

From the Past,



Dr Tan (centre) with Dr Wong Chiang Yin (left) and Dr Chong Yeh Woei at the SMA Annual Dinner in 2011

into the Future

By Dr Jayant V Iyer, Editorial Board Member

Dr Tan Kok Soo (MBBS 1967, Sydney) is one of Singapore's pioneer family physicians in private practice. He was also President of SMA from 1993 to 1996. Some of Dr Tan's past appointments include 2nd Vice President of the Association of Private Medical Practitioners of Singapore (APMPS), Council Member of the Confederation of Medical Associations in Asia and Oceania (CMAAO), as well as Chairman of the Medical Association of South East Asian Nations (MASEAN).

Dr Tan was made an Honorary Member at the SMA Annual Dinner in 2011.

Exploring the past

Dr Jayant V Iyer – JVI: Tell us more about yourself and what led you to Medicine?

Dr Tan Kok Soo – TKS: I was born during the Japanese Occupation. My primary and secondary school days were a breeze. My secondary education was at Raffles Institution. The only problem was that in Secondary 4, I found myself in the Arts stream. At the end of the GCE "O" levels, you had to ask yourself what you wanted to

do. In those days, if you had a Bachelor of Arts degree, you either ended up in teaching or the civil service. I wasn't interested in either vocation so about 20 of my friends and I decided to go to Australia for our tertiary education. I was lucky as I came from a middle income family that could afford to pay for my overseas education.

After my "O" levels, I went to Sydney and I switched to the Science stream. The school I attended was a government school. I applied for state schools due to the low cost. We didn't have to buy textbooks as they could be rented from the school. Transport was free as well, which was why many students went over.

In my class at Granville Boys High School, there were only about seven students pursuing Science there and it was a bit like having personal tuition. Frankly speaking, I did Medicine because I didn't know what else to do. I am the first doctor in my family. My wife is a homemaker, my son is in Sydney doing his Ophthalmology traineeship, while my daughter is an industrial psychologist in the private sector.

JVI: What was the University of Sydney like?



Dr Tan (first row, fifth from the left) with his classmates from Granville Boys High School



Dr Tan (second row, third from the left) was part of the first batch of National Service doctors

TKS: The medical school was established in 1856 so when I enrolled in 1961, it was already over a hundred years old. It was a slaughterhouse. A total of 600 students were taken in during my first year, of which only half of them passed the course. You were only allowed to fail once during the first two years. Luckily, I got through my first year without any problems – those who failed then had a hard time catching up.

That was 45 years ago and even with a cohort of only 300 in each graduating class, it was considered a very big medical faculty. The phenomenon of postgraduate medical schools had only risen in the last ten years. There were many Asian students even then, about one out of seven in the cohort, and they came from countries such as Hong Kong and Malaysia. Of course, the percentage is much higher now.

The University of Sydney was very pro-student. My second year biochemistry exam was an open book one. Who would expect an open book exam 40 years ago?

The clinicals at the University of Sydney were also different. Tutorial groups were very small, about five or six

people, and were conducted by the registrar for theory and by the consultant at the bedside. I think that's where the students' characters were really developed as they learnt to speak up. When I was doing my housemanship in Singapore, I saw about 20 students crowding around one patient. You can hide behind others for a whole year and go unnoticed!

What I've noticed is that while fact-based learning is emphasised here, concepts and deductions were more focused over there. It was a very different teaching approach. Also, there were many specialist hospitals there, such as children's or women's hospitals. In Sydney, I even had to attend juvenile court to see how children were handled there. The atmosphere was entirely different and there was a lot of personal interaction so the training programme was very established. I really enjoyed it. Short hospital stays (two weeks) were compulsory for all medical students as they went through the different hospitals.

JVI: What made you come back to Singapore instead of staying on to complete your housemanship in Australia? How was it like to return home?

TKS: I came back as I am the eldest in the family while some of my friends stayed on. As the racial riots in Singapore occurred the same year I graduated, some of them took up Australian citizenship. I spent six months under Prof V K Pillay in Orthopaedics and another six months under Prof Wong Hock Boon in Paediatrics.

As Singapore was a new state then, the Singapore Armed Forces was in its early stages of development. I was part of the first batch of 12 doctors to be called up for National Service (NS), sometime around 1969. There are only two ways for NS to take place in any country: everyone is conscripted or people are drafted by lottery. You can't pick who you want in the army. Technically, this was wrong and we told them so, and our points were acknowledged. After six weeks of NS, we were classified as operationally ready but, we were blacklisted following that incident. When we applied for medical offers, we were told we could not be employed. We had completed our housemanship yet we were unable to become medical officers (MOs), so we could only enter general practice. Out of the 12 of us, half went overseas, two decided to serve as regulars in the army while the rest of us formed a general practice. This was the series of events that led to me becoming a general practitioner (GP). The most well-known in my group is Dr Tan Cheng Bock. When Cheng Bock decided to enter politics much later, we split up and I went back to become a solo GP.

JVI: How was general practice like at the time? Were there very few doctors around?

TKS: General practice during my time wasn't that tough.



Dr Tan (right) conferring the SMA Honorary Membership on late President Wee Kim Wee at the SMA Annual Dinner in 1994

“The proportion of public and private patients has evened out because the polyclinics have done a very good job on affordability and backup services. Let’s be very frank – if I were a patient, I would rather go to a polyclinic. The people who can’t afford to wait will see a GP.”

When I started out as a GP, I practised in Beauty World village and there was an outpatient dispensary with only one doctor and three other GPs. The GPs commanded about 90% of primary healthcare in Singapore then. Most GPs worked nights as well; that’s when night clinics came about. It’s now part of the Singapore culture but when you think back, it’s quite ridiculous. There’s no such thing in other countries because patients are not really disadvantaged, so why do we need night clinics? I haven’t been running night clinics for the last eight years and to be honest, it doesn’t make a difference. These days, younger doctors want a balanced lifestyle and time for their family, so the concept of night clinics should be phased out.

General practice today is a whole new ballgame. The proportion of public and private patients has evened out because the polyclinics have done a very good job on affordability and backup services. Let’s be very frank – if I were a patient, I would rather go to a polyclinic. The people who can’t afford to wait will see a GP. The general practice has two problems now; a declining patient base that will worsen in years to come, and the Health Maintenance Organisation concept, where GPs are the third parties. As a result, the money a GP earns is very little, just enough to cover overheads.

Increased patient expectations can be seen across both the public and private sector; whether they are subsidised or not. People expect a lot. They will look up information on the Internet just before their visit! It is harder to practise Medicine now and it’s not about the quality of treatment, but other things like the waiting time.

JVI: Tell us more about your three years as SMA President.

TKS: I did three important things. Firstly, we closed down APMPs. I was Vice President of both APMPs and SMA then. When we gathered for meetings, there were two bodies representing the medical profession, which was not desired. Sometimes, we also had diverse views. We were lucky

because the doctors running APMPs, A/Prof Cheong Pak Yean and Dr Lim Teck Beng, agreed that this was the best way forward. As such, we dissolved APMPs with members’ approval and SMA became the main body for doctors in Singapore. APMPs’ duties were taken over by the new Private Practice committee.

Secondly, we improved on professional indemnity. Back then, the secretary handled professional indemnity and doctors were not really involved. However, we didn’t want to just offer subscription, we wanted to do more so we started a 24-hour call service for doctors to call SMA at any time if they needed some advice. I handled the GP sector while Dr Lim Teck Beng handled the specialists. We also fought for a better deal and brought in four law firms so doctors could choose who they wanted to represent them.

There was an unfortunate incident though. We wanted to set up SMA’s own indemnity, which was how SMA Private Limited came into existence, to handle the business matters of SMA. The Australians taught us the ropes, and everything was going quite well until its parent company got into trouble. The Australian government had to bail them out and pay our subscriptions for that year, signalling the end of our dream for our own medical indemnity.

Thirdly, the SMA credit card came into existence during my time. A membership committee was set up to look after members’ interests. We were soliciting for discounts, but were not making much headway. While I was in New Delhi for a meeting, an Australian colleague mentioned that a credit card scheme would be useful for members and could help SMA make some income. We had a meeting with United Overseas Bank thereafter, and sealed the deal. Although commission wasn’t very much, it still provided some income.

Contemplating the future

JVI: How do you think we can move forward?

TKS: There is no solution to this. The Ministry of Health is proposing clusters for GPs, but from what I’ve heard, it has not got off the ground. The idea of clusters is nothing new. When I was in APMPs, we went through these issues. I did a White Paper on the healthcare in Singapore, and we proposed that general practices should be focused on

primary healthcare while polyclinics should be converted to secondary care centres so as to reduce the competition. If the government is willing to spend on general practices what they're spending on the polyclinics, then we can offer the same services.

JVI: What do you think the role of SMA is and what can the association do for its doctors? Should SMA be fighting on certain issues?

TKS: This is a difficult question. I must say that we've got our leaders in place. It's important to have renewal. I started the MO committee and brought in a good batch of potential leaders. The problem was a big age gap among members. Some of us were about 60 years old while the younger members were about 30. We were looking around for someone to bridge the age divide, and pulled in Prof Low Cheng Hock. We brought him in to take over when the time was correct.

With very good people in the SMA Council, I don't worry much. There are many issues to tackle. The biggest issue today is the residency programme as it affects everybody. We have two batches of doctors; one batch is under the residency programme while the other is not, which results in a lot of unhappiness due to various aspects, such as protected time. Another problem that will surface in the long run is the foreign doctors issue. Ten years down the road, these people will still be here. What about the new batches coming in? We will have a surplus of doctors in ten years and won't know what to do with them because they are part of the system.

Some things are very difficult to undo once they are already in place. Sometimes, we have to learn to live with it.

JVI: You were instrumental in reviving MASEAN. Where do you think MASEAN should be headed?

TKS: We proposed for the MASEAN Secretariat to be housed within SMA and bore the expenses. As the Secretariat, we were able to link up with members and bring across projects easily. We tried to do one project a year to strengthen MASEAN, but we haven't done enough.

An example of how we can do better is by hosting MASEAN members over the SMA Annual Dinner for a few days, rather than just one evening, to build more intimate relationships. Within MASEAN, regional contacts are there to facilitate collaborations for cross-country humanitarian

work. I also brought SMA back to CMAAO. CMAAO differs from MASEAN as you are among more advanced countries with different issues. This is a platform where you learn to handle issues facing larger healthcare systems.

Living in the present

JVI: Who are your inspirations in Medicine?

TKS: Two doctors were very prominent in my life. The first is the late Dr Wong Heck Sing. He was an SMA Honorary Member and my doctor when I was young, as I had asthma as a child and his clinic was nearby. When I was a houseman doing Paediatrics, I would see him attending Prof Wong Hock Boon's Saturday sessions for MOs and registrars. As a GP, he would attend these talks weekly as well!

When I became a GP, I set up my practice around the same locality. He was the President of the College of Family Medicine, Singapore, and told me that he would send me a form so I could join as a member. Initially, I thought that he would view me as a competitor, but he was actually concerned and that I should keep up with the standards. Before CME points existed, he used to set up courses for GPs to attend at night. As such, he was a role model. Even

today, I don't think anyone can match to what he has done. He set high standards for everyone to follow.

My second inspiration is Prof Wong Hock Boon.

He is the father of Paediatrics in Singapore and I was working under him. He worked very hard. As housemen on night duties, we had no place to sleep, so we slept in his office! He did his ward rounds daily, and he was very sharp. Many people respected him because he was original, very analytical, well known for his interest in genetics and developed various tests for certain conditions. During the first dengue outbreak in Singapore, he told us to attend every postmortem that was being done so we could find out the cause of those deaths. He is a doctor who is dedicated to Medicine, and someone everyone should emulate.

JVI: What keeps you awake at night?

TKS: Not much, I have great faith in the leadership of SMA. As for GPs, will the numbers diminish over time? In the US, which has the residency system too, only 10% of practising doctors are GPs. Will we be going down the same path?

JVI: Thank you for your insights, Dr Tan. **SMA**