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A Lesson in Pain

In 1992, **PROF FENG PAO HSII** *established Singapore's first Department of Rheumatology and Immunology in Tan Tock Seng Hospital (TTSH). Today, the Father of Rheumatology in Singapore is Emeritus and Visiting Consultant at TTSH, Visiting Consultant in National University Hospital (NUH) and Singapore General Hospital (SGH), and has a part-time practice in the private sector. In addition to various fellowships and awards, Prof Feng is also Chairman of the National Arthritis Foundation and Adjunct Professor at the Faculty of Medicine, National University of Singapore, just to name a few appointments. In this issue, Prof Feng talks to* **Dr Toh Han Chong** *about rheumatology, the importance of patient education, why medicine is not a "marketplace", and being a workaholic.*

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THC: Prof Feng, can you tell us what is keeping you busy these days?

PROF FENG: I retired from public service in the year 2000 but I have kept myself busy with various other things. I have a part-time private practice and I also do one to two sessions in TTSH, NUH and SGH as Visiting Consultant. I have also been Chairman of the National Arthritis Foundation for the last 25 years. It is actually a lay foundation and we have about 1,000 members, including rheumatologists and orthopaedic surgeons. The foundation holds regular lectures for patients, and a scientific meeting is organised once every two years.

My main interest now is actually patient education. I think one of the resources that medical professionals have failed to exploit is the patient as a resource. Many diseases are lifestyle-related, like hypertension, diabetes, lung cancer and arthritis. If only people adopt a more congenial lifestyle, these diseases can be better managed. I think there is no need to keep on building more hospitals. It is never-ending and you just end up needing more doctors and all that. If you can improve patient education, such as persuading patients to be more compliant with their medication and adopt better lifestyle measures, you can reduce diseases such as ischaemic heart disease and stroke.

THC: I agree with you. However, we are historically an immigrant population and the majority of patients suffering such chronic disease conditions are the elderly who do not speak English.

PROF FENG: We still need healthcare professionals who speak dialects to go into the heartlands to talk to people. Arthritis patients are mostly the elderly and you need to speak to them in Mandarin or their dialects to make them understand their condition and medication. Patient education is something we can do better.

THC: Is there enough community support for arthritis patients?

PROF FENG: Actually no, and this is the other problem. We know arthritis impacts on the quality of life as you get older, for example, mobility. And I think the concept that the elderly should stay at home is no longer the case these days. Not only in Singapore, but all over the world, there is the cultural belief that when you are old, you are supposed to get arthritis. The other thing, as one of my colleagues has said, is that arthritis is "not sexy"! For example, you have many Hollywood stars supporting AIDS or breast cancer, but not arthritis.

"Many diseases are lifestyle-related, like hypertension, diabetes, lung cancer and arthritis. If only people adopt a more congenial lifestyle, these diseases can be better managed."

THC: You mentioned once that you consider yourself an "accidental rheumatologist".

PROF FENG: My interest in rheumatology started way back when I was a registrar under Prof Seah Cheng Siang, who was then Head of Medicine in the old Thomson Road General Hospital in the mid 1960s. He was the first in the world to use intravenous cyclophosphamide to treat lupus nephritis. It was a successful treatment but the side-effect was sterility – 30% of patients became sterile. Of course, at that time, we did not know what was the right dosage.

Actually, Prof Seah wrote the first paper which was published in 1964 in the *British Medical Journal* (*BMJ*). It was a short paper and I expanded on it with data from more patients and published my follow-up paper in 1967.

THC: It is a fascinating drug because even today, we are finding out more about cyclophosphamide and its effects on, for example, the regulatory aspects of the immune system.

PROF FENG: We are still using cyclophosphamide but now in lower doses.

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THC: After working for Prof Seah, how did you branch out into rheumatology, a relatively new field then?

PROF FENG: I was awarded the WHO Research Fellowship and left for Israel in 1969. Of course, the only reason I got it was because no one else wanted to go – there was a war in Israel at that time! Besides, I was not married then and both of my parents had already passed away. I was there for a year and I had a great time, but I never knew they spoke Hebrew there, so it was quite a challenge.

When I came back to Singapore, I realised there were many arthritic patients and rheumatic diseases but they were mostly treated by orthopaedic surgeons. So I kept telling the Ministry of Health (MOH) that there was a need to train rheumatologists but was told there was a greater need in tackling malaria and other acute conditions. Still, I did have some support from people in the Ministry, like Dr Chew Chin Hin.

Eventually, MOH sent me on a short attachment to Hammersmith Hospital in London, UK. It was not until 1980 that MOH awarded its first HMDP for rheumatology, to Dr Boey Mee Leng who went away for two years to be properly trained as a rheumatologist. We also started a small unit in TTSH, under the Department of Medicine. After a couple of years, we sent people like Dr Fong Kok Yong, Dr Howe Hwee Siew and others to Hammersmith, UCLA and Bath. We now have a total of 26 fully trained rheumatologists in the SMC registry, six trainees, and a Chapter of Rheumatology in the Academy of Medicine.

According to UK standards, there should be one rheumatologist to every 100,000 population. We are about halfway there but considering that rheumatology as a specialty only started 20 years ago, we are not doing too bad. Compared to other countries in the region, Hong Kong is doing slightly better than us. Of course, you cannot compare with Australia which is doing so much better.

THC: Certainly, the Rheumatology Department in TTSH has historically been very highly regarded because of the groundbreaking work it has done. Also, systemic lupus erythematosus (SLE) is an Asian disease. Did you feel you were in a strategic position to provide clinical care and do research in SLE?

PROF FENG: Yes, I think we were lucky. There is a lot of interest in the ethnic variability in SLE. For example, people do think that Asians have a more severe form of the disease than Caucasians. But whether it is genetic, ethnic variability or socioeconomic, there is still much work to be done. There are certainly some genetic differences.

THC: What do you think are some of the more interesting treatments emerging in the field of rheumatology?

PROF FENG: I think treatment for rheumatoid arthritis has changed dramatically in the last 10 years, since the arrival of anti-TNF monoclonal antibody (mAb). For once, we can actually say we can halt progress of the disease, although there is still no cure.

But proper diagnosis is very important. So we have to tell our primary care doctors to diagnose rheumatoid arthritis early, within the first two years of onset. Once you miss this window, anti-TNF mAb will not work as well. The other problem is cost of treatment. Anti-TNF mAb costs about S$2,000 a month and treatment must be given continuously. The moment you stop, the disease will relapse. Some patients can afford treatment for six months but there are patients in US, for example, who have been on anti-TNF mAb for six years. In the US, you can use insurance to pay for such a treatment. In Singapore, you cannot use Medisave for it; and so you pay from your own pockets. It is very expensive but anti-TNF mAb works. It is much better than the traditional disease-modifying anti-rheumatic drugs like anti-malarials, and you feel completely normal. The only side effect, as my patients tell me, is on their wallet!

THC: Talking about patient education, are there any known causes of rheumatoid arthritis? You know the Chinese believe that it is related with "cold" and "dampness". So what is the basis for such myths?

PROF FENG: First of all, the prevalence of rheumatoid arthritis is different here. In Western countries, it is about 1% of the population. Here in Asia, it is between

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0.3 to 0.6%. The severity is also lesser in the local population, but it is worse for SLE. In Caucasians, you see a lot more eye complications. But having said that, many Asians actually delay their treatment and when it reaches the destructive stage, it is hard to manage. So the important thing is to educate our primary care doctors to catch the disease early and send the patient to a rheumatologist.

Regarding causation, we know in general that rheumatoid arthritis is an autoimmune disease, that is, the body produces antibodies that attack the joint synovium. However, what triggers this self-attack is not known. The Chinese often call "arthritis and rheumatism" as "fong sap" (in Cantonese, meaning wind and dampness). This is a medical myth in that changes in the weather do not cause arthritis. However, very often changes in the weather do make patients with arthritis feel worse. This is not the change in weather per se but has something to do with a drop in the barometric pressure that often accompanies impending rain.

THC: Reflecting on medicine in Singapore, can you share with us about some of the positive things, and some of the things that have made you concerned about the way Medicine has evolved in Singapore in the last many years?

PROF FENG: Obviously, medical technology has improved vastly. I remember back when we were just medical students and housemen, there were no ventilators. We would intubate the patient and ventilate him manually. We rotated every six hours, sitting by the patient's bed and just squeezing the air-bag with our bare hands! Patients often perished back then. Fortunately now, we have sophisticated equipment and great changes in medical technology. No doubt patient outcomes have improved.

But what makes me really worried now is how medicine has become a "business". I hate the terms "medical marketplace" and "client". If you talk about a marketplace, the consumer knows what is going on and how to choose for example, a good durian by shaking and smelling the fruit. But when it comes to medicine, if the doctor tells the patient he needs an MRI, most patients would not know any better. There is a difference you know.

THC: I suppose the healthcare sector has become an area which looks like it can generate revenue either for the doctor or hospital, or even the entire nation. So looking at the region, like Thailand and India, there is an increasing amount of medical tourism activity.

PROF FENG: If the person can pay more, let him go first class. But provide all patients with the basics. It is important for the government to look after the poorer people too. Also, be mindful of hidden costs that are not factored in. Only about 30% is related to hospital care. The rest is related to, for example, loss of employment, quality of life and the economic burden on caregivers. I know of a case where the daughter, who is a high-flyer in a MNC, is resigning to take care of the arthritic mother. One can imagine what would be the ultimate "cost".

THC: I guess one of the problems is that treatment of chronic diseases is becoming more expensive and the government is struggling to cope with such changes in medicine.

PROF FENG: I think this is true. The government is finally realising the importance of chronic diseases, and this is a good thing. At one stage, they were only interested in acute diseases. But I hope they can eventually expand to other chronic diseases like arthritis as well.

"But what makes me really worried now is how medicine has become a "business". I hate the terms "medical marketplace" and "client"."

THC: Do you think the way medicine is practised has changed after restructuring of the public hospitals?

PROF FENG: In the old days, we were not worried about cost simply because there were not many drugs around! These days, cost of drugs has escalated so we have to contain cost. Things have changed and doctors have to go along with the tide. But basically, doctors still need to maintain ethical standards.

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Of course, you can still be a very successful doctor – the two things are not exclusive. But I am against those who exploit patients' ignorance. Most patients do not know any better about their condition. So I always tell patients that if they are still not sure, they should seek a second opinion. There is nothing wrong with that.

THC: The other big challenge in medicine is that we are losing talent in the public sector. Obviously, you cannot keep everybody but on the other hand, you want to make sure that you treat people well. How do you see this balancing act?

PROF FENG: First of all, you have to pay people enough. It is the same as for paying politicians adequately – they have got it right. You have to value their work. Similarly in medicine in the public sector, you need to pay doctors reasonably well so they can have a reasonable lifestyle. But they don't need to live in, say, the St Regis Residences, of course!

THC: What is your feeling about the fee-for-service scheme?

PROF FENG: I think you just need a decent pay because fee-for-service will not work for pathologists, for example. But there is no need to envy, say, cardiologists who are generally paid better – they do much more stressful work than we rheumatologists!

THC: Throughout your long career, what are some of your good memories in medicine?

PROF FENG: I think I must pay due respects to my teachers like Prof Seah. The problem with medicine now is there are no more heroes. Last time, we had people like ES Monteiro, Gordon Arthur Ransome and Seah Cheng Siang. But now, if you ask the young doctors, they would not know who to name as role models. I think in any profession, you need role models.

THC: What are some of the highlights of your career?

PROF FENG: One highlight would be teaching. I have always said that the most noble profession is teaching, and the other is medicine.

Another highlight is the period after I had just passed my Senior Cambridge in Singapore and went to the University of Hong Kong to study medicine. At that time, only a few professions were open to us: medicine, law and teaching. Then my father died suddenly and I had to come back to Singapore to continue my medical education for financial reasons. Somehow, my mother – who could not speak English – managed to speak with Prof Monteiro, who was then the Dean of the Faculty of Medicine. He looked at my results and I was allowed to transfer back to continue my studies. So I graduated here at the University of Malaya (Singapore division).

THC: There are many advocates for a strong primary care as they are the gatekeepers of the nation's health. Your thoughts?

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PROF FENG: I think tertiary hospitals are seeing way too many patients. We must build up our primary care. The health of any country does not depend on a few doctors who can do heart transplants – that is good but that is not going to be enough. We need a strong primary care sector to take care of the majority of the patients. My impression is there are elderly patients who go to the hospitals in their wheelchairs to see the doctor for just a few minutes, then queue two hours for their medicines and spend money on taxi-fare. We should think about how to get patients to see their primary care doctors near where they live. So, I have actually made a suggestion to follow the NHS system. Now I know they have a lot of problems too, but why can't we also have patients registered regionally? For example, doctors in Toa Payoh will look after patients in the same area. There is also the advantage of continuation of care.

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THC: The British have done it quite well but the Americans have a different philosophy and they believe in freedom of choice.

PROF FENG: You can still have a choice, but within the same community. So you can choose between five to seven GPs in the same constituency. But a person can only make a free choice if he knows the facts.

THC: Prof, what do you do for recreation?

PROF FENG: I do not have any hobbies but I used to collect stamps. Now, the only thing I do sometimes is watch movies. I still remember my first movie which I watched with my father: it was *Golden Earrings* starring Ray Milland, and it was at the old Capitol. The second movie was one of the Tarzan movies. Actually, I am a movie buff. I still go to the cinema once or twice a week. I just watched *Borat* – you will either like it or hate it. I found it very gross! I also watched *Blood Diamond*. I do not watch DVDs at home. I like watching movies in a cinema – I need a big screen, a good sound system and air-conditioning. My favourite is Orchard Cineleisure on Sunday mornings when there are very few patrons. Once during the SARS epidemic, I was the only patron in the cinema – no danger of cross-infection!

Actually, I think it is important that you treat your work as a hobby – you must treat work as a hobby, then you can enjoy it. Otherwise, you cannot last 40 years.

THC: Some doctors are feeling a bit unhappy about issues of too many controls being placed on them. What do you think?

PROF FENG: You know, at one stage last time, hospitals were asking doctors to clock in and clock out. Are we thambis? But I do think we need to control certain things like costs and waiting time. At SGH – my afternoon clinic sessions are about three hours – I see about 12 to 15 patients, so I have time to talk to each of them. But not when you have to see 50 patients – there is no value of care to the patient.

THC: As a senior healthcare professional, if you could give three pieces of advice to MOH to fix the healthcare system, what would you say?

PROF FENG: First of all, MOH should come down more to the ground to talk to doctors; no point just talking to the administrators. Second, I think it is reasonable to pay public healthcare doctors well. It is about getting value for money. If not, you will lose good people. The third thing is to continue to train doctors well and send them overseas. You cannot become too insular – there is a big, wide world out there.

THC: Thank you for agreeing to this interview, Prof Feng. ■