



Interview with Dr Lee Suan Yew

Interview by Dr Tan Yia Swam (TYS), Editor, Dr Tina Tan (TT), Deputy Editor, and Dr Jipson Quah (JQ), Editorial Board Member

Dr Lee Suan Yew (LSY) first read medicine at the University of Cambridge, before going on to train in internal medicine at Singapore General Hospital (SGH). After qualifying as a specialist in internal medicine, he found his calling in family medicine. Dr Lee played a part in shaping the College of Family Physicians Singapore (CFPS) during his tenure as president of the College from 1985 to 1988. He served as an examiner for both the Diplomate College of Family Physicians and the Masters of Family Medicine in National University of Singapore (NUS). His leadership also played a crucial role in helping the University to establish the division of Medicine Family Medicine in NUS.

Dr Lee also served as president of the National Kidney Foundation, director on the SGH board of directors and chairman of the Ministry of Health National Medical Ethics Committee. He was also a Justice of Peace from 1998 to 2013 and was awarded the Public Service Star in 1991 and the PBM (Bar) in 2002.

## PERSONAL LIFE

**JQ: With two lawyers and a stockbroker for older brothers, how did you come to find medicine as your true calling?**

**LSY:** We used to have a rickshaw puller who took us to school. Once, he fell ill and was warded at Kandang Kerbau Hospital (KKH), which was a general hospital during the war years. Very often, I brought him food that my mother cooked. When I saw all the sick people there, I said to myself, "Wow, I think the doctors really have to work very hard to cure these people." Looking at all the sick, poor and undernourished patients influenced my decision to pursue medicine, despite my teachers thinking I'd take up law because I was the school oratory champion.

## MEDICAL TRAINING

**JQ: Dr Lee, what were your experiences like in medical school and as a junior doctor?**

**LSY:** During my time in Cambridge, all colleges had their own tutorial system. In this tutorial system, there'd be five of us or so to one tutor. Usually, the tutor would be a brilliant junior lecturer or a PhD student and we all had to submit essays on our lecture topics.

In the Oxford-Cambridge colleges, they had big anatomy and physiology departments staffed with top scientists of the generation. When I was there, the faculty lecturers made great advancements in medicine and science. Frederick Sanger determined the insulin structure and Francis Crick discovered the double helix structure, for which they both received the Nobel Prize. We made sure to attend the lectures but half the time, we had no idea what they were talking about. *[laughs]*

After graduation, I was actually interested in neurology and worked for free for ten months in the National Hospital for Neurology and Neurosurgery at Queen Square, where I learnt a lot and did my membership. However, when I first came back in the 1960s, we didn't even have a neurology department. The only true neurologist then was Prof Sir Gordon Arthur Ransome, but he didn't have a neurology department. Luckily, I was posted to Dr Gwee Ah Leng, who was a generalist with an inclination towards neurology. He was given an electroencephalography machine by Lee Foundation; I think at that time, it was worth millions of dollars, but he couldn't display it for everyone.

## MEDICAL CLINIC PRACTICE

**TYS: What impresses me the most is that despite having specialist higher qualifications (the FRCP), you have been practising family medicine in your clinic and attending to the community! Why did you decide to do so?**

**LSY:** I have been practising in Balestier Plaza for the past 32 years. Before that, I was with Dr Phay Seng Whatt, so I've been in this area for 48 years. I might not be very rich, but I live comfortably with my wife and children. In medicine, you must have passion. My patients do come from far-flung places; I don't charge too high and I'm quite comfortable. The most important thing is to just enjoy practising.

GPs play a very important part in front-line medical care. Do you know why? Because I pick up some rare diseases after one or two hundred cases. You must stick to the basic tenets of being a doctor: take a good history, examine carefully, think of any relevant investigations, then treat. If our doctors practise these, they will do good medicine.

Don't make your practice a trade; keep to your ethical standards and charge according to the standard professional fees. We want respect as doctors, so we must practise good medicine for the benefit of our patients. For example, Dr Teo Wee Siong helped put in the pacemaker in Lee Kuan Yew's chest even though he was off-site and had to go back to SGH. That is, to me, the essence of a good doctor. You use both your heart and your brain. You must use your brain too; not just the heart – poor suffering patient! *[laughs]*

## REDEFINING THE FAMILY PHYSICIAN

**TYS: It is so true that our GPs and family physicians have critical roles in the healthcare system and in the management of each patient. How else can we improve the public's perception of our colleagues?**

**LSY:** Actually, in the old days when I was a young doctor, the public had

the wrong impression that GPs were doctors who failed their specialist degrees or training. But now, we are going through another phase because we are advancing as a country. I met the people in MMed (FM) who wanted to do family medicine from day one. Things have changed now that the CFPS has been formed and family medicine is part of the Academy of Medicine of Singapore (AMS). Following the lead of the US, UK and Hong Kong's healthcare systems, we now have a cohort of more than 400 postgraduate specialist family physicians who can handle cases of varying complexities.

**TYS: What about the fees – do our specialist family physicians charge higher fees?**

**LSY:** We don't want that. Very often, the College will tell them not to raise their fees – even if they have higher degrees – because I think it's not fair. We must understand that there are a lot of middle-income people – the sandwiched group.

In the early 2000s, many patients complained, "I've got enough money in my Medisave, how come I can't use it?" Khaw Boon Wan, then Minister of Health, thought about it and handpicked me to chair the Medisave scheme. At that time, the scheme covered diabetes, hypertension, depression, schizophrenia and hyperlipidaemia. Currently, we

have the Community Health Assist Scheme (CHAS) and the coverage has expanded to include many other diseases. I heard CHAS patients who go to dentists for subsidised dental treatment saying, "Wow, I only pay \$6. I used to pay more than a hundred dollars!" They're so thrilled.

## TRAINING THE DOCTORS OF TOMORROW

**TT: Dr Lee, how did you come to be heavily involved in the development of the specialist training and accreditation system, including that for family medicine?**

**LSY:** The then Minister of Health, Howe Yoon Chong, asked me, "What do you think? Should we have a system for subspecialisation?" Subsequently, when MOH started the Sub-Committee on Medical Specialization & Subspecialization under the Review Committee on National Health Policies, Dr Ailene Wong, then Minister of State for Health, invited me to be a committee member. Singapore had advanced very rapidly and I knew that we needed to have very well-trained specialists in our healthcare system.

We also need more generalists and the government is now backing that because we are going to have a lot of community hospitals being built next to general hospitals. I think that







family physicians with higher degrees are going to run these community hospitals. The Master of the AMS, Dr Lim Shih-Hui, decided to invite all the family physicians with postgraduate degrees to form a college and become members of the Academy. I have gone one full cycle and now I am back as an Academy member again, as a family physician.

There are currently two categories of family doctors. One is made up of GPs of old and another is made up of full-fledged family physicians. We need family medicine physicians and specialists to work in a multi-disciplinary team to follow up on patients with multiple diseases. A good and well-trained family physician with an MMed in FM can also do administrative work in polyclinics and family medicine clinics, and teach the next generation of doctors.

I think family doctors are a very important part of Singapore's healthcare system, and we must now tell our patients, "You're going to be followed up by properly trained family physicians who can take care of multiple diseases." I was involved in the committees during the early

stages for the subspecialisation and family medicine training, and it's good for Singapore to have higher degrees for all the specialties, including family medicine.

## THE CME PROGRAMME

**JQ: You were one of the key Singapore Medical Council (SMC) members who helped to develop our Continuing Medical Education (CME) programme and it has been helpful to thousands of doctors since. How did it all begin?**

**LSY:** CME was proposed when I was in the SMC committee. We were toying with the idea that we must follow the US in order to advance. Then, the ball fell on my lap when I was the president of SMC. It was time that we had CME to improve ourselves – both generalists and specialists – but how could we include the rest of the medical fraternity?

We then held a forum discussion and over 300 people showed up. We had a very tough time. There was a young surgeon who said, "You mean to say that I can be a surgeon, but I don't know how to practise as a surgeon? Must I go through CME and all that?" We replied,

"Why don't you ask your American colleagues?" *[laughs]* "They're doing it! It's important because you may be practising modern medicine now, but what about ten years down the road?"

It turned out that we were right. Although we received a lot of flak from the medical community, Tan Chorh Chuan, who is now the president of NUS and a nephrologist by training, did a very good job. We both worked very hard to get the CME programme going and the council was very much in favour of it. We went to see the American style, but we said, "No, don't take exams, don't allow people to lose face! As long as you keep up to date."

Today, 20 years later, nobody questions that because when one attends the lectures, they say, "My goodness, I'm glad I attended as there are so many new things to learn!" There are so many modern things and new treatment options to learn. For example, for heart failure, digoxin is no longer needed. The whole scenario is changing and if you don't upgrade yourself, you'll be left behind. You will see cases that you won't know how to manage, or even who to refer to and how to refer. Therefore, CME is very important.



### Legend

1. Posing for a group photo after the interview (L to R: Dr Tan Yia Swam, Dr Lee Suan Yew, Dr Jipson Quah and Dr Tina Tan)
2. SGH Management Programme for Clinical Heads held on 19 and 20 August 1995 at the then Beaufort Hotel in Sentosa
3. A three-generation portrait of the Lee family

Photos courtesy of Dr Lee Suan Yew

**TYS: Dr Lee, what's your favourite type of CME (eg, online, questionnaire, etc)?**

**LSY:** Good one! I knew you'd ask that... I don't have favourites but there's nothing like attending lectures. You get to meet new young doctors, most of whom are all much more junior than me, but they're brilliant. You would know from the lecture how good he or she is, from the way he or she presents. Their sincerity, presentation slides and the way they answer the questions and all that. So you take note to refer cases to him or her. I like lectures as they are very good and I get to meet old friends!

## POLITICS

**TT: Dr Lee, were you ever interested in politics and what were some of your roles?**

**LSY:** Yes, I was once the president of the Cambridge University Malaysian Association and chairman of the Malayan Forum in London in 1959. We were interested in politics because of pre-independence sentiments and we met the top politicians there in London. My fellow student and contemporary, Chua Sian Chin, became the Minister for Health. I also was invited to chair committees and give feedback. I was in

parliamentary committees in education and health. They wanted me because somehow, they knew that I'm very passionate about this. I take time off from my clinic to attend meetings.

I was on the SGH board and Dr Kwa Soon Bee knows me very well. He said, "Suan Yew, come and be our director; sit on the Singapore Health Services (SingHealth) board." For 11 years, I left my clinic in the mornings to attend meetings. Later on, he appointed me as a member of the SingHealth Board. As chairman of the finance subcommittee, we channelled money to good causes. SingHealth had some extra money to give away for research and to the poor, and on one occasion, we decided to give money to the National Heart Centre to do research on aortic valve intervention. Following that, our heart centre developed the capability to perform the first minimally invasive percutaneous valve replacement. You see, in life, you have to make your contributions.

You'd see many doctors are not very rich, but they're very happy. They contribute to the science and art of medicine, and to patients. I think that's very important and that's the message I want to leave. William Osler – to me – he got it right.

“ The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. ”

– William Osler

## HOBBIES

**TYS: Are there any interesting sports or hobbies that you pursue in your spare time?**

**LSY:** I play chess and golf. Chess is my favourite sport; I was the chess captain of Anglo-Chinese School and also represented Westminster Hospital against other hospitals. I also play golf once a week in my spare time. I truly believe in *mens sana in corpore sano* (Latin for "a sound mind, a sound body"). Therefore, I close my clinic and take Thursday afternoons off to play golf with my friends. I love golf but among all my brothers, I am the worst golfer. My best handicap was 18 but now I am a 24 – and that's the maximum for an 83-year-old. ♦