SMA news

For Doctors, For Patients

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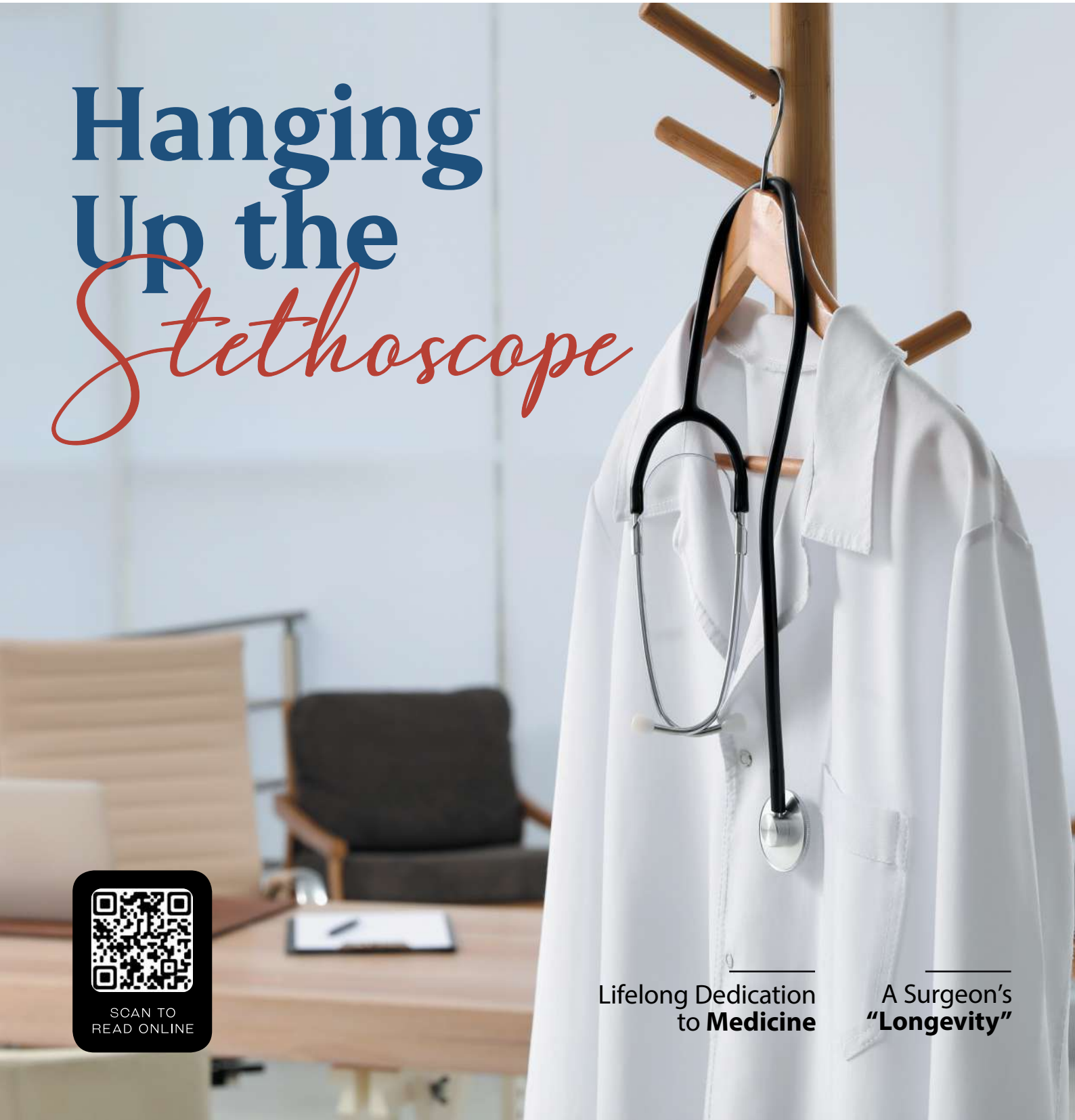
Hanging Up the Stethoscope



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CONTENTS

The EDITORS' MUSINGS

Dr Tina Tan

Editor

Dr Tan is a psychiatrist in private practice and an alumnus of Duke-NUS Medical School. She treats mental health conditions in all age groups but has a special interest in caring for the elderly. With a love for the written word, she makes time for reading, writing and self-publishing on top of caring for her patients and loved ones.

The topic of retirement is a dicey one, because it reminds us of our "limited shelf life". But it is something for everyone to consider. While it can be argued that not all of us have to "retire" in the traditional sense, we have to be mindful of when it is time to slow down and hand things over to someone younger.

This month's issue is in a way a segue from last month's issue, where we talked about Singapore's ageing population. *SMA News* has decided to focus on doctors and retirement. We won't go into the ethics of what to do if and when our colleagues become impaired for whatever reason (that is a whole different can of worms). Instead, we feature insights from doctors about how to prepare for retirement. Our Feature this month is my interview with Dr Charles Toh who, at 92, is still practising and going strong. I had a delightful chat with him about how life has changed for him as a cardiologist, and what he does to keep himself active. We have also included an article on mental capacity by Miss Goh Eng Cher, which is relevant to all of us as practitioners and as individuals. Enjoy.

Dr Jimmy Teo

Guest Editor

Dr Teo is an associate professor in the Department of Medicine, NUS Yong Loo Lin School of Medicine, and senior consultant in the Division of Nephrology at National University Hospital. He is an active member of the Singapore Society of Nephrology.

Doctors will get old, infirm, and eventually pass away. Yes, we do! In our youthful vigour and busyness, we unconsciously develop an aura of invincibility. But in truth, our physical abilities decline with age; I noticed that about five years ago when I needed new glasses for reading! In the last few years, I could barely read my computer screen properly when wearing a face mask. I really am purpose-built for lazing around. I reckon retirement would be really easy for me – just stop.

However, on deeper reflection, there are several trends that will affect the manner in which doctors retire, and practising doctors going into retirement will need to do more. Besides the usual dichotomy of surgeons and physicians, there are a great variety of jobs such as pathology, radiology, administration and management, research, education, and many others. The retirement journey will be very different for everyone. For starters, doctors are also living longer and healthier. Retirement in the conventional sense may be a disservice to them and to the patients they serve. The development of technologies such as artificial intelligence and robotics may mean that doctors could have an extended career lifespan.

On the other hand, doctors may need to retire for many reasons. It is essential to plan our retirement – especially if we have patients – to ensure that our professionalism continues. Some may plan to reduce their practice hours instead of completely stopping. Others may want to pursue other activities which they put off due to their duty to patients. Regardless, planning for retirement is a way for us to live the lives we want and yet feel satisfied that we have been professional in handling our affairs as doctors. In this issue, we look at retirement from the perspectives of practising surgeons and physicians. Please write in your opinions for future issues. We would love to hear from you! ◆

Lifelong Dedication to Medicine

Interview with Dr Charles Toh

Interview by Dr Tina Tan, Editor
Photos by Dr Charles Toh

Dr Charles Toh graduated MBBS from Sydney Medical School in 1955. He is a Fellow of the Royal College of Physicians (London), the Royal Australasian College of Physicians, the American College of Cardiology and is also an International Fellow in Clinical Cardiology, American Heart Association. For his pioneering of cardiology, Dr Toh has been regarded by many as Singapore's Father of Cardiology. *SMA News* Editor, **Dr Tina Tan** (**TT**), speaks with **Dr Charles Toh** (**CT**) on his lifelong experiences and learns about how his work and practice may have changed as he grew older.

TT: Hi Dr Toh, thank you for meeting with us today. In our October issue which looks into the topic of doctors and retirement, we want to find out what someone like you who has been practising for so long thinks about the topic. Such topics are very interesting to me as I am in geriatric psychiatry, even more so in light of our ageing population. I saw in the newspaper just the other day that 18% of our population are aged 65 years and above.

First of all, how did you come to start this practice here in Mount Elizabeth Medical Centre (MEMC)?

CT: Well, I left the University of Singapore in 1975. For the first five years, I worked in Plaza Singapura. There, I rented a room for about five years, and I moved over here in 1980. The MEMC was not open until 1979.

The reason I moved was because I have always believed that, medically speaking, one should be in the same geographical area as the hospital. That way, you get an emergency call and you can be down there in five minutes.

Imagine if you got an emergency call and you had to travel to Youngberg Memorial Hospital (more commonly referred to as Seventh-Day Adventist Hospital) along Upper Serangoon Road, how long it would have taken for you to get there?

TT: Yes, especially so for specialists who have to do urgent interventions in the middle of the night.

CT: So, when I was in Plaza Singapura, it was quite tough, because every morning, I would start work by going to Mount Alvernia Hospital for a ward round. From Mount Alvernia Hospital, I would go to the Seventh-Day Adventist Hospital in Serangoon Road. And then in the afternoon, I would go to Gleneagles Hospital. I had to visit three hospitals in a day until Mount Elizabeth Hospital opened up.

40 years on, today

TT: That sounds very tiring indeed. And right now, what's your typical workday like?

CT: Of course, I mean as you get older, the work volume will be less. When I started my clinic here in 1980, I was only one of three cardiologists here – the others being Dr Albert Wee and Dr Lim Chin Hock. Now, there are about 50 of us in MEMC.

TT: Wow, that is a huge increase. But is there now more work to go around?

CT: Yes. Of course, for my side, much of my workload has reduced as I get older. Patients-wise, some have passed away, and some may stop coming. Many Malaysians used to come over to Singapore for treatment; now Malaysian

healthcare services are quite advanced and expanded, so many of them will receive medical treatment in Johor Bahru, Kuala Lumpur, Penang and even Kuching. A lot of Medanese patients will go to Penang now as it is so near and more affordable.

TT: I see, because it is closer to them.

CT: Yes. And for my side, as I grow older, I get fewer patients. I do not really mind it though. I accept it.

As such, I am not as busy as I used to be. Formerly, I used to start at 8 o'clock in the morning and did not finish till 7 o'clock in the evening. [*laughs*] Now I finish at 5 o'clock and can even go *jalan jalan* (Malay for walk or stroll) during lunch time.

TT: Well, you have come a long way to now enjoy that type of lifestyle. So, how has work challenged you differently now compared to last time, especially when it comes like physical and even mental challenges?

CT: Of course, in the early days, I was much busier simply because there were fewer cardiologists. I got night calls almost every night. I would have four or five patients in the ward. If anything urgent happened, they would call me, and I would have to go and conduct a visit, which was almost every evening, either at MEMC or other hospitals.

Now, I have fewer patients. I may have one or two inpatients now when I used to have five or six.

The facilities in the private sector have improved a lot as well. They now have positron emission tomography scans, CT scans, and all that. Physically though, it has not been that different for me. With the decreased workload, it has been very manageable, so I am less busy and stressed.

TT: Excellent! [*laughs*] A more specialty-specific question next: what are the conditions that you now see/manage that are different from last time?

CT: Well, cardiovascular-wise, we now see fewer cases of valvular disease. Twenty years ago, there was much more valvular disease, and heart valve surgeries were much more common. These days, the concentration is on coronary artery disease. Procedure-wise, heart bypass surgeries are still going on, but balloon angioplasty has deferred and replaced quite a significant number of potential bypass surgery cases.

TT: What were the challenges you, or maybe your friends, had to overcome, in order to continue work past the official retirement age?

CT: I mean, dementia is the biggest factor. Once you have got dementia, you will have to give up practising. But I think, fortunately, being a physician is easier because we are not as dependent on technical skills. If you are a surgeon, it may be a bit harder to work after the age of 70. Although there are surgeons like Dr Tong Ming Chuan, who is still doing very well at the age of 75; in general, I would think that physicians are not as disadvantaged compared to surgeons.


1

TT: Out of curiosity, who is the oldest practising surgeon whom you have known of?

CT: In the old days, Dr Yeoh Ghim Seng was one of them, he was probably 70 years or older. Former president Dr Benjamin Sheares, from O&G, continued practising till he was about 75 years old. He delivered all three of my boys; Han Shih, Han Chong and Han Li were delivered by Dr Sheares in Gleneagles Hospital.

TT: What about physicians?

CT: Physicians can practise for longer. I am 92 years old.

TT: That's great! You are truly a role model.

Retirement: yes or no?

TT: So, we have talked about surgeons and physicians, and how one set may have a shorter "shelf life". As a physician then, what would you feel are the reasons for other doctors and also yourself as to why one would retire later versus earlier?

CT: My personal opinion is that you should not retire if you can continue with the work satisfactorily. There are a lot of people who are mistaken; they think, "Wow, I look forward to retiring." But a while after they retire, they might find that they are constantly bored.

Personally, I kept up teaching in SGH until about twenty years ago. I used to give classes – tutorials – there once a week to medical students and doctors. But I remained active in Medical Boards like the Medical Research Council and the National Cancer Centre Research Fund.

TT: In my practice, I often see that when a husband retires and starts spending a lot of time at home with the wife, there is a period of adjustment and conflict. Especially if the man has to figure out what to do now that he's no longer working.

CT: Yes, they have nothing to do so they nag at each other. People do not really think about this. But of course, unfortunately, in certain professions

one has got no choice. For example, if you are a civil servant, it can be more challenging since the public service may not re-employ you.

If you are a surgeon requiring certain technical skills in your work, you may experience some difficulty after a certain age as well. But physicians are still alright, because you are using your brains only. You are a psychiatrist, right? You can go up to 103 even.

TT: Yes, but I do not know if I would work all the way till 103! I am sure you have friends who retired much earlier though, what were their motivations?

CT: Actually, there were many of them. They were very busy in the private sector, and they looked forward to having more time to themselves after retirement. What they did not realise was that having too much time suddenly can be really boring. By which time, it is too late; they cannot go back to their work once they have retired.

TT: What is your advice to someone who might be pondering when he/she should retire, and what should a doctor consider regarding retirement?

CT: I think, firstly, it depends on your profession. If you are a surgeon, I cannot tell you to not retire because your hands may not be as good as they were before. But if you are a psychiatrist or a cardiologist like me, you may not need to do procedures yourself. If you can get younger doctors to do them when needed, then you can stay on until you feel like you really cannot work anymore. I really do not think that we should have a set retirement age.

TT: Usually when doctors consider retirement, one thing that may be on their minds is "what happens to my patients?"

CT: That is not so difficult in my opinion. We pass on our patients to colleagues we know, although the patient may not accept it. After all, they may have made their own choices. Patients are all survivalists. Some of my patients have stopped seeing me because they think I am getting old, so they go to younger doctors, and you just have to accept it. But some of them who are used to you, they will stick with you.

TT: What about the practice? Your clinic space, staff, etc.

CT: When you retire, it cannot be helped. Staff may have to be let go, items and unit sold, etc. For instance, I actually had two units here. When my volume and workload reduced, I rented out the other unit space and kept this unit running. When I was very busy, say 20 years ago, I had four staff, but now I have two.

Lifetime of doctoring

TT: For your long-time patients, what is the length of the longest period you have known and attended to a patient?

CT: I think it may be 40 years or so. Some of these are patients that I have had since working in Singapore General Hospital (SGH).

TT: What conditions do they have, that they have been seeing you for 40 years?

CT: Well, many of them started with hypertension, then gradually they developed diabetes and coronary heart disease, then they have a bypass. And that then keeps them alive for another 20 years.

TT: There are GPs who have patients for a very, very long time, and they treat not just the patient's chronic illness, but the patients' families too. Do you have such experiences as well? Do you treat the entire family?

CT: Yes, sometimes siblings and families; they will recommend the doctor to one another.

TT: It can be a very different type of relationship with your patients then. When did you first start your medical practice?

CT: I graduated in 1955. And then I spent three years working in Australia, followed by another three years in the UK. When I came back in 1959, the People's Action Party had just come into power. I worked in SGH at that time and I stayed in the government quarters at Sepoy Line, behind the medical school.

TT: What was it like then?

CT: Very nice! It was relatively quiet in those days, in the sense that you did not see many heart surgeries; but the wards could be extremely crowded.

TT: Were there a lot more cases of infectious disease?

CT: Yes, many cases of pneumonia and dysentery. The old general wards in SGH used to take about 24 patients. However, during admission days, it could take up to 40, so we added centre beds along the corridors. Every morning, we would have to do a ward round and see all the patients! [*laughs*]

At that time, I came back as a lecturer – equivalent to being the registrar today – and there was one medical officer and one houseman working under me. Only three people, and we looked after 40 patients. And you still have the outpatients, from 11 o'clock till about 1 o'clock. We generally reserved our afternoons for teaching or meetings.

Most of the patients those days were C-class patients; they were very poor. There were many accidents and pneumonia cases in those days. At that time, there were very few private wards – the B and A class wards. When I was in Medical Unit 2, the private ward would be upstairs with about 30 beds.

TT: Were there any interesting encounters in the private ward?

CT: I will always remember President Yusof Ishak – he was admitted there in the 1960s. He came in with an atrial flutter, and we performed the first electric shock on him, a DC shock. I continued looking after President Ishak for his follow-ups. On National Days, he would have to go to the Padang, and I would follow and sit at the back – in case anything went wrong.

At that time, it was very crowded in SGH, and then the 1964 race riots took place. It occurred at Geylang Serai and a lot of people were killed. The hospital was packed. Another incident I remember was when Malaysia had a riot in 1969 in Kuala Lumpur (KL). Quite a few of our doctors had moved over, because the new Faculty of Medicine in University of Malaya had started in 1962.

It was founded by Dr Thamboo John Danaraj. People like Dr Ong Siew Chay and others had gone over to the University of Malaya. However, after the riots, they wanted to leave Malaysia, and many considered heading to the US and other foreign countries. I was the Vice Dean of the Faculty of Medicine, University of Singapore at that time. I went over to KL and convinced them to return to Singapore, offering them university jobs. We brought back about five or six of them, mostly surgeons.

Outside of work

TT: How do you look after yourself, your health and body, while you continue practising?

CT: You mean apart from work? Well, I do a lot of things. For instance, I believe in frequent foot massages. I believe that there is some benefit to it. I go for foot massages twice a week, half an hour each session, especially since it is so convenient.

I also play golf on the weekends, and I walk with the doggies every day, so I keep active. I believe in having a good dog because it is somebody you can nag; you cannot nag your wife and family all the time. There is evidence that people who own pets are healthier.

I listen to music a lot as well. That is my other hobby. Even when I am driving, my music is on all the time. Every time I drive, I play my CDs – my favourite singer is Teresa Teng (Deng Lijun), as well as some English, French, Indonesian and Japanese music. I know many Japanese songs as I went to Japanese school when I was a little boy. I am also a strong supporter of the classics, Brahms, Beethoven, and all that.

When I was studying in Australia, I had a guardian who was very musically inclined. He was a great pianist, and he would take me to concerts once a week at the Sydney Concert Hall. Later on, when I went to the UK for my postgraduate, I would always go to London Festival Hall for concerts as well.

TT: Is there anything else that you think you do that keeps you sharp?

CT: To me, it has always been interaction and music. I read a lot as well, apart from medical texts. My habit is that I will read for about 45 minutes before going to bed.

TT: That is a very good practice indeed! Thank you for your time today, and for sharing your thoughts regarding doctors and our lifelong work in medicine, Dr Toh! ◆

Please scan QR code or visit **https://bit.ly/5410-Feature** for the full interview on our website.

Legend

1. Dr Tina Tan and Dr Charles Toh pose for a photo in his clinic

2. Dr C Toh and his clinic staff (past and present)

3. Dr C Toh and a long-time patient of his

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Never Too Old Never Too Late

Text by Dr Tan Yia Swam

The editorial team has such a great sense of timing and pacing when they plan these thematic issues. Last month, we talked about ageing – this month, let us talk about ageing well! It is a fact of life that we all will grow old and die. We can choose how we live and, to some extent, how we die. I do not mean anything literal like assisted suicide (that is going to take a lot more learned minds and robust discussion!). I refer to things that I can control, such as keeping fit and going for regular screenings to pick up early diseases. If I can avoid certain lifestyle-related conditions, why not? Another thing that I can control is my own mindset. Being grateful and thankful for every moment that I am alive and well; and even in the midst of adversity, to find joy and peace knowing that one has good friends and support.

Whether one chooses to retire at a certain age or to work until the end, it is a personal decision. Our professional duty demands that we **must** be competent in mind and body to carry out our work. One needs to have the **insight** to realise that one is no longer coping as well – and that one may cause more harm to the patients than good – **and** then have the **humility** to accept that and retire, rather than pridefully continue on. The team has put together a series of articles as food for thought.

You are never too old to live your dream

老骥伏枥，志在千里 (Literally, an old warhorse in the stable still longs to gallop a thousand miles). We make much of youth, and we lament about getting older. How much of this is self-imposed? Why do we not treasure our relative youth until we look back? After becoming a mother, I thought that I had become old(er), and also attained the "auntie" status. But thanks to colleagues in their 50s and 60s looking at me kindly and telling me, "You are very young *lah*!", it has been a great reminder that, yes, if the fates be kind, I have a long way ahead of me!

Friends on my social media follow my exploits. In recent years, I deliberately try out at least one new activity in my birthday month. It could be something which I have been interested in, but have not gotten around to, because either no money, no time, did not dare to, did not want to go alone, or scared of what other people would say.

Well, with age comes thicker skin and a bit more disposable income. One "dream"

I am happy to share about is that, ever since I watched the movie *Yamakasi* in 2002, I have been super inspired to do parkour. But I am not a sporty person, and as the years went by, I got heavier and even more unfit. Four years ago, I finally got into a habit and made several small, sustainable changes to my daily routine. At last, I felt fit and confident enough to sign up for a ladies' only, beginner's class for parkour. I am the oldest in my class, but it feels good to hang out with these younger ladies in their 20s. They are so full of life and energy, super encouraging, and they often assume that I can do the same things as them! (*faints*) But guess what, they are right. Some movements may be harder for me; for example, a few of them scaled up a wall almost effortlessly from the get-go, but after a few tries with a focus on technique, I **was** also able to do that by the end of the lesson!

So, who knows, maybe I will be able to advance to free running in time to come! **#ageisjustanumber**

What we do in life echoes for all eternity

人过留名，雁过留声 (Literally, a person leaves their reputation, as a swallow leaves its call). The above header is a quote from the truly epic movie *Gladiator*. For some great people, their names and achievements will naturally go down in the history books – for better or for worse. History is written by the victors, but who were they truly? Were they truly so benevolent and wise? Or were they really tyrannical? Surely, they were not so one-dimensional. Some pass into legend, and others fade into obscurity, but no one truly knows the person they had been.

For the common folk, I believe our "immortality" is achieved by the impact we leave behind on the people around us, whether it is our patients, their families, our family and friends or the communities we serve in. What is enlightening and comforting is that we do not even have to be known by name, only by the legacy we leave behind. We are known in the way that the people we influenced in turn influence others.

Treat others with kindness and create a culture of care. Our children, our students, the patients we looked after – will they remember us with fondness? Will they remember the values we taught, and in turn pass them on? **That** will be our legacy that will be passed down through the generations.

Do not ever discount yourself; do not think that the action of a single individual has no impact. As Galadriel said in the movie *The Lord of the Rings*, "even the smallest person can change the course of the future".

We must always seek to learn

活到老，学到老 (Literally, to continue learning, for as long as we live). Doctors are used to Continuing Medical Education as a regular update of our professional knowledge. Besides this, I personally believe that I can always keep learning and pick up new life skills. I can make new friends and talk to peers and younger folk to find out new stuff. If I find myself frustrated or angry at something, then that topic is clearly my weak point. So, I shall accept the challenge and learn about it.

The only constant is change, and if we do not change, we are just setting ourselves up for disappointment and failure. Look at how modes of writing have changed. From cave drawings and commandments carved in stone, to quill and parchment, pen and paper – followed by the typewriter, keyboard, smartphones with text prediction, and now with voice dictation to text capabilities. Guess how I did up this column?

With so many competing commitments all vying for my time, I need to constantly look for ways to be able to do things faster, in more efficient and safer ways. Embracing technology and making use of it in the appropriate manner helps to save a lot of time. The IT woes in the past weeks have left many healthcare workers on the ground unhappy, frustrated and angry. I understand, I really do. Until this day, I still cannot handle a broken-down printer, with paper stuck and the ink cartridge all run out.

Yet I recognise that the change is necessary, to have a more integrated electronic healthcare system to handle big data and the sharing and transmission of healthcare information, with appropriate guardianship of the information. It is just a matter of timing that makes our generation the one to support this launch. I know that the IT folks and healthcare workers who are leading this big change have put in tremendous amounts of work planning for months or even years in advance. I ask for the public to be understanding and to assist healthcare workers as we grapple with the teething problems of a new, massive system.

October is super meaningful for me, professionally. Two major health milestones are in October: Breast Cancer Awareness Month over the entire month, and Mental Health Day on 10 October. I hope that all of you have reminded your loved ones, especially the ladies, to go for their screening mammograms. I also hope that you have all done a mental health check-up yourself, to make sure that you are healthy not just in body, but also in mind. ◆

"If everything around you seems dark, look again. You may be the light." – Rumi, Persian poet.

Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter in-law. She trained as a general surgeon, and entered private practice in mid-2019, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

HIGHLIGHTS

From the Honorary Secretary

Report by Dr Ng Chew Lip

Dr Ng is an ENT consultant in public service. After a day of doctoring and cajoling the kids at home to finish their food, his idea of relaxation is watching a drama serial with his lovely wife and occasionally throwing some paint on a canvas.

SMA President on Healthier SG White Paper

SMA President and Nominated Member of Parliament Dr Tan Yia Swam spoke in Parliament during the debate on the White Paper on Healthier SG. She highlighted three challenges healthcare workers face: IT support, manpower, and respect for healthcare workers.

Video clip can be viewed at the link below: https://bit.ly/3ynuxyI.

Resuscitation/emergency drugs

SMA received feedback that some doctors faced difficulty in ordering small quantities of resuscitation drugs, as part of their fulfilment for clinic licensing purposes.

We understand that the National Healthcare Group pharmacy has a one-stop service for ordering of such drugs.

Please visit https://bit.ly/3C5yAkj for the order form.

National Drug Formulary

The Ministry of Health has created a National Drug Formulary (NDF) website https://www.ndf.gov.sg, with the following key features:

- General drug information (subsidy information and financing scheme, drug guidance for subsidy, general availability in public healthcare institutions, post-marketing information).
- Product-specific details such as drug description and locally approved clinical information (indication, dosage, contraindication) where available.
- Advanced search function where filters on drug guidance, post-marketing information, subsidy information and forensic classification can be applied to narrow the search results for active ingredient(s), product name, registration number, pharmacological classification, indication, licence holder or country of manufacturer.
- NDF A-to-Z listing of active ingredients to easily find all drug monographs available on the NDF website.
- NDF listing of pharmacological classifications to find drug monograph information categorised based on the World Health Organisation Anatomical Therapeutic Chemical classification system of the active ingredients.
- "Compare drugs" function to view a side-by-side comparison of general drug information of two different active ingredients.

Information provided on the NDF website is intended to act as a guide for healthcare professionals, such as doctors, pharmacists and nurses, in prescribing drugs safely for their patients. The public can also use the NDF website to search for general and clinical information about the drugs. ◆

Guide to Retirement: *Washing Our Hands in a Golden Basin*

Text by Dr Jimmy Teo, Editorial Board member

As I get older and started looking after doctors who have now become my patients, I looked at how doctors retire from their profession and wonder what I should do or do better. I regularly joke with my clinic staff to hang a golden basin on the transom of my office door and, one day, I will ask to wash my hands in it.

Retirement and professionalism

Jokes aside, retirement for doctors is a serious affair. As most of us look after patients with chronic diseases and have a very busy clinical practice, it is difficult to entirely retire as professionalism requires us to consider the needs of our patients. Many of my mentors work well past their "official" retirement age of mid-60s. However, it is increasingly realised that doctors should plan for retirement, and that retirement is also part of professionalism. We know that ageing results in the deterioration of our physical and mental capabilities, and if one is no longer as robust in maintaining professional competence in knowledge and procedural skills, retirement and handing our patients to another doctor is part and parcel of professionalism.

In the US hospital that I worked in, doctors who are older than 60 years were taken off physical ward rounds and then stopped from performing clinical work once they reach 70 years old. That is an administrative decision undertaken by the hospital, but many medical boards and councils do not regulate this, nor are there any mandatory retirement ages, recognising that these age limits are often arbitrary and may inadvertently become discriminatory. Thus, retirement from active clinical practice is a decision that is very much doctor dependent. On the contrary, some would even argue that early retirement among physicians would be unethical, which is a discussion for another day. Nonetheless, we should be practical and technical when it comes to retirement.

How to go about it?

Certainly, if one recognises that there are physical and mental limitations, or if another doctor alerts you to such impairments, one should start the retirement process as we may no longer be able to provide the best for our patients professionally. First, notify your patients of your intent to retire, giving them adequate time to decide if they have a specific doctor whom they wish their care to be handed over to. Next, notify your practice and the staff of your practice and review your obligations concerning vacation time, sick pay, insurance benefits, pension plans and other matters. Arrange for the retention or transfer – in the sale of a medical practice, or a full copy to a patient's new doctor – of medical and business records and hand over the care of medically complex patients to specific doctors. Ensure that there is professional liability insurance or "tail" coverage. Finally, notify the professional societies and medical council or state medical boards.

Often, many doctors do not suddenly retire unless compelled to by a life-changing event. Usually, doctors stop taking in new patients and actively wind down their clinical practice before eventually stopping practice altogether. Some never actually "retire" but practise on an ad hoc basis, albeit in a very limited fashion. Therefore, there are many models of retirement among doctors. Nonetheless, we should plan for retirement, whether it is partial or complete. It also takes time to complete the sale and transfer of a medical practice, and adequate time is needed to properly wind down one's involvement as a small business owner.

Besides the important number of the age of retirement, another number crucial for retirement adequacy is the expected income from your retirement plans. It is generally recommended that you have a portfolio of assets able to generate an income equivalent to at least two-thirds of your last drawn salary. This again is very much dependent on your lifestyle and needs. If you do not intend to travel extensively or spend a lot maintaining

a large property, then you likely do not need a larger income. The biggest concern for most people in retirement, including doctors, is keeping up with medical inflation and having adequate financial resources for care when one is no longer independent. Advances in science and technology make available new drugs, medical devices, surgical techniques, therapies and treatments, all of which lead to better outcomes but may come at a considerable cost. Thus, adequate planning with appropriate integrated MediShield plans, MediSave accounts, critical illness insurance and supplemental medical insurance are helpful. More recently, CareShield plans were introduced, and we should participate in them. Planning well affords us the resources to care for ourselves and reduce the burden on our families and society.

I think I will start the process of winding down my practice and practise in a more limited fashion rather than completely retire when it is time for me to do so. Besides direct patient care, doctors can also participate as directors of medical practices or serve as consultants for medically related enterprises, among others. Similar to many industries, we may need to reinvent ourselves at every age. And "retire" may just mean that we make ourselves tired in a new way. That said, let me go find the golden basin. ◆

Dr Teo is an associate professor in the Department of Medicine, NUS Yong Loo Lin School of Medicine, and senior consultant in the Division of Nephrology at National University Hospital. He is an active member of the Singapore Society of Nephrology.

OPINION

A Surgeon's "Longevity"

Text by A/Prof Tiong Ho Yee

Until I was asked to contribute an article on retirement for surgeons for *SMA News*, I had honestly not thought about retirement. Although I have made plans to ensure financial security for my twilight years, I had not seriously contemplated the day when I would stop doing surgeries! I am certain that many of my surgical colleagues are like me because we enjoy our surgeries as a form of art and are passionate about serving our patients through this professional skill. Nevertheless, the "arrow" to write this article has made me contemplate this topic after working at the National University Hospital for 22 years. As I approached the big 50, I was increasingly aware that ageing would bring about physical changes, such as long-sightedness (although I was trying to rationalise that my development of long-sightedness this past year was due to watching more shows on Netflix during the COVID-19 pandemic rather than ageing!)

Impact on surgeons

I was interested to find out if ageing impairs a surgeon's performance and if so, can we delay the time for us to retreat from the "surgical world (武林天下)"? Interestingly, there has been recent research in this area due to the increasing recognition that the entire surgical workforce in the US is really ageing. An article from the *Journal of the American Medical Association* highlighted a couple of large Medicare US studies in 900,000 patients,[1] which found lower mortality when comparing surgeons older than 50 years to those younger, but higher mortality when comparing surgeons older than 60 years to those younger, in coronary artery bypass graft surgery and pancreatectomy. Outcomes for senior surgeons may be better due to wiser decision-making and experience,

which is thought to counterbalance the potential of cognitive and functional decline with age. This was also corroborated by a Canadian study of more than a million patients which found that increasing surgeon age (more than 65 years old) was associated with a decreasing rate of post-operative death, readmission and complications.[2] I feel that there is no doubt that with age and experience comes the priceless knowledge of when not to operate as opposed to just knowing when and how to operate.

Despite these optimistic reports, there are also anecdotes of elderly surgeons continuing to perform surgery despite age-related impairment in vision strength and dexterity.[3] For example, at a major Midwest university hospital in the US, a universally revered mentor of a generation of surgeons never really progressed in his skills from open abdominal surgery to laparoscopic abdominal surgery. He continued to operate, however, including performing operations laparoscopically. This resulted in poor outcomes but no one in the hospital informed him for years! I believe this is in the minority but nevertheless, it is important to have this insight. It is not surprising that, as surgeons, there will be a greater tendency to resist retiring, fearing changes to our routines and the loss of self-esteem. In addition, with the love for our work, surgeons including myself can see ourselves developing a lack of self-awareness as we grow older. So can anything – and what – be done to "age gracefully" in our surgical career?

Ageing gracefully

Human faculties deteriorate with age, but there is a great degree of variability in this process among individuals. I feel it is important therefore to firstly optimise our health from young so that we can maintain our fitness to perform for as long as possible.[4] It is important to watch our diet and exercise regularly, and maintain our body mass index; this has been shown to not only make us a better surgeon now, but is also likely to increase our surgical longevity. Secondly, we may consider using surgical tools to augment our ageing faculties during surgery; for example, the da Vinci robotic platform from Intuitive. The enhanced surgical capabilities of robotic-assisted surgery enables increased precision, allowing for delicate cutting and stitching not possible through other minimally invasive techniques. It also provides better vision for surgeons through the use of a three-dimensional camera, which gives them a view ten times better than the human eye (which explains why the share price of Intuitive is rising all the time!).

In Singapore, the da Vinci robotic platform has been in use for more than ten years, and surgeons have utilised its advantages to provide better outcomes to patients. It also enables older surgeons who may be used to conventionally open surgery to adopt minimally invasive surgery readily (refer to above). As I myself transitioned from the laparoscopic kidney surgery approach to robotic kidney surgery over the last ten years, I have found myself being able to perform more complex operations easily, especially since I get to do the whole surgery sitting down (certainly a plus as I grow older)! As the director of kidney surgery at the National University Hospital, utilising robotic surgery has enabled me to provide optimal outcomes for increasing volumes of partial nephrectomy as it becomes the mainstay treatment for kidney cancer.[5] Over the next few years, more robotic surgical platforms are coming to the market, from medical technology companies like Medtronic, Ethicon and even Google. This will hopefully bring down the cost of robotic surgery and enable more surgeons and patients to enjoy its advantages.

Lastly, it is important to acknowledge that ultimately, age will catch up with us, and it is important to plan for a surgical career without the surgery. A periodic self-evaluation or a comprehensive, multidisciplinary and objective evaluation by the hospital could be conducted to evaluate the competency of ageing surgeons (though the latter may be controversial). Education, mentoring and research career paths can be considered for surgeons who can no longer practise clinically. It is important to develop this early so that it can be a potential way to retire from surgical practice gracefully. Professional guidance for retirement planning could be provided earlier for ageing surgeons to help them be meaningfully engaged post-clinical practice. ◆

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Judging Mental Capacity

Text by Goh Eng Cher

Eng Cher is co-head of Allen & Gledhill LLP's Private Wealth Practice. Her principal areas of practice are trusts, private wealth and tax. She has extensive experience on succession and estate planning for high net worth and ultra-high net worth individuals and their families.

In the award-winning Broadway musical *Hamilton*, George Washington says to Alexander Hamilton, "Dying is easy, young man. Living is harder." Living is hard, and it is even harder when one's mental capacity to make decisions about one's own affairs and care is in doubt.

Whether a person has mental capacity is often considered a question for medical practitioners to answer. Most, if not all, of the standard trust templates used by licensed trust companies in Singapore include provisions on incapacity that typically require the incapacity of an individual to be certified by one or more medical practitioners. It is not unusual for medical practitioners to have to attest to whether a testator (the maker of a will) has the capacity to execute a will, especially where the testator is elderly or suffers from some illnesses.

Nonetheless, the assessment of mental capacity is ultimately a question of law. Courts have regularly been asked to determine whether a person has the requisite mental capacity to execute a will or to enter into a transaction. In ascertaining whether a person has mental capacity, courts do not rely solely on expert medical opinion, but have instead developed rules for ascertaining capacity, which have been largely codified in the Mental Capacity Act 2008 (MCA).[1]

This article aims to provide a short overview of the test under the MCA for mental capacity, and to discuss the role the medical profession plays in the application of this test.

Principles of the MCA

Losing one's mental capacity takes away a person's ability to make decisions for himself or herself, and therefore severely undermines such person's autonomy and freedom. As such, the MCA sets out five principles that underlie the application of the Act:

1. A person must be assumed to have capacity unless it is established that the person lacks capacity;
2. A person is not to be treated as unable to make a decision unless all practicable steps to help the person to do so have been taken without success;
3. A person is not to be treated as unable to make a decision merely because the person makes an unwise decision;
4. An act done, or a decision made, under the MCA for or on behalf of a person who lacks capacity must be done, or made, in the person's best interests; and
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

These reflect a fundamental principle that mental capacity is not to be lightly taken away, and that even if a person loses mental capacity, decisions made on such person's behalf should be made in a way that causes the least harm to that person's rights and freedom.

The test for mental capacity

The test for mental capacity under the MCA is stated in section 4(1), that "*a person lacks capacity in relation to a matter if at the material time the person is unable to make a decision for himself or herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or the brain*".

Section 5 goes on to state that a person is unable to make a decision for himself or herself if the person is unable to:

1. Understand the information relevant to the decision;
2. Retain that information;
3. Use or weigh that information as part of the process of making the decision; or
4. Communicate his or her decision whether by talking, using sign language or any other means.

Other provisions of section 4 state that it does not matter whether the impairment or disturbance is permanent or temporary, and a lack of capacity cannot be established merely by reference to a person's age or appearance, or to a condition of such person, or an aspect of such person's behaviour, which might lead others to make unjustified assumptions about the person's capacity.

These provisions reflect the principle that capacity is both decision- and time-specific. In other words, the query to be made is: does that person have the capacity, at that particular time, to make a decision on this matter? It is important to note that just because a person makes an unwise decision does not mean that he or she is unable to make a decision.

The above is supported by the case law that has developed around testamentary capacity, ie, whether the testator has the requisite capacity to make such a will. In *George Abraham Vadakathu v Jacob George*,[2] the testator was diagnosed with schizophrenia in 1957 and passed away in 2006. In ascertaining whether he had the requisite capacity to make a will, the court looked at the (conflicting) evidence given by medical experts as to his mental capacity, based on medical reports done before and after the will was executed. In *Chee Mu Lin Muriel v Chee Ka Lin Caroline*,[3] the testator was suffering from dementia when she executed her last will and while there was a multitude of medical reports on both sides as to her mental capacity, the court noted that there was no contemporaneous medical diagnosis that the testator's medical condition would have incapacitated her testamentary competence at the making of the will.

These cases therefore recognise that a person may have fluctuating capacity, and what is relevant is whether at the time the decision (to execute the will) was made, that he/she, despite existing mental illnesses, had sufficient capacity to make that decision.

Role of medical professionals

The test for capacity under section 4(1) MCA has been held by the courts to comprise two components: a functional component, which is that the person is unable to make a decision, and a clinical component, which is that this inability to make a decision is caused by a mental impairment. This was first enunciated by the Singapore Court of Appeal in *Re BKR* as follows:[4]

"[T]he test for capacity in s 4(1) MCA may be thought of as having a functional and a clinical component – the functional aspect is that P must be unable to make a decision, and the clinical aspect is that this inability must be caused by a mental impairment. It is not difficult to see that we require the assistance of expert evidence when addressing the clinical component of the test: we need medical professionals to tell us whether P has a mental impairment based on the observable symptoms and any other diagnostic tools available, and if so, what that impairment is, and what effect it has on P's cognitive abilities. But as to the functional component, it is in our judgement a question for us to grapple with leaving perhaps a limited scope for the involvement of the medical experts."

While this division of the test for capacity into functional and clinical components may, at first glance, appear to simplify matters for medical professionals who only need to determine whether a person has a mental impairment, and the effect that impairment has on that person's cognitive abilities, this is not as simple in practice. After all, it is not possible for parties to go to court every time an issue arises to determine whether a person has the requisite mental capacity to make a decision. The medical profession, like the legal profession, often finds itself in the middle of messy situations involving very personal and important questions on a person's autonomy and freedom to make decisions (or not make them, as the case may be), and are looked upon to exercise their professional judgement in guiding patients, clients and their families on how to proceed. Their professional views and opinions could be subsequently questioned, either in court or outside court.

It is therefore important for medical professionals in such situations to maintain contemporaneous and comprehensive records about the patient's medical condition and how it supports the medical practitioner's conclusion about the patient's capacity at a specific point in time. While this is in any case a matter of good professional practice, it becomes particularly important where the medical practitioner is aware of complicated family dynamics that may lead to disputes where the medical practitioner is called upon to give evidence.

It is hopefully rare that a medical practitioner gets caught up in courtroom drama, but medical practitioners should nonetheless remember that issues of mental capacity do not arise only where there is a dispute among family members over a patient's assets. Mental capacity can also be an issue in other aspects of medical practice. For example, there can be situations where patients defer to their families on decisions relating to their medical care and treatment, to the extent that family members are the ones having in-depth discussions with the medical team. While there can be very good reasons for such arrangements, it is important for the medical practitioner to keep in mind the first two principles under the MCA as stated above. A medical practitioner should make sure that a patient with capacity understands the proposed medical treatment plan and that he/she (not just the family) is agreeable to such plan. ◆

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Singapore Medical Association

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Reunited and It Feels So Good!

Text and photo by Ronnie Cheok, Deputy Manager, SMA Charity Fund

After a hiatus of more than two years, it was a reunion of sorts for the Board of the SMA Charity Fund (SMACF) when they met up at the SMACF Appreciation Dinner hosted by SMA President Dr Tan Yia Swam. This dinner was organised to thank Board members for their valuable contributions over the last two years, in spite of a pandemic which forced us all into the virtual space where we have been meeting.

The dinner was held in a cosy Chinese restaurant at a private club where SMACF Board members were joined by SMA President Dr Tan Yia Swam, SMA Council members and SMACF Secretariat staff.

True to their unwavering spirit and commitment, the Board of SMACF had gathered for the serious business of a Board meeting prior to the dinner; they were apprised of SMACF's financial health, upcoming events, as well as exciting projects planned for the coming months. As is the case at all Board meetings, members of the Board listened attentively to the updates from SMACF Secretariat staff and offered many suggestions and ideas as we continue to keep our beneficiaries foremost in our thoughts and plans.

After the conclusion of the Board meeting, it was time to let our hair down and indeed, the atmosphere felt so welcoming as dinner guests eagerly exchanged pleasantries and stories.

We shared tales of what had been happening in our lives and how the pandemic had shaped and changed the way we manage our work and personal lives. All this took place amid pre-dinner drinks sponsored by SMACF Chairman Dr Chong Yeh Woei and SMA Council Member Dr Wong Chiang Yin, who had stepped down from the SMACF Board earlier in April.

There was simply so much to catch up on that we decided to do away with the usual dinner speeches and instead focused on enjoying each other's company.

Indeed, the coming together of like-minded individuals in the SMA family augurs well for the future of our niche charity as we continue to strive towards Supporting Tomorrow's Doctors Today!

The happy reunion concluded with a group photo of all present. Hopefully, it will not be another two years before we meet again.

As we continue our journey towards helping many more of those in need, I am reminded of this quote from Britain's arguably most well-known and greatest Prime Minister, Sir Winston Churchill: "*We make a living by what we get, but we make a life by what we give.*" ◆

SMACF Board Members and SMA Council Members enjoying the camaraderie at the dinner

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Difficult Decisions

Talking About Death

Review by Dr Kenneth Lyen

What is more important, the quantity of life or its quality? In other words, is longevity more desirable than the fulfilment and happiness of one's life? This philosophical conflict forms the core issue explored by James Tan in his graphic novel *All Death Matters*, commissioned and published by the Lien Foundation.

It follows a young doctor as he navigates through the choppy seas that lie between his dying elderly patient and the patient's relatives. His patient has terminal cancer and is not responding to chemotherapy, but his son does not want the doctor to inform him of the prognosis: "Please do not tell my Dad about his condition. We don't want him to be worried or depressed." In fact, the relatives want him to undergo potentially painful chemotherapy to prolong his life.

The doctor is placed in a dilemma: whether to extend his patient's life but likely increase the suffering? Or should he withhold treatment and allow the cancer to run its course, and give palliative care and do everything to ensure his patient is comfortable and pain-free?

A further question is posed later on: who makes the final decision? The relatives, the patient, or the doctor? James explores this issue through a couple of panels where the son asks the doctor to decide: "Doctor, tell us! What do you suggest? It's your job, right!"

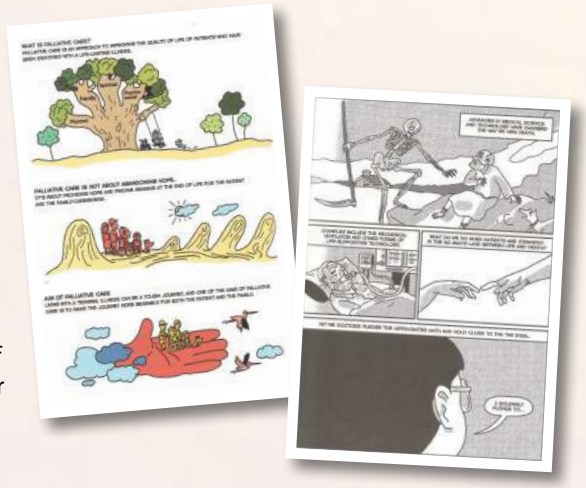
James probes the conundrum by presenting two scenarios in the book. The first is a dream the doctor had, where the patient is in severe pain, and the doctor is about to turn off life support when he is confronted by the son, who accuses the doctor of making a decision against their wishes: "Who are you to decide for my Dad!... I want him to live!"

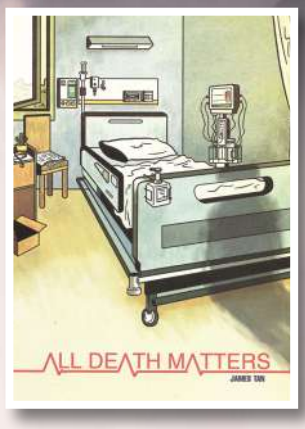
The second scenario is a colleague of the narrator who describes an elderly female patient whose relatives insist everything must be done to keep her alive, but she suffers terribly before she eventually dies.

How much should a doctor do to prolong life? This honest, thoughtful exploration of the ethics of terminal care makes for compulsive reading. The wonderful advantage of the graphic novel as a medium is that it illustrates the points so clearly, so thoughtfully, so profoundly, and in a heartfelt manner.

I strongly recommend this book to anyone who might have a friend or relative who is currently seriously ill, or who may be terminally ill and about to draw the curtains of life. It is a highly readable and thought-provoking graphic novel. ◆

James Tan is a Singaporean illustrator, animator and art educator, who has published several graphic books, including two graphic novels: *Final Resting Place* (2017) which is about the Bukit Brown cemetery, and *All That Remains* (2020) about dementia.





Title: *All Death Matters*
Author: *James Tan*
Number of pages: *72*
ISBN: *9789811447976*
Type of book: *Paperback*
Publisher: *Lien Foundation*
Year of publication: *2021*

Further readings

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Dr Lyen is a paediatrician who has written several books and is the founder of the Rainbow Centre for intellectually challenged and autism spectrum disorder children.

Ruminations from the UK

SMSUK events overview

Text and photos by Gabriel Kwok

Gabriel is a third-year medical student at Barts and The London School of Medicine and Dentistry, and Editor on the 28th Executive Committee of the Singapore Medical Society of the United Kingdom (SMSUK).

In early childhood, the emergence of *object permanence* marks an important milestone in brain development. If you showed an infant a ball before hiding it, the child would think it had simply ceased to exist. Eventually though, with time and progressive learning, the child reaches a profound epiphany: that sensory perception is not necessarily *being*, that an external reality functions independently of what the eyes see. The ball still has its own existence; it is merely somewhere else. With this development comes the beginnings of a working memory, enabling us to shape our own life stories.

I have often wondered if the same could be said of adult journeymen thrust into new surroundings. As a neophyte stumbling into a foreign city, a fresher's first trip abroad can be a discombobulating experience indeed. Without the quotidian yet intimate rhythms of home, it is surprisingly easy to forget that these remain available to us, despite the temporary distance. Gradually, though, we emerge from this sense of unmooring into an exciting new chapter of life. Singapore Changi Airport and London Heathrow Airport (or Hamad International Airport for some) become contiguous spaces, as home starts to feel a little more real even when we cannot see it.

At this point, one might raise a doubt: how truly permanent is this idea of home when nothing really stands still in Singapore, and when we too have changed? This is an important point, no doubt, and there are certainly pitfalls we should heed, but I beg to differ because object permanence really depends on memory rather than some fallacious notion of a thing's constancy. That is, we can remember home for what it truly was without losing sight of what no longer is; in fact, we would not be capable of the latter without those memories in the first place. Memory gives us both an identity to work from and the capacity to learn and, thus, grow. Having learnt about *being*, there is now the possibility of *becoming* something else. Our memories have much to teach us, should we choose to reflect upon them.

Now surrounded by familiar sights and sounds, like leitmotifs from a favourite childhood melody, there is no better time to ponder these things. More importantly, perhaps, this is the time we run numerous fresher-oriented programmes to support and ease the difficult transitions that many are doubtless facing. After all, there are few better proxies for our younger selves, and no better use for knowledge than the betterment of others.

SMSUK's Freshers, Members and Alumni (FMA) Dinner, held at the Academia building, Singapore General Hospital, who kindly sponsored the venue

SMSUK's Med(UK)ated Camp 2022, our first in-person orientation camp since 2019

Text by Sammi Lim

The past two years have taught me many important lessons that I will remember for life. This is a letter to my younger self, who was feeling anxious studying abroad for her very first time.

Dear Sammi,

This is Sammi from the future. You must be feeling quite nervous about starting university in a foreign country, without the security of having your family and friends physically close to you. This is some advice to help you navigate some of the speed bumps you will face as you embark on this new journey. The next few years will push you to your limits, but you will discover strengths and courage within yourself that you did not think possible.

Be confident and resilient. There inevitably comes a point in medical school when you feel like you do not know what you are doing, and that you do not deserve to become a doctor. Maybe even after countless hours of studying, you may not perform as well as you had hoped. Imposter syndrome slowly creeps in, and you begin doubting your abilities. It is entirely normal to feel this way, but persevere and never stop setting goals for yourself. You will slowly but surely rise above these self-doubts, and learn to trust yourself and your instincts. One day, with hard work and a little faith, you will go further than you have ever imagined.

No matter how lonely you feel in the UK, know that you are never truly alone. You will go through some of the most difficult days and restless nights of your life, but your family and true friends will always be there for you. Be they miles away or right here in Manchester, they are only a FaceTime call away. Trust that better times lie ahead – days filled with so much happiness and peace.

While the journey may not be easy, stop once in a while to appreciate all the little things. Studying overseas is an immense privilege that not everyone can afford. Our experiences are so unique, so never take anything for granted and cherish your time there.

We only live once, so make the best out of it. You also have a life outside of medical school. Endless opportunities await you, so do not be afraid to try something new. Step out of your comfort zone and meet new people; maybe even pick up new hobbies like baking and film photography! Take advantage of how well connected the UK is and travel more, exploring different cultures and cuisines. Your university experience is only as good as you make it.

It may seem difficult to believe, but years from now, you will look back on this incredible journey and be just so grateful for everything that has happened, and for the people who have supported you. And I would not want to change a single thing, because all these experiences, both good and bad, have shaped us into who we are today.

Yours truly,

Your Future Self

Sammi is a third-year medical student at The University of Manchester.

Healthier SG

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By Agency for Integrated Care

Healthier SG is a major transformation effort, shifting the emphasis of care upstream, to focus on preventive care and enabling residents to live longer in good health. Under Healthier SG, residents will enrol with a family doctor of their choice who will serve as the first point-of-contact to holistically manage residents' health. Together, doctors and their enrolled residents will co-develop a customised health plan covering suitable health and lifestyle goals and recommended vaccinations and screenings. In this way, residents will be empowered to take charge of their health, guided by their health plan and supported by a trusted, long-term relationship with their family doctor.

Support for GP clinics participating in Healthier SG

Care protocols: MOH, together with primary care leaders, have developed an initial set of 12 care protocols to guide family doctors on providing screening and vaccination and managing key chronic conditions. The care protocols will also cover key lifestyle-related areas such as cigarette smoking cessation and weight management. They will help ensure a consistent and evidence-based level of care delivery across the diverse primary care landscape.

Annual service fees: Healthier SG clinics will receive a new annual service fee. There will be a fixed payment for managing their enrolled patients and completing the annual check-in or consults. In addition, there will be variable payments provided based on the completion of clinical tasks required for the enrolled patient. This is on top of existing fee-for-service payments that clinics will continue to receive under the current healthcare subsidy schemes (e.g. CHAS, Screen-for-Life and Vaccination and Childhood Development Screening Schemes).

Primary Care Networks (PCN): For better peer-led support and access to other GP resources available, Healthier SG clinics should be in a PCN. PCNs today offer nursing and care coordination support (e.g. diabetic foot and eye screening, nurse counselling) facilitating a team-based care model for comprehensive and holistic care at GP practices. Healthier SG clinics will additionally receive support from the healthcare clusters and community providers from the healthcare clusters and community providers through their PCN. GPs will also receive training support on top of the networking, sharing and review discussions.

Chronic drug subsidies: Healthier SG clinics will be eligible to provide enhanced chronic drug subsidies for their enrolled patients. This enhances drug affordability and will encourage their chronic enrolled patients to anchor their care with them. MOH will support Healthier SG clinics in procuring a whitelisted set of chronic drugs for their enrolled patients at affordable prices so that cost savings can be passed on to these enrolled patients.

Criteria for family doctors in private practice to participate in Healthier SG

Participate in core GP schemes (CDMP, CHAS, Screen-for-Life, National Vaccination Programmes)

Adopt a Healthier SG-compatible CMS and contribute to NEHR.
(GPs will have a one-year runway from Healthier SG launch to transit.)

Partner your Regional Healthcare Cluster

Primary Care Network

Join a Primary Care Network (PCN)

Achieve accreditation to be a Family Physician
(within 7 years of Healthier SG launch)

Community Partners: To help residents adhere to their health plans, family doctors will be able to tap on community providers and encourage residents to adopt healthier lifestyles by referring them to community based activities. A wide range of programmes including smoking cessation and weight management will be made available by the healthcare clusters and agencies including Health Promotion Board, People's Association and Sport Singapore.

Patient benefits at enrolled clinics

Free first consultation with enrolled clinic to develop health plan

Health points upon enrolment and completion of first health plan discussion

Fully subsidised nationally recommended screenings & vaccinations

Chronic drugs at prices more comparable to polyclinics

No need for cash co-payment when tapping on Medisave for chronic conditions (subject to existing limits)

IT enablement under Healthier SG: Care continuity for residents can be facilitated by contribution to the National Electronic Health Record (NEHR). The use of a Healthier SG-compatible Clinic Management System (CMS) will facilitate this process, and also help clinics to be more efficient in clinical documentation and submission of care reporting data.

There will be a one-time, milestone-based IT enablement grant of up to ~$10,000 to help Healthier SG clinics adopt a Healthier SG-compatible CMS. The list of Healthier SG-compatible CMS will be published from April 2023 onwards. In the meantime, clinics may view the revised CMS criteria published at https://www.ihis.com.sg/SmartCMS_Programme and look out for the regular emails sent through AIC on CMS readiness.

If you have questions or would like to find out if you meet the Healthier SG criteria, please contact your AIC account manager for more information.

Save the Date: GP Town Hall
Speak to CMS vendors and other Healthier SG partners. Registration in Jan 2023.

Suncheon and Surrounds: Off the Beaten Track in South Korea

Text and photos by Dr Juliana Chen

Most people going to South Korea will go to the trio of destinations – Seoul, Busan and Jeju. Often neglected is the area of Jeollabuk-do in the south, which is more frequented by local travellers and less tourist-friendly. As such, there are also fewer English translations available at their tourist attractions, and in restaurant and cafe menus, making it a more challenging location for non-Korean-speaking visitors.

This trip to Korea I decided to do two rather challenging (or foolhardy) things. To rent a car and drive on the mainland and to bring along a friend who doesn't speak a word of Korean. I am happy to report that both panned out to be good decisions and opened a whole new world of South Korea to me.

I will start off my travel series article with Suncheon, a place where most travellers do not include as one of their travel destinations. However, I have realised during this trip that it is such a treasure trove of spots to visit. It is also a convenient destination for short trips out, especially if you drive.

Staying in Suncheon

We stayed at Baguni Hostel, located fairly near the central of Suncheon. I was initially a little apprehensive about staying in a hostel. However, it was highly recommended from a bespoke Korean webpage for accommodations, so I decided to give the private room a try.

Baguni Hostel received the Good Design Award in 2017. It is situated in a trendy location of the town (more about that later). There is an industrial feel to the place with bare concrete walls and floors. However, it is clean, and the toilets are well renovated. They supply rubber slippers useful for the showers, which are not separated from the toilet (a common finding in Korea accommodations so take note). An interesting coin system is employed by the hotel which comes in handy when you use some of their facilities. We were given 24 coins on check-in for our stay of two nights. Four coins are used per person for breakfast and four coins for laundry. They also have other facilities such as bicycle rentals.

Even more interesting is that within walking distance are the two hottest eating places in Suncheon. They are described by the staff in the hostel as "hot places", the latest Korean term for trendy areas!

Visiting "hot" places

Suncheon is known for its craft beers and Suncheon Brewery is one of the famous breweries that use local ingredients. For those who love drinking, this is really a find. However, as I am not that great of a drinker, I ordered the tasting platter and left it to the discretion of the staff to choose their most popular versions. I loved the peach-flavoured beer best. Suncheon is also famous for its wild peaches, and the beer was sweet and flavoured with a strong peach aroma at a low eight percent alcohol content. It is something that light drinkers would certainly enjoy. Their sausage platter was also a great addition. Other options include hand-crafted burgers from Crane Burger.

2

Just next to Suncheon Brewery on the same plot of land, opened by the same group of people, is the Brewery. It is a cafe opened on the grounds of an old industrial factory, selling coffee, alcohol and baked goods. As in many areas in South Korea, the space is very large. The owners were able to decorate it such that all spots were "Instagrammable". Be sure to check out their vending machines with very interesting products for purchase; definitely worth a visit. I won't say much more so please check it out yourself!

Within the main Suncheon town area, there are a few tourist attractions. Probably the most famous of them are the Suncheon marshlands and gardens. I allocated only half a day for it but realised that a full day is necessary to experience the whole area. Also of interest is the drama-theme park (Suncheon Open Film Set) which is a must for those who are into K-drama.

I would recommend using Suncheon as a base to travel to Damyang, which is famous for its bamboo forest, and to Boseong for its green tea plantation. As a stop between Suncheon and Boseong, the Nagan Eupseong Folk Village is another unique location to visit.

Soaking in nature's beauty

Suncheon Bay Ecological Park is an estuarine tidal flat famous for its reeds, extensive wildlife and bird spotting. For Singaporeans going overseas, the extensive open area is always something we crave and it is a perfect area to appreciate the vastness of nature.

The actual marshland of the park is reachable from the Suncheon Bay National Gardens (순천만국가정원) via their monorail-type transportation called the Sky Cube. Since the ride only spans 1.2 kilometres, we expected it to be fairly short journey. To our surprise, it turned out to be nearly 15 minutes long, definitely making it worth the cost of the ticket!

A fun fact is that the gardens were developed as a means of thinning out the crowd waiting to get to the marshland. The entirety of the gardens span 1.12 million square kilometres! I visited during COVID-19 times so there were hardly any visitors, but I can imagine how busy it would be during peak seasons. And anticipating that there will be a special programme with the Suncheon International Gardens Expo next year, the gardens will definitely be necessary.

The entire marshland has boardwalks over it for visitors to walk on, and along the boardwalks are shaded seating where you can rest your legs if the walking gets too tiresome. The reeds seem to have been trimmed to maintain a more aesthetic appearance, but it still looks very natural. Be sure to keep an eye out for birds within the reeds, especially the black cranes, and watch the mud for mudskippers, more commonly as goggle-eyed goby. Crabs are also present in this ecosystem. Interestingly, a signature dish of this area is mudskipper soup, made with the previously mentioned goggle-eyed goby. You will see many people walking around with telephoto lenses. For the photography enthusiasts, this is definitely a great opportunity, whether for Instagrammable shots or the *National Geographic*-worthy shots of the cranes.

At the entrance to the park is a small area with food and drinks for those who need refreshments. It is also here where there is an electric bus that brings you back to the Sky Cube station. The bus runs fairly frequently, arriving every 15 minutes.

The gardens are divided into regions with each region's landscaping modelled after different countries. When visiting during the different seasons, there are new and interesting experiences. Late spring, when I visited, was the season for roses, and they had just begun to bloom. The extensive field of roses was a sight to behold. In the gardens are also many open spaces where performances are held. When I visited, there was a variety show recording going on, which was quite fun to watch. The national gardens really are a very large area and properly visiting every garden with enough time to take photos will easily take two whole days. It is also a great exercise regime!

Don't forget to also look for the pink flamingoes which are kept in a small pond near the entrance to the gardens. I have never seen so many flamingoes together in one place before! ◆

Legend

1. The Suncheon marshlands is a sight not to be missed

2. Our sumptuous dinner at the brewery

3. Beautiful flowers that line the garden pathways

4. Pink flamingos gathered in a pond

Dr Chen is a trained breast and endocrine surgeon with Tan Tock Seng Hospital, and is also trained in the finer aspects of Korean language and culture. The stress of COVID-19 found her doing extensive research into where she would go once the authorities allowed her out of the country, and this trip was the result of said research.

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Consultant / Associate Consultant /Registrar (Part-time or Full-time)

St Luke's HOSPITAL

This position provides opportunities to work in a range of clinical settings. Besides inpatient care of patients undergoing rehabilitative and sub-acute care together with multidisciplinary team of allied health professionals focusing on integrative care of patients with chronic diseases, geriatric syndromes and rehabilitative needs, there are also opportunities to work/rotate through diverse settings like outpatient clinic, home care as well as community (e.g., providing medical support for nursing home and community team.)

The incumbent will be able to practice holistic patient centric care considering not only the physical but also functional, psycho-emotional and social needs of the patients. He/she will have opportunities to work in an organization that drives continuous learning, education and professional development through our in-house training programmes and other relevant external courses.

Responsibilities:

- Provide inpatient/outpatient care of patients at St Luke's Hospital
- Lead the multidisciplinary team in planning the care of patients and managing the patients
- Supervise and develop the growth and development of junior doctors
- Teach undergraduate and postgraduate doctors in family medicine and geriatric medicine
- Participate in relevant research & quality improvement projects
- Involve in hospital-wide Special Interest Group to improve quality of clinical

Requirements:

- Basic Medical Degree and postgraduate qualifications registrable with Singapore Medical Council.
- Post graduate training in family medicine, geriatric medicine, general internal medicine and rehabilitation medicine will be requirement for the following position
  - Registrar: MMed Family Medicine/MRCP Internal Medicine or equivalent
  - Associate Consultant/Consultant: Fellowship in Family Medicine/Advanced Specialist Training in geriatric medicine, rehabilitative medicine or advanced internal medicine or equivalent
- Committed and interested in the care of older persons and those with multiple medical co-morbidities including cardiovascular, endocrine and neuro degenerative disease like cerebrovascular accidents and Parkinson's.

The successful candidate can expect a competitive remuneration package, and the opportunity to work in a nurturing and stimulating environment.

Please submit your application with a detailed CV and academic transcripts directly to **hr@stluke.org.sg.**

We regret that only shortlisted candidates will be contacted.

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- Trainees must be a Singaporean or Singapore PR
- Trainees must achieve at least 75% attendance of the Clinic Assistant Introductory Skills course
- **Trainees must achieve the following outcome: to equip trainees with basic knowledge and skills required for a clinic assistant, leading to job placement or wage increase**

For more information and to register, visit our website at ***https://www.sma.org.sg*** or scan the QR code below, or contact Spencer (6540 9196), Denise Tan (6540 9195), or email ***clinicassistant@sma.org.sg.***

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