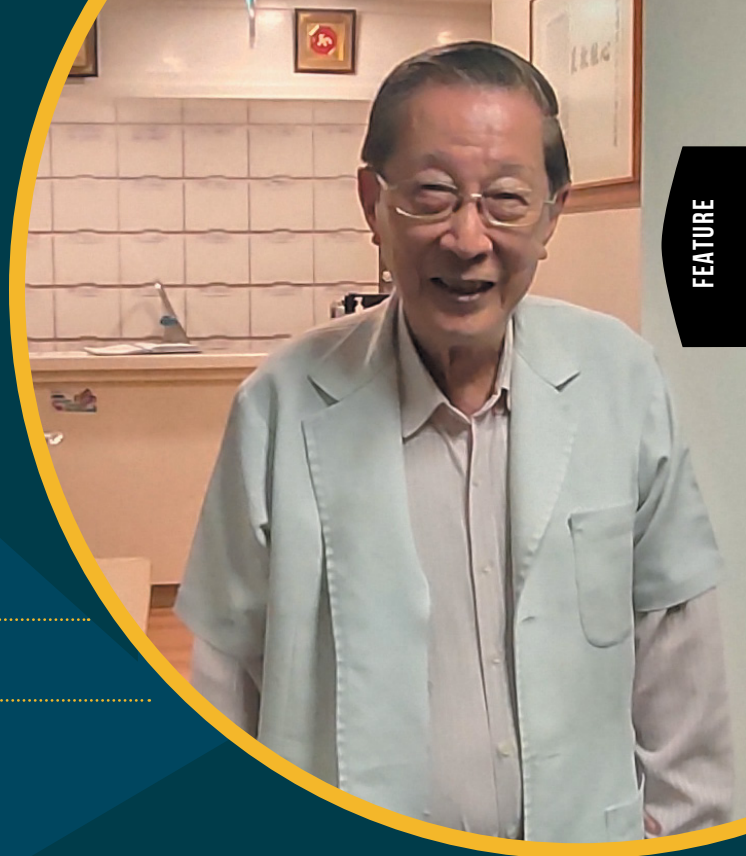


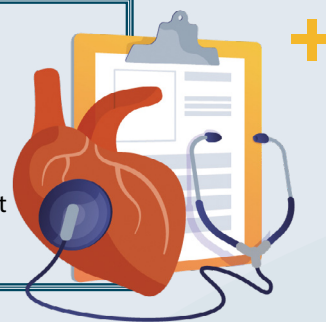
Lifelong Dedication to Medicine

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.

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?

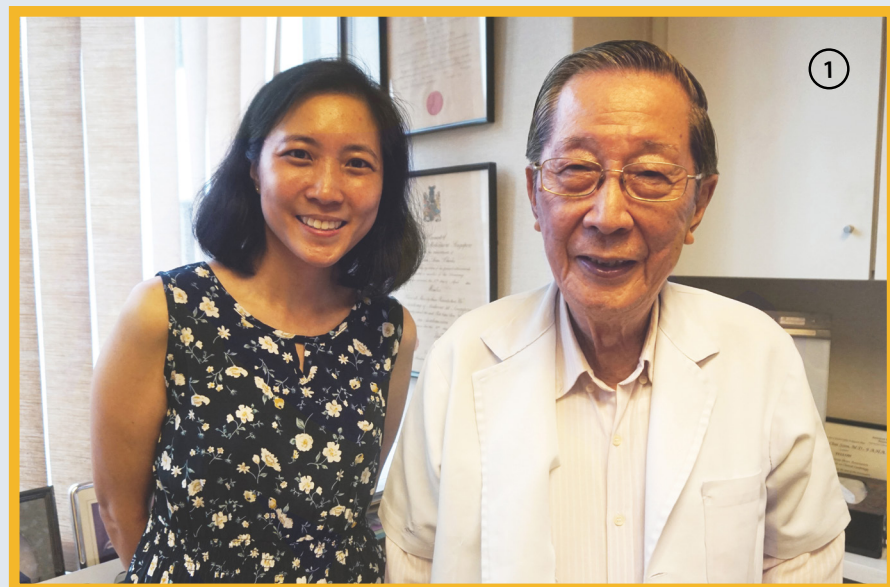
TT: So, we have talked about surgeons and physicians, and how one set may have a shorter "shelf life". As a physician then, what would you feel are the reasons for other doctors and also yourself as to why one would retire later versus earlier?

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





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]*

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.



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