

SMA



For Doctors, For Patients

news

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Honouring the Past, Charting Our Future

2026

2016

Cultivating the News –
Roundtable Interview
with SMA News Editors

Is Medicine a Calling,
a Career or Commerce?



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Editorial Executives

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ADVERTISING AND PARTNERSHIP

Li Li Loy
Tel: (65) 6232 6431
Email: adv@sma.org.sg

PUBLISHER

Singapore Medical Association
166 Bukit Merah Central
#04-3531 Eagles Center
Singapore 150166
Tel: (65) 6223 1264
Email: news@sma.org.sg
URL: <https://www.sma.org.sg>
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CONTENTS

Editorial

04 The Editors' Musings

Dr Tina Tan and Dr Lim Ing Haan

Feature

06 Cultivating the News – Roundtable Interview with SMA News Editors

Dr Chie Zhi Ying and Dr Lim Ing Haan

Council News

11 Highlights from the Honorary Secretary

Adj A/Prof Ng Chew Lip

Medical Officer's Column

12 The Post-MBBS Decision

Dr Wong Tien Yin

Personally Speaking

13 Is Medicine a Calling, a Career or Commerce?

A/Prof Cheong Pak Yean and Prof Goh Lee Gan

Medical Bilingualism

14 Building a Multilingual Clinical Environment

Hobbit

16 Hobbit's Aphorisms

Hobbit

Event

18 Fraternity on the Fairways

Hidayah Sunaryo

21 Afternoon Tea with Dad: Bonding Over Food and Games

Joanne Ng



Opinion

22 Partnering Fitness Professionals for Holistic Recovery

Benson Poh and Dr See Hui Ti

SMA Charity Fund

24 Broadening Perspectives Through Learning Exposure Trips

Sharmilah Banu

Indulge

25 60 Years of Assorted Curiosities (Part 2)



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.



We continue our commemoration of 60 years since the very first publication of *SMA News*. For this issue, several Editors past and present (also known as yours truly) came together over a hearty meal to talk about their experiences running the newsletter and what shaped the way *SMA News* looks like now. Each experience spans eras – from the pre-Internet days to the explosion of the World Wide Web (we do not even call it *that* anymore) to now, with the onslaught of artificial intelligence and tentative discussions about making the newsletter fully digital. As for the latter, no decision has been made on this yet, so for those who cherish their paper copies, please relax.

We have also reprinted more articles which we felt were particularly meaningful and which were written by colleagues who are no strangers to us. "Hobbit's Aphorisms" remains a humorous classic which should be reprinted every few years in my honest opinion, while the timeless piece on the

calling of medicine, by Prof Goh Lee Gan and the late A/Prof Cheong Pak Yean, should be required reading for medical students. Meanwhile, Dr Wong Tien Yin's article from March 1994 just goes to show that doctors-in-training issues remain important, because at some point, each of us were just starting to navigate this maze that was the start of our professional careers. To put it simply, we could all do with a little guidance sometimes.

Publishing a newsletter every month is no joke, and it is difficult to imagine the amount of behind-the-scenes work and tireless dedication which goes into *SMA News* to make it happen without fail for 60 years. Planning this and last months' issues has been an eye-opening journey for the Editorial Board and the News team. I am grateful to have been handed the opportunity to make my contribution to this platform as we continue to represent issues close to the hearts and minds of our readers.

With that, happy reading.

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 at Mount Elizabeth Hospital. Both believe in the power of food, travel, laughter and loyalty in forming strong family bonds.



Now in its 60th year, *SMA News* began publication just one year after Singapore's independence. The practice of medicine was very different in those early years. In the 60s, Western medicine was becoming increasingly prominent, gradually overtaking traditional Chinese medicine in public importance. With mass X-ray screening and mandatory BCG vaccination, tuberculosis declined as Singapore's leading killer, giving way to cancer and heart disease.¹

Public health efforts also expanded during this period. The Singapore Anti-Tuberculosis Association started a cardiology department in 1965.² Nationwide campaigns on family planning and dental health continued into the 1970s. These were followed by initiatives such as National Heart Week in the 1970s, the National Smoking Control Programme in the 1980s³ and the National Chronic Disease Management plan in the 2000s.

Changing concerns of the medical profession

The concerns of doctors have changed profoundly over time. Early issues of *SMA News*, initially known as the *Medical Newsletter*, reported on marriages and carried obituaries. Later issues addressed more serious topics such as the changing landscape of medical litigation and hospital restructuring. Contributors also debated on fee guidelines, reflected on the commercialisation of medicine and discussed the then novel residency programme.

Through these shifts, *SMA News* has maintained a careful distance from medico-politics while continuing to reflect the issues that matter to the profession.

Looking back, looking forward

If life really begins at 60 years old as some say, it is fitting that our August and September issues are devoted to memorable articles from the archives, offering readers a chance to revisit the publication's journey, the evolution of medicine, healthcare priorities and the concerns of doctors in Singapore over these six decades. In addition, we also interview in this issue several past Editors of *SMA News* to share their candid perspectives and experiences guiding the newsletter.

At its heart, *SMA News* remains by doctors, for doctors. Echoing the view of the Editorial Board in March 1979, the newsletter continues to seek the views of young colleagues,

and we consistently feature news from medical students and actively invite the growing number of Singaporean students pursuing medical studies overseas to contribute. Perhaps in the future, *SMA News* may come to feature interactive videos and use platforms such as TikTok to reach out to our younger readers. Looking at how much has changed from the time of the article "The Internet – Ways to Get Connected" in the November 2000 issue, I genuinely find it difficult to predict the future.

Do enjoy this issue and the back copies available on our website! A big thank you as well to our Editorial office for their efforts in uploading past issues into the electronic archives. Readers can now access digitised issues dating back to the year 2000 at: <https://sma.org.sg/news/allissues>, while issues earlier than 2000 can be found at: <https://www.sma.org.sg/news/archives>. ♦

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1. Yong NL. Speech of Mr. Yong Nyuk Lin, Minister for Health, at the official opening of the 1st World Health Organisation Regional Tuberculosis Control Training Course held at Tan Tock Seng Hospital lecture theatre on Monday, 14th February, 1966 at 1020 hours. In: National Archives Singapore. Available at: <https://bit.ly/4y7axNw>. Accessed 26 August 2026.
2. Lee SY, Goh LK. Singapore Anti-Tuberculosis Association. In: National Library Online. Available at: <https://bit.ly/4c5xeck>. Accessed 26 August 2026.
3. Our History of Healthcare. In: Roots. Available at: <https://bit.ly/4i0dmLv>. Accessed 26 August 2026.

For readers curious about some of the significant topics covered in past issues of *SMA News*, a small collection of topical articles has been curated below for your reading pleasure. This list is by no means exhaustive and covers only a fraction of topics relevant to the exciting history of Singapore's medical landscape.

Public health efforts in Singapore

1. Meeting the Ongoing Challenge of Chronic Diseases (Feb 2004): <https://bit.ly/46kkOdj>

Evolving concerns of the medical profession

1. The Changing Face of Medical Litigation in Singapore (Jul 2001): <https://bit.ly/4djkc5>
2. Clustering: Boon, Bane or Bust? (May 2004): <https://bit.ly/4xlULxr>
3. Insights into Singapore's Healthcare Landscape – Interview with A/Prof Benjamin Ong (Apr 2018): <https://bit.ly/3UMMIMx>

Technological advances through the years

1. The Internet – Ways to Get Connected (Nov 2000): <https://bit.ly/4dAtWhG>
2. Are We Entering a Super-Physician Age? (Oct 2018): <https://bit.ly/4h8t9pe>

Adopting the residency programme

1. Residency – A Total System Overhaul (Nov 2009): <https://bit.ly/4A877eZ>
2. Going the American Way (Feb 2013): <https://bit.ly/4hsyhWE>

Guideline on Fees

1. Could SMA Have Not Withdrawn the Guideline on Fees? (Sep 2014): <https://bit.ly/4heKxZM>
2. Chronology of Events Leading to the Publication & Withdrawal of GOF (Apr 2007): <https://bit.ly/46X9P9L>

SMA's fight against pandemics

1. The SARS Outbreak: Immediate and Future Lessons for the Medical Profession (Apr 2003): <https://bit.ly/4yAxAAA>
2. SARS and PPE (Part 5) (Jul 2003): <https://bit.ly/4dCy1lv>
3. First 100 Days of COVID-19 – How It Impacted Medical Education (Jul 2020): <https://bit.ly/4dwWGYD>

Medical students overseas

1. Things That Resist Being Understood (Dec 2019): <https://bit.ly/4h43yOK>



Past and present SMA News Editors and Editorial Board members gather for an evening of retrospection.

Cultivating the News

Roundtable Interview with SMA News Editors

Interview by Dr Chie Zhi Ying, Deputy Editor and Dr Lim Ing Haan, Editorial Board member

Over the course of *SMA News*' 60 years, many Editors have helmed the newsletter and brought with them their unique dynamism and vision. To celebrate and pay tribute to their efforts and dedication, **Dr Chie Zhi Ying (CZY)** and **Dr Lim Ing Haan (LIH)** speak with past and present Editors **Prof Wong Tien Yin (WTY)**, **Dr Toh Han Chong (THC)**, **Dr Tan Yia Swam (TYS)** and **Dr Tina Tan (TT)** about their tenures leading the newsletter.

Note: Prof Wong Tien Yin was unable to attend the interview in-person and has contributed to the interview via email.

LIH: How did each of you come to be the *SMA News* Editor? Perhaps we can go in chronological order.

WTY: I was Editor from 2003 to 2004. As a proud Singapore-trained doctor, I always wanted to contribute in a meaningful way to the profession. I was interested in new ideas and reaching out to the younger members of our professional doctor community. *SMA News* was a wonderful platform to reach out, engage and connect. This was way before the era of social media, Facebook and LinkedIn.

THC: I was Editor for ten years from 2004 to 2014. I remember that evening when Tien Yin took me out for dinner and said,

"Can you take over my job?" I believe it was because he was taking up a position at the University of Melbourne and was going to become very busy overseas. But honestly, like all of you, I have been sort of involved in drama, debating, writing and editorial work much of my life. I was the editor of my school magazine, my senior high school magazine and my university society magazine; it is something that comes naturally to me.

TYS: Did you write for *SMA News* before becoming Editor?

THC: I do not remember. I think I did, but very rarely.

TYS: I went to check, and my first article written for *SMA News* was a parody of *The Devil Wears Prada*.

THC: Really? No way!

TYS: It was titled "The Devil Wears Scrubs" and it was published in the October 2007 issue under a different name at the time: Tan Yixuan, not Tan Yia Swam. And the next thing I knew, someone called Prof Toh Han Chong, Senior Consultant, National Cancer Centre Singapore, somehow asked me to meet for lunch.

THC: Also known as "old person". [laughs]

TYS: I was only a third-year general surgery medical officer at the time. I thought, 莫名其妙 ("how odd"), I had submitted my article already and he still wanted to meet me? We met and talked about a lot of things, and he invited me



to join the Editorial Board. I continued writing on and off for the newsletter, then eventually became Deputy Editor in 2008, and Editor in 2014.

THC: I passed the baton to Yia Swam, since I had served as Editor for ten years.

TT: Ten years feels very long.

THC: Too long.

LIH: How long were you there for, Yia Swam?

TYS: I served as Editor for six years from 2014 to 2020 and stepped down because I became SMA President.

TT: My story of how I came to be on the Editorial Board is that one day, when I was still a medical officer, I came home post-call. All of a sudden, my phone rang; it was a person I had not talked to in a few years because her name was associated with surgery days for me, which were a little scary. *[laughs]*

TYS: Who could it be?

TT: The first question Dr Tan Yia Swam asked me was, "Are you a Member of SMA?" I said, "Yes..." And the next statement was, "Your classmate, Chia Ghim Song, arrowed you because you did some yearbook stuff in medical school." So that is how I came to be part of the Editorial Board – because I got arrowed by my classmate.

As for how I became Editor, it is a similar story. She met me one day at the start of the COVID-19 pandemic and took me out for lunch. No, there was actually something else before that. She came to my baby's 满月 (first month celebration). While holding my baby, she said, "You're the next one *hor*."

THC: Wah! Very direct.

TT: Yeah, she was holding my baby, you know!

TYS: The succession planning is very important. *[laughs]* Because you had completed your family, right? With your family settled, you were ready to take on more responsibility, so you could be the next one. The checklist was all ticked.

TT: Then, similar to this, the meal came and she told me again, "Okay, you're up next." It has been six years since, and I am still the Editor.



Dr Toh Han Chong (left) and Prof Wong Tien Yin (right) sharing dim sum

Different experiences, similar goals

THC: But you have always been a good writer. You have written and published some children's books, right?

TT: I would not say I am a good writer, but like you, I have always been interested in the written word. I am part of the pioneer batch of Duke-NUS Medical School, and I did indeed help plan and coordinate the first yearbook, which is what I think Ghim Song remembered.

LIH: Tina is a graduate of Duke-NUS and Yia Swam is from NUS Medicine, right? And Han Chong studied in the UK.

TYS: I think that influenced the kind of people interviewed in the newsletter. I remember that under Han Chong's leadership, the newsletter invited a lot of amazing national experts. I remember feeling that these people were so powerful and amazing, yet I did not know who they were. It was right that we should celebrate our own local people.

THC: I have never heard that sentiment until now and I think it is great that you have that feeling. I had been away overseas for so many years, and I believed that it was important as well to showcase our local experts, icons and legends, as part of Singapore's medical history and legacy.

TYS: Interesting. Our experiences influenced the way we directly ran the newsletter. I reread my key Editorials to recall what my thoughts at the time

were. In my first column as Editor, I said that the newsletter should never become a voice for any one group or party. It was my stance that *SMA News* should be by doctors, for doctors.

Shaping *SMA News* through the eras

LIH: This leads well into the next question. What were your visions for the newsletter?

WTY: I sought to promote the identity of Singapore's medical profession, particularly to the young. During my tenure, I wanted to focus on our young doctors' lives, their training, their challenges at work and their career progression. At that time, Singapore's medical community was dominated by many senior members of the medical profession, but few of the younger doctors were engaged. I feel *SMA News* played this key role well.

THC: For context, we should remember that we were all Editors at different historical moments in life. I came in as Editor only after the SARS outbreak, which was a very dark and challenging period. There were some seminal articles that came out during that time. One of them was the classic 13-part *SARS Chronicles* by Prof Chee Yam Cheng, published across Tien Yin's era. Prof Chee has an elephant's memory and a giant intellect, and his series provided a strong narrative of what was happening on the ground in Tan Tock Seng Hospital while





everyone was so cut-off. Those were the early days of the Internet and news was less readily accessible – there was neither WhatsApp nor social media and most of us did not know what was going on.

This was the period in which I became Editor. And, as Yia Swam says, I come from a very liberal *kantang* world, having studied medicine in the United Kingdom. I believe that the written word is very powerful – the news and media are very powerful voices of influence – and so I saw the newsletter's role as being very important, both as a mouthpiece for what SMA believes in and what the Association wants to represent for doctors. That was the kind of vision I had, to highlight who doctors are, what doctors do and the fruits of their many good works. And that is where the interviews come in. After all, we have so many different kinds of doctors across so many fields, including outside the practice of medicine, and we should be proud of them.

TYS: For me, I had a strong focus on the operational aspect of the newsletter. I sat down with the News team and discussed with them the challenges they faced in the day-to-day running of *SMA News*. One of the problems they often faced was with late submissions, so I enforced a regime of forward planning, for the Editorial Board to roughly plan out the entire year in advance.

TT: Oh, it is working very well.

TYS: I also wanted to lessen work for myself, so I made sure that most issues would have a co-Editor. Every time they reached out to me to write the Editorial, I said, "Call these other people *lah!*"

TT: I do not know how Han Chong managed to write a full column every single month. Some months, I struggle to write even 150 words! *[laughs]*

THC: I wrote often, but I do not think I wrote every single month!

TYS: I started that practice formally. I looked into what the Editor's role should be, which includes directing and shaping the flow of the newsletter. I was inspired by *The Devil Wears Prada*, right? So, I went to read about *Vogue* and other fashion magazines. The monthly Editorial was born from that, as well as having an

attractive front cover and stricter forward planning for our issues.

TT: Wait, you mean *SMA News* did not always have an Editorial?

THC: There were some issues where we just did not have Editorials.

TT: So, it was not a consistent practice to introduce the issue in the Editorial the way we do now.

THC: Occasionally, I did so. But my column was often commentary on all sorts of things, not necessarily on the issue focus. However, the *SMA* President's column was very consistent.

TYS: The consistency of it contributed somewhat to our challenges with the newsletter's timeline. That is why I was quite strict in enforcing our planning – like a surgeon, you must plan your timeline carefully.

TT: It has worked really well, and it helps the team greatly. At our last meeting, we planned all the way to the end of the year. I was so happy. As for me, my vision is to not rock the boat. *[laughs]* Shortly after I took over, there were staffing issues that caused disruptions, particularly amid the COVID-19 pandemic.

Noteworthy moments

CZY: What are some of the challenges and/or milestones of your tenures as Editors?

WTY: For milestones, I am proud that we had a good younger team of Editorial Board members, and we reached out actively to have more interesting articles, including interviews and solicited articles from broader members of the community. We also highlighted many of the problems faced by house officers and medical officers in those early years. As for problems, a big one we encountered was that we were all very busy and it was hard to have meetings and discussions. Many of the younger people especially were not able to contribute. We also had issues with some contributors who wrote on more controversial areas, which had to be managed closely.

THC: One interesting thing that happened in my time was that the Internet was beginning to take off, in

the late 1990s. One of the most difficult things for any newspaper – not just us, even the global and local mainstream newspapers like *The New York Times*, *The Straits Times* – was the potential impact of the Internet on our readership. There was a lot of discussion about who would read physical newspapers with the increasing popularity of the Internet.

LIH: Even at such an early time?

THC: By 2004, people were already scrolling through Yahoo and such websites for their news! I had many discussions with our staff about how much online presence we needed to have, before kickstarting the newsletter's online presence. That was both a major challenge and milestone of my time as Editor, something that was at once exciting and uncertain and interesting. But somehow, doctors do like to smell their hardcopy, because they still put *SMA News* in their clinics and hospital waiting rooms. *[laughs]*

TYS: As Dr Wong Chiang Yin likes to say, we can read *SMA News* in the toilet!

TT: I would like to add on that at the last Editorial Board meeting, I had a conversation with the staff about the potential removal of print copies of *SMA News*, which I felt a little opposed to.

LIH: Do not take them away! Let people opt out; I want to keep my copies.

THC: Yeah, they are very sentimental.

TT: This topic arose because with the changing times, there is a significant percentage of our readership who do not necessarily want print copies, and there are costs associated with continuing to provide hardcopies. Young people also do not read print as much. No decision has been made yet on this, but it is a new challenge we are facing: how to stay modern and relevant for everyone.

On writing incognito

THC: There is another challenge I encountered during my tenure: handling anonymous and pseudonymous writers. *SMA News* has had many such writers over the years and many of them have contributed insightful and well-loved articles. But it was challenging to manage because when writers do not have their real names attached to their



articles, it becomes easier for them to have less restraint and be bolder. There is often much wisdom in these articles; anonymity enables people to share their honest feedback on the conditions they see around them. But the protection of anonymity can also lead to very emotionally charged articles that can cause backlash. There are always two ways to say something, and if you say it in a very strong way, some people can become very sensitive. Then, as the Editor, the backlash comes to you.

TYS: I wrote a couple of anonymous articles before. At the time, I was a junior doctor complaining about training, and I wrote under the pseudonym of SK Warrior, as in *saikang warrior*.

THC: Yes, I remember that. As a junior doctor, you must have been concerned; you did not want to get *tekan*. [laughs]

TYS: Yes, of course. But after that period, I believed that complaining anonymously is one thing, but to make a systemic change, you need to put a name to your words. That shaped my later choices to push for more systemic changes. Even if it is controversial, if I put my name and face to it, my words are honest and sincere.

THC: I love *The Economist*, and their principle is to not publish any name for its authors. I knew its Asia-Pacific editor, but she would never write in her name; there is no byline in any article and there is no name. The effect is that they speak in unison as one voice, and the editor in chief would potentially take the hit if any one journalist writes something that evokes a negative response. Which is kind of sad, right?

I do think the option of anonymity is still important because anonymous writers often say things that other people want to say but do not dare to. Plenty of things need to be said, but when anonymity encourages excessive indiscretion, it creates challenges for the Editor to handle. Moderating overly strong, contentious content can in turn create some conflict with the author's vision, so it was a delicate balance to strike. There have been times where I had to reject submissions entirely, which sparked off its own problems.

LIH: I believe that most anonymous writers are standing up for the average doctor when they speak uncomfortable truths.

THC: It is true that they can sometimes represent the otherwise unspoken stance of the profession. But that cannot be taken for granted, and the onus is on the Editor to manage the situation with care.

TYS: It is good that we have the occasional anonymous writer, because people do want to be whistleblowers when there is the need. And if you find that the article is fair with some insight, some way to improve the system, then that is all the better; it will not just be bashing.

TT: Incidentally, I have just accepted a new anonymous writer, so our readers can look forward to that. But that challenge of managing submissions so that they are not too one-sided is something that crops up repeatedly, even with named authors.

Expanding the newsletter's scope

THC: What about your other challenges or milestones, Tina?

TT: The biggest challenge is meeting timelines! As for milestones, I have two that come to mind. During the COVID-19 pandemic, I was approached by Dr Joycelyn Soo when she was still a medical student. She expressed a very keen interest to be a part of *SMA News* even as a student. So I said, how about we start this role called "student correspondents"? And now we have local student correspondents and even one who is studying in the UK. Joycelyn connected us with Helen Cai, who is studying in the UK, and from there we started this column that I envisioned would be like *Letter from America*.

THC: Are you thinking of that radio broadcast series by Alistair Cooke? You are very literary! He belongs to your father's generation.

TT: I have the essay compilation of the series; and that is the story of why we have a bimonthly *Letter from the UK*. The other milestone I am proud of is an

initiative started by Yia Swam. She had a couple of doctors who would contribute illustrations semi-regularly, and I wanted to do something similar. Now from those two contributors, we have a pool of seven illustrators. Now that I am familiar with their art style, I can tap on them to complement appropriate articles.

LIH: Apart from the forward planning you introduced, what other notable milestones did you have in your tenure, Yia Swam?

TYS: I would say: getting to know the entire team more, both Editorial Board members and staff; trying to showcase more local talents, especially having a good mix of colleagues from both the private and Government sectors, and those with unusual specialities. Our Editorial Board meetings also became a lot more interrogative. [laughs] I recall that our meetings during Han Chong's time were quite casual. You would talk, talk, talk, and the rest would say, "Can, can, can." Then, you would ask, "Who will write this article? Can anybody write it?" and there would be silence. I made sure that everybody was arrowed constantly. "We need this and this, I leave it to you, please find the appropriate writers," and so it was clearer for how everybody could contribute. With a very clear direction on timeline and whom to chase, the News team could become more efficient. Another thing is that I got the team to upload on our website the digital copy of every issue dating back to the year 2000.

Looking ahead

CZY: What are your hopes and expectations for the future of *SMA News*?

TT: One of the nice things about being Editor is that sometimes, randomly, especially at the SMA Annual Dinner, there are people who come to me and say, "Hey, I read this article," or "I read what you wrote." And it continues to amaze me that people are actually reading our newsletter. I just hope that people will keep reading it and that we will be able to stay relevant and in a way that appeals to everybody. We were talking about different historical trends, right? Now we are at a point where we talk about whether we still





need print copies. Artificial intelligence (AI) technology has also cropped up, and we had to spend some time this year coming up with guidelines for AI use in submissions. So, my hope is that we can navigate all these challenges.

TYS: Likewise, I was also always worried in my six years as Editor. You spend so much love and effort to curate and proofread the content, and yet you do not know whether anybody is reading them or not. But you are right; people remembered me when I became SMA President. Some called me “the SMA girl” because my name and face appeared so frequently in the newsletter with my monthly President’s Forum column. Whether you are Editor or President, people do not really care. They just remember, “Oh, you’re the SMA woman, you’re the SMA girl.” But as for my hopes, I hope that *SMA News* will be relevant not just for doctors but will also influence the public as well, because it is a public domain newsletter. I hope that more journalists and members of the public will read through the struggles that doctors have, and learn about our loves and our concerns. Sometimes, I purposely take some of our articles and send them to my journalist friends.

THC: I think it is heartening that people are still reading our newsletter. In the modern day, people seem to be more aware of current affairs and social issues through social media, and often they will not stand for certain things; we can see that there is an evolution of how people think. But I think one important thing about doctors is that we came into the profession believing in something and having a conviction for our vocation. You all have very strong ideals and values, right? And I can see all of this coming out; that is why we and our contributors can be very vocal about the issues we care about. *SMA News* represents a group of people who are doing good things, not just in the medical sector, but also doctors contributing on a big stage like Dr Beh Swan Gin who was chairman of the Singapore Economic Development Board. That representation we have is also very important.

WTY: I hope that the newsletter continues to reach out to all groups

of doctors – the senior members, the junior members, those who are trained overseas and are part of our community, those who are not in active clinical practice but in academia, industry, Government, etc. Doctors have many roles and we need to capture representation of them all.

Final reflections

LIH: I really need to thank Yia Swam. You are the one who brought me onto the Editorial Board.

TYS: Yeah, I remember. We were trying to revamp and get more ladies onto the Editorial Board about two years ago, and I was digging through the list of contacts I knew in the private sector.

TT: And I could not even meet you then because of the COVID-19 pandemic. I remember we only had a phone call. It was only much, much later that we met in person.

LIH: It was quite strange that I did not get to meet everyone face to face. *[laughs]*

TYS: Getting people into Association work can be an odd fit, you know? Some people have very strong ideas of what they want to do, and when they find that the Council is perhaps not as strong or vocal as they like, that we do not take as much of a stand as they prefer on particular issues, they tend to distance themselves from our work. Some people also do not want to commit the time – because it is very demanding on that front. So, after a while, you do have to form friendships to really enjoy being out here and not, for example, working or being at home by yourself. Some people quietly drift away after one or two years because of that.

THC: But remarkably, some people stay for a long time.

LIH: Like yourself?

THC: Like Dr Lee Pheng Soon.

TYS: And Dr Wong Chiang Yin, who has served on the Council for 31 years as of 2026.

LIH: Overall, I think *SMA News* has done a great job so far at highlighting most of the profession’s concerns. Not just that, but we also talk about lots of fun things.

TYS: The travel articles have always been a highlight.

THC: That is true. In my time, Dr Martin Chio wrote a lot of travel articles.

TYS: Then Dr Oh Jen Jen as well.

TYS: We also highlight some of the medical mission trips to the *ulu* parts of the world.

THC: I think that is an important thing to highlight. Because it is common for doctors to undertake such charity work and go on humanitarian missions.

LIH: A lot of doctors do mission trips here and there. You can see it on their Instagram and Facebook pages.

TYS: Another thing I always loved about being the Editor is when random doctors from who knows where send an article out of the blue. I ask myself, “Who is this?” and after a Google search, find out that it is some lonely GP in solo practice somewhere. It is always quite touching that they suddenly feel this need to write. And they are always very shy about their submission. They will text, “Oh, I’m not sure that my article is good enough.” And I reply, “Can, good, we welcome all writers.” They say, “Oh, but I don’t write very well,” and I say, “Eh, you’re a doctor *leh*, what do you mean by that? Just write, just send it in. My team will double-check it for you.” They usually send us some bits of reflections or some cute little patient anecdotes.

THC: Medicine has a lot of these human-interest stories, and doctors see the human condition and humanity up close. That is why doctors make for great writers like John Keats, Arthur Conan Doyle, Anton Chekhov, Lu Xun, Somerset Maugham, Khaled Hosseini, Oliver Sacks and more.

CZY: Thank you all for your time and service, and may *SMA News* continue to flourish for many more years to come! ♦

The past 60 years of our newsletter have been sustained by the dedication and continued efforts of our Editorial Board and contributors alike. If you are keen to play a part in shaping and contributing to the future of *SMA News*, write in to us at news@sma.org.sg today!

HIGHLIGHTS

From the Honorary Secretary

Report by Adj A/Prof Ng Chew Lip

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



MOH FAQs on disclosure of patient medical records to insurers

On 9 January 2026, the Ministry of Health (MOH) issued Circular No. 02/2026, which provided clinics with guidance on the disclosure of patient medical records to insurers. SMA then submitted feedback to MOH on 4 February 2026, seeking clarification on the circular.

MOH later issued on 5 June 2026 a list of responses to frequently asked questions (FAQs), to provide clarification in the areas of patient consent, disclosure requirements, National Electronic Health Record access, etc.

The FAQ may be viewed in full at: <https://bit.ly/4wulDKK>.

MOH circular on platelet-rich plasma and autologous protein solution services

On 13 July 2026, MOH issued Circular No. 56/2026, proposing modifications to the licence conditions on licensees providing or intending to provide restricted services, relating to platelet-rich plasma and autologous protein solution.

The circular may be viewed in full at: <https://bit.ly/4btjVC9>.

SMA partners SCS AI skills pathway launch

The Singapore Computer Society (SCS) has launched the Skills Pathway for Artificial Intelligence (AI), a new initiative to help professionals build AI capabilities relevant to their fields. SMA is proud to be one of the programme's partnering professional bodies, alongside the Institution of Engineers, Singapore and the Singapore Logistics Association.

The pathway offers two tracks: an AI Bilingual pathway for practitioners who wish to develop AI literacy, applied AI skills and governance awareness, and an AI Technical Specialist pathway for those pursuing in-demand technical AI roles.

SMA President Dr Daniel Lee Hsien Chieh noted that AI technology has enormous potential to improve healthcare, but successful adoption depends on clinicians understanding how to apply these technologies responsibly, ethically and in ways that strengthen patient care. Through this collaboration, SMA can help guide the development of AI capabilities so that it reflects both technological advances and the professional standards expected of medical practitioners.

Members interested in building their AI skills can find out more at: <https://skillspathway.scs.org.sg/ai>. ♦



Skills Pathway for AI – group photo at launch event

The Post-MBBS Decision

Text by Dr Wong Tien Yin



In line with *SMA News* being by doctors, for doctors, the Medical Officer's (MO) column was launched in 1994. Coordinated by Dr Au Kah Kay, the column served as a channel for younger doctors to communicate their feedback and advice, thus introducing MO concerns to the wider community. The following article marks the column's debut in the March 1994 issue.

When I was 18 years old, I posed this question to a school friend "What are you going to do?". He replied that he had decided to study Medicine.

7 years later, I asked the very same question to a few colleagues, all of whom graduated with me not too long ago. Their replies were hesitant, unconvincing and it was obvious that most had not made up their minds concerning their future training and careers. For young doctors, there is a palpable air of uncertainty after MBBS.

Some of us are determined to do a postgraduate specialist degree. Yet scepticism can be found in our "determination". Why do we specialize? Is it because of financial remuneration? Or is it because of prestige and a sense of academic achievement? Many do not know the answer. Some of us specialize by the process of exclusion – we do not like general practice. Others pursue specialist training with vigour in the early years, only to be disillusioned later on. It is increasingly common to hear of young doctors drop out of advanced training after obtaining basic postgraduate qualification.

For others choosing family medicine, what are our reasons? Regular working hours with time for family and other activities? Higher initial salary? Seeing a variety of illnesses and dealing with both medical and non-medical problems? Again, some chose this by exclusion – because we do not think we can get a specialty traineeship. Some feel it is increasingly difficult to get a job after basic postgraduate training and others see no endpoint in the training itself.

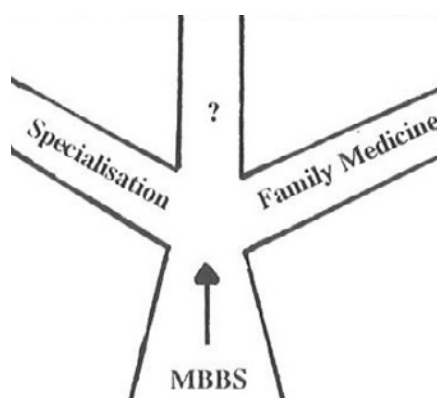
There is another group of young doctors who feel perhaps the most neglected. They are the "ordinary MOs", trying to finish serving the government

bond, making the best of each 6 monthly rotations, some inevitably proving less useful than others. Very often, they end up doing postings which will never be of any relevance to them in future eg neurosurgery, cardiothoracic surgery and neonatology.

We lack the much needed career guidance and direction. What can be done?

Some suggestions:

1. Central Direction from MOH



At the end of our first year as medical officers, we are eligible for traineeship. We receive an invitation letter along with an option form. It is brief, providing only a list of specialties available with no details. ***It would be extremely helpful if some relevant statistics can be included in the letter:***

- the number of doctors at present in each speciality and their respective positions
- projection of number of specialists required in various fields in the future
- the number of trainees who apply for each speciality in previous years and the success/failure rate
- a list of less popular specialties with available registrar positions

2. Career Guidance

This should ideally begin with the undergraduate medical student. From the third year onwards, we are rotated through various departments and specialties. This is perhaps the only chance we get exposure to specialties like ENT, Ophthalmology, Paediatrics, Forensic Pathology etc. During each rotation, a single session on training and career prospects could be included in the programme.

At the postgraduate level, a short series of forums by specialists in various departments could be organised prior to traineeship application in October. The forums could focus on training requirements (For example, a pair of steady hands is essential in Ophthalmology), career opportunities and future directions of the various specialties.

3. Well Defined Syllabus

In the United States, many centers offer detailed information on their postgraduate programmes and syllabus of each speciality. An intern seeking residency in a particular speciality receives this information with the application forms. Many of us are unaware of the exact syllabus and training programme when we initially apply for traineeship, relying on information provided by friends and colleagues.

Senior doctors often argue that the onus is on ourselves – to plan our careers, to choose our training and to derive satisfaction from our work. We are responsible for our lives and what we make of it.

We agree.

However, a little help would be much appreciated. ♦



Is Medicine

a Calling, a Career or Commerce?



Seasons change, but the age-old question of why one enters the medical field prevails. First published in the March/April 1996 issue of *SMA News*, this article by the legendary duo of Prof Goh Lee Gan and the late A/Prof Cheong Pak Yean reflects on three major dimensions that define the practice of medicine.

Text by A/Prof Cheong Pak Yean and Prof Goh Lee Gan

The practice of medicine can be viewed in several dimensions. First, medicine is a calling. The patient is a fellow human being to be cared for with compassion. This has since time immemorial been, and still should be the *raison d'être* for the practice of medicine. Medicine is also a profession. As a career, the patient is a client deserving competent and effective care. Increasingly however, medicine is being looked upon as a commerce, with the patient being treated as a consumer. Healthcare then assumes the features of a commodity. These three dimensions of the practice of medicine can be tabulated as in Fig 1.

Medicine as commerce strikes a raw nerve in many doctors. It threatens their value systems. Yet the practice of medicine of today cannot be divorced entirely from commercial considerations. Some may deal with the untidy state of affairs by openly accepting it as reality, much to the ire of some colleagues. Such doctors are likely to be labelled as mercenaries. Others deal with it using the dictum of "Robin Hood" as subterfuge. Robbing the rich as a means to the end of expropriating resources for the "poor" is their way to rationalise medicine as commerce.

The "Robin Hood" dictum may have been acceptable in societies where economic inequalities abound, where the majority are poor and deprived of basic healthcare. In rapidly developing societies with a growing middle class however, medical "Sherwood Forests" have less reasons to exist. The burgeoning economic power of the large middle-class allows doctors to be equitably remunerated without resorting to banditry. In the context of these societies, there are positive aspects of commerce such as the efficient production of needed services and fee schedules based on resources expended to create these services. In this setting, administering to the poor and needy can still come from subvention of government and from the charity of doctors and society.

It is tempting under free market conditions to provide services that are wanted by those willing to pay. Unfortunately, their wants may not be congruent with their medical needs. Doctors must not relinquish their responsibilities as patients' advocates and healthcare managers. They should not use the situation to maximise their financial gains. To do so is to forsake the covenant of the medical profession to society to practise medicine for the benefit of the patient.

We are witnessing the surging demand for more and more sophisticated healthcare in the emerging economies of our Asia-Pacific Rim. Advances in medicine create more diagnostic and treatment possibilities and strain resources. To resolve the conflicts, the market place is increasingly relied upon to arbitrate the mix of efficient production of healthcare, the professional yardstick of effectiveness and/or egalitarian principles of medicine as calling. As healthcare delivery systems become more complex and capital intensive, non-doctor investors and managers enter the scene. It is easy to decry the excesses of the commerce of medicine and to hark back to simpler times when doctors can practise medicine as both a calling and a career without having to acknowledge the commercial dimension. Doctors now need to give the situation a new appraisal. If they stand aloof, it is likely that the command and control will move into the hands of these investors and managers.

Where do we stand? It is clear that we cannot ignore the practice of medicine as commerce. However, we need to keep this dimension in check. Medicine as career and commerce without a calling may be financially and intellectually rewarding to doctors but they will lose the covenant they have with society. Practising medicine as a calling and commerce but without the rigours of professionalism is also not the answer. It tends to create a levelling down effect when effectiveness is subjugated to efficiency and egalitarianism.

The challenge is to strike a balance of all three dimensions so as to attain an egalitarian, effective yet efficient healthcare system. However, we need to derive our *raison d'être* from the practice of medicine as a calling. This is *sine qua non* for the existence of the profession. ♦

Figure 1: The Three Dimensions of the Practice of Medicine

Doctor	Patient	Relationship	Effect
Calling	Cared for	Compassion	Egalitarianism
Career	Client	Competence	Effectiveness
Commerce	Consumer	Commodity	Efficiency

BUILDING A MULTILINGUAL CLINICAL ENVIRONMENT



In an effort to better serve the local community of the time, *SMA News* initiated a column to teach Mandarin in a medical context. It aimed to equip doctors and clinical staff with the appropriate vocabulary to communicate with Mandarin-speaking patients. The following excerpt on influenza was the first in the series, published in the July/August 1978 issue of *SMA News*, then known as *SMA Newsletter*. ♦

SMA Newsletter, July/August 1978

MEDICAL BILINGUALISM

Influenza

1. Please tell me what is the matter with you?
I have fever.
2. How many days have you had fever?
About 3 to 4 days.
3. Have you been coughing?
Yes, from the second day of my illness. The cough is at night.
4. Are you coughing up sputum?
At first there was none, but since yesterday a little.
5. What is the colour of the sputum?
It was colourless at first, but is now yellow, thick and sticky.
6. How about your nose? Have you been sneezing?
Yes, from the very first day; but the sneezing stopped 2 days ago.
7. Is your nose stuffed up (blocked)?
Now and then.
8. Do you have a running nose?
Yes, it was watery at first, but now like sputum.
9. Does your throat hurt when you swallow?
It hurts all the time; even now as I am speaking.
10. Has your voice changed?
No.
11. Have you taken any medicines?
No, I thought I would get better on my own.
12. Open your mouth. Say "Ah!" longer please.
13. Put this thermometer under your tongue. Let's see your temperature. Your temperature is 39.5°C, quite high.
14. Take off your shirt and singlet. Let me listen to your breathe.
15. Breathe in deeply, then breathe right out, a bit faster
No, not quite so fast, a little slower. That's just right.
16. Please put your clothes back on.
17. Here is your prescription — take the medicine as instructed on the prescription.
18. Have I got tonsillitis? No, this is influenza.
19. You should go home and rest.
20. Here is a medical certificate for two days.

For those of us who were never able to, or have become rusty in using Mandarin in our daily work, the *SMA Newsletter* will be running a regular series on medical Chinese. Each feature will take the form of a conversation between a patient and the attending doctor. The medical topics covered will vary from issue to issue depending on the contributor, but the overall plan is initially to cover the commoner clinical situations.

The simplified (short form) Singapore Chinese character is used, because it is felt that as you progress to more words, which may sound exactly the same, the characters will provide a useful aide-memoire.

Romanisation is given, for the idea is that you could then start using it on the patients in your clinic; romanisations are imperfect, however, so please check with a Chinese (Mandarin) speaker first.

A smooth translation in English is provided, as well as additional words which could be inserted or slotted into the main conversation.

The first contribution in the series is entitled "Influenza". The contributor is not a doctor, but a worker in a medical clinic, Miss May Lim Kye May. We are all indebted to her for the pains she has taken in preparing this contribution.

Contributions from *SMA* members are cordially invited.

About a decade ago, the Malaysian Medical Association ran a series on medical Malay. If the demand from *SMA* members is sufficient, we are game to study the feasibility of a series on Medical Tamil, after the present series is completed.

INFLUENZA (gǎn mǎo)

1 请您告诉我有什么事情呢?
qǐng mǐ gào sù wǒ yǒu shén me. shì qǐng ne.
please you tell me have what matter

(Continued on Page 9)

MEDICAL BILINGUALISM

(Continued from Page 8)

- 我有高热。
wǒ yǒu gāo rè.
I have Fever.
- 2 你的高热已经有几天了?
nǐ de gāo rè yǐ jīng yǒu jǐ tiān le?
Your fever already (past) have how many day already.
- 3 你有咳嗽吗?
nǐ yǒu ké sǒu ma?
You have a cough?
- 有, 第二天才咳, 晚上会咳的更厉害一点?
yǒu dì èr tiān cái ké, wǎn shàng huì ké de gèng lì hai yí diǎn.
Yes, second day cough, evening have cough more worse a little.
- 4 咳嗽时有痰吗?
ké sǒu shí yǒu tán ma?
Coughing time have sputum.
- 起初没有, 昨天开始有一点。
qǐ chū méi yǒu, zuó tiān kāi shǐ yǒu yí diǎn.
In the beginning no, yesterday start to have a little
- 5 那么你的痰是什么颜色呢?
nǎ me, nǐ de tán shì shén me yān sè ne.
How about your phlegm is what colour.
- 起初是没有颜色的, 现在是黄色, 而且浓还带有粘性
qǐ chū shì méi yǒu yān sè de xiān zài shì huáng sè ér qiě nóng hái dài yǒu nián xìng.
At the start is without colour now is yellow but also thick also have sticky.
- 6 那么你的鼻子有问题吗?
nǎ me, nǐ de bí zǐ yǒu wèn tí ma.
How about your nose has problem?
- 你有打喷嚏吗?
nǐ yǒu dǎ pēn tǐ ma.
You have sneezing?
- 有从第一天起就有了, 不过两日前已经停止了。
yǒu cóng dì yī tiān qǐ jiù yǒu le. bù guò liǎng rì qián yǐ jīng tíng zhǐ le.
Yes from the first day came then here already. But Two days before already stopped already.
- 7 你的鼻子会阻塞吗?
nǐ de bí zǐ huì bǐ sè ma.
Your nose has blockage?
- 有时会, 有时不会。
yǒu shí huì yǒu shí bù huì.
Sometimes have sometimes not have.
- 8 你有流鼻涕吗?
nǐ yǒu liú bí tǐ ma.
You having flowing nose discharge?
- 有, 起初是清涕, (特薄), 现在像痰一样。
yǒu qǐ chū shì qīng tǐ (tè báo), xiān zài xiàng tán yí yàng.
Yes at the start is clear (and) watery now like sputum a little.
- 9 当你吞东西时, 你的喉咙会感到疼痛吗?
dāng nǐ tūn dōng xī shí, nǐ de hóu lóng huì gǎn dào téng tòng ma.
gǎn dào téng tòng ma.
when you swallow things time your throat can feels ache-pain.
- 从开始就疼痛不止, 连现在讲话也会发痛。
cōng kāi shǐ jiù téng tòng bù zhǐ xiān xià zài jiǎng huà yě huì fā téng.
From the start (even) then ache-pain to speak also have soreness.
- 10 你的声音有没有改变到呢?
nǐ de shēng yīn yǒu méi yǒu gǎi biàn dào ne.
your voice has not has changed.

- 没有。
méi yǒu.
no.
- 11 你有吃过药吗?
nǐ yǒu fú guò yào ma.
you have eaten medicines.
- 没有, 我原想自己会好的。
méi yǒu, wǒ yuán xiǎng zì jǐ huì hǎo de.
no I thought (by) myself able (to be) well.

- 12 请你张开你的口, 说“啊”
qǐng nǐ zhāng kāi nǐ de kǒu, shuō “ā”
please you open your mouth, say “Ah”

你的温度是摄氏三十九点五度, 相当高。
nǐ de wēn dù shì shè shì sān shí jiǔ diǎn wǔ.
Your temperature is celsius 39.
point 5 degrees. Quite high.

- 13 放温度计在你的舌头上, 看看你的体温几度。
Fàng wēn dù jì zài nǐ de. Shé tǒu xià kàn kàn nǐ de. tǐ wēn jǐ dù.
place the thermometer place you tongue under. See your body temperature.

- 14 脱下你的衣服和背心, 让我听听你的呼吸如何。
tuō xià nǐ de yī fu hé bèi xīn, ràng wǒ tīng tīng nǐ de hū xī rú hé.
Take off your shirt and singlet let me listen your breathing.

- 15 深吸一口气, 然后呼出, 呼吸快一点。
shēn xī yí kǒu qì, rán hòu hū chū hū xī.
kuài yí diǎn.
Deeply breathe (a mouthful) then breathe out, breathe faster a little.

不, 不要这样快, 慢一点。
bù, bù yào zhè yàng kuài màn yí diǎn.
no-not want this way fast, slow a little.

这样刚好。
zhè yàng gāng hǎo.
this way just right.

- 16 请你穿回你的衣服。
qǐng nǐ chuān huí nǐ de yī fu.
please you wear (back) your clothes.

- 17 这是你的药方, 照药方的指示去服药。
zhè shì nǐ de yào fāng, zhào yào fāng de zhǐ shì qù fú yào.
This is your prescription, follow prescription directions go take medicine.

- 18 我是不是有扁桃腺炎?
wǒ shì bù shì yǒu biǎn táo xiàn yán.
I have not have tonsil inflammation.

不, 这是感冒。
bù, zhè shì gǎn mào.
no this is influenza.

- 19 你回家去休息吧!
nǐ huí jiā qù xiū xi ba.
you return home go rest.

- 20 这是你两天的病假证书。
zhè shì nǐ liǎng tiān de bìng jià zhèng shū.
This is your 2 days sick certificate.

Additional Vocabulary

Green 青	qīng	
Red 红	hóng	
White 白	pái	
Blood stained 有血色	yǒu xuè sè	
Pneumonia 肺炎	fēi yǎn	
Common cold 伤风	sān fēng	

WANTED: A National Policy on Drugs

(Continued from Page 7)

despite long-term use. However, as long as adequate clinical data are not available, these remedies cannot be considered as essential or complementary drugs.

Making lists of essential drugs is current practice everywhere, and the criteria for selection can be very different. Every well-organised doctor has a list of 50 to 100 pharmaceutical products which he knows well. In the industrialised countries, experience shows that 500 to 800 products can fully answer the needs of 80 to 85 per cent of the patients in hospital.

It is not possible to furnish a single list of drugs applicable in and acceptable to all countries. Each country has to evaluate its own situation and adopt lists of medicaments best suited to its needs at the different levels of its health services network and in accord with its health policy. These lists must be periodically reviewed and brought in line with new knowledge and with the changing health needs of the people.

A list of essential drugs must obviously remain open. It cannot possibly answer the needs of every single individual, and exclusion from the list should not mean that a product is of no value. The existence of a list signifies only that the products listed are most likely to satisfy the priority needs of the majority of a population.

For a good drug policy to come into force, it is evident that the countries will have to give particular attention to the following: drug legislation, selection of the products, quality control, imports, local production, distribution network, price fixing, information to the public and to health workers on the proper use of drugs, and research and development.

How a country wants to regulate its pharmaceutical supply, or how it proposes to establish its list of essential drugs is a matter of political decision. Every country is free to determine its own priorities in regard to its health and drug policies.

Extracts from W.H.O. News Release



Hobbit's Aphorisms

The Hobbit was one of *SMA News*' well-loved pseudonymous contributors and, in commemoration of the newsletter's 60th anniversary, we have chosen to spotlight some of her classic works. The August 2026 issue featured "The Hobbit Meets Darth Vader", a satirical take on medicine and the field of aesthetics, which can be viewed at: <https://bit.ly/5808-Hobbit>.

This issue, we bring you yet another reprint from the Hobbit: tongue-in-cheek aphorisms about medicine, first published in the September 2007 issue of *SMA News*. The Hobbit and more of her recent musings can be found at: <https://hobbittsma.blog>.

What is an aphorism? An aphorism is defined as "a pithy observation which contains a general truth". – *Oxford Dictionary of English, Second Edition, 2005*

Long, long ago, when Dr House spoke with an English accent, George Clooney was still in ER and Gray's Anatomy was better known than Grey's Anatomy, and in a galaxy far, far away, an aphorism was the way medicine was taught.

Hippocrates was famous for his aphorisms. Examples of his aphorisms are:

"Desperate cases need the most desperate remedies."

"It is a bad sign in acute illness when the extremities become cold."

"When the disease is at its height, then the lightest diets must be employed."

"Unprovoked fatigue means disease."

Of course, today aphorisms are out of date. We have evidence based medicine, clinical guidelines and drug representatives to teach us the latest factual developments in medicine.

But wait, are aphorisms truly out of date nowadays? Maybe not. Here are

some present-day aphorisms you may wish to consider.

Primary care

- More doctors in polyclinics will not decrease waiting time.
- Generics are good enough for managed care patients who demand getting branded medicines.
- Ironically, self-paying patients usually do not mind getting generics.

Luck

- Despite your best efforts, you will miss on your first attempt at venepuncture when the patient is a fellow healthcare worker, an immediate family member of doctors, a VIP and so on.
- Despite your best efforts, you will often miss on your second attempt at venepuncture when the patient is a fellow healthcare worker, an immediate family member of doctors, a VIP and so on.
- Patients with difficult venous access will have inflamed drip sites one day after a new venula has been inserted.

- The spinal/epidural will fail in the most FON and "ngeow" patient.
- The Electronic Medical Record and Drug Prescription IT system will hang only at peak hours.
- Your handphone will usually only ring when you are scrubbed or gowned up.
- The patient will collapse at night while you are on call and not in the daytime.
- You will not be able to find the FB throat during peak A&E hours.

Patients

- The patient undergoing a treadmill test will normally abort the test himself, unless he is undergoing a fitness for Viagra test, in which it is normal for him to persevere beyond what is advisable, and the test will accordingly be aborted by the technician or doctor standing by.
- A patient usually attempts to AOR, or commit suicide at 7 am, 2 pm and 9 pm.
- The patients who request to sign an AMD are usually those rich enough to pay for long-term life support.

Internal medicine

- The last true internal medicine specialist was produced in 1980. He currently hangs around in Tan Tock Seng Hospital sending out funny emails.
- You will grow old while following geriatricians on ward rounds.

Surgery and anaesthesia

- Anaesthetists never rush the surgeons to finish the case when they are in private practice.
- Anaesthetists have the most complete collection of golf and motoring magazines in the medical profession.
- Subsidised piles patients do not receive staples.
- All female general surgeons will have a special interest in breast surgery when they are in the private sector, regardless of previous actual training.

- Personal blue letters from orthopaedic surgeons are to be taken seriously, they usually include some notion of asking the physician to resuscitate, revive or resurrect.
- Surgeons who play the most soothing music in OTs are the ones who throw the worst temper tantrums.
- Each laser unit will be superseded by a more 'advanced' unit in three months. Similarly, the latest Lasik equipment will be obsolete in six months.
- There are fewer electives in the Lunar 7th Month.

Practice issues

- The patient who wants to use Medisave for outpatient treatment of chronic diseases will be charged long consultation charges – because it takes at least 20 minutes to file a withdrawal anyway.

- Ridiculous rents and prices are paid by doctors for clinic space.
- You will not be able to finish the drugs you bought at a hefty bonus before expiry date.

Junior doctors

- Male housemen are more likely to receive free food from female nurses (of any age) than female housemen.
- Housemen and medical officers driving Porsche or cars of similar standing should not receive traineeship in lucrative specialties.
- Male housemen will never buy fast food for supper while on-call. Please note that this does not apply to female housemen.
- Eating pao leads to bad calls.
- Public hospitals will look into revising doctors' salaries after young doctors quit and not before. ♦

For readers who cannot get enough of the Hobbit's witty works, we have curated a small selection of articles below for your reading pleasure, comprising topics that are still relevant to this day. Even more Hobbit articles and other interesting content from past issues of *SMA News* can be found on our website at: <https://www.sma.org.sg/news/allissues>.

The Hobbit's Nonsensical Glossary of Healthcare Sector Terms (Oct 2005):

https://www.sma.org.sg/sma_news/3710/hobbit.pdf

The Real Cost of NOT Having a Means Test (Apr 2006):

https://www.sma.org.sg/sma_news/3804/Hobbit.pdf

Why You Should Not Quit and Go Private: 20 Reasons to Remind You of the Right Thing to Do (We Hope...) (Aug 2007):

<https://news.sma.org.sg/3908/Hobbit.pdf>

The Hobbit's Guide to Food (Jan 2010):

<https://news.sma.org.sg/4201/Hobbit.pdf>

The Hobbit's Guide to Dying (Aug 2010):

<https://news.sma.org.sg/4208/Hobbit.pdf>

1

Fraternity

ON THE Fairways

Text by Hidayah Sunaryo, Editorial Executive

Amid the roar of planes from the neighbouring Changi Airport, 137 golfers gathered on 23 July 2026 at Tanah Merah Country Club's (TMCC) Garden Course for a fun day of golfing and reaffirming friendship across medical fields and specialties. Participants were welcomed at the venue with goodie bags packed to the brim, as well as a customised polo shirt. This year's SMA Annual Golf Tournament also marked the first time the event was extended to members of the Singapore Dental Association – three dentists managed to secure slots to this highly anticipated event.

After a delectable buffet lunch and a slight delay due to a lightning alert, the tournament successfully began with the shotgun tee-off at 1.45 pm. The overcast sky and intermittent rain did not deter participants from flocking to the greens, eager for a shot at the exciting array of awards and prizes up for grabs.

As the afternoon passed and the Tournament wound down, the golfers reconvened at the Garden Clubhouse for dinner. The atmosphere was convivial,

with participants animatedly exchanging their personal highlights of the afternoon. Convenor Dr Charles Tan welcomed everyone with a speech, in which he briefly shared about the Tournament's history dating back to 1967. He also highlighted this year's collaboration with Singapore Dental Association and expressed his hope for more interprofessional games in the future, emphasising that "Trophies are secondary; camaraderie and friendship are more important." He then thanked sponsors, SMA staff and fellow golfers for their support, and with that, dinner began!

Amid a procession of mouthwatering Chinese-style dishes, golfers were thoroughly amused by emcee-entertainer Happy Fei Fei, who kept spirits high with a variety of exciting games. Midway through the evening, Dr Tay Jam Chin, SMA Golf Captain of the Inter-Professional Games, was invited onstage to present the first half of the 30 lucky draw prizes. Among the prizes to be won were dining vouchers, TaylorMade golf balls and Mitsubishi standing fans, with the compliments of our generous sponsors.

At long last, it came time to announce the eagerly anticipated results of the day. Dr Charles Tan returned onstage alongside Tournament Director Dr Gary Chee to distribute the awards. Cheers and applause resounded through the room as the winners were revealed. Dr Goh Swee Heng retained her crown



as the Best Senior Lady Golfer for the second year running and Dr Adrian Tan Yong Kuan took home the Best Stableford (Overall) award with a total score of 39 points, once again securing his place as the convenor for the SMA Annual Golf Tournament 2027. It was a particularly fortuitous night for first-time participant Dr Ong Sea Hing, who won Nearest the Line (Hole #16) at 0.8 m as well as a lucky draw prize. Dr Ong also shared with us that his colleagues had invited him to this year's Tournament for

a day of bonding between specialties, and that he had also scored a birdie on the first hole!

Once the results were announced, SMA Sports and Games Committee Chairperson Dr Chia Yih Woei took to the stage to give out the rest of the lucky draw prizes. Winning the first and second lucky draw prize, Dr Sen Jitendra Kumar and Dr Dennis Lim Teck Hock each walked away with a complimentary four-ball flight courtesy of TMCC. The evening then drew to a close as golfers took

their leave, hands and hearts laden with mementos and memories of the day.

SMA would like to express our appreciation to Dr Charles Tan as well as all Members, guests and sponsors for making the SMA Annual Golf Tournament 2026 a success, and we hope to see more of you at the next event! If you would like to get involved or find out more about the games and activities offered by SMA's Special Interest Groups, please reach out to us at membership@sma.org.sg. ♦



2



4



3

Legend

1. Golfers ready to tee off
2. Congratulations to Dr Adrian Tan Yong Kuan for winning Best Stableford (Overall)!
3. Swinging to success
4. Three generations of SMA Members

Congratulations to all winners!

Best Gross:

Dr Chan Kwai Onn

Runner-Up:

Dr Chiang Wing Chiong

Best Stableford (Overall):

Dr Adrian Tan Yong Kuan

Best Stableford (under 60):

Dr Chee Hsing Gary Andrew

Runner-Up:

Dr Lim Yon Kuei Bernard

Best Senior Golfer:

Prof Tan Kok Chai

Runner-Up:

Dr Li Yung Hua

Best Senior Lady Golfer:

Dr Goh Swee Heng

Runner-Up:

Dr Fu Raw Yueh Esther

Best Lady Golfer (under 60):

Dr Lu Wei

Runner-Up:

Dr Potjanart Intarasoot

Friends of SMA:

Mr Tan Swee Siong

Runner-Up:

Mr Frankie Chia

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Dr Goh Swee Heng
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Afternoon Tea with Dad:

Bonding Over Food and Games

Text by Joanne Ng, Deputy Manager, Membership Services



On Saturday, 27 June 2026, SMA collaborated with the Centre for Fathering (CFF) to organise the Afternoon Tea with Dad Workshop at the Father's House located in Geylang. Held during the June holidays, it was the perfect time for fathers to take a break from their work and create meaningful memories with their children.

A cosy group of ten father-child duos attended the free session, which was open to SMA Members with children aged five to eight. As the venue and materials were sponsored, participants could focus entirely on their bonding.

The two-hour session, adapted from CFF's popular Breakfast with Dad programme, was facilitated by trained personnel from CFF. It was structured yet low-pressure with a clear goal: intentional father-child connection through play, conversation and shared activity.

The afternoon was filled with laughter and surprises. In the trivia game, fathers and children discovered how well they really knew each other. Answers went beyond "doctor" to describe what their dads actually do for a living, and fathers were tested on questions like who their child's best friend is. All fathers got that question right!

In the "I Love You" game, children and fathers were separated by an opaque sliding door. The facilitator would point at a child, and the child would say "I love you". The father had to recognise the voice and say the name of the child. Then they would swap roles, with the father speaking and the children guessing. Interestingly, the dads were better at recognising their child's voice than the children were.

A crowd favourite was "Hunter and the Squirrel". Fathers formed a "rooftop" by raising both arms and joining hands with another father. When the facilitator shouted "Hunter!", the little squirrels – the children – ran to their dads' houses. Those not quick enough were "caught" by the hunter. It was active and interactive, and everyone had fun.

During the tea break, children took charge of selecting food they thought their dads would like. There was coffee, bread with jam and peanut butter, and other light refreshments prepared together. It was a simple but touching way to practise thoughtfulness.

This workshop reflects CFF's vision of "Turning the Hearts of Fathers and Children Towards Each Other" and its mission of "Inspiring Fathers to Strengthen Families". Founded in 2000, CFF is a non-profit organisation that promotes active and involved fathering in Singapore. We thank Dr Theodric Lee for this initiative and sponsorship and CFF for delivering such a heartwarming complimentary workshop. For busy fathers, family time often gets squeezed. Afternoon Tea with Dad gave participants a dedicated space to slow down and be present with their children, and it is one of SMA's ways of supporting our Members holistically beyond clinical practice. ♦

Legend

1. Dads, kids and lots of smiles. Thank you to all who joined us for Afternoon Tea with Dad!
2. Fathers and children raised "rooftops" as kids scrambled to find their "safe haven"
3. Jam, peanut butter and lots of love. The kids prepared tea and snacks for their dads to enjoy together



Partnering Fitness Professionals for HOLISTIC RECOVERY

Text by Benson Poh and Dr See Hui Ti



Benson is the founder of Vigeo Personal Training, Singapore's first studio focused on helping adults above 40 and seniors stay strong, mobile and independent. With a background in sports science, a deep understanding of functional movement and a passion for purposeful coaching, Benson leads a team dedicated to improving quality of life through strength, movement and education.



Dr See is a senior consultant medical oncologist at Parkway Cancer Centre with advanced training from the National Cancer Centre Singapore and MD Anderson Cancer Center. She specialises in breast and gynaecologic cancers and has served in key medical and oncology leadership roles locally and internationally.



From 1990 to 2017, Singapore's life expectancy rose by nearly nine years to 84.8, while healthy life expectancy increased by just over seven years to 74.2. The result is a ten-year gap often marked by chronic disease, frailty and dependence.

As Prime Minister Lawrence Wong noted in his 2025 National Day Rally, the nation's next frontier is healthspan, which refers to the years lived in good health. The question is no longer about how to live longer, but how to live better. Medical advances have extended life, but many added years are spent managing illness and decline. Medicine treats

disease, while exercise restores strength, mobility and confidence.

To truly bridge the gap between lifespan and healthspan, recovery must become a shared effort where doctors and fitness professionals work together to restore health holistically.

The role of medicine in recovery

Modern medicine has transformed survival and recovery. In Singapore, the five-year breast cancer survival rate now exceeds 80% and cardiovascular mortality has fallen by almost 60% since 1990. Yet many survivors face persistent fatigue, muscle loss and reduced independence long after treatment ends. Up to 70% of cancer survivors experience chronic fatigue, one in three older adults has sarcopenia, and one in five over 50 years has osteoporosis.

Medicine saves lives, but exercise helps people live them fully. Guidelines from the American Society of Clinical Oncology,¹ the American College of Sports Medicine,² American Heart Association³ and the World Health Organization⁴ consistently show that structured physical activity improves medical outcomes. For those suffering from cancer, regular moderate activity of about 150 minutes a week reduces treatment-related fatigue by 40% and lowers recurrence by about 24% in breast and colorectal cancers. For those with cardiovascular disease, higher fitness reduces all-cause mortality by 30% and cardiovascular mortality by 50%; and lowers the risk of diabetes by 35%, falls by 30% and bone loss by 20% for older adults.

Improving treatment outcomes

Structured aerobic and resistance training during cancer therapy reduces fatigue, preserves lean mass and improves fitness. In over 14,000 cardiac

patients, exercise-based rehabilitation reduced cardiovascular mortality by 26% and hospitalisation by 18%.

Enhancing quality of life after treatment

A *Nature Medicine* study in metastatic breast cancer found that supervised exercise improved fatigue, pain, cognitive function and social engagement within six months.⁵

Prevention of disease in the future

Exercise is not just therapy. It is **preventive medicine** that benefits nearly every organ system. As illustrated in Pedersen and Saltin's Exercise as Medicine framework,⁶ regular physical activity improves in most areas where few drugs can match the same breadth of benefit.

Exercise helps to improve insulin sensitivity and metabolic health, reduce systemic inflammation, lower blood pressure, enhance balance and prevent falls, support cognitive function and mental wellbeing, maintain healthy body composition and muscle mass, and increase bone mineral density.

By preserving strength, mobility and independence, exercise bridges the gap between disease prevention and long-term functional health.

The therapeutic role of exercise

Most medical interventions focus on either prevention or treatment. Exercise is unique because it fulfils both roles at once, serving as a preventive shield and a therapeutic partner that becomes a powerful and active extension of medical care. Below are some ways in which exercise complements medical care.

- **Cancer care:** Reduces fatigue, enhances tolerance to chemotherapy and radiation and improves survivorship.

- **Cardiac rehabilitation:** Lowers mortality and recurrent events and improves vascular function.
- **Metabolic disease:** Enhances insulin sensitivity and reduces blood glucose.
- **Neurological conditions:** Restores balance and motor control through neuroplastic adaptation in stroke and Parkinson's disease.
- **Musculoskeletal and frailty care:** Rebuilds mobility, reduces pain and improves function.
- **Mental and emotional health:** Reduces anxiety and depression, improves mood.

Complementary roles: medical and fitness professionals

Medicine and movement are two sides of the same continuum of care. Both share a single goal: to help patients recover fully and live well.

Medical professionals play the central role of diagnosis, treatment and medical oversight. They determine safety parameters, identify contraindications and set the clinical direction for rehabilitation. Increasingly, many also advocate the early integration of physical activity as part of treatment to improve tolerance, recovery and long-term outcomes.

Fitness professionals extend this continuum by translating medical guidance into safe, structured and progressive movement. They align with the doctor's plan and ensure that each session supports clinical goals. They also provide the behavioural and motivational support that sustains adherence.

Doctors direct and monitor care; fitness professionals operationalise and reinforce it. Together, they close the gap between treatment and true recovery.

Case studies of integrating medicine and movement

These cases from our shared care show how medical guidance and structured exercise can restore independence and confidence after cancer treatment. These examples highlight how medical and fitness professionals can work together to help survivors not only recover but also thrive.

Case 1: Older cancer survivor with low bone density and back pain

A woman in her seventies, after completing cancer treatment, presented with low bone density, reduced muscle mass and persistent back discomfort. Under Dr See's clearance and oversight, she began a strength and mobility programme designed by Benson. Through gradual loading and movement control, she regained muscle, stability and confidence. She now moves without pain, hikes abroad and enjoys active time with her grandson.

Case 2: Middle-aged cancer survivor with osteopenia and joint pain

A woman in her late forties faced early osteopenia and joint pain after treatment by Dr See. Following medical review, she undertook with Benson a tailored resistance training programme focused on bone strength and functional control. Within months, her pain eased, bone density improved and confidence returned, allowing her to resume daily activities without fear.

Collaboration and finding the right partner

Collaboration is crucial because partnership with the right fitness professional ensures that exercise supports medical care safely and effectively. Here are some traits doctors should consider when searching for a fitness professional to partner:

- **Clinical awareness:** Understands medical conditions, recognises contraindications and adapts exercise for patients with chronic disease, recovery needs or functional limitations.
- **Recovery focus:** Aims to improve strength, reduce side effects and support recovery during and after treatment.
- **Health-first philosophy:** Prioritises function, mobility, strength and long-term wellbeing.
- **Scientific foundation:** Applies knowledge of physiology, biomechanics and behaviour to design safe, effective and measurable programmes.
- **Collaborative mindset:** Integrates medical guidance, aligns training with

treatment goals and maintains open communication for coordinated care.

Doctors and fitness professionals should establish clear communication channels and agreed protocols for information sharing. It is encouraged to have regular progress updates, feedback loops and shared documentation to ensure continuity of care. Doctors can also benefit from observing recovery-focused training sessions to understand structure, safety and patient engagement. Both parties can thus jointly co-create patient wellness plans where medicine and movement work together to achieve better outcomes.

Future direction

Medicine preserves life while exercise restores its quality. Together, they create a continuum of care that neither can achieve alone. In Singapore, organisations such as Vigeo Personal Training are leading this integration, helping patients move from treatment to lasting recovery. As life expectancy continues to rise faster than healthy life expectancy, uniting medical and movement expertise is key to closing the gap so more Singaporeans can live not just longer but better. ♦

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BROADENING PERSPECTIVES

Through Learning Exposure Trips

Text by Sharmilah Banu, Executive, SMA Charity Fund

At the SMA Charity Fund (SMACF), we believe that every medical student should have the opportunity to learn, grow and contribute to the future of healthcare, regardless of financial circumstances.

Through our Learning Exposure Trips initiative, financially challenged medical students are given opportunities to broaden their horizons, deepen their medical knowledge and gain valuable international exposure that may otherwise be beyond their reach.

One student who recently benefited from this initiative is Ryan Tan Zi Lin, a medical student from the Lee Kong Chian School of Medicine, Nanyang Technological University. With support from SMACF, Ryan attended the Association for Research in Vision and Ophthalmology Annual Meeting in Denver, Colorado, USA, which is one of the world's leading conferences for eye and vision research.

At the conference, Ryan presented his research on diabetic retinopathy, a diabetes-related eye disease that can lead to vision loss if left untreated. His project explored the use of advanced retinal imaging technology capable of capturing a significantly wider field of view of the retina, allowing researchers to identify disease biomarkers across a larger area of the eye. Such innovations could contribute to earlier detection and improved monitoring of diabetic eye disease.

Beyond presenting his own work, Ryan attended numerous research presentations and poster sessions covering a wide range of ophthalmology

subspecialties. The experience gave him a broader appreciation of the field and the collaborative nature of medical research. The conference also exposed Ryan to different models of healthcare delivery and highlighted the importance of multidisciplinary care. One project that particularly stood out to him examined how allied health professionals could support the surveillance of age-related macular degeneration through virtual retina clinics.

Ryan shared that presenting his research to an international audience helped him recognise the value of his own work and its potential impact on patient care.

For SMACF, stories like Ryan's demonstrate the transformative impact that educational opportunities can have on aspiring healthcare professionals. Beyond supporting students' attendance at conferences, Learning Exposure Trips help future doctors gain international perspectives, develop professionally

and build the confidence needed to contribute meaningfully to Singapore's healthcare landscape.

By investing in medical students today, SMACF hopes to nurture a future generation of compassionate, capable and globally connected healthcare professionals who will continue to strengthen healthcare for the communities they serve. ♦

To learn more or to donate to our cause, please visit <https://www.smacf.org.sg> or reach out to us at smacf@sma.org.sg.



“

I am truly thankful for the opportunity to attend this conference. Being able to expose myself to an event like this has truly benefited me immensely.”

- Ryan Tan Zi Lin, medical student, LKCMedicine

”



60 Years of Assorted Curiosities (Part 2)



INDULGE

In the second instalment of our two-part series, we showcase even more interesting snippets unearthed from the past 60 years of SMA News issues. We hope the following compilation will provide a deeper appreciation of how lifestyle and advertising content has changed since the time of our seniors. ♦

LAUGHTER'S THE BEST MEDICINE

Doctor-patient joke series 1

1. The worried woman went to see her doctor again.
"Doctor, I can't sleep, I keep worrying I may have a baby."
The doctor reminded her, "But I have you the pill."
"Yes, I know," said the worried, "but it keeps falling out."
2. After a doctor finished his lengthy speech, one man from the audience came up to him and said
"Doc, I'm glad I attended your lecture on insomnia."
"Did you find it interesting?" asked the doctor.
"No," said the man, "But it cured my insomnia."
3. Inside the operation theatre the patient got nervous and said, "Doctor, I'm very much scared. It's my first operation."
The doctor replied, "I know exactly how you feel. It's my first operation too!"

Taken from "Book of Humour" compiled by Rewa Mirpuri, published by the Rotary Club of Singapore. Large part of the purchase will be contributed to charitable organisations. \$10 per copy. Order form is attached.

Prescribing laughter in the June 1994 issue



Advertisement for asthma medication in 1997



Typhoid vaccination campaign in 1998



Going cashless in the 1990s

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Review for Prunella Ong on 30-JUL-2026

by Baik Gi Won :

Prunella is an absolute gem in this industry. She is not only capable but very passionate about her job. She takes pride in what she does and ensures her clients are well taken care of at every step. She is professional, trustworthy, reliable and has integrity which is rare to find these days. I am very thankful to have been introduced to her by my friends as I am new to this kind of transaction. She guided me well throughout the process. You will not regret engaging her as your agent!

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