

Impacting the Future

– Interview with Prof Ho Lai Yun and A/Prof Marion Aw

In this issue focusing on the young ones, SMA News took the opportunity to interview two established and experienced practitioners in the field of paediatrics. In this interview, Prof Ho Lai Yun (HLY) and A/Prof Marion Aw (MA) offer a better understanding of their personal and professional journeys as paediatricians.

Prof Ho Lai Yun

What inspired you to specialise in paediatrics?

HLY: During my undergraduate days, the most inspiring teachers were in paediatrics at Mistri Wing. I did six months of paediatrics as a house officer, followed by obstetrics and gynaecology – which not only brought me close to newborn babies, but also to unborn ones. Since then, even in my subsequent postings in internal medicine and general surgery, I was labelled as being very “paediatric” and considered as someone who “has a way with kids”. Taking up a traineeship in paediatrics thus seemed to be a natural course. During my time as a registrar, I was awarded a rare Commonwealth Scholarship to undergo training in neonatology at The Hospital for Sick Children, Toronto, Canada – the biggest children’s hospital in the world. In the early 1980s, neonatal intensive care was an evolving and rapidly advancing field in paediatrics.

In your opinion, how has the practice changed since your trainee days?

HLY: Advances in medicine and technologies have revolutionised our practices. As young doctors, we used to perform two to three exchange transfusions on babies with severe neonatal jaundice per night call. There were usually at least ten calls per month and each procedure would last between one-and-a-half to two hours. The nurse assisting the procedure in the middle of the night would wake us up when we became sleepy doing the monotonous job. The introduction of phototherapy has almost wiped out the need for exchange transfusion. Our current trainees hardly even have the chance to witness one being performed.

We could also spend the whole night trying to set drips on the scalps of babies with severe diarrhoea, using metal “butterfly” needles that needed to be sharpened and sterilised for each use. During the gastroenteritis seasons, doctors doing ward rounds would be seen using long sticks to lift up the covers of the bins by the cot side containing cloth diapers stained with stools. It was like doctors “playing golf” in the gastroenterology cubicles!

What were some of the interesting things you’ve experienced in your course of work?

HLY: In paediatrics, we have the unique opportunity to grow up with our young patients. There are many heart-warming stories, but there are sad ones too. On several occasions in my clinic, elderly ladies accompanying their pregnant daughters for antenatal check-ups would approach me and remind me that the lady was the sick little one whom I had taken care of when I was a young doctor.

As a solemniser, it is also not unusual that after I have united the couple in matrimony, the mother of the bride or groom would take out a well-kept health booklet of her child to point out my signature in the record. I have also met up with some of the children who have gone through very traumatic



childhood experiences of abuse. They come back with touching stories of resilience and achievements under adversities, and vow that the cycle of violence would stop at them.

One of my most memorable encounters was when I met this family in the airport departure lounge. They were going on a holiday with their daughter who has spastic diplegia and was in a wheelchair. As a young, innocent and naive doctor at that time, I had the urge to offer some words of apology and comfort. But before I could do that, the parent informed me that the girl had drastically changed their outlook in life and the family bond had never been stronger. This incident changed my perspective on disability forever.

What do you think are some of the challenges the field of paediatrics and child health faces?

HLY: In UNICEF's report on "The State of the World's Children 2015"¹, Singapore was ranked first, together with Japan, Sweden and Switzerland, for the lowest infant mortality rates and under-5 mortality rates in the world.

Childhood mortality rates in Singapore have fallen to very low levels and are now associated mainly with conditions that modern medical care cannot affect. Other population-based indices must be developed to enable proper evaluation of "how we are doing" as a community in the provision of holistic care to mothers and children.

A number of "new morbidities" have been identified to pose major challenges to child health in the next few decades. They are chronic medical illnesses; developmental disabilities; learning problems; injuries and neglect; behavioural disturbances and disorders; sequelae associated with unhealthy lifestyles; and social and emotional disorders. These are known in developed countries as "modernity's paradox". As multiple causal factors are involved, medical and other health interventions may not always be the most appropriate and

effective means of providing care to these children.

The basic needs of young people are universal: a healthy start in life, an ongoing relationship with positive role models, safe places to learn and to grow, a marketable skill through effective education, and a stake in the well-being of their communities. Looking after the developmental health of the children will ensure the nation's wealth in the future. A concerted national effort is required to promote the children's capacity to achieve their potentials, and to avoid poor outcomes in health, education, behaviour and crime, and their huge costs to society.

What is your hope/advice for young doctors who aspire to be paediatricians?

HLY: There are new challenges in paediatrics and child health. The management of sick children is becoming more complex. Subspecialisation in paediatric care is inevitable. While our young doctors should be encouraged to scale the "ivory towers", it is important for them to remain competent in taking care of a child as a whole and not compartmentalised into different organs and systems. They must remain deeply rooted in general paediatrics. Paediatric subspecialties can only grow and develop from a sturdy common trunk.

Regardless of the subspecialty they venture into, they must take it as their responsibility and mission to bring the knowledge of improved care from one that is hospital-based to the community. For example, we may have the best team in the hospital in diagnosing and treating children who have been abused, but all these efforts would go to waste if the environment the child is returning to remains hostile to him. Therefore, our next generation of paediatricians must be ready to go beyond their comfort zone in medicine to advocate for the welfare and well-being of the child in the community, and to influence effective policy changes in the best interests of the

child. These will require them to lead in the collaboration with primary healthcare, education, legal, and social and community services.

What do you do in your spare time? Do you have any particular hobbies?

HLY: I used to play table tennis, but I retired as the unbeaten champion at the Singapore General Hospital (SGH) by the age of 50. My study room at home is filled with novels and I intend to go through every one of them when I retire! I had no opportunity to learn any musical instrument when I was younger, but I was courageous enough to do a solo singing performance at one of the SGH Formal Dinners! I also enjoy classical music – both traditional and contemporary. I have a good collection of Rach 3 performed by different pianists and even by the same pianist at different stages of his or her performing life! I am still an active volunteer at the Singapore Children's Society, Society for the Physically Disabled and National Council of Social Service. I also spend quite some time in fulfilling my duties as a Justice of the Peace. However, the top priority is to be with my family.

Prof Ho Lai Yun is emeritus consultant, paediatrician and neonatologist at Singapore General Hospital. He is the founding head of the Child Development Unit, KK Women's and Children's Hospital and continues to be the senior consultant of the Department of Child Development. He is chairman, Residency Advisory Committee (Paediatrics) and past master, Academy of Medicine, Singapore.

A/Prof Marion Au

What inspired you to specialise in paediatrics?

MA: There were a number of things that drew me to paediatrics.

Firstly, it was the realisation that it was quite enjoyable (even fun!) to communicate with kids through play – it meant that play could be part of my official daily work life. Secondly, it was the relative lack of mortality in paediatrics (compared to internal medicine). I recall being quite stressed as a house officer, getting frequent calls to attend to near collapsing adult patients I knew nothing about. Last but not least, the excellent role models in paediatrics whom I've encountered as a student and intern have inspired me to want to walk the same path! To watch Prof Yap Hui Kim or Prof Lee Bee Wah in action was to witness medical problem-solving at its inspirational best.

In your opinion, how has the practice changed since your trainee days?

MA: Three changes in particular come to mind:

The first is advancement in the management of complex conditions. For example, viral myocarditis in the not so distant past was almost a death sentence – we would watch helplessly as these children fade away despite intensive care unit management and inotropic support. Now, with extracorporeal membrane oxygenation, these children can be supported through their most critical period, to recover fully and walk out of the hospital!

Similarly, liver transplantation has changed the outcome for children with acute liver failure or end-stage liver disease. I was a trainee when the National University Hospital performed the first living-related liver transplant in 1996. Since then, we have done over 100 transplants in children.

Consultant-led care is emphasised a lot more now. When I was a trainee, the registrars more or less “ran” the wards. I don't think we provided any

less quality care for our patients and our consultants were certainly around to be “consulted” whenever we needed them. However, the sense of responsibility for patients under our care certainly made us step up much faster.

Finally, information technology (IT) is a great boon when it comes to receiving timely updates from the wards, pulling results or even accessing reference materials on the go.

I recall having to wait daily at 4 pm for the ward's fax machine to “spit” out all the blood tests results for the patients of the day as a trainee. We would then faithfully chart all the relevant and important results into the patient's case notes. Doing department presentations also meant doing research physically in the library, writing our presentation on clear plastic sheets and presenting using overhead projectors – something I hardly encounter nowadays!

However, with IT and the ease at which we get information at our fingertips, we need to be careful not to have the mindset that committing important information to memory is a thing of the past because of Google, PubMed and Wikipedia!

What do you think are some of the challenges the field of paediatrics and child health faces?

MA: There are several, but I would highlight two.

Firstly, having appropriate resources and seeing the need to invest in child health and well-being. There is evidence that early life influences and nutrition have long-lasting effects that impact health outcomes of a population 30-40 years later. So while we may not see the impact of these investments or interventions now, we would certainly reap the rewards many years later. Paying attention to the mental well-being of children is another important aspect of paediatric care.

Secondly, while we have the capability to push diagnostic and therapeutic boundaries, we would need to have



the wisdom to know when to stop or at least pause to think about the appropriateness of our actions. For example, it could be something very personal to the patient or his family – the question of how much technology we want to use to sustain the life of a child, when all we could be doing is prolonging death from occurring.

On the other hand, it could be something with potentially far-reaching consequences such as policies regarding genetic manipulation and selection, either for treatment of disease, prevention of disease, or simply for the selection of a “healthier” individual.

What is your hope/advice for young doctors who aspire to be paediatricians?

MA: I would advise them to constantly return to the core elements of our profession. Healthcare is about human relationships. The trust that our patients place in us is sacred – it must always be cherished and never taken for granted. In practical terms, this means never forgetting the human story behind each condition in order to manage the whole person better; and in paediatrics, this is not only the child but his or her family as well.

In addition, the human relationship is one that involves not just our medical colleagues but also nursing and allied healthcare colleagues. We work as a team and we learn from each other.

What do you love about your work?

MA: I am grateful for the opportunities given to me to impact the lives of those I come into contact with in many different ways. As a paediatrician – to care for my patients and their families; as a teacher – to be a guide and role model, hopefully to inspire students and trainees, and challenge them to be the best that they can be; and as a colleague – to support and encourage my fellow co-workers to do their best for their patients.

Lastly, I love being given the opportunity to learn all the time, from patients, students and colleagues.

What do you do in your spare time? Do you have any particular hobbies?

MA: Realistically, I don't have a lot of spare time! My work at the National University Health System and National University of Singapore keeps me fairly busy.

I ring fence time for various activities. I try to exercise regularly – usually

in the form of brisk walking on a treadmill three to four times per week.

Family is very important and I spend a number of evenings a week with both my husband's and my side of the family. This takes place in the form of dinners on the weekends and a Sunday lunch with my family after church. I also make it a point to catch up with old friends from secondary school and medical school – usually during the June and December school holidays.

I'm also an action movie fan and I'm always ready to indulge in a bit of escapism by parking my brains at the cinema door, but I would bring along a jacket to hide behind whenever there are tense moments! ♦

A/Prof Marion Aw is a consultant in the Department of Paediatrics, National University Hospital. Her area of clinical expertise is in paediatric gastrointestinal and liver disease. Her other passion is in medical education, where she is actively involved in both undergraduate and post-graduate teaching. Marion also currently serves as the president of the College of Paediatrics and Child Health, Singapore.



Legend

1. A/Prof Aw and a group of paediatric residents at their residents retreat