SMA news

For Doctors, For Patients

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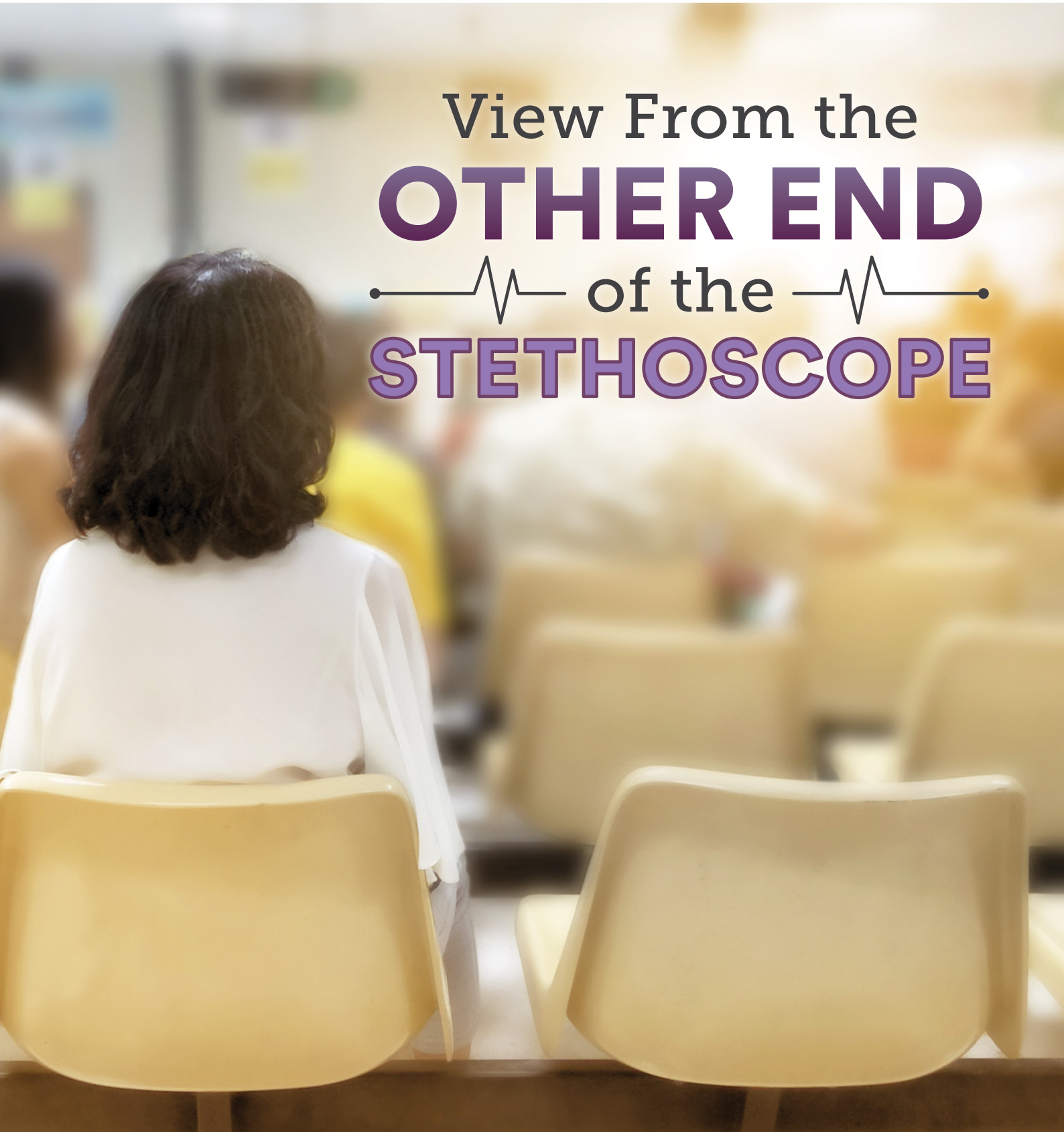

View From the OTHER END of the STETHOSCOPE

We invite Family Medicine Physicians and Generalists, to join the medical team at Jurong Community Hospital

The Post-acute & Continuing Care (PACC) team at Jurong Community Hospital (JCH) comprises physicians with postgraduate training in family medicine, geriatric medicine or internal medicine, providing inpatient care to patients that require sub-acute care or rehabilitative care after an acute illness or surgery. You will work with a multi-disciplinary team of nurses and allied health professionals to provide holistic care to JCH patients. You will also work in close partnership with community health service providers to enable care re-integration into the community.

REQUIREMENTS

Candidate must possess a basic Medical Degree and postgraduate qualifications registrable with Singapore Medical Council. Those who have MMed (FM), FCFPS or MMed (Int Med) or other postgraduate qualifications recognised by College of Family Physicians Singapore (CFPS) or Specialist Accreditation Board (SAB) will be considered for Senior Physician or Specialist positions.

JurongHealth Campus is a part of the National University Health System (NUHS) group, serving the community in the western region.

JurongHealth Campus comprises the integrated 700-bed Ng Teng Fong General Hospital (NTFGH) and 400-bed Jurong Community Hospital (JCH) which were designed and built together from the ground up as an integrated development to complement each other for better patient care, greater efficiency and convenience. NTFGH and JCH were envisioned to transform the way healthcare is provided, and together with the National University Hospital, National University Polyclinics, Jurong Medical Centre, family clinics and community partners, to better integrate healthcare services and care processes for the community in the west.

To find out more, please write in with your full resume to:
Medical Director
Jurong Community Hospital
1 Jurong East Street 21
Singapore 609606

Email: **medicalcareer@juronghealth.com.sg**

For more information, visit:
www.juronghealthcampus.com.sg

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Ng Teng Fong General Hospital
Jurong Community Hospital
Jurong Medical Centre

Members of the NUHS

We regret that only shortlisted candidates will be notified.

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CONTENTS

The EDITOR'S MUSINGS

"Placing patients at the heart of all we do..."

Do you always do that? Have you ever been a patient yourself? Do you have the empathy needed to truly understand what it means to be sick or a patient in need?

SMA News is privileged to feature articles written by patients and their families. Ms Koh Soek Ying writes about her journey in looking after her son with autism, and how it prompted her to start social enterprise Mustard Tree as a way for people with special needs to learn skills that can help them earn a living. The other two authors have requested to remain anonymous; one had a benign condition and recounts her experience as a patient undergoing surgery; the other is having a stressful time looking after a family member with metastatic cancer. They have been very honest, brave and kind in sharing their experiences.

Whenever you meet a "difficult" patient or family member, please remember that they are not deliberately being "difficult". See things from their point of view and help to get their problems sorted.

SMA President Dr Lee Yik Voon shares his thoughts on the evolution of GP practice, touching on topics such as changes in technological advances, care models and keeping up with the different needs of an ageing population, in particular end-of-life issues. Sports medicine gets a highlight with articles from A/Prof Fabian Lim, A/Prof Roger Tian, Dr Dinesh Sirisena and Dr Teoh Chin Sim. Sports medicine physicians don't just look after elite athletes; they also develop exercise programmes and manage common functional injuries across the age groups.

The Inland Revenue Authority of Singapore has also submitted a succinct article on business arrangements and their tax implications. As this is just a brief write-up, I wish to remind readers to consult your accountants and lawyers for the specifics of your own case.

Regardless of which field you are in, ask yourself this: Are you a doctor first, or are you a businessman? Do you put dollars and cents first, or do you put patients first?

Have the right heart, and the rest should follow. ◆

Tan Yia Swam

Editor

Dr Tan is a consultant at the Breast Department of KK Women's and Children's Hospital. She continues to juggle the commitments of being a doctor, a wife, the *SMA News* Editor and the increased duties of a mother of three. She also tries to keep time aside for herself and friends, both old and new.

RAISING A CHILD WITH AUTISM

A Journey With No Flight Plan

By Koh Soek Ying

> "Autism is a journey with no flight plan. Some days you simply have to go with the flow and land wherever the winds take you!"
>
> – Walk Down Autism Lane (Facebook)

That quote above truly describes our experience, from the point of discovery till now. Nothing could have prepared us for this extraordinary ride where every day presents new discoveries and learning points. What I am about to share are my heartfelt thoughts, from a caregiver's perspective. I sincerely hope that this will be the start of many more conversations within the different communities, bringing greater understanding and help for children with autism.

From security to uncertainty

Our second son Ryan, 22, met all the necessary milestones on his developmental charts, with some exceeding the mean scores and those of his brother, who is two years older.

Hence, you can imagine how shocked we were when his preschool teacher called to share her suspicion that Ryan might have some learning difficulties. He was just over two years old then. She also presented us with several articles on autism. We had never heard of this condition and were clueless about it. It was a turning point for us, and we will always be grateful that the teacher was intuitive enough to have caught it at such an early stage.

Ryan's regression was very subtle. There were symptoms which we initially thought were the typical antics of the "terrible twos". He was a very happy child, but little by little his smiles faded and were replaced with stony, blank stares. His responses grew less spontaneous and he needed a lot of prompting. He used to be able to call "Daddy", "Mummy" and "*Kor Kor*". These first words were soon replaced with a lot of crying, with each episode lasting longer and longer. Initially, we thought that these outbursts were merely the tantrums of an attention-seeking child. In-between these bouts of crying, he would be silent and expressionless. He also started to obsess over objects, especially marker pens. He would hold one marker pen in each hand and refuse to let them go. If we took them away, he would retaliate with incessant crying that sometimes lasted for hours. Nothing seemed to soothe him.

It was exasperating to say the least. Other typical symptoms of autism gradually crept in – the body rocking, flapping of hands, and covering of ears whenever the vacuum cleaner was turned on or when a plane flew past. Certain sounds seemed to debilitate him. Before we knew it, our son was entrapped by the dreaded clutches of autism.

More questions than answers

20 years ago, much of the expertise was from the US, with limited information available locally. Needless to say, we had lots of debates with our paediatrician. We discussed the various possible causal factors – the obvious one being the MMR vaccine. Ryan had also received the chickenpox vaccine. We went through a period of regret and, occasionally, we still do. Had we not given him those two vaccinations, could things have turned out differently? After all, he was progressing on track until those dreaded jabs. Or could it be due to the prolonged labour I had? Needless to say, we had more questions than answers. Our paediatrician had always maintained that such claims must be substantiated by statistics, of which there were none. (Recent research has debunked the connection with the MMR vaccine.) Notwithstanding all these, questions still remain: Is there a cure for autism? What do we need to do?

That period of our lives is best described as the "merry-go-round" phase. We saw numerous professionals – doctors, psychologists, homeopathy practitioners, occupational therapists, speech therapists, educational therapists, among others. Ryan was put through a variety of tests such as hearing tests, blood tests, stool analyses, hair analyses and food allergy tests. He was also treated for leaky gut and underwent psychological assessments. Some of the tests were not readily available in Singapore then, so the samples had to be sent overseas. Ryan was also put on a host of vitamins and supplements such as fish oil, taurine, L-Glutamine and probiotics, just to name a few. He even went on a gluten- and casein-free diet for a while. On top of all these, we also tried a variety of early intervention programmes such as the Applied Behaviour Analysis and the Glenn Doman approach.

Back then, the medical and treatment landscape was very fragmented, expensive and scarce. Parents like us had to rely on our own research, share costs, and struggle with the deluge of information and professional jargon in medical, psychological and therapy reports. There was really no single professional who could help us interpret all these data and develop a holistic plan for our child. We often wondered if a certain approach could be counter-productive to another. We were not sure; there were more questions than answers. Repeating our story to every professional we saw, we sounded like a broken record but always ended up with the same diagnosis. It was extremely frustrating and a drain on our finances.

We were navigating through a system which could not adequately support a child with autism. Private doctors and therapists were (and still are) very expensive, while at the public hospitals (which are cheaper), you had to wait months for an appointment. What was most frustrating at the public hospitals was the frequent turnover of professionals assigned to our case. With each personnel change, we had to repeat our story. Children with autism do not take to change well; it can be very traumatising for them. Just imagine the level of stress and frustration we experienced trying to access public services. Thus, to ensure that Ryan had as much early intervention as possible, we made the difficult decision to go to the private practitioners.

An evolving healthcare landscape

Singapore has definitely evolved. By God's grace, Ryan has come a long way too. There is now a lot more awareness and knowledge of autism, and services available to support people with autism have also increased. We are especially glad to see better support rendered at the early childhood stage – from diagnosis to early intervention. Of course, more can still be done. A good conversation to have is a discussion on how to narrow the gap between a doctor's clinical focus on developmental milestones and diagnosis, and a caregiver's need for advice on treatment and support services. Currently, there is still no unified approach to what needs to be done once a child is diagnosed with autism. Who can we look to as the clinical manager for the child?

Aside from early intervention, there is another area of concern – those above 18 are ageing out of our systems. This is a stage where most of us parents of children with special needs would call "falling off the cliff" – a bleak post-school horizon. I often refer to this age group as the "sandwich class". It is the age where almost 90% to 95% of those in Special Education Schools finish formal schooling. The rest of the cohort would continue with vocational training for another three years. For the former group, some would end up in day activity centres or sheltered workshops, but a vast majority would end up staying at home, facing unemployment and a high propensity for regression. This is also the group which Ryan is currently in. Even the services at the Child Guidance Clinic only cater to those below 18! Right now, there is no centralised transition plan for those beyond 18 years old, be it for education, employment or medical services.

When Ryan was approaching 21 years old, we discovered a new set of challenges. As he has moderate to severe autism, he needed help to manage most of his personal affairs

(eg, Central Provident Fund, SingPass, passport and banking matters, just to name a few). Therefore, we had to be deputised to manage Ryan's affairs through the Family Courts. When we approached the list of doctors under the Office of the Public Guardian for help with the medical report and affidavit, many were unfamiliar with deputyship for individuals with autism. Thankfully, through our collaboration with the National University of Singapore Pro Bono Office and a doctor who has a child with autism, we have been deputised to manage our son's affairs. Again, this highlights an area where we can work together to bring awareness and services, especially to those who have aged out of the system.

Nevertheless, local healthcare services for persons with special needs are changing, especially in recent years. Of course, as parents, we hope that the pace can be hastened and more can be done. For instance, it was only in late 2015 that we had the first of four dentists trained to handle geriatric patients and those with behavioural issues due to conditions like autism, cerebral palsy and intellectual disability. In March 2018, a new clinic under the Movement for the Intellectually Disabled of Singapore (MINDS) opened and offers specialised care for people with intellectual disabilities. Right now, services are limited to MINDS clients. Can such services be made available at the national level? Or perhaps, more GPs can be roped in to offer such specialised services?

Autism is a spectrum. It is a real challenge, especially to support those who are unable to articulate what is affecting them because they are less verbal or cognitively slower. Hence, if a doctor is unfamiliar with the disability or ill-equipped to communicate with persons with autism, these patients may not be provided with proper or correct treatment.

Currently, a lot of our resources are obtained from informal and closed support groups. We are really thankful that the caregivers in these groups are so generous in sharing their recommendations on medical professionals, treatment services, supplements, care, etc. Such networks are definitely a treasured resource, which we hope can be centralised and made available to more parents, especially those with children who are newly diagnosed.

Universal insurance coverage

The cost needed to support our child is a constant worry, especially finances for his long-term care when my husband and I are both no longer around. It weighs heavily on our hearts. Thus, it was a welcome relief when MediShield Life was introduced back in November 2015, as it covers all Singaporeans and permanent residents, including those who have pre-existing conditions like autism. Prior to this, it was very difficult for them to get proper insurance coverage. However, a person with autism may need specific health services, such as speech therapy, occupational therapy and psychology treatments, which are recurring and not covered by the scheme. The costs of these services can be substantial, especially if they are required on a regular basis for a person to be functional. We hope that the scheme could cover some of these costs.

Continuous conversation

Healthcare is definitely an area in which we hope more conversations can take place. With better healthcare management, this journey of uncertainties could become one of possibilities, as caregivers like us can be more at peace that their maturing special children will be well taken care of. ◆

Legend

1. Ryan (middle) and his siblings in 2004

2. A patchwork wall-hanging Christmas tree designed by Ryan

3. Posing for a family photo

Soek Ying is a mother of four and the co-founder of Mustard Tree.com.sg Pte Ltd.

Death AND THE GP

Text by Dr Lee Yik Voon

Approaching death

The number of Singaporeans aged 65 and above is expected to double to 900,000 by 2030. With our rapidly ageing population, GPs who see patients literally from the womb to the tomb will have to be prepared for end-of-life issues faced by patients.

Physician-assisted suicide and euthanasia

To many elderly and terminally ill patients, suffering from prolonged sickness, having a poor quality of life or being a burden to their children may make them wish for a quick end to their suffering.

Many make the mistake of thinking that ending their life is a quick, easy and painless process. The reality is that when faced with mortality, how many will actually embrace it fearlessly? Many will balk, grasp at straws and hope for a miracle.

The issue of physician-assisted suicide (PAS) came up recently during the World Medical Association (WMA) conference and there were polarised views among the member countries of the WMA. In particular, the Asian and South American countries, where there are big, closely knit and supportive families, reject the idea of PAS, while the opposite holds true for countries that do not have such clan support structures.

In Singapore, the Advance Medical Directive (AMD) Act allows citizens to register in advance their wish to reject extraordinary life-sustaining measures when terminally ill. However, the AMD Act does not condone, authorise or approve euthanasia, mercy killing or PAS.

PAS, however, is legal in Switzerland, Belgium, the Netherlands, Luxembourg, Mexico and three states in the US. In Singapore, anyone who assists in the suicide of an adult can be jailed up to ten years and fined. As the population ages and we have more who are terminally ill, this issue will rear its head time and again in the years to come.

Jaga me and dying at home

Most Singaporeans, including many of my patients, express their preference to die at home. However, according to a 2017 report by the Registry of Births and Deaths, many do not end up doing so and 63% of Singaporeans die in the hospitals. In 2014, the Lien Foundation conducted a survey of 1,000 people and found that 76% of respondents who wish to die at home would still choose to do so even if there is insufficient support from family, friends or medical professionals.

It is believed that dying at home will preserve dignity without a sense of abandonment, while granting closure to the patient and family.

Advance Care Planning

Advance Care Planning (ACP) involves planning for future health and personal care towards the end of life, especially for patients with a poor prognosis of a few weeks to months (eg, advanced cancers), and those with incurable illnesses that may last several years (eg, dementia and motor neuron diseases).

ACP helps patients to share personal values and beliefs that may affect healthcare preferences in various medical situations, and allows them to nominate someone to be their voice after they lose their ability to make decisions independently. ACP also helps patients and family members to understand complex medical decisions during their journey of terminal illness, palliative care and death, and prepare for various scenarios and outcomes.

Some issues discussed include life-sustaining treatments, Do-Not-Resuscitate orders, artificial ventilation, tube feeding, use of antibiotics in terminal illness and even one's preferred place of care and death.

Studies done in 2015 and 2018 have shown that less than half of the 158 patients engaged were willing to continue conversations on ACP. This could be due to various reasons, such as a preference to delegate decisions to family members, refusal to entertain and engage in such conversations, and quiet acceptance of "come what may".

Some have wondered if the AMD may actually limit one's freedom in some contingencies (eg, the use of antibiotics or tube feeding). For example, a patient with advanced cancer, who suffers from acute pneumonia, could be treated with antibiotics and temporary artificial ventilation. Another patient who has advanced dementia, but is eating well, could require temporary tube feeding if he/she comes down with a viral illness.

Hence, with ACP, the best course of action comes from active listening, respectful dialogue and mutual trust and understanding between healthcare professionals and surrogate decision makers who have the patient's best interest at heart.

However, although the patient ultimately makes his/her own choices and decisions, tension may arise among them and their family members, friends and society. Especially in an Asian society, where group decision-making has sociocultural roots, the choices and decisions that one makes also has an impact on those around them. The freedom to make choices for ourselves does not negate the need to take those around us into consideration.

Deskilling of GPs

One of today's trends is the deskilling of GPs and the underlying fear that the days of solo practitioners may be numbered. Throughout the years, many aspects of GP work have changed.

As previously mentioned, GPs often look after patients from the womb to the tomb. Antenatal care is one area in which GPs have been made less relevant. Patients obtain pregnancy test kits directly from the pharmacies and make appointments directly with obstetricians (often ones recommended by their friends or found on the Internet).

Although shared care is still practised, individuals may prefer to consult their obstetrician for regular checks and expect an ultrasound during every visit. Most GPs do not use ultrasound for their antenatal follow-ups.

Moreover, all Singaporean babies are currently entitled to free vaccinations at the polyclinics. This has affected the GPs and paediatricians adversely in terms of income and their coming into contact with new patients. Many GPs also no longer perform growth and developmental assessments for children, and could become deskilled in identifying developmental delays.

Employers of foreign domestics helpers now have the option of having their domestic helpers do their six-monthly blood test at home instead of at a GP clinic. This means that domestic workers will no longer have the opportunity of getting their general well-being assessed by a GP every six months.

There are still many other examples of deskilling of GPs. So how should GPs face these challenges?

Upskilling

When one door closes, another one opens. One needs to have an open mind to see the opportunities guided by the Singapore Medical Council Ethical Code and Ethical Guidelines, and send a message to our fellow colleagues that they need to help themselves. Change is inevitable and information technology is a huge hurdle for senior GPs. I understand that a fair number of senior GPs called it a day when they heard that the implementation of the National Electronic Health Record would be mandated by the law.

Solo GPs can choose to join a Primary Care Network (PCN) to upskill themselves. The network can empower their clinics with nurses, allied health support and upgrading programmes. Many programmes from the Ministry of Health (MOH) will be channelled into the PCN, including the right-siting of patients.

GPs need to upskill and be resilient in taking up various challenges relevant to this day and age. It is necessary to be flexible and adapt to new roles while giving up other roles that have been made redundant. With frequent lunchtime academic conferences, weekend workshops and highly subsidised graduate diplomas made available by the MOH, there are many avenues to upgrade oneself.

Ethically speaking, the right thing should be done – keep the moral high ground and charge reasonably. Practitioners must also not short-change themselves; the undercutting of fees could adversely affect our profession, patients and the public at large. Primary care is very important to society; transforming and staying relevant will surely help us survive.

PS. Coming up next: the future of medical practice. ◆

Reference

• *Yap PLK. Let's talk about Advance Care Planning to die with dignity. Available at: http://bit.ly/2PdO7sH.*

Dr Lee is a GP practising in Macpherson. He is also a member of the current National General Practitioner Advisory Panel. He is a pet lover at heart who is the proud owner of a dog, and regularly feeds neighbourhood community cats. He also enjoys playing online war games and thinks that playing Pokemon Go is a good form of exercise.

Sharing a COMMON GOAL

33RD CMAAO GENERAL ASSEMBLY AND 54TH COUNCIL MEETING

Text by Dr Benny Loo | Photos by CMAAO

SMA participated in the 33rd Confederation of Medical Associations in Asia and Oceania (CMAAO) General Assembly and 54th Council Meeting, held at Shangri-La's Rasa Sayang Resort and Spa in Penang, Malaysia. The meeting was hosted by the Malaysian Medical Association (MMA) from 12 to 14 September 2018, with the theme "Path to Universal Health Coverage".

SMA was represented by Dr Lee Yik Voon, and Dr Chong Yeh Woei chaired the CMAAO meeting. It was also the first time a Junior Doctors Network (JDN) meeting was held at CMAAO, and Dr Ng Chew Lip and I represented the SMA Doctors in Training (DIT) Committee to participate in the discussion.

CMAAO was inaugurated in 1959 with 11 national medical associations (NMAs), and has since grown to a membership of 18 NMAs. In recognition of Dr Taro Takemi, the first president of CMAAO, and his contribution to the organisation, an academic lecture named the Taro Takemi Memorial Oration was established since 1991.[1]

It was a very enriching experience as leaders of the respective NMAs presented their country reports for the past year. Generally, there are two trends of healthcare issues. Firstly, the lower economic group faces difficulties in providing accessible healthcare in all parts of their countries, especially in the rural regions. On the other hand, the higher economic group faces challenges in managing an ageing population, including the redistribution of resources and bolstering of primary healthcare to cope with patients who have chronic and/or multiple diseases.

Datuk Dr Noor Hisham bin Abdullah, Director-General of Health of Malaysia, shared his country's path to Universal Health Coverage in the 17th Taro Takemi Memorial Oration. SMA also shared on Singapore's approach, which consists of managing multiple factors including adequate finances; access to medicine; governance of system; a sufficient workforce; monitoring of statistics; and delivering quality service.

It was a very rewarding discussion as I felt that we all share a common goal towards providing good healthcare for our people, despite our different backgrounds and the varied challenges. Although the meeting lasted just three days, the friendships and memories formed would last for a lifetime.

Reference

1. CMAAO. History of the CMAAO. Available at: http://cmaao.org/about/history_of_the_cmaao.html.

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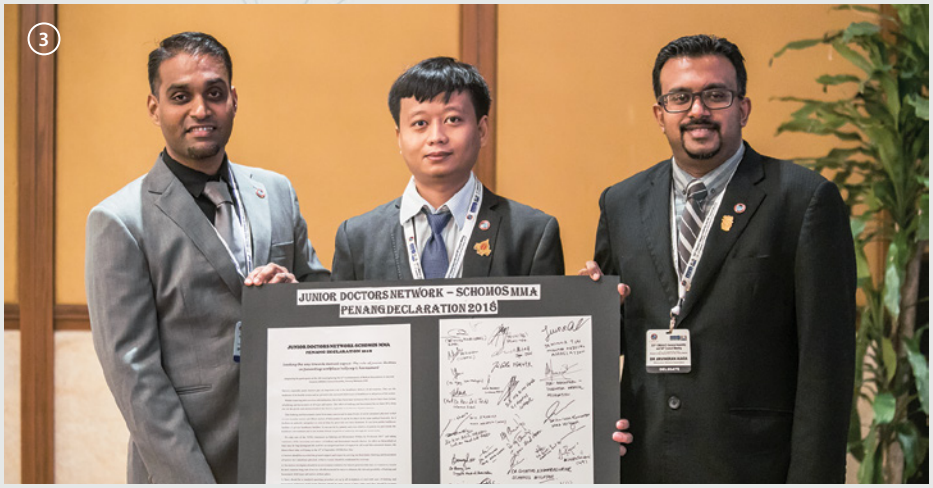


THE CMAAO JUNIOR DOCTORS NETWORK

Text by Dr Ng Chew Lip | Photos by CMAAO

A very significant event that took place during the 33rd CMAAO meeting was the inception of the JDN within the CMAAO. The JDN is a platform for medical associations in the region to share experiences on the issues relating to junior doctors, ranging from postgraduate training, welfare and trends in medical education, to the challenges junior doctors face in the region. The JDN concept has been around in national and transnational medical organisations, including the World Medical Association. Within the SMA, we have a committee that represents the interests of junior doctors – the DIT Committee.

We had the first JDN meeting in Penang, with the theme of "Leading the way towards mutual respect – The role of Junior Doctors in preventing workplace bullying and harassment", hosted by the MMA. Bullying and harassment is real and present in many professions, including medicine, and has significant negative impact on the work environment and junior doctors. The CMAAO JDN representatives felt strongly that a statement should be made to declare that CMAAO recognises the issue of workplace bullying and harassment, and that measures should be taken to actively tackle the issue. A Penang Declaration against Workplace Bullying and Harassment was drafted and signed by all JDN representatives, with Dr Loo and I signing on behalf of SMA.

The inception of the JDN into CMAAO was a milestone in raising awareness on junior doctors' issues at an international platform. Dr Loo and I were excited and encouraged by the sharing of junior doctor activities by the JDN representatives from across the region. It is amazing how much we have in common, despite the diversity across nations. There is so much to learn and much to share, and the conversations in the JDN group have been continuing over WhatsApp and emails, long after the CMAAO meeting on the beautiful island of Penang ended.

Legend

1. Dr Lee Yik Voon presenting a token of appreciation to Dr Mohamed Namazie Ibrahim, President of Malaysian Medical Association, for his kind hospitality

2. Dr Chong Yeh Woei chairing the CMAAO meeting

3.The Declaration of Penang presented by representatives of the Junior Doctors Network

4. Dr Benny Loo presenting on the "Pathway to Universal Health Coverage"

Dr Loo is an associate consultant in paediatric medicine at KK Women's and Children's Hospital. He looks forward to a morning dose of caffeine and plenty of patients' smiles every day. He is also the chairperson of the SMA DIT Committee.

Dr Ng is an associate consultant with the ENT – Head & Neck Surgery department at Ng Teng Fong General Hospital. He is also the vice chairperson of the SMA DIT Committee.

HIGHLIGHTS

FROM THE HONORARY SECRETARY

Report by Dr Lim Kheng Choon

Dr Lim is the Honorary Secretary of the 59th SMA Council. He is currently an associate consultant at Singapore General Hospital.

IRAS review of anaesthesiologists' practice

Representatives from SMA, Ministry of Health and Inland Revenue Authority of Singapore (IRAS) met in September 2018 after a group of anaesthesiologists raised concerns regarding the taxation structure of their practice. During the meeting, the various parties discussed the issue at length and exchanged ideas to address the concerns raised. Several action items have been taken up by the respective parties following the meeting. We will keep members apprised once more details are available.

SMA Clinic Assistant Place and Train Programme

SMA, with support from the Employment and Employability Institute, organised two job fairs on 3 and 9 October 2018 to help clinic owners and medical practitioners recruit clinic assistants for their practice (U.P: $150; complimentary for SMA Members). Employers are encouraged to send their newly hired staff for the SMA Clinic Assistant Introductory Skills Training ($800 before GST), which comprises a four-day course and three weeks of on-the-job training. The upcoming month-long training programme will be conducted in March, July and October 2019.

Clinic owners and medical practitioners who are keen to recruit clinic assistants through our recruitment platforms or send their recently employed staff for training can visit https://www.sma.org.sg/clinicassistant. There is a funding grant available for employers, which subsidises the training fees and offers one month's salary as support for each trainee. For additional queries, you may contact Mellissa or Huda at clinicassistant@sma.org.sg or 6223 1264.

WMA General Assembly

The World Medical Association (WMA) General Assembly was held in Reykjavik, Iceland, from 3 to 6 October 2018, and SMA was the representative for Singapore. Dr Leonid Eidelman from Rabin Medical Center, Israel, was installed as President of the WMA and Dr Miguel Roberto Jorge from University of São Paulo, Brazil, was elected as the President-elect. The Declaration of Geneva, more commonly known as the Physician's Pledge, was updated in 2017 and presented during an ethics conference that coincided with the General Assembly. SMA also forged stronger ties in the WMA Junior Doctor's Network this year.

SMA secretariat office

The SMA secretariat office officially started operations on 9 October 2018 at 2985 Jalan Bukit Merah, #02-2C, SMF Building, Singapore 159457.

Our main telephone number remains as 6223 1264 and our new fax number is 6252 9693. Email addresses for SMA and Medical Protection Society remain unchanged as sma@sma.org.sg and mps@sma.org.sg, respectively.

Please note that parking charges at the car park of SMF Building will apply after a ten-minute grace period.

Appointment of Ms Irene Quay as an NMP

We wish to congratulate Ms Irene Quay, President of the Pharmaceutical Society of Singapore, on her appointment as a Nominated Member of Parliament (NMP) for the Professions Functional Group . The SMA Council wishes Ms Quay all the best in her new appointment.

UPHOLDING HIGH STANDARDS OF PROFESSIONALISM

Text by Jasmine Soo, Executive, Event and Committee Support

Healthcare involves doctors accessing the lives of their patients in an intimate way. A great deal of trust between the doctor and patient is therefore necessary to facilitate treatment. This trust, however, is hard won, as doctors are expected to always maintain a high standard of professionalism and carry themselves in an exemplary manner. This is where SMA Centre for Medical Ethics and Professionalism (SMA CMEP) plays a crucial role in training our doctors in the art and science of medical ethics and professionalism.

SMA CMEP's Medical Professionalism seminars are an integral part of our training roadmap for doctors. Held over two Saturdays on 18 August and 15 September at the Singapore Business Federation, this year's seminars attracted participants who hailed from both the public and private sectors, as well as varied specialties such as general practice, ophthalmology, psychiatry and public health. Participants' practice experience also spanned a wide range, from medical students to senior consultants.

Our panel of accomplished speakers were from the SMA CMEP core faculty, namely A/Prof Gerald Chua, Dr Peter Loke, Dr T Thirumoorthy, Dr Anantham Devanand, Adj Assistant Prof Vishalkumar G Shelat and Dr Luke Toh.

The seminar received large numbers of positive responses from participants. In particular, participants found the topics to be highly relevant and the content useful for their professional development and medical practice. There were even suggestions to make the seminar compulsory for all junior and senior doctors.

We are gratified by the overwhelming response to the seminar, and wish to thank the Employment and Employability Institute and Singapore Business Federation for their support, and our speakers for taking time off to impart their knowledge to the participants. ◆

Topics covered

Basic (Session 1)

- Confidentiality and privacy
- Professionalism
- Doctor-patient relationship
- Collegiality

Intermediate (Session 2)

- Professional accountability and governance
- Consent
- Ethical case analysis
- Conflict of interest

GREATER PRIMARY CARE INVOLVEMENT IN SPORTS MEDICINE

Text and photos by A/Prof Fabian Lim and A/Prof Roger Tian

1

The scope of sports medicine practice has expanded globally beyond management of injuries in athletes to include exercise intervention to manage common chronic diseases in non-athletes. In the Singapore context, this widening scope is driven by three factors: the projected increase in the number of Singaporeans taking up sports, the rising prevalence of chronic diseases in our fast-ageing society and the anticipated shortage of sports medicine specialists to cope with these demands. This has created an urgent need to offer sports medicine services in primary care settings.

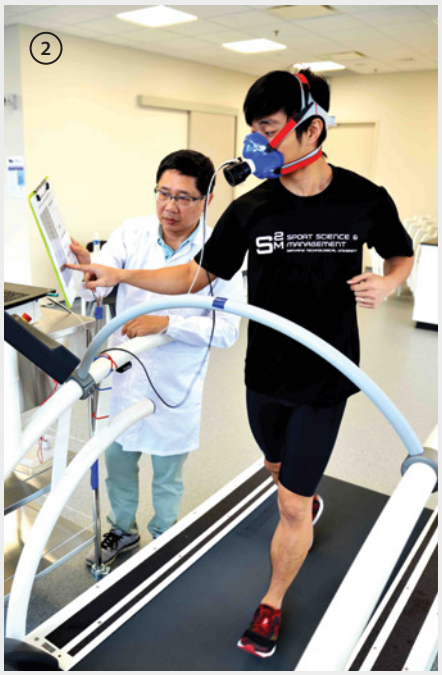
Growing demand due to higher sports participation rate

A 2014 Sports Index Survey conducted by Sport Singapore showed that 38% of the respondents engaged in sporting activities at least three times a week, compared to just 16% in 2001. This two-fold increase in regular sport participation is expected to increase further as the Government continues to promote active lifestyles as part of its strategy in the war against diabetes and other chronic diseases. The corollary of having a more active population is an increase in the incidence of sport injuries and in demand for sport injury prevention and treatment services.

Most common sport injuries can be managed effectively at the primary care level by physicians with the essential sports medicine skills, which would free up capacity in the sports medicine specialist clinics to manage more complex cases. Even in current practice, musculoskeletal conditions form a significant proportion of cases seen by GPs. According to A/Prof Benedict Tan, Chief of Sports Medicine at Changi General Hospital (CGH), who is also an Asian Games gold medallist and Olympian in the sport of sailing, "Sports injuries see better outcomes when given prompt attention, and that is why primary care doctors need to be better equipped to manage these injuries."

Growing demand due to ageing demographics

Singapore's demographics are undergoing a major transformation, with the number of senior citizens aged 65 years and above projected to double from 430,000 in 2014 to 900,000 in 2030. This shift puts significant pressure on the healthcare system due to the projected increase in the prevalence of chronic diseases and musculoskeletal conditions that are associated with ageing. Besides being well-positioned to provide care for musculoskeletal injuries, the international



sports medicine community has been developing programmes to promote exercise prescription as an alternative or adjunct to drug prescription for the prevention and treatment of chronic diseases and falls for more than a decade.

Essential sports medicine skills are highly relevant as our system for care delivery shifts strategically from "healthcare" to "health" to better address the challenges posed by a fast-ageing society.

Demand outstrips capacity of sports medicine services

Sports medicine care is currently accessible at specialist clinics in a few public hospitals and private clinics that are supported by fewer than 30 registered sports medicine specialists. This small pool of specialists serves the general, military, police, performing arts and athlete populations, and provides medical support for major sporting events and international competitions. The mismatch in supply and demand for sports medicine services is likely to increase exponentially in the next ten to 20 years, as the training of sports physicians (a subspecialty) takes six years to complete. Besides increasing the pool of sports medicine specialists, increasing the complementary pool of primary care practitioners with the relevant sports medicine skills and knowledge will also help to meet the anticipated increase in demand.

New certification in sports medicine

To fulfil these objectives, the Lee Kong Chian School of Medicine (LKCMedicine), Nanyang Technological University, Singapore, in partnership with the Singapore Sport & Exercise Medicine Centre @ CGH, has launched a Graduate Diploma in Sports Medicine (GDSM) for Singapore Medical Council (SMC)-registered medical practitioners. This is the first postgraduate medical programme for sports medicine, not only in Singapore but in Asia, and its inaugural cohort of 20 students commenced their studies on 31 July 2018.

The programme, which is accredited by the SMC, equips physicians with the knowledge and skills to manage musculoskeletal injuries in the athlete, military and general populations, and to function as team physicians for sporting events. Physicians will also be trained to prescribe exercise as a tool for chronic disease prevention and management. The one-year part-time programme comprises six online modules, three workshops, 20 hours of clinical attachment and a three-day summary training.

Programme development and support

The GDSM curriculum was designed after extensive consultation with the sports medicine community in Singapore. It was also externally reviewed by Prof Peter Brukner, a highly respected sports medicine practitioner and academic. Prof Brukner is also a visiting professor at LKCMedicine and Professor of Sports Medicine at La Trobe University, Australia. The GDSM is supported by an advisory committee, which comprises senior sports medicine practitioners in Singapore and is chaired by A/Prof Benedict Tan. The faculty for the GDSM includes sports medicine and other medical specialists, as well as senior physiotherapists and exercise scientists from public and private institutions.

Making sports medicine accessible to all

Bringing sports medicine into the heartlands and making services readily accessible is an essential component to achieving the Government's vision of delivering health to all Singaporeans. Singaporeans are living longer; yet at the same time, we live more years of our lives with illness. Sports medicine can play a significant role in extending the healthspan of Singaporeans.

Application for the 2019 intake will open on 1 March 2019. For more information, please email gradprog_LKCMedicine@ntu.edu.sg or visit http://www.LKCMedicine.ntu.edu.sg/Programmes/GDSM. ◆

Legend

1. A subject's physical fitness is assessed using the Jackson strength test

2. A runner points out the level of effort required as part of his VO2 Max test

A/Prof Lim is the GDSM programme director and associate professor of Exercise Physiology at LKCMedicine. Prior to this, he set up the Singapore Sport Institute, serving as its first executive director, and served on the Singapore Armed Forces Fitness Advisory Board and the National Sports Safety Committee.

A/Prof Tian is the the GDSM's clinical course director, and senior consultant, Sports Medicine, CGH. He is also the director of the Singapore Sports Medicine Centre at Novena Medical Centre. A/Prof Tian is active in both undergraduate and postgraduate teaching, and has published and presented his work in international journals and at meetings. He contributes his expertise to several national committees and advisory panels.

2018 ASIAN GAMES

MEDICAL SUPPORT FOR TEAM SINGAPORE

Text and photo by Dr Dinesh Sirisena and Dr Teoh Chin Sim

The 2018 Asian Games

Every four years, the Asian Games (AG) and Asian Para Games (Asian PG) highlight the commitment and work put in by our national athletes to achieve their best when representing our country. While it might culminate in athletes achieving a podium position, this is often only the beginning of an even longer journey that many hope will subsequently lead to them competing at the highest level – the Olympic or Paralympic Games. Following last year's South East Asian Games (SEAG) and ASEAN Para Games (APG) held in Kuala Lumpur, Malaysia, the 2018 AG was held in Jakarta (Java) and Palembang (Sumatra), Indonesia. Since the success of the home 2015 SEAG and APG, Team Singapore has been aiming higher and higher when competing on the world stage. This year, a total of 265 athletes and 140 officials travelled to the AG, representing the hopes of our nation. At the final ranking, Singapore was ranked 18th out of 37 participating countries.

For the athletes who competed, their work continues with the focus on their next competition. This is despite enduring injuries from the competition and training, daunting schedules and funding concerns. In many ways, the level of commitment to their sport is similar to that seen among medical professionals over the span of their careers; without perseverance and commitment, attaining one's goals or professional fulfilment will be an almost impossible dream. Indeed, there are many lessons about resilience, mental fortitude and dedication that the general public can learn from our athletes.

Medical support

To support the athletes, a team comprising sports physicians, sports physiotherapists, sports scientists and sports trainers from the Singapore Sports Institute, the National Youth Sports Institute, and both the public and private sectors, provided medical services and coverage for the Games. The level of involvement ranged from meal planning and post-event nutritional recovery, to checking of lactate levels during training and preventing or managing acute injuries or illnesses.

With the 2018 AG taking place in Jakarta and Palembang, Team Singapore was essentially split into two teams, and medical and recovery centres were established in the Athletes' Villages in each city; for the former, it was based at Kemayoran, while in Palembang, the team was based at the Jakabaring Sports City. It meant that athletes could be looked after in a centralised manner and resources could be optimally utilised. In addition to the treatment centres, physiotherapists or sports trainers were allocated to specific teams for the duration of the event, enabling better understanding of the sport and the demands that athletes experience, and the ability to treat symptoms immediately.

Medical resources were also allocated based on whether or not the sport was considered high-risk (eg, rugby, combat sports). In such situations, a sports physician and a physiotherapist or sports trainer, trained in immediate care in sport, were allocated to the event to support the team and manage any concerns. Although they were not called upon often, it meant the athletes' care and return to play could be expedited where appropriate, in situations where assistance was needed.

In addition to the medical support provided by Team Singapore, the Indonesian Asian Games 2018 Organizing Committee (INASGOC) set up polyclinics at the Athletes' Village, equipped with 24-hour medical support, a pharmacy for emergency medications, X-ray and/or diagnostic ultrasound services and specialist consultations for dental, orthopaedic and ophthalmological conditions.

Challenges

During the preparatory and delivery phases of the 2018 AG, a number of challenges arose and served as a positive learning experience for the medical team involved. This was particularly pertinent due to the team being split between two islands and the geographical spread of events in Java.

Pre-Games

Prior to travelling to Indonesia, one of the key activities was collating information about the athletes and officials who would form Team Singapore – particularly those who were first-timers to the Games. General health questionnaires and pre-participation screenings were conducted to establish if there were any pre-existing medical conditions, and whether or not medications or supplements that were being used were compliant with the anti-doping rules. For athletes requiring a therapeutic use exemption, steps were duly taken to submit their applications as needed.

Another pre-event consideration was the deployment of medical services due to the length of the games and turnover of athletes; sports teams would arrive

a few days before their events and leave for home upon completion of their competitions. This rapid turnover meant that medical personnel were deployed from one team to the next as we needed to ensure that there was sufficient coverage. This required advanced planning of logistics and maximising utilisation of resources of manpower and medical supplies.

Games time

Compared to the 2015 SEAG held in Singapore, where residences and venues were readily accessible, some competition venues in Jakarta were located at a fair distance from the Athletes' Village. When coupled with unpredictable traffic situations and security concerns, it meant that staff at venues and the medical centres needed to be self-sufficient. Fortunately, with the support of host medical services, Team Singapore's medical staff were able to support our athletes with the medical care they required.

Another challenge during the Games was communication. With the many different stakeholders involved at such an event, it was important to establish clear lines of communication so that information was provided on a need-to-know basis. So while there might be multiple conversations taking place within the medical team, with individual teams and athletes or with the Team Singapore Games secretariat, at any one time, the route of communication for all things medical was through the Chief Medical Officer, Dr Teoh Chin Sim, and Lead Physiotherapist, Ms Yeo Hwee Koon. Through their combined efforts, the medical team was able to provide coordinated care and information to the various stakeholders as required.

Finally, with only three sports physicians looking after the entire contingent, 24 hours a day for three weeks, one was challenged to find pockets of time in-between work to recuperate and reflect, as duty and service to others always came first and foremost. However, it is important to always "sharpen one's saw"; one way was to take part in exercise or physical activity when time permitted, while other methods included communicating with family and friends back home or visiting the other medical centres to share experiences with colleagues. All this provided an essential time-out from the clinical environment and by doing so, enabled refocusing on the task at hand.

Sports medicine and the community

At the end of the 2018 AG, members of the sports medicine team returned to their respective institutions having gained invaluable knowledge and experience. This learning can hopefully be applied in routine clinical practice, benefitting the general public in overcoming their injuries or medical complaints.

Indeed, many of the experiences from elite sport have been successfully translated to clinical practice, whether they are techniques to optimise recovery from sports surgery, provide pre-participation screening, or develop alternative treatments for common musculoskeletal conditions. With the paradigm shift in healthcare from simply treating conditions to trying to prevent or limit their impact, experiences at such major games can be particularly useful for clinicians in refining their knowledge of preventative strategies in sport, as well as recognising when early interventions are required.

Elite sporting events are believed to bring out the best in athletes, support staff and even the spectators, inspiring individuals to give their best efforts in support of their nation. With the strong pool of clinicians gaining experience from events over the years, the sporting and active population in Singapore will surely continue to reap the benefits for many years to come. ◆

Legend

1. Mr Desmond Lee (third from left), Minister for Social and Family Development and Second Minister for National Development, visits the medical team in Palembang during the 2018 Asian Games

Dr Dinesh Sirisena is a consultant at the Khoo Teck Puat Hospital Sports Medicine Centre.

Dr Teoh Chin Sim is the clinical director and a senior consultant at the Khoo Teck Puat Hospital Sports Medicine Centre.

THEIR *Stories*, OUR *Reminders*

Editor's note: The following writers are both close friends of mine – close enough that we entrust each other with our personal matters. C has shared stories and experiences, both the good and bad, whenever she needed to see doctors, and has kindly agreed to share the funny anecdote you will soon read. J has to look after her mother, and often shares with me the struggles she faces as a "sandwiched" mum – having to look after both her mum and kids; all while holding a full-time job and running a household. She has also shared some unhappy medical encounters with me, as a friend. I have thus asked both of them to write for *SMA News*, to let us know what it is that patients and their families remember; it's often not the actual scientific diagnosis or treatments, but the first impressions and emotions linked to each encounter. Our patients are not just a label or disease condition; they are complex humans with complex social relations and we need to look after all of that.

MY First Experience WITH SURGERY

Text by Anonymous

I was asked to share about my experience with doctors and hospitals in Singapore, so let me share a short story. However, it only reflects my own limited experience as I know there are many different kinds of doctors in Singapore.

An unsuspecting patient

What seems like a long time ago, I was a young 18-year-old who had just finished my examinations. I was full of energy and enthusiasm, with lots of time on my hands (I suspect this will prove significant in the little tale I'm telling today). One day, possibly after learning about breast self-examination, I discovered a lump in my right breast. It wasn't particularly big and it did not worry me at all. *Ah, the headiness of youth!* However, I had enough good sense to mention it to my mum who, being the very responsible person she was and still is, promptly booked an appointment for me to see a doctor.

There was a lump after all – it wasn't my overactive imagination! After further checks and referrals, I was advised to have the lump excised and have a biopsy done. The doctor assured me that it was unlikely to be anything to worry about. She explained about the kind of lump they thought it was and that they would do a biopsy to be sure, and also told me what to expect before and after the surgery. Still shielded by my baseless belief in my invincibility (don't ask me why I was still not worried; it wasn't logical), I went home happily and carried on with my life. I didn't even think of mentioning it to my boyfriend at the time. He didn't take it well when he found out and we broke up soon after.

My surgery date soon came around. I turned up at KK Women's and Children's Hospital nice and early (all credit to my mum again, who has been punctual all her life unlike me) and met with the doctors and nurses. They were mostly young and really kind to me. Is this the so called rose-tinted glasses through which we view good memories? But honestly, this is how I remember it. I remember the anaesthetist explaining what she was doing and asking me rather lame questions (which I later learnt is what they all do for good reasons; the specifics of which I'm sure all of you know better than me). Then, like an old-fashioned television blinking off, I was out like a light.

Dr Handsome

Now, this next memory makes me smile just recalling it. If it were rose-tinted glasses I am looking through, this may have the deepest shade. During the surgery, it was like my consciousness was a video put on pause. At some point, someone put it back on play again and, with my eyes still closed, I was awake again. I felt comfortable and rested. I opened my eyes. The room was bright but not glaring; a soothing peachy shade comes to mind. There, before my eyes, gazing kindly down on me, was the most handsome man I had ever laid eyes on. I don't normally notice handsome men but the first thought that burst in my head, like neon lights in a desert night, was: "Wow, this guy is SO handsome!!!" Yes, the capital letters and extra exclamation marks are totally necessary. Is this the after-effect of the drugs they administer during surgery? Good stuff.

Dr Handsome asked me a few questions about how I was feeling as I grinned giddily at him, positive vibes pouring out. (Do all patients respond this way after surgery? How does one

get this gig checking up on patients post-surgery?) Dr Handsome was very charming and polite, and he must have been satisfied with my answers because he moved on to his next patient.

A full recovery

At my follow-up appointments, my surgeon assured me that the biopsy results were good. She checked on my wound and ensured that it was recovering well. She scheduled me for more follow-ups and sent me on my way. Alas, I never saw Dr Handsome again.

After a few more follow-ups, my doctor was confident that I was doing well and gave me the option to stop coming back for checks. Looking back, I really appreciate that I was given that decision to make. Many patients, especially young and inexperienced ones like I was, would have just kept going back as long as the hospital kept scheduling a "Next Appointment". Throughout my interactions with the staff at the hospital, I felt taken care of and confident that they had my interests as a foremost priority. I felt informed and respected. After other health and hospitalisation experiences over the years, I now realise that I had won the proverbial lottery for my first experience with surgery. It is not like this everywhere!

Looking back

Perhaps I had little expectations and a lot of time, so waiting to see the doctor didn't bother me and I don't remember waiting a long time. Perhaps I was a young student in the pre-Google era who was accustomed to having questions, so I felt like I was given ample information. Perhaps I was unjaded, full of naive optimism and not yet cynical about people – I saw the best in everyone.

Or perhaps, I was simply fortunate to have met a wonderful team of healthcare professionals. I appreciate that they could have just as easily done their jobs competently without being so pleasant to me. I appreciate that they had put my interests first when advising me and gave me options I would not have known I had. I appreciate that the doctors and nurses made many little decisions on a daily basis about the way they did their jobs that contributed to my positive experience. I also appreciate that a well-managed hospital and healthcare system makes it significantly easier for them to do that. Thank you to every person who contributes rather than takes away. You know who you are. ◆

FROM ONE Healthcare Worker TO ANOTHER

Text by Anonymous

As a healthcare professional, one of the essential things that we trained for was how to break bad news. Nothing, however, prepared me for how to receive bad news as a patient or caregiver. And I have been both. The latest drama in my life is to be a primary caregiver to my mom who is suffering from Stage 4 nasopharyngeal carcinoma, metastatic to liver.

There are days when I ask myself which was worse – receiving bad news about the cancer diagnosis or finding out, close to a year later, that there is a relapse that has metastasised. To be on the other side of the consultation table brings new-found respect for the patients and their next of kin, and leads me to understand why they go "crazy" at times. This brings me to the five things that I wish doctors could provide patients or caregivers with:

1. Honesty

When the conversation is about matters of life and death, nothing is more important than honesty. If the outlook is not good, tell us. If the treatment is going to be tough, tell us. This is where your training of soft skills comes in. Being honest is not equal to being harsh. You can be honest in an affirmative and empathetic way. These conversations help us to deal with rough times as a family unit and commence healing in the form of grieving. Always remember, grieving is not only about death and dying. Grief sets in even at the onset of diagnosis.

2. Confidence

When we walk into the consultation room, we expect some level of confidence from you as a doctor. You are the expert and you need to be certain about what you are doing (regardless of your title). If you present yourself as being unsure or as though you have not given any further thought to our treatment plan, it does not help to alleviate all that anxiety that was building up while waiting for our appointment. However, if you are not confident not because you do not know your stuff but because the case is a mystery, then just be honest about it (see point 1).

3. Tolerance

During our moments of desperation, when science cannot answer our questions and disease progression is not visible, your patients will turn to the Internet and myths. Some queries might include, "My friend said this green herb helped to cure her sister's friend's auntie's cousin's cancer. Can I take it?" or "Doctor, is it because I did not cut out rice from my diet for the past year? I read that the sugar from rice will feed the cancer cells." Please don't judge. We are just trying to find other ways to make sense of the situation. Besides, it is easier to blame rice than genetics.

4. Consistency

Seeing different doctors scares us. Because with every change of doctor, the treatment plans may also change in a matter of one or two days. When I was hospitalised during pregnancy, I was initially told to be on complete rest in bed and that I required a period of stay. I was not even allowed to walk to the toilet which was 20 metres away and I had to use a bedpan. The next day, another team came to tell me that I could be discharged. How did the treatment plan change so drastically when there was no change to my condition? Please be consistent in the treatment plan (unless you found a new miracle pill!). Documentation exists for a reason (other than legal responsibilities). Do take that extra two minutes to read the documentation and recording done by your colleagues.

5. (That extra pinch of) patience

As a healthcare worker, it takes a lot of courage to not intervene in the care of our own family members. We are frequently torn between wanting to respect your professionalism and wanting the best for our loved ones. Yet we are so acutely aware of how much we dislike aggressive patients/next of kin and the need to remain polite amid any frustrations we could possibly have. Just because we are fellow healthcare workers does not mean that I know exactly what to expect. Because I might not be in a clear state of mind, I need someone to plainly explain what certain things mean. Besides, as much as I am trained in a certain healthcare-related field, it does not mean that I went through medical school or have any experience in your area of expertise. I hope that you will have that extra pinch of patience to explain what you think I may already know and clarify whatever doubts I may have.

Amid this tough and seemingly long journey since the onset of my mom's diagnosis, we have been blessed to meet excellent doctors who have gone the extra mile for her. At the same time, we have had our share of frustration, from not having any answers to experiencing inconsistency in care management. Every bit counts. You may not know this, but your actions and speech affect us and our response for the rest of our day/weeks. We analyse your non-verbal cues and your sentence structures. What do you mean when you start a statement with "I think…"? How honest are you being? Is it time for us to dump our responsibilities and take that world tour in anticipation of the worst? It is that power you hold as a doctor. We may be just one patient out of your long patient list to clear for the day, but please know that every visit we have with you can either make or break our day.

Lastly, thank you for all that you do because what you do matters. ◆

SMA News is always on the lookout for content that may be of interest to our readers. If you have an interesting anecdote or unique patient encounter to share, drop us an email at **news@sma.org.sg**.

TAX TIPS FOR MEDICAL PRACTICES

Business Arrangements and Related Implications

Text by Inland Revenue Authority of Singapore

Introduction

There are different business structures or business arrangements that you can consider when setting up a private practice. Besides setting up as a sole-proprietor or a partner in the partnership, you can also incorporate a company and become the director of the company.

Generally, a medical practitioner can decide on and adopt a business arrangement that best suits their business needs, so long as there are bona fide commercial reasons and tax advantage is not one of the main purposes underlying the arrangement.

Before determining which business structure to adopt, here are some tips and information that you may want to know.

Business arrangements and the related tax implications

As a general rule, any remuneration received for rendering medical services through the personal efforts of the individual should be subject to tax in the hands of the individual. The individual should not set up a company to book or account for income earned from the provision of such personal services predominantly performed by him/her.

If you decide to incorporate a company to manage your medical practice, your company may be eligible for the Start-up Tax Exemption (SUTE) and Partial Tax Exemption (PTE) schemes.

In order to enjoy the SUTE and PTE, the company will need to be set up for bona fide commercial reasons and not have tax avoidance or reduction of tax as one of its main purposes. If the arrangement is artificial, contrived, has little or no commercial substance and is designed to obtain tax advantage, the Inland Revenue Authority of Singapore (IRAS) would consider it unacceptable for tax purposes and not accord the SUTE or PTE.

In addition, the director and employees (including the doctor) of the company are expected to receive an arm's length remuneration from the company for the provision of services in their individual capacities. This arm's length remuneration would be the direct reward (typically salary, bonus and/or benefits-in-kind) that the company is prepared to offer in hiring a doctor with equivalent skills and experience in providing similar services in the open market. As a director/shareholder of the company, the medical practitioner should also be sufficiently remunerated for the functions performed as a company director.

Common questions

How does one then ascertain whether there are sufficient commercial reasons or economic reality to qualify for the SUTE/PTE?

In general, if the company is required to manage adequate functions, hold substantive assets and bear commercial risks, IRAS would then be of the view that the use of a company structure would fall within the intended scope of the tax exemption schemes.

On the other hand, if the company does not have assets, employees and is a one-man show by the doctor who is also the director/shareholder, IRAS would be inclined to disregard the arrangement as the company is unlikely to perform any economic function, have any assets or bear any commercial risk. This includes the mere rental of a clinic space or engagement of clinic staff for administrative duties that do not or insufficiently serve a commercial purpose, vis-a-vis the tax avoided or reduced.

So if there is enough substance to justify using a company structure, how many companies can I set up for my business?

Only one company should be set up for each distinctive set of operations. Taxpayers should not wrongfully seek additional tax savings accorded by the SUTE/PTE schemes. Examples of wrongful practices include setting up and spreading income across several companies with obtaining a tax advantage as one of the main purposes; structuring business entities using partnerships without bona fide commercial reasons other than to obtain a tax benefit; and assigning income that is not aligned with economic reality to obtain a tax benefit.

If IRAS comes across such arrangements, the arrangements/transactions may be disregarded for tax purposes by disallowing SUTE/PTE for the multiple companies and applying the arm's length principle to determine fees due to the service provider/doctor. Taxpayers may be penalised if there are under-declaration of income and/or wrongful claim of business expenses.

So I am only allowed one company per set of operations. Since the SUTE is more advantageous compared to the PTE, can I re-incorporate the company every three years so that I will continually benefit from the SUTE?

If the operations remain largely unchanged and there are no economic or commercial reasons that require the re-incorporation of the company, IRAS will not accord the new company SUTE benefits.

Can I set up a company to receive income for personal services I provide?

Unless there are substantive reasons why income derived from the provision of personal services should be paid to another company, the said income should be treated as personal income and not assigned to a company. IRAS has observed that there are doctors who set up shell companies to receive income that they had rightfully earned in their personal capacities. Under such circumstances, IRAS will tax the income in the name of the doctor.

For more information on the companies' tax exemption schemes, or if you are unclear if your company structure meets the requirements for the SUTE/PTE schemes, please write to ctmail@iras.gov.sg. ◆

STRENGTHENING PUBLIC EDUCATION ON CHAS

By Agency for Integrated Care

AIC SAYS

The Community Health Assist Scheme (CHAS) enables Singaporeans from lower- to middle-income families, and all Pioneers, to get subsidies for their medical and dental needs at participating clinics near their home.

The CHAS portal (www.chas.sg) has been revamped. With improved content management and a more intuitive interface, the website aims to be more relevant to one's healthcare journey as a CHAS beneficiary.

WHAT'S NEW

Mobile-friendly: Users can browse the site with greater ease

Quicklinks: Fewer clicks to access frequently viewed pages

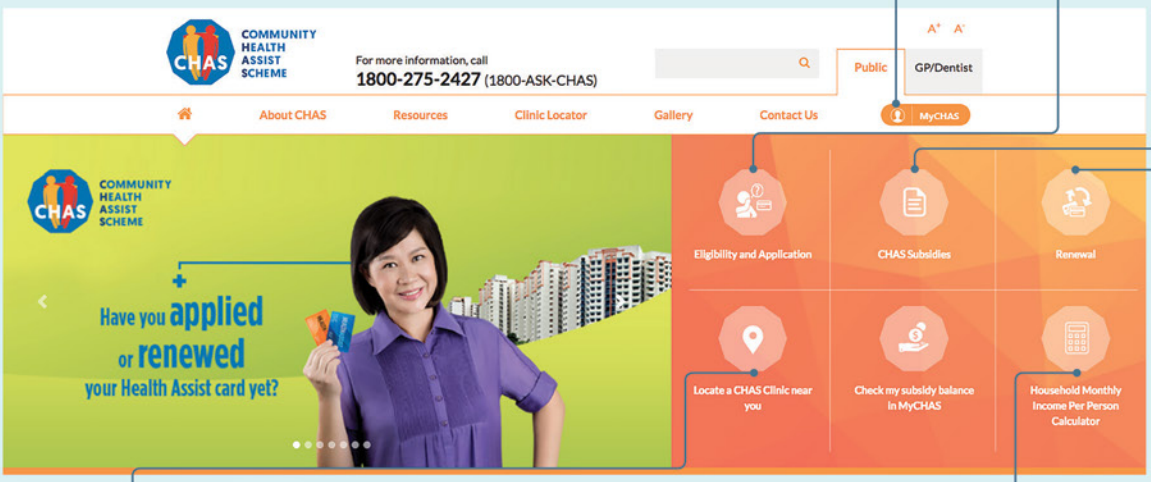
MyCHAS button has been made more visible. CHAS beneficiaries can log in to:

- Check card expiry date, chronic and dental subsidy balances
- Check claim history details such as date of visit, bill size, name of clinic that submitted the claim
- Update mailing address and contact details

Users will need to log in with SingPass.

Click for CHAS eligibility criteria and application process.

Click to view the subsidies for the various CHAS tiers.



CHAS must be renewed every 2 years; learn how to renew CHAS benefits here.

Access the list of clinics nearest to one's home within a 10km radius.

Use the tool to calculate household monthly income per person.

To qualify, applicants must be Singaporeans and meet the following criteria:

- For households with income, the household monthly income per person must be $1,800 and below OR
- For households with no income, the Annual Value (AV) of home must be $21,000 and below.

SUMMARY

The revamp delivers enhanced user experience and strengthens communication to both CHAS doctors and patients:

	For patients	For doctors
Sign up	New step-by-step video to make signing up easy	Sign up as a CHAS clinic! Join us to provide affordable quality care for your patients
View transactions	CHAS patients can view their transaction history, check their subsidy balance & update their profile	Direct access to MOH Healthcare Claims Portal (MHCP) to check patients' CHAS card details, chronic balances and perform claim transactions
Locate	Locate the nearest participating CHAS clinic	Update clinic details such as change in clinic license number using our online form

For more information, contact your AIC Primary Care Engagement partner at gp@aic.sg or call 6632 1199 if you have any CHAS related query.

Celebrating Our LITTLE HEROES

Paediatric Brain and Solid Tumour Awareness Day 2018

Text and photos by June Yu Zijun, Samantha Yip Lijing and Michelle Yip Yuen Ting

Zahaan sat shyly beside his mother as she proudly presented a picture he drew, depicting him pushing his little trolley up a slope. He never gave up despite his exhaustion; he never complained and he shared that he made it by always focusing on the goal ahead and never stopping to look back. What wise words from our young little fighter!

Very often in life, it is important that we push on without looking back. Focusing on the journey ahead will eventually get us to our destination, however long that may take. And Zahaan reminded us of that during his short sharing session.

Zahaan, along with 79 other little heroes and their families and friends, was part of the group of brave fighters who participated in our fourth annual Paediatric Brain and Solid Tumour Awareness Day (PBSTA), held on 4 February 2018, which coincided with World Cancer Day 2018. This year, the fun-filled and educational day held at the KK Women's and Children's Hospital (KKH) also included our brave heroes who are battling against solid tumours. Launched in 2014 as PBTA (Paediatric Brain Tumour Awareness) and newly renamed to PBSTA, the event aims to raise public awareness about both paediatric brain and solid tumours while providing support for affected patients and families.

Although rare, childhood cancers are the second most common cause of death in children. 55% of paediatric tumours are brain and solid tumours. In fact, brain tumours are the second most common childhood tumour. Moreover, brain and solid tumours in childhood are associated with faster growth of the tumour tissue, leading to long-term effects on growth and neurological development. This makes the journey all the more difficult for both our patients and their loved ones. With greater awareness of the diseases and prevalence, we hope to engender more interest and to involve various organisations in understanding our little fighters' journeys.

Involvement of schools

This year, we invited students from various junior colleges and universities to join in our celebration and affirmation of the efforts of our little fighters. Through recruitment emails and an educational video on paediatric and solid brain tumours, we were able to gather 57 volunteers for the event day to set up booths and befriend our little heroes. The event was made possible with the encouraging support and combined efforts of students from Duke-NUS Medical School (Duke-NUS); National University of Singapore (NUS) High School; NUS Alice Lee Centre for Nursing Studies; NUS Faculty of Science; School of Law, Singapore Management University; and Lee Kong Chian School of Medicine, Nanyang Technological University.

We hope that with the involvement of more schools and through the education provided to the students and volunteers, we will be able to provide a platform for the students to interact with and understand our little fighters' journeys better, as well as to build rapport and lasting friendships.

Speaker series and performances

This year, attendees gathered in the auditorium for a series of talks and performances. Asst Prof David Low Chyi Yeu opened the morning series of talks with a general introduction on paediatric tumours before Zahaan went on stage to courageously share his journey. Performances were put up by the Duke-NUS jam band and Mystinus, a group of magicians from NUS, which entertained the audience and enlivened the atmosphere with laughs and wonderment.

Game booths, mascots, balloons, food and goodies!

Following the performances, the children and their families were welcomed to the atrium with goodie bags containing delicious snacks, thirst-quenching beverages and entertainment vouchers. They were also greeted with a variety of fun and engaging game booths, where they could shoot rubber bands out of guns fashioned from ice cream sticks and decorate their own DIY photo frames. Right next to the DIY photo frame booth stood our friendly photo booth

1

You can find out more about PBSTA on our Facebook page, https://www.facebook.com/pbsta2018 and view our educational recruitment video at https://tinyurl.com/PBSTA2018fact.

photographers, who were always ready to immortalise the bonds of newly formed friendships (and wacky props!) via instant printouts that fit perfectly into the DIY frames. Everyone had great fun grooving along to the catchy and child-friendly tunes blasting out of the high-quality AV system. As our participants munched on the buffet lunch and snacked on desserts specially customised for the event, the magicians, mascots and balloon sculptors wandered among our little fighters and their families, bringing a spark of wonder, unexpected gifts of balloon-sculpted animals, more photo-taking opportunities and joy to the participants. To top it all off, each participant was presented with a cap that had the words "Paediatric Brain + Solid Tumour Awareness" printed on it, as a keepsake of this memorable event.

Notes of encouragement and hope

Amid the flurry of activities, the volunteers, Porsche drivers, and our little fighters and families penned words of encouragement on rainbow-coloured magnetic drawing boards. Messages included: "Do not give up!", "Stay strong and smile always" and "Be happy!" This was a reminder to our little fighters that they are not alone in their journey and they can encourage one another along the way with the support of family and friends.

Porsche joy car ride

At 12.30 pm, our Guest of Honour, Mr Christopher Wilson, Executive Board of Directors of Viva Foundation, gave an inspirational speech encouraging our little fighters on their journey. All the participants and volunteers gathered to take a group photo before the official flag-off for the convoy of Porsche cars. Our little fighters could hardly contain their excitement as they looked for their driving companions. The Porsche drivers mingled well with the children and their families, joined in the games and also penned encouragements to our little fighters.

The convoy of cars, labelled with car decals displaying the event's logo, zoomed off into the horizon, ferrying the joyful little riders who waved at us shyly through the car windows as the event drew to an end.

Our little fighters continue on their uphill journey but we know they would do so with smiles on their faces, never-wavering spirits and the support of their family and new-found friends. They would discover interesting sights and have many exciting experiences awaiting them as they focus on their goals ahead without looking back.

There is indeed much to learn from our little fighters and we are happy to have shared part of their journey with them. Let us too keep this spirit of trudging through the toughest times to one day stand triumphant at the top of our little hills, and do so with hope, smiles and friends.

Our gratitude

We would like to express our sincere appreciation for Prof David Low, who worked tirelessly with us to organise PBSTA 2018. We also thank the Guest of Honour, Mr Christopher Wilson, and esteemed speakers, Dr Enrica Tan and Zahaan with his family, for gracing the event. Our thanks also go out to the volunteers who took time out of their busy schedules to support the morning's activities. Last but not least, a big thank you to our various sponsors: Duke-NUS Medical School, KK Women's and Children's Hospital, SMA Charity Fund, VIVA Foundation, Porsche Club Singapore, Exquisite Technique, Highlight Systems, PUB Singapore, Science Centre Singapore, Shun Zhou Group, Suntory Beverage & Food Asia and Sweetest Moments, for making PBSTA 2018 a fun-filled day for our little fighters.

Legend

1. Event mascots and emcee posing for a group shot

2. Our first customer of the event

3. Brave little hero inspiring us with his story

L to R: June and Michelle are the co-heads of publicity, and Samantha is head of sponsorship for PBSTA 2018. They are from Duke-NUS Medical School's Class of 2020.

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Sleepless in SEATTLE

Text and photos by Dr Jimmy Teo, Editorial Board Member

Dr Teo is an associate professor in the Department of Medicine, NUS Yong Loo Lin School of Medicine and senior consultant in the Division of Nephrology at National University Hospital. He is the Division of Nephrology Research Director and an active member of the Singapore Society of Nephrology.

As one gets older, the journey to the US gets drier; it takes a whole day of travelling to get to our destination. Like the other 99% of the population, my family and I flew cattle class to Seattle, but unlike my previous trips, I did not need to take midazolam to forget the ordeal this time round. Flying via Taipei on EVA Air, the journey broke up nicely, giving us time to walk around and enjoy some of the stores at the airport during transit. Moreover, the excellent personal in-flight entertainment options and good service rendered during the flight made the journey more tolerable.

Unlike many airports in the US, passing through the Seattle-Tacoma airport immigration was a breeze and the officers made us feel very welcome. Getting to the city via the train was easy; costing less than US$3 per trip, I would recommend that all travellers visiting Seattle use it (https://www.soundtransit.org). With the train service, you can get right to the city centre by alighting at Westlake station, situated directly under Macy's department store. Try to choose a hotel nearby lest you really test the four-wheel drive of your luggage.

Sightseeing galore

On our second day, we went to the home of Starbucks – the famous Pike Place Market. There, one can see the Puget Sound (a sound is a costal waterway connecting two or more places to one or more bodies of water). The vista is breathtakingly expansive and beautiful. From the Market, we walked to Pier 52 where we bought our Washington State Ferry tickets (http://www.wsdot.wa.gov) to Bremerton to visit a friend who lives there – lucky her! The boat ferries passengers and vehicles, and was big and comfortable, with good dining options. Once we reached Bremerton, we spent several hours on the retired naval destroyer, USS Turner Joy. The ship saw action in the Vietnam War but was decommissioned in 1982 before being turned into a museum in 1992. It was fun clambering in and out of different parts of the ship, including the guns room, engine room, top deck and sleeping quarters. It is hard to imagine though, being a sailor and spending many days in such cramped conditions.

Do remember that if you're heading to Seattle, the first Thursday of each month offers free entry to many museums. From our hotel, we walked to the Seattle Art Museum and enjoyed several hours viewing the native-American collection. From Macy's department store, one can take the monorail to the Seattle Needle, which was built for the 1962 World's Fair. At the top of the Needle, you get panoramic views of the city, Mount Rainier, Puget Sound, the Cascades and the Olympic mountain ranges. Within the vicinity of the Needle, you can visit the Chihuly Garden and Glass, where glass sculptures by the American artist, Dale Chihuly, are exhibited. The Museum of Popular Culture got the kids very excited. Many movie props, comics and film strips were on display. There was also a section on video games.

In the evenings, we enjoyed very good seafood meals. One of the most memorable was at Blueacre Seafood. Here, you can try oysters from around Washington State, and check out the shells of oysters harvested from different waters. For Singaporean food fans, it is easy enough to try many types of fish, including tuna, Alaskan salmon and sole, served with great wines from all over Washington State, such as the Columbia Valley or Walla Walla Valley.

Getting around the city is pretty easy with the local transport system; it is even possible to get to South Lake Union using the streetcar (electric trams on tracks; https://seattlestreetcar.org). From there, we took a cruise from the lake to the Puget Sound and learned all about locks (elevators for boats). The lake has many antique boats and serves as a landing point for seaplanes. Along the way, you can even spy on the house from the movie *Sleepless in Seattle*, starring Meg Ryan and Tom Hanks. We also took a tour of the underground city of Seattle, which came about after the city grade was made higher by washing down the surrounding slopes of hills. Seattle was originally built on tide flats and was prone to flooding. After a major fire, a decision was made to rebuild the city by first raising the grade of the land. This process took more than ten years and business owners rebuilt, leaving the first floor to eventually become the underground floor.

Seattle or Washington State is also home to other major corporations like Amazon, Boeing and Microsoft. Walking around the city, we even spied upon the original birthplace of UPS – Waterfall Garden Park! They are many other attractions located a short drive from Seattle but there was more than enough to do and keep us busy for a week. We left Seattle very happy with the great weather and wonderful time we had, and certainly had sleepless nights, what with all the activities. ◆

Legend

1. The Puget Sound
2. Boat docked at South Lake Union
3. Oysters from different waters in Washington
4. Pike Place Public Market
5. Chihuly glass sculpture

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