March 1999 (Mandarin)
Venue : IRAS Auditorium
Time : 2.30pm to 5.30pm

Programme:

- A Personal Journey
- Stress & Fears as We Grow Older
- Coping with Losses
- Family Ties

"Changing of the Seasons – Are you prepared?"

SMA 40th Anniversary Celebration 1959–1999

SMA ANNUAL NATIONAL MEDICAL CONVENTION

Date : Sunday, 25 April 1999
Venue : Westin Stamford Hotel
Time : 9.00am to 5.00pm
Concurrent English and Mandarin Sessions
9.00am to 12.30pm

Programme:

9.00am Hospital – the First Encounter
Symptoms to watch out for in 3 common elderly problems, i.e. stroke, cardiac problems and falls

9.45am Now That I am in Hospital...What Will Happen To Me?

All Me & My Family Need To Know About Talking To My Doctor

All I Need To Know When I Am Discharged
Ward orientation, communications between patient & doctor/hospital staff, financial aspects, treatment & medication

10.30am Tea Break

11.00am Follow-up Care (after discharge)
Problems faced by the carer, and support services that are available

11.45am Q&A

12.30pm End of Session

MEDICAL SYMPOSIUM "CHANGING OF THE SEASONS – HOW TO PREPARE YOUR PATIENTS"
For doctors only.
2.30pm to 5.00pm

Cardiac Problems in the Elderly – by Dr Chee Teck Siong
Skin Problems in the Elderly – by Dr Ang Chee Beng
Sexual Problems in the Elderly – by Dr Atputherajah

▷ SMA 40TH ANNIVERSARY DINNER

Saturday, 24 April 1999
Regent Hotel
Call SMA to book you table now

▷ SMJ 40TH ANNIVERSARY COMMEMORATIVE ISSUE

REGISTRATION INFORMATION

Fees:	For 1 person	For 2 persons
Seminar 1-3 (per seminar)	$5.00	$8.00
Seminar 4	$10.00	$18.00
Seminars 1 to 4 (all sessions)	$20.00	-

Singapore Medical Association
2 College Road, Level 2
Alumni Association
Singapore 169850
Tel: 223-1264
Fax: 224-7827
E-mail: sma_org@pacific.net.sg