

# A Tribute to Dr Lee Kng Swan

*Departed 8 May 2000*

*Dr Pang Weng Sun, Honorary Secretary,  
Society for Geriatric Medicine (Singapore)*



**D**r Lee Kng Swan graduated with an MBBS from the University of Singapore in 1979 and obtained her Master of Medicine (Internal Medicine) from the National University of Singapore in 1986. In 1991, she was admitted as a Fellow of the Academy of Medicine, Singapore and her last appointment was as a Senior Consultant in Geriatric Medicine, Changi General Hospital.

One of the early local pioneers of geriatric medicine, Kng Swan trained in Dunedin and Wakari Hospital, Dunedin, New Zealand from 1988-89 with a special interest in elderly services in the community. She returned to work in the Department of Geriatric Medicine in TTSH in 1990 before taking up a post in National University Hospital the following year. In 1991, Kng Swan pioneered the first community based continence clinic in Tampines Senior Citizen's Health Care Centre (SCHCC) under Home Nursing

Foundation. This model of bringing continence care to the elderly in the community was subsequently expanded to 6 other SCHCCs in Singapore.

In 1993, Kng Swan became Medical Director of Hua Mei Mobile Clinic, Tsao Foundation, and started the first community based geriatric assessment team in Singapore. Over a 6 year period, she built up a strong home care programme supporting frail elderly in their homes before moving on to Changi General Hospital in 1999.

Dr Mary Ann Tsao, CEO of the Tsao Foundation said, "I have always appreciated the phenomenal leap of faith Kng Swan had taken to leave a safe and secure position at NUH to join the Tsao Foundation, and it is a reflection of her deep commitment to the elderly patients that she served. Through the patient and loving way she worked with the elderly, as well as the care and concern she

expressed for her team, all of us at Tsao Foundation came to love and respect her deeply as an extraordinary person who is not only a skilled doctor, but also a kind, generous, compassionate and caring friend."

Her love for the elderly and commitment to their care led to her active participation in several committees and voluntary organisations. She served in the National Policy Committee on the Family and Aged, Society of Geriatric Medicine and was a long time supporter of Gerontological Society, holding the post of Vice-President for two terms in 1991/1992 and 1994/1995. With her wide experience, she became a key organiser and lecturer in the Graduate Diploma in Geriatric Medicine course and the Novartis Foundation Intensive Course in Geriatric Medicine.

Kng Swan always had a positive outlook in life and approached her work with great enthusiasm. In the words of her colleagues from Hua Mei Mobile Clinic, "she was a wonderful boss, friend and mentor...always patient and caring, especially towards new staff regardless of professional status. Both staff and patients loved her jovial personality and her infectious outburst of laughter never failed to bring a smile to everyone around. A person who embraced life passionately and lived it to the fullest: in our hearts, she will forever be our champ."

With her sudden departure, we have lost a friend and fellow geriatrician, a humble colleague who devoted her life to caring for the elderly. Her contributions will go down in the history of geriatric medicine in Singapore. And though she is no longer with us, those smiles of hers will always remain. ■

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specialised skills involved in running stop-smoking clinics and people need training for that. I don't think psychological or psychiatric skills are necessary. In Britain, we train nurses and health education professionals to run such groups. Anybody can do it, given the skills and commitment, with training.

Q. Is there a light at the end of the "smoking tunnel"?

A. In my lifetime, smoking rates will never be really low anywhere in the world. In one sense, I don't see light at the end of the tunnel, meaning everywhere in the world, every country

has had to go through the same phase, i.e. smoking rises in the middle class, usually in males first, then followed by females, reaches a peak and then it starts falling, usually in higher social groups (both men and women).

One of the critical reasons why you must have collaborative action at global level (the WHO's role), is to try and shorten that cycle in countries like India, where smoking has been increasing for a while. Now, there is increase in lung cancer, chronic lung diseases and TB deaths in smokers.

Eventually, we can get to the stage to limit the damage, and have the prevalence rate in the next 10 years. ■