



A Life in Medicine Fully Worthwhile

Interview with Emeritus Prof Cheah Jin Seng

Interview by Dr Toh Han Chong, Editorial Advisor
Photos by Prof Cheah Jin Seng

Emeritus Prof Cheah Jin Seng graduated MBBS (Honours) from the National University of Singapore, and he is also a Fellow of the Royal Australasian College of Physicians and Fellow of the Edinburgh College of Physicians. He is also an Emeritus Consultant with the National University Hospital. Aside from his academic achievements and many contributions to the field of endocrinology, Prof Cheah is also well known and respected for being an avid collector of stamps, postcards and Peranakan porcelain, which he has donated generously to various museums.

Dr Toh Han Chong – THC: Thank you very much for granting us this interview. To start off, why did you choose to study medicine?

Prof Cheah Jin Seng – CJS: I was born in Penang in 1938 and attended Penang Free School. That makes me about 83 years old, 83 years and three months to be exact. After I graduated from Penang Free School, I came down to Singapore for medical education. In my time, if you wanted to study medicine, it was based on an entrance examination. I can't remember exactly what questions they asked, but if you did well in your entrance examination, you would be accepted for medicine. My time was the last year in which there was this entrance examination. There was nobody in my family who was a doctor. Why and how we chose medicine, in our time, was simple: you take the entrance examination, and if you do well, they offer you a place in medicine.

THC: And let me guess, you topped the year right?

CJS: [laughs] They don't tell you whether you topped the year or not, just whether you are qualified to enter medicine. I did surprisingly graduate with honours in 1963; then there were only two other

students that graduated with honours, Dr Chan Kong Thoe and Dr AC Jumeax. Honours were given to those who had scored distinctions in all their final-year subjects, which were medicine, surgery, and O&G. Some years later, the rules were changed to allow the awarding of honours to those who had done well in their course but had not obtained distinctions in all the final-year subjects.

It is perhaps worth recording that what I paid as tuition fees for the whole course in my time was less than what the present students pay in one year. So that was how I became a doctor. I won't pretend to say that I took up medicine because I wanted to save mankind. It was simply based on the results in the entrance examination.

THC: So who were your contemporaries in medical school? Were there people that our readers might also know?

CJS: Of course there were, like Dr Teoh Eng Soon for example. He was my classmate. And of course the great Prof Chia Boon Lock, who has passed away.

THC: Can you recollect what some of your fondest memories of medical school were?

CJS: People have asked me: what is the best time of a doctor's life? I told them that it is when you graduate; when you pass the MBBS and they say you are now a doctor, before you start work. Your elation as a doctor is completely punctured the day you start working.

THC: [laughs] Was it very tough starting life as a house officer?

CJS: In those days, yes, because back then, we were doing night calls every other night sometimes.

THC: Wow, really? That's tough. And your pay wasn't very good either even adjusting for inflation over the years.

CJS: When I first started work in 1963, my pay was \$250 a month. Then at the end of the year, before I finished my housemanship, it was increased – if I remember correctly – to \$650.

Starting out as a doctor

THC: If you were to give any advice to medical students about how to prepare to be a doctor or how to prepare for medical examinations, what would they be?

CJS: You'll never be prepared to be a doctor until you become a doctor. You don't know what doctoring is until you

graduate. For examinations, the reason I did well was that I knew how to prepare for them. I studied the past year's questions and I studied the examiners, including who was coming to be the external examiner. And so, during the examination, I would be able to tell the examiner what he/she wanted to hear, how to flatter them [chuckles].

THC: At that time when you were working as a house officer, was there any feeling that you knew what you were going to specialise in? Nowadays, young medical graduates have to start thinking about their specialties very early.

CJS: No, I didn't know at the time. Actually, I started my training in O&G, and I didn't particularly like it because there were too many night calls [chortles].

THC: I believe at that time KK Women's and Children's Hospital (KKH) basically had the most deliveries in the world – very busy! How can young graduates gear themselves up mentally and emotionally for the housemanship year and post-graduate year one?

CJS: It's simple. You just have to tell yourself that as a houseman, you are the youngest and lowest in the rank, in the whole hierarchy and in the department you are in. So you must be humble, and you must be prepared to work very hard and do lots of night calls.

THC: As you became a medical officer (MO), how was your workload while preparing for the Membership of the Royal Colleges of Physicians (MRCP) at the same time?

CJS: As a medical officer, you must continue to work long hours. It is mainly bull perseverance. And you must be humble. You must always ask for help, don't try to bluff your way through. In those days, the MRCP was quite simple and predictable, because you could predict what you would be asked. However, the challenge posed for its preparation was that the pass rate back then was less than 30%. Now it is higher – the students are better informed, and they are better prepared for the examinations. And of course they are smarter [smiles]. Every generation is always smarter than the last.

THC: You also completed an MD thesis, right?

CJS: Yes, on thyrotoxic periodic paralysis. I did it two or three years later, after I passed my Fellowship of the Royal Australasian College of Physicians.

Moving up the career ladder

THC: What led you to endocrinology instead of say, cardiology or respiratory medicine?

CJS: I really have no good answer to it. I suppose it was because at that time, not many people took up this specialty. That's why I decided that it was a good time to take it up.

THC: So when you were head of Medical Unit I (MU I), who were the other leaders of medicine at Singapore General Hospital (SGH) together with you?

CJS: John Tambyah was my contemporary. He was one year my senior. The late Profs Chia Boon Lock and Seah Cheng Siang as well, they were my teachers. I knew them well. I have great admiration for Prof Seah, because he is one of the few doctor-leaders who would admit when he doesn't know something, and he would ask for help. At that time, my office was quite near his, along the same corridor. So whenever there was anything that he wasn't sure of, he would ask us. That was his great humility.

In SGH then, your father (Dr Charles Toh) gave us the last lecture on cardiology before we graduated – on mitral stenosis.

THC: I feel one of the most rewarding things for academicians like you is that you have so many generations of young doctors who are very grateful to how you have trained them. It's the same with Prof Loong Si Chin for neurology.³ That's one of the great traditions in medicine – teaching and mentoring.

CJS: I hope that's true. Prof Loong has a fantastic reputation as a neurologist.

Medical education in the present

THC: How do you think the medical curriculum could better gear medical students for their medical practice?

CJS: Now the students are much better educated. They know if you want to make money, you aim for this specialty or that specialty, like cardiology or oncology, and so on. But of course this will change with time. I'm excited about the huge advances in medicine, and many of the conditions that were incurable are nowadays treatable at least. But I'm somewhat worried that doctors today may be very technically inclined and savvy, but they may not be equally adept human doctors.

THC: I'm sure you've been on the selection committee for medical school at some point in your career. What are the qualities that you looked out for in a student who wants to enter medical school?

CJS: I always tell the students that I look for one simple quality: honesty. Honesty is the most important quality as a doctor. And that's what I learnt from my ex-chief Prof Gordon Arthur Ransome. He is also one of the few people who will admit



that he didn't know something when he really didn't know. Prof Ransome is quite different from Prof Seah in certain ways. I got to know Prof Seah very well especially towards the end of his career. Whenever I visited him in his office, I would ask for tea or water, but he would order a better drink [chuckles]. One reason why Prof Seah is a great icon of medicine is because he treated the students well. Also, whenever there were exchange and elective medical students who came to Singapore, he would look after them well, and he would entertain them and so on. He was a great student of Prof Ransome.

THC: There is the famous story about how Prof Seah would walk into a ward and say, "I can smell typhoid in the Bed 3 patient". That's also been said about you. How do you develop such clinical acumen?

CJS: That is by trial and error, and also you have to practise and practise. I worked with Prof Ransome. He would always tell us how to elicit and interpret even the most subtle clinical signs in medicine. And he always remained humble even as a great teacher.

THC: Are you concerned that technology is taking away the bedside skill of a clinician?

CJS: Of course. Nowadays the clinicians' clinical skill is not considered as important, that's why they don't pay much attention to it. You cannot go backwards in medicine. You cannot just get the students to do it. Now the priority of the students is different, you see. Their main aim is to make sure they

pass their examinations as quickly as possible, and their higher examination also as quickly as possible.

THC: Do you also feel that one of the pressure points for young doctors is a sense of a shrinking opportunity to become a resident, and also for them, the present cost of living is so much higher, so there's a lot of pressure to try to generate a better income?

CJS: Yes, that is the unfortunate thing; young doctors nowadays do have to earn more money than before. They have to work harder and there is an inclination that they now more often look at which discipline to specialise in, so that they can make enough money rather than primarily look at how to be a better doctor.

Current issues in medicine

THC: What are your feelings about electronic health records? Even doctors in the US, young and old, feel that the electronic health records are sometimes not such an enabler of the clinical process, workflow and patient care.

CJS: Electronic health records will come sooner or later, so you may as well accept it and embrace it as part of your work. Not only must you embrace it completely, you must embrace it with your eyes open. Nowadays with the electronic health records, how do most of the younger doctors clerk cases? They often cut, copy and paste information from various sources. If the admitting doctor says, "this is the diagnosis, etc", they might follow blindly. In today's

medicine, you end up being very savvy and consumed with your keyboard. I think the most harmful thing is that when one does copy-and-paste often, then the next doctor that comes along follows suit, and the third doctor also follows what the second doctor has written, so errors are more likely going to be accentuated without said doctors even realising that the errors are there.

THC: I remember when I was a young doctor doing ward rounds with you, you always had a characteristic sense of humour, and that was also something that Sir William Osler was known to have.

CJS: Of course. In medicine you must always have a sense of humour. When you are overworked, you must look at the light side, otherwise you get burnt out.

THC: Do you think we are under-doctored or over-doctored?

CJS: We are both over-doctored and under-doctored. Over-doctored in the sense that we have too many doctors overall, and you just want to get your work done without much thought to it. We are under-doctored in the sense that you don't allow the young HO or MO to spend enough time in clerking and assessing the patient. The complexity of medicine and computerisation of clinical work today has also added to the challenge and burden of care on the healthcare workers.

THC: That's interesting. How would you advise the leadership on change management or to tweak the medical school curriculum to rise to the challenges of the evolving landscape of practising medicine?

CJS: How you would change the medical curriculum is not dependent on the Dean or the medical school. It's thrust upon them, you see, because it depends on what the medical school regards as more important than others.

THC: I remember that when I interviewed Prof Chew Chin Hin, we talked about his time in Tan Tock Seng Hospital (TTSH) and the fight against tuberculosis, cholera and other then common infectious outbreaks. As a senior doctor, you've seen many pandemics and epidemic outbreaks. There was cholera in the 1960s, then there was HIV/AIDS when I was in London in the 1980s – which exacted a lot of fear for many in the UK and worldwide at the time – then SARS, and now COVID-19.



What are your thoughts on these waves of pandemics and epidemics?

CJS: New waves of viral outbreaks and pandemics will continue to come. The most frightening of the epidemics was SARS. The mortality was high. I was quite foolish at that time. I didn't realise that it was such a dangerous condition and I was not fearful and not as careful as I should have been. This present COVID-19 pandemic causes comparably lower mortality per infected population. If the present pandemic was like SARS, we might have lost many more doctors and healthcare workers.

THC: Besides Prof Ransome and Prof Seah, who are your other role models whom you looked up to?

CJS: I am an admirer of Paul Wood. I think there are too many to mention, but I should mention the late Dr Tow Siang Hwa. He was a most entertaining teacher in O&G.

THC: How was your experience as a medicine trainee in Australia, and was their healthcare system then different from ours?

CJS: They were definitely different when I was there as a trainee – a houseman there has to clerk only five cases a day, instead of 20 or 30 cases.

THC: Do you think a hospital administrator needs to be a doctor?

CJS: No, I don't think so. Because the role of the administrator or the CEO of a hospital is to administer the hospital, and not dwell on the details. He/she can pick up on the workings and culture of medicine separately. Nowadays a lot of the CEOs of hospitals are not doctors.

THC: Have you ever thought about going into private practice?

CJS: I have, many a time. The reason I didn't go into private practice was because I didn't have a family to support, and so I didn't feel the financial pressure as much. What I earned was enough.

Of stamps, Peranakan porcelain and peacocks

THC: Would you call collecting stamps and Peranakan porcelain a happy parallel of your medical life?

CJS: Outside medicine, my passion is collecting stamps and postal history (especially of the Japanese Occupation of Malaya). I also collected Peranakan porcelain. I have donated my best pieces to the Peranakan Museum of Singapore. I find that collecting helps distract you from your work, and you don't become stressed out. I specialise in the Japanese Occupation stamps, so I know that period much better than the other periods.

THC: Are there any books that have stayed with you or have influenced your life?

CJS: I would say that the biography that influenced my life is perhaps the biography of Wu Lien-teh, the famous plague fighter. He was from Penang Free School. The younger generation may not know, but Wu Lien-teh is the only Chinese person who has been nominated for the Nobel Prize in medicine. And he would have won it if he were not Chinese. He is, in my opinion, the greatest doctor of his generation.

THC: Many have told me: "Prof Cheah is a world leader in stamps, in vases, in bowls." Was that a hobby from childhood? How did you source for all these stamps and collectibles?

CJS: No, not from childhood. Soon after I become an MO, I got interested in collecting stamps and Peranakan porcelain. Most of the collection was done through auction. You could bid through postal bids.

I have also published six books on the picture postcards of Singapore, Malaya, Penang, Perak, Selangor and Johore. They are:

1. *Singapore: 500 Early Postcards*
2. *Malaya: 500 Early Postcards*
3. *Penang: 500 Early Postcards*
4. *Perak: 300 Early Postcards (Postcard Series)*
5. *Selangor: 300 Early Postcards*
6. *Johor: 300 Early Postcards*

THC: Which restaurant in Singapore would you go to for authentic Penang food?

CJS: Penang Place in Fusionopolis is quite good. The secret to good Penang char kway teow is that they put a lot of lard [*chortles*].

THC: Are you a durian lover? Are there any health benefits to durians?



CJS: Yes, I enjoy durians, but there are a lot of dis-benefits [*laughs*].

THC: Do you go out often still, or do you stay mostly at home?

CJS: I try to go out at least twice a week. I like to go to the parks. The nearest one I go to is Labrador Park, because there are peacocks there that I like to see every now and then. It's so rare to see a peacock.

THC: Does the peacock respond when it sees you?

CJS: I won't dare to go that near it. They were reported to be quite aggressive. I read about a small child that was bitten by a local peacock.

THC: Prof Cheah, thank you for taking the time to share your life with *SMA News*. ♦



For the full interview, please visit <https://bit.ly/5405-Interview>.

Note

a. A/Prof Loong Si Chin has passed away on 15 May 2022, after this interview was conducted.

Legend

1. Prof Cheah receiving his Doctor of Medicine scroll from Prof BH Sheares
2. Prof Cheah in MBBS robe, 1963
3. Prof Cheah receiving Datoship from the Sultan of Selangor on 11 December 2013
4. Rare Peranakan spoon and its spoon rest, each showing the four immortals (c1900)