SMA news

For Doctors, For Patients

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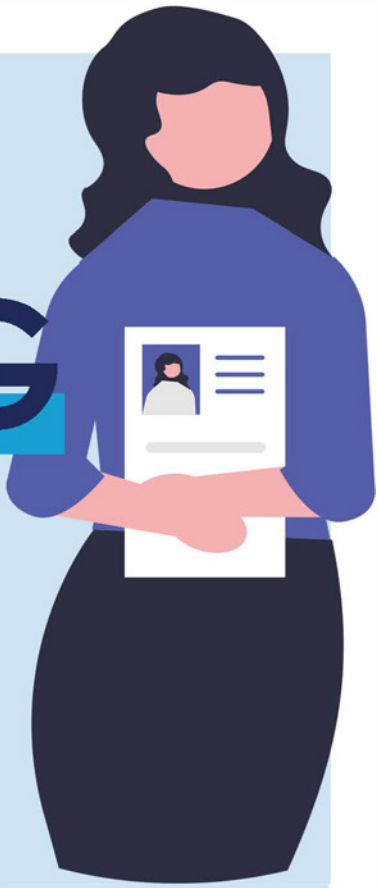

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CONTENTS

Day 1 speakers at the ANMLS 2023 (see page 17 for report)

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.

It is that time of the year where we look back on the preceding 12 months and wonder how the days and months managed to fly past us. At least, that is what I am thinking because honestly, I have no idea where 2023 went.

This time of the year is traditionally known in some cultures as "the season of giving". Therefore, it is appropriate that we are featuring a host of local organisations whose primary mission is to serve the needy. The landscape of healthcare in Singapore, especially in the field of step-down care, would not be where it is today if not for these charitable organisations.

On an added note, I wish to extend my personal thanks to fellow Editorial Board member (and the co-editor for this issue) Dr Lim Ing Haan for her tireless efforts in linking the *SMA News* team with the various authors who have made their contributions for this issue's theme.

One more thing. There is no doubt that the holiday season is also a time of reflection. Hence, on reflection, I realised that Dr Lim Baoying's article on running in last month's issue raised a few eyebrows given the circumstances of a certain incident that occurred in 2019. Despite this, I invited Dr Lim, in good faith, to share her passion for running, which is not to say that we condone what was done, but that we recognise people make mistakes, and allow for second chances.

With that, I hope it has been a wonderful end to the year, and here's to a good start to 2024.

DR LIM ING HAAN

Guest Editor

Dr Lim is the first female interventional cardiologist in Singapore. She is an early adopter of new technology and is a key opinion leader in international cardiology conferences. She shares a clinic with her twin, Dr Lim Ing Ruen, an ENT surgeon in Mount Elizabeth Hospital. Both believe in the power of food, travel, laughter and loyalty in forming strong family bonding.

The pandemic years passed by in a blink of an eye. After the initial frenzy of travelling for leisure and for conferences, my twin's family and my own decided to end the year with a mission trip. It was not just fulfilling but inspirational, bringing to mind these words from an oath we took while donning the white coat.

"*Dedicate my life to the service of humanity; maintain due respect for human life; use my medical knowledge in accordance with the laws of humanity.*" - Singapore Medical Council Physician's Pledge

This issue of *SMA News* hopes to honour a few of the charitable organisations in medicine that have exemplified the words of the Physician's Pledge.

In as early as 1901, the local Chinese businessmen community started the Sian Chay Medical Institution to provide medical care to the needy. Doctors back then even rode bicycles as far as Johor to attend to patients.

In 1910, a group of Cantonese merchants founded Kwong Wai Shiu Hospital to provide free medical services to poor Chinese immigrants. Today, it offers both traditional Chinese and Western medicines in their two nursing homes.

Around the same time in 1913, St Andrew's Mission Hospital was started by Dr Charlotte Ferguson Davie, with significant financial contributions from the Chinese community. It offered free medical care to the migrants in the slums of Bencoolen Street.

Then in 1969, the Assisi Hospice was founded by the Sisters of the Franciscan Missionaries of the Divine Motherhood. The Catholic mission provides palliative care for its patients.

More recently in 1989, Christian doctors started the St Luke's Hospital to bridge the gaps in the care of the elderly and frail, especially those who stay alone.

These are only a few of the many charitable medical organisations in Singapore set up by the concerted efforts of many generous individuals. I would like to conclude with another quote for our readers and wish everyone a Merry Christmas and a better year ahead.

"*I will remember that there is art to medicine as well as science, and that warmth, sympathy and understanding may outweigh the surgeon's knife or the chemist's drug.*"
– Hippocratic Oath ◆

An Inclusive Community: Bringing Healthcare to All

Adequate healthcare access is an important factor for good population health, but there are still groups of people who struggle financially and thus face difficulty affording such care. Thankfully, there are many charitable medical institutions in Singapore that have set out to ensure that affordable and appropriate medical services are made available to people of all ages and means within our society. In this article, we feature four such organisations who share their respective journeys and efforts in bringing healthcare to all in need.

Text by Choo Shiu Ling, Assisi Hospice

A life well-lived should be celebrated, lives less heralded deserve to be treated with dignity, and all deserve good palliative care. Life's final journey is also our final opportunity to express the importance of our shared humanity – to express the fact that every individual, regardless of how one's life has been lived, is of great value.

The Assisi Hospice was formed with the purpose of doing our best to provide for unmet palliative care needs in persons with serious life-limiting illnesses. We discern what the community needs and transform ourselves to achieve it. We provide palliative care in our purpose-built inpatient facility, at our day care centre and with our expanding home care service. More recently, we developed our grief and bereavement service to ensure our programmes can address the spectrum of needs faced by bereaved caregivers.

Responding to the community

In 2015, we served 986 patients, managed 818 new admissions (351 inpatients, 430 home care and 37 day care patients) and had 566 patients who died with dignity under our care. However, we saw that there were many unmet needs and knew that we needed to do more.

Today, the Assisi team can annually serve up to 3,400 patients, manage 2,700 new admissions (900 inpatients, 1,700 home care and 100 day care patients) and care for 1,800 patients dying with dignity and comfort.

Beyond the need to serve more, the team also understood that we needed to increase our skills to manage both cancer and non-cancer serious illnesses, including those requiring complex care. This would right-site patients from the acute hospitals to be cared for either at home by the Assisi home care team, or at our Assisi inpatient unit.

Good access to care with no concern about affordability is essential. We actively seek to identify and serve marginalised groups (such as prisoners without parole), and 50% of our patients are in the lowest income level when means-tested. Our clinical team admits patients based on clinical needs, and financial status is not part of the consideration for admission.

Improving life

Patients are living longer with serious life-limiting illnesses because of medical advances that can prolong life without necessarily improving the quality of life. Medical devices and therapeutics have raised the life expectancy of those with cancers and end-stage organ failure; as such, where dying used to take days or weeks, it may now take months to years, preceded by a period of progressive disability. There is good evidence to show unrecognised and unrelieved suffering in these patients.

The interplay of our physical, psychosocial, emotional and spiritual beings can be complex, especially when coping with serious illness. An interdisciplinary palliative care team has the professional skills, aptitude and disposition to provide care for patients and families in a time of great vulnerability and need. It is during this time that the Assisi team tries to help patients and loved ones live well and even treasure the final journey.

Our task on this earth has always been to acknowledge and respond to our shared humanity, to care for those more vulnerable, and to use our best abilities in service to others.

Shiu Ling started her healthcare career first as a physiotherapist at the National University Hospital, and moved on to corporate roles such as operations management at Tan Tock Seng Hospital, and strategic planning and performance management at Singapore General Hospital (SGH). She also helped develop the SGH Campus Education Office. Shiu Ling joined Assisi Hospice as its CEO in November 2015.

Text by Dr Mok Ying Jang
Photos by Kwong Wai Shiu Hospital

Kwong Wai Shiu Hospital remains at its original site at Serangoon Road till today

The Mid-Autumn Festival celebration is one of our key fundraising events

Kwong Wai Shiu Hospital (KWSH) is one of the oldest charitable institutions in Singapore. It was founded in 1910 by Cantonese merchants who wanted to provide free medical services to poor Chinese immigrants. Since then, KWSH has expanded its mission to provide affordable and quality healthcare services to the sick and needy in the community.

Over time, the hospital has adapted its services to meet the evolving needs of the nation, from the setup of tuberculosis and maternity wards during the early 1900s to becoming a leading charitable healthcare institution catering to the needs of Singapore's ageing population today.

From then till now

KWSH was the first hospital in Singapore to offer patients the option of either traditional Chinese medicine (TCM) or Western medicine treatments. Today, we continue to provide TCM for outpatient services and have also integrated it into inpatient services in the nursing homes.

KWSH currently operates a network of two nursing homes at Serangoon and Potong Pasir, and six active ageing and care centres in the Central Singapore district. We continue our strong partnership with the National Healthcare Group and tap on their expertise to support and enhance care for our residents.

Our six active ageing and care centres serve as a gathering point for those residing in the neighbourhood. Residents can participate in carefully designed activities and programmes such as fitness and music classes, which are catered to the seniors' well-being and interests.

The activities and festive events for our inpatient and day centres' residents are made possible with the support of a group of active volunteers supporting the hospital. As most of our patients are from lower-income groups and require financial assistance, KWSH holds fundraising events throughout the year to raise much-needed funds to sustain our operations and expansion plans.

Preparing for the days ahead

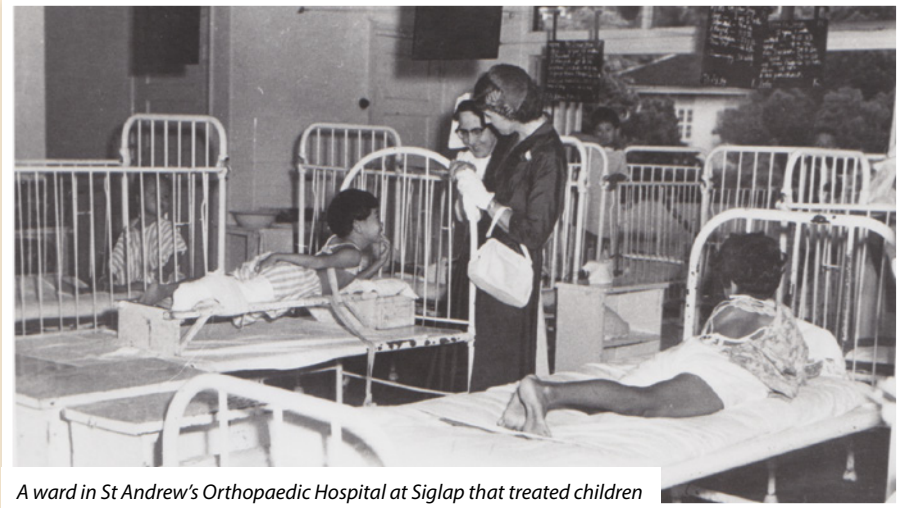
To meet the future needs of Singapore's ageing population, KWSH has put in place a ten-year strategic plan to expand our facilities and programmes in order to support national initiatives and better serve the community. The plan includes increasing the nursing homes' bed capacity and expanding the network of active ageing and care centres. More importantly, it is to help seniors age healthily in their homes and communities through our comprehensive programmes and services.

The plan also includes a focus on training healthcare workers. Our Community Training Institute is an appointed SkillsFuture Queen Bee by SkillsFuture Singapore, and we partner with the Agency for Integrated Care, institutes of higher learning and community partners to uplift the skillsets and standards of community healthcare workers.

I look forward to the exciting journey of continuing this mission, positively impacting and extending our reach to a wider community, as enshrined in our founding philosophy – "任重道远" (an arduous journey, a lifetime commitment).

Dr Mok is the CEO at Kwong Wai Shiu Hospital. He is a family physician by training and comes with more than 30 years of management experience in the local and overseas healthcare industry, with strong leadership experience including clinical, operational and corporate management.

Text by Dr Arthur Chern
Photos by St Andrew's Mission Hospital



A ward in St Andrew's Orthopaedic Hospital at Siglap that treated children

After the founding of modern Singapore by Sir Stamford Raffles in 1819, the first local Anglican church, Saint Andrew's Church, was built in 1837. In 1909, the Diocese of Singapore was established.

Early days of the mission

Charles Ferguson-Davie was the first Anglican Bishop of Singapore and he served alongside his wife, Charlotte Ferguson-Davie, a medical doctor. The Singapore of the 1910s was a very different place; the infrastructure was unable to manage the large influx of immigrants. Due to poor public hygiene and a lack of proper medical facilities, childbirth was extraordinarily risky and the infant mortality rate was as high as 30%.

Dr Charlotte decided to act for the poor women and children she frequently encountered in the Chinatown area. She thus founded the St Andrew's Medical Mission and started the first clinic at Bencoolen Street in 1913, followed by a second clinic at Upper Cross Street, and a third clinic at Pasir Panjang to serve the Malay Village.

SAMH founder Dr Charlotte Ferguson-Davie and her daughter

In 1923, Dr Charlotte started the first women's and children's hospital in Singapore at Erskine Road (next to present-day Maxwell Road) – the St Andrew's Mission Hospital (SAMH). It had 60 beds, an OT, a delivery room and an outpatient clinic. In 1924, the hospital's services expanded to include clinics for venereal disease, eye and antenatal care – some of the major medical problems faced by the migrant population then. She also saw the need to build up the local professional manpower, and SAMH was the first to run three-year general courses in nursing and midwifery for locals.

In 1939, SAMH started its second hospital at Siglap: the St Andrew's Orthopaedic Hospital. This hospital was set up to treat children with musculoskeletal problems, especially tuberculosis of the bones and joints, and polio, which were rampant during that time.

Even during the difficult period of World War II, SAMH continued functioning as the *Shimin Byoin* (Japanese for People's Hospital), with two local doctors and a few local nurses who had been posted there by the Japanese authorities.

After the war, the hospital restarted at Tanjong Pagar. However, disease patterns and societal needs were changing, and tuberculosis and polio had come under control. Eventually the two hospitals closed in the 1980s, but our passion to serve did not stop there. Looking at the nation's rapidly ageing population, we embarked on a new model of hospital care and started Singapore's first community hospital in 1992: the St Andrew's Community Hospital. Its main aim was to provide intermediate care for patients, especially the elderly, after they have received acute care in a general hospital.

Growing as a group

We adopted a new growth strategy at our 100-year anniversary in 2013: to become a nationwide multi-service agency, especially in the field of nursing home service, to meet the needs of our rapidly ageing society. Today, we have seven nursing homes across the island with the eighth in the pipeline. Together, they total about 2,500 beds, making us one of the largest nursing home operators in Singapore.

We have grown as a group together with our sister organisation, the Singapore Anglican Community Services. Operating 42 centres, we serve nearly 50,000 beneficiaries each year with our five key pillars of services: medical, senior, autism, psychiatric, and family and children. Our services now include not only our community hospital and its ancillary services (eg, home care, palliative care and migrant worker medical centres), but also nursing homes; day care and active ageing centres; autism schools, day activity centres and adult homes; psychiatric rehabilitation and day centres; family crisis shelters; and student services.

Our 110 years of history is documented in the book *Let The Flame Burn Brighter*, which is available via our website.

Dr Chern is a public health physician. He studied medicine at the National University of Singapore and did his postgraduate studies at Yale University and Harvard University. He worked in various Ministry of Health departments including technology assessment, health service development and health regulation. He is currently the group CEO of St Andrew's Mission Hospital and Singapore Anglican Community Services.

Text by A/Prof Tan Boon Yeow
Photos by St Luke's Hospital

In the ever-evolving healthcare landscape, St Luke's Hospital's (SLH) journey has been one characterised by courage and passion. Celebrating its 27th anniversary this year, I am reminded of my commitment to SLH's motto to "Serve, Love and Heal our patients". It is a tribute to the ideals of Saint Luke, the patron saint of the medical profession for whom SLH is named after.

Journey of courage and passion

SLH was started to meet the needs of the vulnerable and the older sick person. Today, we continue to meet needs that are often underserved by others – catering to the complex care requirements of older persons grappling with functional loss, limited caregiver support and financial challenges.

The idea to set up SLH was first mooted by a group of Christian doctors and nurses after a 1989 report from the Advisory Council on the Aged raised important issues on the lack of adequate elderly care facilities and resources in Singapore to provide appropriate healthcare services to our ageing population in 2030. Our pioneers saw the need to create a haven for those in recovery, especially for the underprivileged.

This vision was beautifully encapsulated in our original logo depicting a tender, loving human hand with the hand of God alongside, both shielding the flickering candle flame which symbolises the vulnerable, and pointing to the Cross, the source of our hope.

ST LUKE'S HOSPITAL
FOR THE ELDERLY

My journey with SLH started in the early 1990s as a modest donor, when the hospital was "selling bricks" to raise funds. I was still a medical student at the time and I bought one in support. Inspired by the hospital's compelling mission, I requested to be posted to SLH in 1999 as a medical officer seconded from the Ministry of Health. What I experienced was an inspirational clinical space that had great potential to transform the lives of those whom we serve.

St Luke's Hospital

Serving as a bridge between the acute hospital and the patient's home or a nursing home, possibilities abounded in many areas where I could help patients improve their health. As the duration of a patient's stay in a community hospital is usually between three and four weeks, the posting allowed me many opportunities to know my patients better through regular interactions and also to introduce other crucial service interventions beyond clinical care, which could help improve their overall wellness.

Clinical, social and pastoral care

The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".[1]

At SLH, we care for the whole person through our holistic clinical, social and pastoral model of care, addressing not only their physical needs, but also their social, emotional and spiritual needs. As Singapore's healthcare needs evolved, our services grew in tandem, creating a comprehensive ecosystem to deliver integrated care that spans the preventive, curative and end-of-life care spectrum.

To enhance our care, SLH has also onboarded the principles of the WHO's International Classification of Functioning, Disability and Health framework, to aid in goal setting for each person that we serve, especially those with functional impairment. This helps our team remain person-centric in the delivery of care as we aspire to restore our patients **beyond wellness to wholeness**.

Through our efforts, we also hope to be an inspiration to all healthcare providers in embracing a holistic and compassionate model of care, one that cares for the person beyond the patient. ◆

Reference

1. World Health Organization. Constitution of the World Health Organization. Available at: https://bit.ly/45C7zCz. Accessed 22 November 2023.

A/Prof Tan's experience spans from acute to community-based hospital and primary care, and his passion lies in care integration across different settings. He is CEO and senior consultant physician of St Luke's Hospital, and is Adjunct A/Prof at NUS Yong Loo Lin School of Medicine and Duke-NUS Medical School.

The Bucket List

Text by Dr Ng Chee Kwan

As 2023 draws to a close, I have started to take stock of the significant events of the year and what I have achieved. It is also time to plan for the year-end family holiday trip.

This year, we have decided to travel to Canada for a winter holiday. My rationale for making this long trip was based on sentimental reasons, as well as it being an opportunity to cross off a so-called "bucket list" item. My wife and I had spent an entire year in Canada between 2004 and 2005, when I undertook my urology fellowship in London, Ontario. We had just gotten married a few months before that, and we thoroughly enjoyed our time there. We experienced the warm hospitality of the Canadian people. We were also privileged to experience the four seasons and had the opportunity to witness the grandeur and beauty of the country during our breaks from work. We have not visited Canada since and thought we would want our children to experience this vast and wonderful country.

We will be spending most of our time in Vancouver and Toronto, but we will also make a side trip to Whitehorse, about 1,500 km north of Vancouver. At 60 degrees latitude, it is within the ideal zone for viewing the northern lights, or aurora borealis. It has always been an aspiration of mine to see the dancing waves of the northern light, and seeing the northern lights seems to be on many people's travel bucket lists as well.[1]

The term "bucket list" refers to a person's goals and dreams for the future – things the person wants to achieve within his/her lifetime. To be honest, I do not have a definite bucket list. It was only when planning for the Canada trip that I thought to myself, "Since I will be there, why not make a bit of effort to view the aurora?"

A bucket list can be beneficial as it helps motivate us to set life goals. On the other hand, they could cause regret if the bucket list items are not achieved. Curiously, from a physician's perspective, asking patients about their bucket lists may help us in managing our patients.

A study published in the *Journal of Palliative Medicine* found that among 3,056 participants, around 91.2% had bucket lists.[2] Six primary themes were identified from the participants' bucket lists: the desire to travel (78.5%), the desire to accomplish a personal goal (78.3%), the desire to achieve specific life milestones (51%), the desire to spend quality time with friends and family (16.7%), the desire to achieve financial stability (24.3%), and the desire to do a daring activity (15%).

The authors proposed that the bucket list is a simple framework that can be used to help patients make informed healthcare decisions and weigh treatment options based on the potential impact on their life goals. This could be relevant especially for patients with chronic or terminal illnesses.

I can identify with the six primary themes of this survey. I do think that finding out more about our patients' life goals would help establish rapport and may also help our patients make decisions regarding their treatment.

With that, I wish everyone a wonderful holiday season and a fulfilling year ahead. ◆

References

1. Sabin L. Northern Lights tops list of UK travellers' dream bucket list sights. The Independent [Internet]. 30 September 2022. Available at: https://bit.ly/472TEGC.

2. Periyakoil VS, Neri E, Kraemer H. Common Items on a Bucket List. J Palliat Med 2018; 21(5):652-8.

Dr Ng is a urologist in private practice and current President of the SMA. He has two teenage sons whom he hopes will grow much taller than him. He has probably collected too many watches for his own good.

HIGHLIGHTS

From the Honorary Secretary

Report by Clinical Asst Prof Benny Loo Kai Guo

Dr Loo is a paediatrician in public service with special interest in sport and exercise medicine. He serves to see the smiles on every child and athlete, and he looks forward to the company of his wife and children at the end of every day.

SMA feedback on draft NEHR guidelines

Following the focus group discussion on 26 August 2023 regarding the guidelines on appropriate use and access to the National Electronic Health Record (NEHR), the SMA Council discussed and submitted a formal feedback document on the draft NEHR guidelines.

For reference, the draft NEHR guidelines can be found at the following link: https://bit.ly/3OTs8Dy.

The key points from SMA's input are summarised below:

- Similar guidelines should be formulated for other parties who have access to NEHR.
- Access to NEHR should not be granted for non-care-related purposes, such as employment, insurance and research.
- There should be no requirement to consult NEHR if the doctor is satisfied that information obtained from the patient's history and examination is sufficient.
- Patient privacy rights are not mentioned in the document. The patient must be allowed to opt out of uploading information into the NEHR.
- Patients should be able to specify which portions of sensitive health information they wish to share with the NEHR.
- It is too onerous for doctors who pick up errors in NEHR to contact the user who made the error.
- Doctors should not be forced to omit entering confidential patient information into their medical records. It should be possible to block the upload of such information into NEHR if the patient requests it.
- Scenarios mentioned in the guidelines should be clearly stated as being illustrative and not meant to represent the standard of care.

SMA's submitted feedback can be found in full at the following link: https://bit.ly/41dfBjU.

Appointment of *SMJ* Chief Editor-Designate

The SMA Council is pleased to announce the appointment of Prof Ang Tiing Leong as Chief Editor-Designate of the *Singapore Medical Journal* (*SMJ*) in 2024. Prof Ang joined the *SMJ* Editorial Board in 2008 and has served as Deputy Editor since 2014. He will officially begin his term as Chief Editor on 1 January 2025.

The *SMJ*'s current Chief Editor, Prof Poh Kian Keong, will continue his editorship in 2024 to facilitate a smooth transition in leadership. We wish to express our heartfelt appreciation for Prof Poh's direction and dedication in leading the *SMJ* for the past ten years, during which several key milestones were achieved.

The Council is confident that, with the solid foundation laid by Prof Poh and the past chief editors, *SMJ* will continue to make great strides under the leadership of Prof Ang Tiing Leong. ◆

Singapore Medical Association

For Doctors, For Patients

Adjusted SMA Membership Fees

As per the constitutional amendment passed at the 2023 SMA Annual General Meeting, SMA's Ordinary Membership Fees will be increased from $200 to $250 (before GST). With effect from 1 January 2024, the new Membership Fees are as follows:

ORDINARY MEMBER	Year of Graduation	TOTAL AMOUNT (Including 9% GST)
1st year after graduation	2024	$68.13
2nd year after graduation 3rd year after graduation 4th year after graduation	2023 2022 2021	$136.25
5th year after graduation 6th year after graduation 7th year after graduation	2020 2019 2018	$204.38
8th year onwards	2017 or before	$272.50
OVERSEAS MEMBER Flat Rate	–	$187.50
SPOUSE MEMBER Complimentary	–	$0.00
STUDENT MEMBER Complimentary	–	$0.00

For more information regarding our Membership fees and privileges, visit https://www.sma.org.sg/member-privileges. If you have any queries, please email membership@sma.org.sg.

Respiratory Syncytial Virus (RSV): A New Era in Prevention

Struggling to Breathe – Navigating the Burden of Respiratory Syncytial Virus in Children

Dr Li Jiahui,
Head & Consultant, Infectious Disease Service,
KK Women's and Children's Hospital

Respiratory syncytial virus (RSV) is the most common cause of acute lower respiratory infection in young children. Locally, RSV made up the largest proportion (42%) of laboratory-confirmed viral respiratory tract infections in paediatric hospitalisations between 2011 to 2016 in KK Women's and Children's Hospital.[1] Infection by RSV in children typically causes mild upper respiratory tract infections, although it can also progress to bronchiolitis and pneumonia. Risk factors for hospitalisation due to RSV infection include infants less than 6 months of age, and those at highest risk of severe RSV disease include premature infants, those with underlying congenital heart or chronic lung disease, Down syndrome, and neuromuscular disorders.[2]

The estimated yearly number of RSV-associated bronchiolitis admissions in Singapore is 135-340 among children less than 6 months of age, and 271-680 among children 6-29 months of age, with the annual unsubsidised cost of RSV-associated hospitalisations among children estimated to be SGD 5.7 million.[3] Locally, RSV accounts for a substantial proportion (16%) of respiratory viral infection-associated mortality in critically ill children.[4] Natural immunity to RSV is incomplete and reinfection occurs throughout life.[5]

Despite the high burden of RSV infections in children, there are limited therapeutic options for RSV infections. The mainstay of management of children with RSV bronchiolitis remains supportive. Palivizumab is a monoclonal antibody shown to be effective in preventing RSV hospitalisation.[6] It is offered to premature infants and infants with chronic lung disease of prematurity, who are at highest risk of severe RSV disease. The cost of a course of palivizumab is approximately SGD 7,200, with eligible low-income families receiving government-based subsidies.

Recent years have seen exciting developments in new RSV preventive modalities. Nirsevimab is a monoclonal antibody that binds to the RSV fusion (F) protein, and has been shown to reduce the risk of medically attended RSV lower respiratory tract infections (LRTI) by 75% relative to placebo in infants.[7] It received both European Union and U.S. FDA approval for the prevention of RSV-LRTI in infants this year.[8, 9]

Administering an RSV vaccine to pregnant women to protect their infants echoes similar approaches against pertussis and tetanus. In August this year, both U.S. FDA and European Commission (EC) granted approval for a bivalent prefusion-F protein RSV vaccine for use in pregnant individuals.[10, 11] The vaccine was shown to be 82% effective in preventing medically attended severe RSV-associated LRTI in infants born to mothers who received the vaccine at 90 days.[12]

RSV infections continue to be a significant problem worldwide, especially for infants and children. With both immunoprophylaxis and maternal vaccines on the horizon in the RSV prevention landscape, it is important to integrate these measures to protect those who are most vulnerable. Urgent steps are also required to prioritise their access and affordability, and study their real-world effects in regions with year-round transmission.

Vaccination during Pregnancy – Protecting Mothers and their Children

Dr Shephali Tagore,
Senior Consultant, Department of Maternal Fetal Medicine, KK Women's and Children's Hospital

Vaccination in pregnancy provides protection against infections to both mother and her child. It is a simple, low-cost intervention with huge impact and clinical benefits. Antenatal vaccination helps to

reduce the risk of serious maternal complications while providing passive protection to the neonate via transplacental transmission of antibodies, especially in the initial few months of life. The classic example is the sustained reduced rates of neonatal tetanus, following maternal immunization as part of "The maternal and Neonatal Tetanus Elimination Initiative" launched by WHO.[13]

Inactivated Influenza and Tdap (Tetanus toxoid, reduced-dose diphtheria toxoid and acellular pertussis) vaccinations are currently licensed and recommended for use in pregnancy by various international guidelines.[14-18] Additional vaccines such as Hepatitis A and meningococcal may be considered depending upon the risk factors.[19] Covid-19 vaccine can be administered at any time during pregnancy and is recommended during a pandemic.[20] As a general rule, vaccines containing live, attenuated viruses are contraindicated in pregnancy.

Pertussis, commonly known as whooping cough, is a highly contagious respiratory disease caused by the bacterium *Bordetella pertussis*. Maternal immunization with Tdap vaccine has been found to reduce confirmed pertussis cases by 78% and hospital admissions by 68% in infants <3 months of age.[21] In 2013, CDC recommended that pregnant women should receive Tdap vaccine in every pregnancy between 27-36 weeks.[22]

Influenza is associated with severe maternal morbidity and pregnancy related complications i.e., preterm delivery, fetal death etc.,[23] and the vaccine is 39% effective in preventing maternal infection and 59% effective in preventing infant infection.[24] It is optimal to administer the vaccine early in pregnancy, to maximise protection for the mother.[25, 26]

Singapore's Clinical Practice Guidelines on Adult Vaccination (April 2016)[27] as well as the National Adult Immunization Schedule (NAIS)[28] also recommend routine influenza and Tdap vaccination in pregnancy and has extended the use of Medisave for both the vaccines at accredited healthcare institutions, such as hospitals, polyclinics and general practitioner clinics.

In general, vaccination uptake rates remain inadequate despite being a public priority. Strategies to improve uptake include improving accessibility of vaccination during antenatal visits and recommendation from OBGYN specialists.[29] Use of posters/information leaflets is helpful.[30] Regular updates should be provided to enhance knowledge in recommending and administrating immunizations to pregnant women.[31]

Recently, a new RSV vaccine in pregnancy has been approved by both the FDA and the EC to protect infants from RSV.[10, 11] The approval is based on clinical trials assessing the safety and effectiveness of RSV vaccine in protecting infants, including a phase 3 randomized trial involving 7358 participants. In that study, vaccination during pregnancy lowered the risk of severe lower respiratory tract infection in infants by about 82% within 90 days of birth, and by about 69% within 180 days of birth.[12] Successful country-led implementation of the new RSV vaccine globally will ensure many more RSV diseases are prevented.

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Embracing Chinese Traditions and Values in Medical Charity

Text and photos by Sian Chay Medical Institution

1

Sian Chay Medical Institution (Sian Chay) is a social service agency with a history of 123 years. It upholds the belief of advocating a healthy and happy life, is committed to selfless dedication, and provides free traditional Chinese medicine (TCM) consultation and low-cost treatment to the community regardless of race, religion and social status. We also actively promote racial harmony and social stability; help transform negative energy into positive energy; encourage physical and mental health; reduce health, family and social problems; improve the quality of life; and help others lead a happy life.

Sian Chay's efforts and work

At Sian Chay, we advocate the culture and spirit of philanthropy, and encourage individuals and enterprises to actively participate in charity and community welfare activities, as well as work together to create a harmonious society. By promoting charitable TCM platforms, we hope to help people maintain health, enhance immunity, and promote overall health and well-being. One of our goals is to expand the benefits available to non-Chinese ethnic groups and increase the number of non-Chinese beneficiaries from the current 6% to 10%.

Sian Chay upholds five major core values: forgiveness, universal love, compassion, gratitude and dedication. The institution is also steadfast in our beliefs:

- Nation Progresses, Family Prospers.
- Family Harmony, Successful Endeavours.
- Forward with the Nation, Bonding with the People.

In our pursuit of supporting nation building and creating a harmonious society, Sian Chay abides by the concept of "from the society and give back to society" and carries forward the Chinese tradition of mutual assistance. Compassion is our purpose as we provide the public with free TCM consultations, low-cost medicine, *tuina* therapy and healthcare services in hopes of serving society and benefitting more people.

We also hope to share the charitable TCM platform with more people through various activities, attract more people to join our works and jointly inject vitality into society. The belief of respect, attitude, action and conduct forms the integrity and virtues of charity.

Between 2014 and 2022, Sian Chay has attended to approximately 3,055,292 patient visits and dispensed 5,974,823 dosages of medication prescriptions. In the next five years, the number of patient visits and dosages of prescription are expected to increase to 2.5 million and 4.8 million respectively.

Every ten dollars of donation can benefit one patient from a low-income family, enabling them to receive free consultation and medicine. And helping just one

patient in a family is equivalent to helping all the members of the family, allowing them to escape from the suffering.

In addition to the promotion of TCM in Singapore, Sian Chay also undertakes charitable and humanitarian efforts in Singapore. Every year, Sian Chay organises major events, with the support of grassroots organisations and community partners, to promote community relations and welfare, including occasions such as Mother's Day, National Day and the Mid-Autumn Festival.

Enabling visions for the future

To support Sian Chay's long-term development and plans to expand our charity efforts, we purchased the Sian Chay Charity Centre (SCCC) Building in 2022 for $20 million. This new headquarters is well positioned as a philanthropy hub to promote our pioneers' spirit of philanthropy since 1901. It is not only a physical building, but also carries the significance of promoting the mission, culture, spirit and beliefs of Sian Chay Medical Institution, and serve as a diversified one-stop assistance platform to help more people. This hub will be open for other charitable organisations and community partners' use as well as resource sharing, which will help more people receive support, care and assistance.

2

TCM talks and conferences by overseas visiting TCM academics and experts can be conducted at the SCCC for the benefit of the TCM community. This fosters closer Singapore-China exchange, enhances the quality standards and professionalism of TCM in Singapore, and serves as outreach to the Southeast Asian nations.

Charity outreach efforts

Sian Chay actively cooperates with national policies, such as the Healthier SG scheme, organises love-sharing activities to keep beneficiaries happy, and promotes the importance of healthy living and physical, mental and spiritual health. By providing relevant health education and services, we hope to help people develop active and healthy living habits, thereby preventing the occurrence of diseases, reducing the social medical burden, and promoting overall healthy development of society. This move is not only beneficial to the physical and mental health of individuals, but will also have a positive impact on society and the nation.

In hopes of instilling in the younger generation values such as compassion, gratitude and giving back to society, a $1 million youth fund has been set up specially to support charity projects organised by the youth, with support ranging from $5,000 to $10,000 per project. Through these efforts, we hope to influence and encourage more benevolent individuals to support charity efforts and welfare causes.

Philanthropy, universal love and empathy, a bright vision together and sharing charity. Sian Chay abounds with gratitude and love – we are one family. All of us at Sian Chay firmly believe that serving mankind is the best job and are committed to making Singapore a "city of good"! ◆

3

Legend

1. Sian Chay was founded in 1901 by a group of benevolent individuals

2. Sian Chay Charity Centre Building

3. The Sian Chay Mother's Day Celebration on 14 May 2017 was officiated by Prime Minister Lee Hsien Loong, Member of Parliament for Ang Mo Kio GRC and Advisor to Grassroots Organisations, as the Guest of Honour

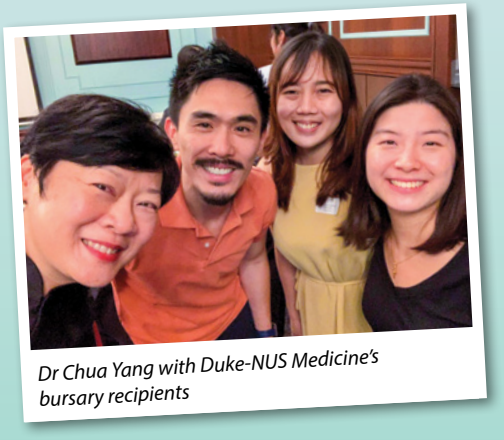
SMACF Board members, SMA President, cherished donors and the inspiring AY2023/2024 bursary recipients

SMACF Bursary Recipients Engagement Event 2023

Text by Dominic Neo, Executive, SMA Charity Fund
Photos by SMA Charity Fund

The SMA Medical Students' Assistance Fund (SMA-MSAF) bursary was created to support financially challenged medical students at local institutions like the NUS Yong Loo Lin School of Medicine, Lee Kong Chian School of Medicine and Duke-NUS Medical School. This year, we had a total of 63 applicants, which is a testament to the importance of the SMA-MSAF Bursary.

The SMA Charity Fund (SMACF) celebrates its tenth anniversary this year, marking a decade of dedicated service to the medical community in Singapore. This year, the bursary quantum was increased from $5,000 to $6,000 for each recipient, which will help cushion the effects of the rising cost of living and support our beneficiaries' daily living expenses.



Dr Chua Yang with Duke-NUS Medicine's bursary recipients

In 2023, SMACF disbursed 43 bursaries, amounting to a total of $258,000 to the deserving beneficiaries. This milestone was made possible by the continued support of donors and partners.

The SMACF Bursary Recipients Engagement Event 2023 transcended a mere get-together; it was a heartening and profoundly impactful experience for all involved. This occasion not only afforded the bursary recipients the opportunity to connect with the dedicated team behind SMACF, SMA President Dr Ng Chee Kwan and their fellow recipients, but it also marked a historic moment as they had the privilege of meeting three generous SMACF donors who have been instrumental in supporting their educational journey. The heartwarming scenes of students meeting their steadfast supporters and the smiles captured in the photographs spoke volumes about the impact of this interaction.

Dr Chong Yeh Woei, Chairman of SMACF, inaugurated the event with a heartfelt address, underscoring the significance of compassion in the medical field and inspiring students to make a positive impact on the community. He also encouraged them to consider giving back through volunteering their time or by contributing to SMACF, emphasising how such acts can empower future students, just as they once benefited from similar support.

SMA President Dr Ng Chee Kwan also shared his own moving encounters with some of the bursary recipients. He found their stories incredibly inspiring, particularly the tenacity displayed by those who worked part-time while pursuing their medical degrees to support their families and meet daily expense needs.

In conclusion, the event was a celebration of compassion, dedication, and the power of giving and receiving. The SMA-MSAF bursary helps provide much-needed financial assistance to needy medical students and serves as a platform for fostering meaningful connections and inspiring future generations of doctors to serve their community with all their heart and soul. ◆

To view more memorable moments from this event and to learn more about the inspiring stories of the SMA-MSAF bursary recipients, visit SMACF's social media platforms.

SMACF Facebook: https://www.facebook.com/SMACF2013

SMACF Instagram: https://www.instagram.com/sma.cf/

Mental Capacity in Focus: Annual National Medico-Legal Seminar 2023

Day 1 morning panellists addressing questions from the ground

Text by Sylvia Thay, Deputy Manager

Doctors, lawyers, nurses and hospital administrators were among the many gathered early in the morning of 28 October for the return of the much-anticipated Annual National Medico-Legal Seminar (ANMLS) 2023, jointly organised by the SMA Centre for Medical Ethics and Professionalism (CMEP) and the Medico-Legal Society of Singapore (MLSS). Held at Four Points by Sheraton Singapore, the two-day event focused on "Reflecting on Mental Capacity Act (MCA) after 15 years" for the first day and "Medico-legal investigation of sexual assault" on the second day and was attended by 90 and 50 participants respectively.

President of MLSS A/Prof Lai Siang Hui kicked off the seminar with a short opening address before handing the stage over to District Judge (DJ) Dr Colin Tan who commented on emerging issues in mental capacity both in Singapore and overseas. In his speech, DJ Dr Tan touched on the prevalence of dementia even in ancient times and discussed key concerns such as the link between mental capacity issues and the ageing population worldwide.

The day progressed with experts from various fields speaking on different aspects of the MCA, including its principles and applications, assessment of capacity in people with dementia and with intellectual disability, as well as a segment where the Public Guardian Ms Regina Chang spoke on her role in the mental capacity ecosystem.

Day 2 of the seminar saw participants return to discuss and learn more specifically about the topic of sexual assault. SMA President Dr Ng Chee Kwan welcomed the speakers and participants, and the half-day programme began with a line-up of speakers providing insights into the overall investigation process. These speakers presented their perspectives of the investigation stages, from the examining clinician to the investigative work and finally the legal defence. Through these sessions, participants gained better understanding about the appropriate approach with victims, the widespread availability of drugs, as well as the significance of doctors testifying in person during court hearings.

Over the two days, there were also plenty of opportunities for participants to raise questions (anonymously through the platform Slido, or in person) in line with the topics discussed. The moderators and panellists would then select and address them during the designated question and answer sessions. Such sessions proved to be helpful for everyone in attendance, as the panellists offered their input and insights on the questions discussed, and participants were also able to chip in with follow-up questions from the ground.

In closing, A/Prof Anantham Devanand, Executive Director of SMA CMEP, reminded participants of the new mandatory medical ethics continuing medical education points requirements and invited all to look forward to next year's ANMLS scheduled for 19 to 20 October 2024.

We would also like to express our thanks to all speakers and participants, as well as our sponsor, Medical Protection Society, for this year's successful run of the Annual National Medico-Legal Seminar! ◆

Day 2 speakers pose for a group photo with SMA President Dr Ng Chee Kwan (fourth from left)

Leaving a Group Medical Practice to Start Solo Practice: My Journey

Text by Dr Desmond Wai

I left public service back in 2006 to join a private group specialist practice (the "old clinic"). After working in the old clinic as an employee for six years, I decided to start my own solo private specialist practice (the "new practice").

The transition was challenging. Neither medical school nor postgraduate training prepared me for this. Looking back, I could have incurred huge financial losses if I had not handled it properly.

Leaving a medical group practice is no simple feat, and I share my experience and lessons learnt in this article.

Study the employment contract in detail

When I signed the employment contract with the old clinic back in 2006, I did not bother much about the details, likely because I was naive and too eager to join the group then.

I have since learnt several important terms and concepts in the employment contract that could be extremely crucial for when one resigns.

Notice of resignation

My notice period was three months so I could not start my new practice or work for anyone else till the notice was fully served. One ought to be careful not to use the time or resources at the current practice during working hours to plan for the new practice, as that could imply stealing company time or resources.

Gardening leave

The duration of resignation notice – the time between having tendered and the time one stops working at the clinic – can be a stressful period.

The old clinic was also wary that I could "steal" patients. A senior staff of the old clinic eventually met up with me, in the presence of the company lawyer, to grant me "gardening leave".

During gardening leave, the doctor is not allowed to enter the clinic unless given permission, but will still be paid salary during the period. This alleviated any worry of the old clinic's management that I would poach existing patients and also gave me time to plan for my own practice (and even enjoy an overseas trip).

According to lawyers, this is a common practice among law firms and other businesses, when associates and partners leave one practice to join another.

Non-compete clause

What this clause means is that the employee who has resigned cannot practise within a certain distance of their previous clinic, for a specific duration.

Some doctors are disallowed to practise within the same building for a period of six to 12 months. As such, their new place of practice must be in another building within the hospital or at another hospital.

However, a problem will occur if the old practice has numerous branches

all over Singapore! This would cause the departing doctor to have limited locations to start his/her new clinic. I thus strongly advise colleagues and friends to scrutinise this particular clause before you join any group.

Non-solicit clause for staff

It was also stated in the contract that I could not employ any staff from the old clinic within six months of my resignation. Staff are part of a company's assets and many companies would not want their staff working for a competitor in the same specialty.

To avoid unnecessary misunderstanding, I advise all to avoid poaching staff from their old employer or any clinics of the same specialty.

Non-abandonment vs non-solicit for patients

The 2016 edition of the Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines states clearly that if a doctor is terminating the doctor-patient relationship, the doctor is ethically obliged to offer the patients the choice to see another doctor with the necessary medical records, for continuity of care. This is termed non-abandonment.

However, patients' medical records belong to the clinic licensee, not the individual doctor. Thus, informing existing patients of my new clinic location in person or by mail could have led to me breaking the non-solicit clause for patients.

Breaking the non-solicit clause for patients may lead to lawsuits to recuperate loss of revenue. In one Singapore case many years ago, a dentist left a group practice to start his own practice nearby. Many of his old patients joined him at his new practice. The original employer then sued the dentist in court for loss of revenue.

It was a complex situation and in the end, the group practice lost the case. However, defending oneself in court is an expensive affair even if one wins the case. Legal costs recovered from the plaintiff may not cover the full legal expenses.

It is therefore best to have a meeting with the clinic management to have a mutual agreement to determine who should inform the patient. In my case, the old clinic had another in-house gastroenterologist who took care of the existing patients and informed them of my departure. I did not inform my patients personally.

Intellectual property of the old clinic

During one's employment, the doctor may have written some protocols and patient information materials such as printouts, brochures, webpages and animations.

The copyrights of such materials typically belong to the clinic, rather than the doctor who created them. It is thus best to rewrite and/or recreate any such web or written materials for your new clinic.

Plan ahead

As I could only start my clinic three months after I resigned, I planned for my new clinic based on that timeline. The endpoint was such that I could start my new clinic as soon as it was legally feasible.

I then worked backwards to determine my timeline.

MOH licensing inspection

Depending on how many clinic inspections the Ministry of Health (MOH) has in line, the waiting time for clinic inspection can range between one and two months. To apply for a MOH licence, I had to present my confirmed clinic address, a tenancy agreement to prove that I was the rightful tenant of the clinic premise, a floor plan of the clinic, and a computer set up with a clinic management system.

Though MOH license inspection is done via Skype nowadays, every item of the checklist must be ready on the day of inspection. Do note that the doctor will not be able to print their business cards or put up a clinic website until the clinic licence is approved.

Confirmation and documentation

I did not want to resign without a clinic space, so I had to view different clinics at different hospitals prior to the resignation. I had to look for a clinic premise, negotiate with the landlord about the leasing start date and rents, and finalise and sign a tenancy agreement.

Once the location was confirmed, I had to get the landlord to sign a tenancy agreement, which was submitted to MOH for clinic license application once I confirmed the renovation contractor and renovation plan.

Renovation and set-up

For my new practice, I rented a room at an established clinic and very little renovation work was required. However, I still had to confirm a floorplan, set up a computer, a clinic management system and a pharmacy cabinet with a lock for the MOH clinic inspection.

Hiring new staff

This is a difficult task. Even back in 2012, there was a shortage of clinic staff. I had to confirm a clinic assistant with a start date several weeks later. Ample time is needed for the staff to serve his/her own notice period.

The new staff should start at least one to two weeks prior to the clinic's commencement so new patients can call to book appointments. I was fortunate to have my wife helping me as a clinic staff during the transition period.

Administrative matters

I also had to set up meetings with many people, including representatives from laboratories, imaging centres, pharmaceutical companies, etc, to confirm my medication bonus arrangements, inventory and investigation logistics. Additionally, I needed to set up a company registered with the Accounting and Corporate Regulatory Authority, and also confirm my company secretary and accountant.

Informing SMC and your medical insurance or indemnity insurer is also important. For any new clinics commencing from 2023 onwards, doctors must also meet up with insurance companies and/or third-party administrators to determine if the doctor can be enrolled on their panels.

Public notices and promotion

It was obviously important to let people know of my new clinic location. I set up a website and several social media accounts so that my old patients could find me if they wanted to. I also put up a professional announcement in *SMA News* so SMA Members would know of my new practice.

Finance

This is a sensitive topic.

Bonus

Read the employment contract in detail. Some companies reward staff with a pro-rated bonus according to the months he/she had worked in the calendar year. For example, if the doctor's last day of service is 31 August, he/she would be entitled to two-thirds of the year-end bonus.

However, some companies only give out bonuses after a staff has served a full calendar year.

Accounts receivables

Some group practices offer profit-sharing and incentives for generating revenue above a set target. Yet, though service has been rendered and the invoice issued to the payer, the payer may take a while to pay up. This revenue is often referred to as "accounts receivables".

For example, if I do a gastroscopy on a patient on 1 June, I would submit my scope fees to his insurer on the same day. Yet his insurer may only reimburse this amount months later, when I am no longer at the old practice. In other words, the money that the doctor earns may only be paid to the old clinic after he/she has left.

I recommend all colleagues to discuss this with their employers to decide how this amount of money that has been earned by you could be tracked and re-imbursed even after resignation.

Clawback

Some companies offer staff benefits like accident, hospitalisation and medical indemnity insurances. It is key to read the employment contract to ensure no clawbacks will be made at resignation.

For reference, when we buy property with a mortgage, the bank often gives a legal subsidy. However, the legal subsidy needs to be clawed back if the mortgage is fully redeemed within three years. This may be similarly applied in your contract.

Keeping an amicable relationship

I strongly advise all to maintain an amicable relationship with your former employers. We were colleagues who have worked together for a significant part of our working life after all.

At times, a patient may request medical services requiring us and our ex-colleagues to attend to together. Also, there may be medico-legal issues that require cooperation with one's old colleagues and clinic staff. Therefore, always maintain a good relationship with one another.

Final thoughts

To conclude, resigning from a practice to start your own carries with it many challenges. The best way to prepare for this day of resignation is to scrutinise and study the employment contract even before signing it.

If in doubt, discuss with any senior colleagues, especially people who have had experience leaving a group practice. Alternatively, consult a corporate lawyer if you find that the employment contract contains too much legal jargon.

Last but not least, enjoy your new practice. ◆

Dr Wai is a gastroenterologist in private practice. He enjoys writing about life as a doctor. He strongly believes that doctors must share their experience and knowledge with one another to raise the standard of the medical profession.

Medicine, Doctors and The Law 2024

Registration Fees (inclusive of 9% GST)*:

SMA Members – $109

Non-Members – $218

**For doctors who are employed by Ministry of Health Holdings (MOHH) and/or any public healthcare institutions under the MOHH Group, this seminar will be funded by MOHH based on your completed attendance.*

MDL 1: Medical Professionalism – How the law and ethics regulate our practice and influence professional standards?	16 January 2024 Tuesday 12.30 pm to 2 pm	Webinar via Zoom	1 CME point
MDL 2: Professional Accountability – What are the routes to bring doctors to account, and how do we respond effectively?	5 March 2024 Tuesday 12.30 pm to 2 pm	Webinar via Zoom	1 CME point
MDL 3: Medical Negligence – Understanding the concepts, processes and defence	8 May 2024 Wednesday 12.30 pm to 2 pm	Webinar via Zoom	1 CME point
MDL 4: Risk Management for Doctors – Know the legal statutes for practice and how to avoid or manage complaints	8 August 2024 Thursday 12.30 pm to 2 pm	Webinar via Zoom	1 CME point
MDL 5: Understanding Consent – The key elements which protect patients and doctors	10 October 2024 Thursday 12.30 pm to 2 pm	Webinar via Zoom	1 CME point

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WEATHERING CHANGE

On Cultural Differences

SMSUK events overview

Text and photos by Melanie Chee

Melanie is a Year 4 medical student at the University of Leicester and is Editor on the 29th executive committee of SMSUK.

The UK is notorious for its grey skies and rainy weather. And based on my experience of living here for the past three years, I can confirm that this stereotype is mostly true – the weather is more often gloomy than not! While the rain is often a constant drizzle unlike the torrential downpours we have back home in Singapore, the UK gets its occasional storms too. Back in October, Storm Babet brought heavy rains and strong winds to many parts of the UK, causing flooding and widespread destruction. This just so happened to coincide with our first UK-based event of the year, the Dinsical (dinner and musical). Despite the sudden train cancellations and transport disruptions, our members made it from all over the UK to London to watch *Mamma Mia!*, the award-winning romantic comedy musical set to a soundtrack of familiar ABBA tunes. The musical's rendition of "The Winner Takes It All" in particular gave many of us chills. Afterwards, our members had a good catchup with old and new friends at nearby fusion Japanese restaurant Flesh and Buns. Although we were absolutely drenched each time we left shelter that day, it was worth it for the enthralling performance and great company.

The constant rain is something we have had to adjust to while living in the UK. Many of us have learnt to always be prepared with an umbrella or raincoat when leaving the house (we do not trust the weather forecast – it lies!). When moving to a country so far from home for university, not only do we students have to adapt to the culture shock of university and placement-based education, but also to the culture of our new environment. In this month's letter from the UK, Andrew reflects on his experience living and studying in the UK, and how it continues to shape his cultural identity.

SMSUK members at Dinsical 2023 held in London on 21 October

Umbrellas out! The weather was less than ideal during Dinsical, but we did not let it dampen our spirits

Text by Andrew Gan

Andrew is a Year 2 medical student at the University of Birmingham.

Culture can be thought of as the roots of a tree. We have our original radicle,[a] where our upbringing and influence from family and friends have solidified our early germination. Over the years, our roots branch out and extend, most significantly when we move countries; the experience of a new soil, temperature, fertiliser and sunshine can sprout new roots, which absorb the fresh yet unfamiliar water. With culture being so fluid, individual, and yet so integrated into our daily lives, we sometimes adapt seamlessly to changes in language, food, attitudes and habits, growing and extending with these new "roots".

Growing roots without permanent soil

Adapting to new cultures has always felt like a part of me. Moving to Shanghai, China at the tender age of two, I grew up unconventionally as an overseas Singaporean for 12 years. Living in an international bubble, my accent, habits and views on life blended in with those of my peers from other Asian and European nations, while the colours of my Singaporean roots flowed from my parents and our annual returning summer visits. The intensity of Chinese food shaped my palate, but I am ironically still unable to tolerate spicy food. Moreover, living a year abroad in Tokyo, Japan and London intertwined my culture with theirs. I felt that I became quite adaptable, but at the same time felt as if I had only grown incomplete roots – essentially a plant without permanent soil.

Perhaps having studied in a British international school (Dulwich College), along with a year I spent in London at the age of 14, has made me more aware of British culture, and prepared me for the weather and what to expect for food. Despite this, I was not as acclimatised as I had thought. Unbeknown to me was the experience of university culture: the drinking, the food, the local friends and how distant that made my culture feel on the other side of the world. At university, surrounded by my new British friends, my culture sometimes felt isolated. I thus looked towards international friends from Hong Kong, Malaysia and Taiwan. I also looked towards my university's Singapore society (also known as SingSoc) which happened to be making a slow start post-COVID-19 pandemic. With a mix of friends, I felt more connected as my roots could roam further with other plants, while the new conditions tested my existing roots.

Celebrating festivities such as the Lunar New Year (LNY) and Christmas with friends from Singapore and Malaysia solidified my roots, allowing my Singlish to flow comfortably (which I found rather surprising as I only developed it during my National Service). During our dinner celebrations, my companions shared their cultures while we enjoyed homemade hotpots and delicacies. On top of that, I also shared my culture with my flatmates, who thoroughly enjoyed learning about Singapore and its LNY traditions over another hotpot session.

Luckily, I do not have a strong reliance on Singaporean food, though I did miss the affordable hawker centre prices. In the small student residential area next to my university, I am lucky to have two large Asian supermarkets that became my fridge's and stomach's best friends. These supermarkets provided not only Asian ingredients, but Chinese and Korean cuisine takeaway meals too. I really appreciated the plethora of international cuisines in the area, which not all cities or towns in the UK have. Adapting to a new culture requires some luck, but I knew that by applying to study at Birmingham, the second largest city in the UK, I would have a higher likelihood of access to international cuisine.

Rooted but adaptable

I believe that the ability to grow, retract, extend and morph our roots is key to adapting to a cultural change, especially when moving to a completely foreign country. We all adjust differently at different rates, either embracing the new culture or disliking it completely. Personally, I feel that having strong principles and values has helped my own roots to adapt and find their place in this new soil – creating a new cosy home away from home. I wanted to treasure this time of personal growth, and I will continue to find my own cultural roots through the next five years of my studies. By joining in the local celebrations of other cultures, I can widen my appreciation of other individuals and learn more about their practices. I want to continue juggling the various aspects of my culture and ensure that I am still strongly rooted, but also adaptable. Culture shapes you, as you shape culture. ◆

Note

a. The radicle is defined by the Encyclopedia Britannica *as the first organ to appear when a seed germinates. It grows downward into the soil, anchoring the seedling.*

Congratulations

To All Public Health Preparedness Clinics for receiving the President's Certificate of Commendation for your invaluable contributions during COVID-19

by Agency for Integrated Care

President's Certificate of Commendation to PHPCs for COVID-19 contributions

The COVID-19 pandemic was a challenging time, during which our Public Health Preparedness Clinics (PHPCs) went above and beyond, participating in initiatives to ensure that residents received required care, testing and vaccinations close to home. We would like to express our gratitude to the PHPCs for partnering us in the national fight against COVID-19.

The SARS outbreak of 2003 highlighted the importance of having a system that would enable efficient case-finding and treatment at the community level during public health emergencies. The Pandemic Preparedness Clinic Scheme was set up and later consolidated with the Haze Subsidy Scheme to form the PHPC Scheme in 2015, allowing enrolled clinics to serve as the first line of defence during infectious outbreaks.

Singapore's response to COVID-19 as a whole was remarkable, with a high vaccination rate and one of the lowest case fatality rates of all the countries in the world. Our PHPCs, no doubt, played a key role in the country's successful handling of the crisis. During the pandemic, more than 1,000 PHPCs were activated and took on roles such as administering vaccinations and testing. Here are some of the initiatives that they were involved in.

Flu Subsidy Scheme

This scheme enabled Singapore citizens and Permanent Residents with symptoms of acute respiratory infections to receive consultation and medication at subsidised rates of $5–$10 at PHPCs. The MOH subsidies made care for acute respiratory infections affordable and accessible, and encouraged residents to seek treatment early and helped to limit the spread of possible infections when details of the infection were still uncertain.

Swab and Send Home

The Swab and Send Home (SASH) Programme was an initiative to expand the COVID-19 testing capacity by tapping on PHPCs to carry out swab tests on individuals presenting with symptoms of acute respiratory infections. These efforts provided residents with convenient and timely testing close to their homes, hence facilitating early detection and active case finding in the community. Free Personal Protective Equipment was provided to participating PHPCs to carry out this initiative.

Photograph courtesy of Dr Nelson Wee

National Vaccination Programme (From January 2021)

PHPCs supported the National COVID-19 Vaccination Programme by offering free COVID-19 vaccinations subsidised by MOH to residents, making vaccinations accessible and convenient. This allowed vaccination capacity to be expanded, which was critical in protecting residents from severe disease, minimising the risk of transmission and preventing the healthcare system from being overwhelmed. As a result, Singapore achieved a remarkable vaccination rate compared to most other countries and was able to ease restrictions allowing residents to resume their pre-COVID-19 activities.

MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

7 November 2023

Dear Colleagues

As we reflect on the past years, we are reminded of the significant milestones we have achieved during the recent pandemic, from activating the Public Health Preparedness Clinics (PHPCs) in February 2020 to detecting and managing COVID-19 infections, providing COVID-19 vaccinations and treatment, and finally transitioning to DORSCON Green in February this year.

I wish to express my heartfelt appreciation for your unwavering support in the participation of various COVID-19 schemes, assisting our nation during the pandemic and transitioning to endemicity. Your efforts are greatly appreciated. In recognition of this contribution, PHPCs have been awarded the President's Certificate of Commendation (COVID-19) during the investiture of the National Awards (COVID-19) on 18 June 2023 and the College of Family Physicians Singapore (CFPS) had represented PHPCs to receive this award.

Once again, thank you for your invaluable contributions and supportive efforts. I look forward to our continued collaboration to provide better healthcare for our residents.

With best regards

Professor Kenneth Mak
Director-General of Health
Ministry of Health, Singapore

Letter of appreciation from Director-General for Health and photograph of Dr Tan Tze Lee, then president of the College of Family Physicians receiving the commendation medal on behalf of PHPCs.
Visit www.primarycarepages.sg to read the letter in full.

Oral Antivirals (From March 2022)

Participating PHPCs administered free Oral Antivirals to eligible residents who tested positive for COVID-19 who were at risk of severe illness. This initiative was key to reducing hospital admissions and the general burden on the healthcare system.

Interested in participating in the PHPC scheme? Scan the QR code or contact your AIC account manager to learn more.

Home Recovery Programme

The Home Recovery Programme enabled eligible COVID-19 positive residents to recover at home, with PHPC support through patient assessment, medication, follow-up and coordination with private swab providers for subsequent swabs where needed. This enabled tertiary acute hospitals and community facilities to focus on providing care to patients with severe illness and reduced the need for additional capacity for patients with mild/moderate illness.

Once again, we would like to thank all our PHPCs for this tremendous effort during the COVID-19 pandemic, providing much needed care and advice to residents amidst constantly changing protocols. We would also like to thank all Primary Care Network (PCN) leaders and staff for supporting their clinics during this time.

• SALE/RENTAL/TAKEOVER •

Singapore Clinic Matters Services: Singapore's pioneer clinic brokers. We buy and sell medical practices & premises and also provide other related clinic services too. Yein – 9671 9602. View our full services & listings at https://singaporeclinicmatters.com.

Two Adjacent Rooms for Rent. Two rooms in a medical suite at Mount Elizabeth Medical Centre Orchard for rent. Available from January 2024. If interested, please SMS to 8374 6516. No agent please.

• POSITION AVAILABLE/PARTNERSHIP •

Permanent mornings 4 days +/- a week/Flexitime at established GP clinic in Eunos/Ubi. Salaried. Partnership/ Profit share/takeover also considered. Comfortable pace and environment, appreciative patients. Comfortable with doing well women check-ups an advantage. WhatsApp message 9778 8160.

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(SGX:NPL)
www.nikspro.com

Niks Professional owns and operates medical clinics under the "Niks Maple" brand, focusing on family practice dermatology and aesthetic medicine. We also have a wide and comprehensive range of medical skin care products to complement medical solutions.

Having been recently listed on the Catalist Board of the Singapore Exchange, we seek partners to join us in our growth journey.

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We seek fellow clinics interested in growing with us by way of mergers and acquisitions. GP clinics focusing on **family practice dermatology** and/or **aesthetic medicine** are welcome, so are **plastic surgery clinics**. Please email to strategic@nikspro.com. Confidentiality assured.

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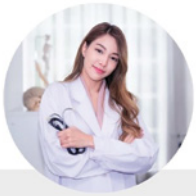

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Interested parties may contact us via email: doctor@minmed.sg

Mandatory Medical Ethics CME for SMA Members

Five **mandatory medical ethics (MME) continuing medical education (CME) core points** over a two-year cycle will be a requirement for all fully and conditionally registered doctors to renew their practising certificates (PCs).

Doctors whose PCs end on 31 December 2023 can submit their MME core points starting from 1 January 2024. Doctors whose PCs end on 31 December 2024 can submit their MME core points starting from 1 January 2025.

List of SMA-conducted MME CME programmes available in 2024

	Dates	Prices (inclusive of 9% GST)
MME Webinars (SMC Category 1B: webinar) | 1 MME core point per webinar		
MME Webinar 1: Professionalism	3 Feb 2024	SMA Members in good standing: Complimentary Non-Members: $109/webinar
MME Webinar 2: Informed Consent	6 Apr 2024	
MME Webinar 3: Ethics Analysis	6 Jul 2024	
MME Webinar 4: Medical Records	7 Sep 2024	
MME Webinar 5: Privacy and Confidentiality	2 Nov 2024	
MME Distance Learning Programmes (SMC Category 3B: video/online readings and quiz) | 1 MME core point per module		
Informed Consent – Legal and Ethical Basis	Life Members: 1 Jan 2024 onwards Other Members: 15 Jan 2024 onwards	SMA Members in good standing: Complimentary Non-Members: $119.90/module
Using the Four-Box Method for Ethical Case Analysis		
Medical Professionalism – How the Law and Ethics Regulate Our Practice		
Understanding Consent – The Key Elements Which Protect Patients and Doctors		
Medical Decision-Making: Assessment of Mental Capacity under the Mental Capacity Act		
MME Articles (SMC Category 3B: article and quiz) | 1 MME core point per quiz		
Approach to Ethical Analysis in Clinical Medicine	Life Members: 1 Jan 2024 onwards Other Members: 15 Jan 2024 onwards	SMA Members in good standing: Complimentary Access to SMA Members only
The Philosophy of Professionalism and Professional Ethics		
Principle of Primacy of Patient Welfare		
Understanding Privacy and Confidentiality		
Core Concepts of Consent in Medical Practice		

Visit us at our website to find out more about these and other MME programmes.

For queries, please contact us at cme@sma.org.sg.

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