SMA news

For Doctors, For Patients

VOL. 51 NO. 8 | AUGUST 2019 | MCI (P) 083/12/2018

Staying Connected

IN PRIVATE PRACTICE

Private but
Not Alone

Highs and Lows of
Setting Up a Clinic

We invite Family Medicine Physicians, Resident 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: **JHCampus_medicalcareer@nuhs.edu.sg**

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

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We regret that only shortlisted candidates will be notified.

Ng Teng Fong General Hospital
Jurong Community Hospital
Jurong Medical Centre

Members of the NUHS

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The EDITORS' MUSINGS

Tan Yia Swam

Editor

Dr Tan is learning new skills and stretching new boundaries in her private practice. Meanwhile, she still juggles the commitments of being a doctor, a wife, the *SMA News* Editor, the Vice-President of the SMA and a mother of three. She also tries to keep time aside for herself and friends, both old and new.

I want to talk about identity this August. Identity as a Singaporean, as a doctor and as an SMA Member – how do you see yourself? What do you identify with? If you have moved overseas and worked for a few years, do you still feel like a Singaporean? If you have been a doctor for 50 years, what happens after you retire? If you speak up on issues that concern you, is that in your personal capacity or your professional capacity? As a consultant or a specialist? Or as a representative of the hospital? I am all of that, and more.

I welcome Ganesh – a young doctor with the moral courage to speak up for his beliefs – onto the *SMA News* Editorial Board as he joins us to serve the greater community.

I am again privileged with the opportunity to co-edit an issue of *SMA News*. We live in a day and age where connectivity and teamwork is all the rage; our generation of healthcare professionals is constantly peppered by buzzwords such as "holistic care", "teamlets" and "multi-disciplinary meetings". The National Electronic Health Record has enhanced seamless care between Government institutions; but what does this mean for those of us in private practice? Are we doomed to continue practising outdated medicine in our little silo clinics writing quaint referral letters in archaic language? With our occasional "uplifting" only being the continuing medical education events forced upon us by Singapore Medical Council requirements?

Yet recent events have clearly shown that the world has changed. A private practitioner who is meted a disproportionately large fine might have suffered in silence in yesteryears. This time round, social media alerted the community to the event and a huge profession-wide outcry, backed by timely lobbying by our professional bodies, has resulted in justice and exoneration.

We now see how networking in the private practice community is possible in a way that was never so before. Even as I pen this, my handphone trills with

Alex Wong

Guest Editor

Dr Wong is a private practitioner who talks too much. This occasionally leads him to write strange things, eat strange foods, travel to strange places and attend strange weddings/funerals that he doesn't necessarily always want to be at. He thinks this is fun and what life should be about.

messages that race across WhatsApp chat groups comprising several hundred doctors. Some seek legal and professional advice, while others share jokes and wishes for a good morning ahead.

It's clear to me that even without us realising, technology has crept in through the seams of our lives and empowered us physicians more than ever before. But this is only useful if we use this technology to actively reach out to each other and counter the passive – almost cynical – stoicism that has been the millstone on the neck of our profession for years past.

It's up to us to encourage our colleagues to be more active members of professional bodies, so that these bodies can represent and lobby for us effectively.

May we seize this opportunity to bring our profession forward.

Carpe diem.

WELCOME ON BOARD

Dr Ganesh Kudva, Senior Resident, Early Psychosis Intervention Programme, IMH

Hello to the readers of *SMA News* and fellow physicians. It is indeed a privilege and honour to be on the *SMA News* Editorial Board and I sincerely appreciate this opportunity.

For better or for worse, Singapore tends to hurtle through change at a rapid pace. We've seen that in our economy, society and infrastructure, and we're presently seeing that in our healthcare ecosystem. Change can be a rather anxiety-inducing thing, but I look forward to making sense of it all in concert with all of you. What I hope shall always remain constant is our undying passion to serve and to foster the betterment of our patients. ◆

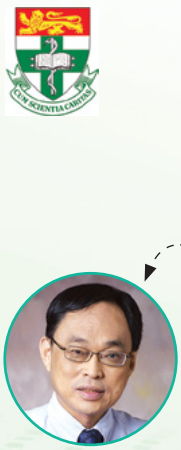
SMA EVENTS
SEP–OCT 2019

DATE	EVENT	VENUE	CME POINTS	WHO SHOULD ATTEND?	CONTACT
CME Activities					
3 Sep Tue	Mastering Professional Interactions	Sheraton Towers	2	Family Medicine and All Specialties	Terry/Siti Athirah 6223 1264 mpsworkshops@sma.org.sg
4 Sep Wed	Mastering Difficult Interactions with Patients	Sheraton Towers	2	Family Medicine and All Specialties	Terry/Siti Athirah 6223 1264 mpsworkshops@sma.org.sg
21 Sep Sat	Achieving Safer and Reliable Practice	Novotel Singapore on Stevens	2	Family Medicine and All Specialties	Terry/Siti Athirah 6223 1264 mpsworkshops@sma.org.sg
27 Sep Fri	Medical Succession and Will Planning	Pharmaceutical Society of Singapore Conference Room	1	GPs, Aspiring and Current Practice Owners	Jasmine 6540 9196 jasminesoo@sma.org.sg
3 Oct Thu	Building Resilience and Avoiding Burnout	Sheraton Towers	2	Family Medicine and All Specialties	Terry/Siti Athirah 6223 1264 mpsworkshops@sma.org.sg
5 Oct Sat 6 Oct Sun	The Annual National Medico-Legal Seminar 2019	Furama Riverfront Singapore	6	Allied Health Professionals, Healthcare Professionals (Clinical and Non-Clinical), Hospital Administrators and Legal Professionals	Jasmine 6540 9196 jasminesoo@sma.org.sg
12 Oct Sat	Medico-Legal Seminar on Mental Capacity Assessment – Caring for Persons with Diminished Capacity (Temporary/Fluctuating)	Camden Medical	2	GPs, Paediatricians, Psychiatrists and Neurologists	Jasmine 6540 9196 jasminesoo@sma.org.sg
16 Oct Wed	Mastering Your Risk	Sheraton Towers	2	Family Medicine and All Specialties	Terry/Siti Athirah 6223 1264 mpsworkshops@sma.org.sg
19 Oct Sat	SMA Cancer Education Series for GPs – Breast Cancer	Camden Medical	2	GPs and Healthcare Practitioners	Denise/Jasmine 6223 1264 denisetan@sma.org.sg jasminesoo@sma.org.sg
26 Oct Sat	SMA Cancer Education Series for GPs – Lung Cancer	Camden Medical	2	GPs and Healthcare Practitioners	Denise/Jasmine 6223 1264 denisetan@sma.org.sg jasminesoo@sma.org.sg

Private But Not Alone

After years of working with teams of colleagues in the public hospitals, entering into the private sphere can be a daunting move. However, just because private practitioners may work in silos, they need not be working alone.

Here, we invited A/Prof Cheong Pak Yean and Dr Desmond Wai to share with us how being part of a medical professional body can be helpful and encouraging for private practitioners.



A/Prof Cheong still practises in the private practice he started 40 years ago. He was past president of the SMA and CFPS, and was the inaugural chairman of the Chapter of Family Medicine Physicians in AMS. He is also a Life Member of all three PBs. Teaching medical communication and humanism is his present passion.

Relevance of Professional Medical Bodies to Private Medical Practitioners

Text by A/Prof Cheong Pak Yean

Although doctors in Singapore need to be registered only with the Singapore Medical Council (SMC) and have medical indemnity coverage to practise medicine, most doctors voluntarily join one or more of the three professional medical bodies (PBs), namely the SMA, Academy of Medicine, Singapore (AMS) and the College of Family Physicians Singapore (CFPS).

The three PBs play both collaborative and unique roles on issues relevant to the practice of medicine, especially for those in the private sector. These are roles of advocacy, maintaining ethics and professionalism, continuing professional development and fostering collegiality.

Advocacy for doctors, for patients

The PBs engage the Ministry of Health (MOH) and other ministries on important issues of public interest and contribute to the frameworks regulating practice. One example is the concerns on patient confidentiality and privacy of the National Electronic Health Record (NEHR). Another recent example is the disquiet of many doctors over the SMC's complaints and disciplinary process. SMA's slogan "For Doctors, For Patients" is the raison d'être of such advocacy. Doctors can best care for patients only if they are also looked after in a relationship of trust and healing.

Unique issues pertaining to private practice, for example the implementation of the NEHR, also need attention. Doctors in the private sector may not have the institutional support for such implementation.

Ethics and professionalism

The PBs have established structures to promote expertise in the areas of ethics and professionalism. The SMA Centre for Medical Ethics and Professionalism[1] is one vehicle working with medical indemnity organisations. AMS has its Faculty of Medical Experts, while its Office of Professional Affairs provides opinions to statutory bodies such as MOH, SMC, the police and the courts. CFPS incorporates training on ethics and professionalism in their Graduate Diploma, Masters and Fellowship training programmes.

In today's challenging medico-legal environment, doctors, especially those in the private sector, need to be trained to navigate the ethical and legal issues they increasingly face in practice.

Continuing professional development and enhancing practice management

The SMA Medical Practice Management conducts training courses for doctors and healthcare assistants. AMS has a Learning Management System through which it provides Self-Learning Modules for each of its specialties and subspecialties. Its Deanery conducts training courses and in-training examinations, and awards diplomas recognised by MOH. The CFPS Institute of Family Medicine conducts Graduate Diploma and Masters training courses that lead to certification by the National University of Singapore. Its Censor Board trains and awards the SMC-recognised degrees of Collegiate Membership and Fellowship. Members are often accorded privileged access.

The three PBs are also tasked by SMC to designate activities for core CME points for different categories of doctors. When SMC mandates maintenance of competencies, the PBs would likely be asked to participate.

Collegiality and publications

Collegiality within the medical profession and among other professionals (eg, lawyers) is fostered through sports and other social events. SMA also supports the Singapore Red Cross and other organisations' medical humanitarian projects in the region. The opportunity to participate in these various activities helps to prevent professional isolation, especially for those in private practice.

Newsletters such as the *SMA News* and *College Mirror* update members of the life and times. The *Singapore Medical Journal*; the *Annals, Academy of Medicine Singapore*; and *Singapore Family Physician* are academic publications of the three PBs, respectively.

Why join?

Many doctors in the private sector are members of the SMA and/or CFPS. Those eligible for AMS Fellowship, especially those in the private sector, voluntarily join as well. The number of members in each PB *matters*. Though voluntary, there is critical mass of support by doctors in the important roles each PB plays.

Reference

1. Cheong PY, Goh LG. Role of Professional Bodies in Professional Governance – The CMEP Example. SMA News 2015; 47(6):20-1.

Help from SMA in Private Practice

Text by Dr Desmond Wai

I have been an SMA Member for more than a decade. While I was still in public service, my impression of the SMA was that it is merely a social club with regular dining and wining. But since entering private practice in 2006, I have found SMA to be more and more relevant to private practitioners.

The SMA can help you…

Find the perfect timing

One should only leave public service when he/she feels that he/she can practise independently without the support of seniors or juniors. I started thinking about leaving public service when I saw my classmates and contemporaries advertising their new private clinics in *SMA News*. If they were ready, I should be ready too.

Scout for available clinic space

Whenever I receive the monthly copy of *SMA News*, I usually start reading from the back, especially the section where available clinic spaces are advertised.

Advertise new clinics

The minimum form of advertisement is to let colleagues know the address of my new clinic. *SMA News* provides an affordable platform for me to inform all SMA Members about the location of my new clinic.

There was no need to tell people how smart I was. I just let the readers know my new clinic location and contact number.

Glean new insights

I remember attending a couple of seminars on starting a private practice before actually doing so. I am grateful for the sound advice and sharing of the speakers during those seminars back in 2005 and 2006. Besides learning many tips with regard to private practice, the speakers opened up my mind to

the issues that came along with setting up my own clinic.

I think that the private practice seminars remain the best-attended SMA seminars over the years.

SMA also organises seminars on taxes and budget, usually held after the announcement of the annual budget. These are very important talks as officers from the Inland Revenue Authority of Singapore, accountants and consultants give their takes on new budget and taxation changes.

This is probably the second most-attended SMA seminar.

Provide a portal for feedback

The beauty of SMA is that their Council Members are also doctors working on the ground, seeing real patients. They understand the issues that affect practising doctors. They are always ready to listen and are an important portal to providing feedback to the authorities.

I had the opportunity to be invited by SMA to meet up with the SMC on the issue of informed consent. I was pleasantly surprised to learn that the SMA Council Members do work very hard to hold discussions with the SMC (and even the MOH) on thorny issues. In fact, the MOH committees that look into fee benchmarks and informed consent also include representatives from the SMA.

I believe that the MOH and SMC do view SMA as a reliable partner.

Weigh in on contentious issues

SMA has made public statements on several occasions when controversies arise in clinical practice, such as third-party administrators issues and the revision of the SMC Ethical Code and Ethical Guidelines.

We do have a loud voice when our professionalism is marginalised.

How else can SMA improve its service?

But SMA must never be complacent. It must continue to work hard (and harder) to make itself relevant. In my humble opinion, there are some areas in which SMA can do more and do better.

Advise on commercial contracts

It is common to see new private doctors having disputes with their landlords or private employers. New private doctors may take whatever their housing agents, landlords or private employers say as the standard, only to have issues arise when the commercial contracts are being terminated.

For example, some rental contracts build in an annual rent increase, while others require the landlord and/or tenant to pay for the agent's commission when the rental contract is renewed. Some new private practitioners sign unfair employment contracts that favour the employers.

When I hired my first clinic assistant back in 2012, I had no idea what items and terms I should include in the employment contract. In such situations, SMA could help by having "standard" rental and employment contract templates to help newcomers formulate their own contracts.

Speak louder and speak more often

Over the last two years, several shocks rocked our profession. A paediatrician was suspended for misdiagnosis and an orthopaedic surgeon was fined heftily for not obtaining informed consent.

While SMA has spoken up and acted on some of these issues, many felt that SMA could have been more prompt in their action.

Providing a benchmark voice for the public

Many patients and their family members use social media platforms to voice their frustrations with the quality (or lack thereof) of healthcare they have received and many of such posts go viral.

SMA could help the profession by speaking out against the public's sometimes unrealistic expectations.

Resist commercialism

Since SMA Members are doctors, SMA-organised events are opportunities for many commercial entities, such as accounting firms, clinic management system providers, wealth banking consultants and high-end car dealers, to advertise and gain clients.

While allowing these commercial entities to sponsor events brings in money, SMA must ensure that their speakers are properly qualified and their advice reasonable.

Members attend SMA events to learn something. We do not expect to be shown too much advertisement.

Conclusion

Every crisis brings opportunities. Recent crises in our profession have allowed SMA to show leadership in protecting the integrity and reputation of our profession.

I personally hope that SMA will grow stronger with a louder voice and be more proactive in upholding the reputation of our profession. ◆

Dr Wai has been in private practice since 2006. He believes that doctors must share experiences with one another so as to move our profession to a higher level.

Singapore Medical Association
For Doctors, For Patients

SMA CMEP Centre for Medical Ethics & Professionalism

THE ANNUAL NATIONAL MEDICOLEGAL SEMINAR 2019

Telehealth, Telemedicine and Delivering Healthcare through the Electronic Media

SATURDAY, 5 OCTOBER 2019

Time	Topics
8.30 am	Registration
9 am	**Opening Address**
9.10 am	**Keynote: Emergence of Digital Health at Cleveland Clinic**
10 am	**Telemedicine – Growing Scene in Asia**
10.20 am	Morning Tea Break
INDUSTRY PERSPECTIVE	
10.50 am	**Doctor-Patient Relationship** - Communication and Consent - Social Media: How to Maintain Professional Boundaries Online and in Real Life Scenarios - Electronic Medical Certificates
11.30 am	**Documentation and Prescription** - E-followup after House Visits – When to Refer? - Medications Delivery (For Acute or Chronic Conditions)
12.10 pm	**Continuing and Coordination of Care** - How is Telemedicine Services Different from Conventional Face-to-Face - What are the Areas of Challenges for the Provider - What is the Experience and Outcomes of the Patient
12.30 pm	Panel Discussion
1 pm	Lunch
PATIENT PERSPECTIVE	
2 pm	**Sharing of Patient's Experience**
2.20 pm	**Demonstration: Roleplay on a Negative/Positive Tele-Consultation**
REGULATOR PERSPECTIVE	
2.30 pm	**Regulatory Sandbox – Collaboration between Regulators and Service Providers** - Data Sharing - Draft of Regulation/Ministry of Health (MOH) Roadmap - Regulators Perspective
3.20 pm	Questions and Answers
3.30 pm	Tea Break
LEGAL PERSPECTIVE	
3.50 pm	**Professional Accountability** - Documentation - Medical Records: Whether It's a Legal Document
4.10 pm	**Risk Management**
4.30 pm	Panel Discussion
4.50 pm	Closing

SUNDAY, 6 OCTOBER 2019

Time	Topics
8.30 am	Registration
9 am	**Keynote: Digital Health and the Episode of Care**
9.50 am	Tea Break
CYBERSECURITY	
10.20 am	**Learning from the SingHealth Cyber Attack**
11.10 am	Panel Discussion
11.45 am	Closing

5 to 6 October 2019
8 am to 5 pm | 8 am to 1 pm
Furama Riverfront Singapore
Max 6 CME points
Who should attend?
Allied Health Professionals, Healthcare Professionals (Clinical and Non-Clinical), Hospital Administrators, Legal Professionals

Registration Fees (Amount inclusive of GST)	MLS/SMA Member	AMS/SAL/ LSS Member	Non-Member
Full Package	$330	$390	$450
Day 1 (5 Oct)	$250	$280	$300
Day 2 (6 Oct)	$170	$200	$230

MOHH Employment	For Doctors and Dentists who are employed with MOHH and/or any public healthcare institutions under the MOHH Group, this seminar will be funded by MOHH based on your completed attendance!

Seminar topics may be subject to change

For more information on and registration for this seminar, please scan this QR Code or contact Jasmine Soo at email: **jasminesoo@sma.org.sg**.

SINGAPORE HEALTHCARE

What's Up Ahead for GPs?

Text by Dr Lee Yik Voon

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.

Come 1 November, the Community Health Assist Scheme (CHAS) will be updated to provide everyone with health subsidies for all eligible chronic medical illnesses regardless of income status. The Green, Orange and Blue CHAS categories will also provide full means testing for the healthcare institutions and the Ministry of Health (MOH).

At the same time, the benefits currently extended to the Pioneer Generation (PG) will have a new category called the Merdeka Generation (MG) for those born between 1950 and 1959 to reward them for their effort in building up our nation.

Care in implementation

MediSave top-ups would have already been completed by the time this column is printed. Like the exciting *silver nine-tailed fox* from Chinese and Korean mythology, we are now one step closer to a universal health plan. What may delay the implementation or throw a spanner into a smooth implementation may be the information technology (IT) challenges in rolling these out across the nation's CHAS clinics.

I remember that when the enhanced Screen for Life programme was rushed out, little attention was paid to details. Among the several problems faced was the glitch in the IT portal which took many weeks to rectify. That glitch also disrupted the existing CHAS scheme submission. It was a nightmare for many of us running our CHAS clinics faithfully.

United efforts

Thus far, we have focused our journey on care for chronic illness.

We are bracing ourselves for the impending onslaught of the Silver Tsunami with many struck with complex chronic conditions. To counter this, Singapore is trying to tackle it upstream by adopting a strategy in managing population health and tracking the entire journey of our patients seeking medical treatment and health.

The way forward, for now it seems, is for healthcare workers to gain a foothold in our community and draw the focus away from the traditional tertiary care hospitals. Much of these have to be coordinated among the many types of healthcare workers in our complex healthcare system.

Hence, the idea of team-based care is born and is being piloted in primary and community care settings. The implementation of team-based care models could cover up the gaps of a single provider and such synergism would benefit our patients in the holistic management of their medical illness.

Our patients benefit from the strengths of the different healthcare team members. In such a model, teamwork and coordination is critical. It can make the model shine or break it down into chaos and confusion.

One must not forget the element of prevention to stop the onslaught of ill health in the first instance. We need to prevent the onset of ill health by first promoting a healthy lifestyle. We then need to prevent the onset of both acute and chronic diseases. Next, we need to prevent the illnesses from deteriorating and lastly, we need to prevent the development of complications. In order to do that, all healthcare workers need to spend dedicated time talking to and counselling our patients and helping them understand the conditions as well as the management plan.

Funding needs to be streamed to the neighbourhood GPs if the MOH is serious about wanting us to be on the same team to manage our rapidly ageing population. The members of our Primary Care Networks (PCN) need to be empowered and funded in the war against diabetes, mental illness, dementia and other chronic medical diseases.

GPs' roles and duties

GPs must also be willing to transform ourselves to play these roles that MOH has designed for the future generations. We must be willing to change the way we practise, undergo more updates and training, and even change our model of care or operations. As we make our focus patient centric, funding needs to follow and flow to the patient too. However, there will always be black sheep in any community and we need to be able to spot them. We must all do the right thing so that the majority works with the right ethos and that doing good will be motivated and incentivised. Exploitation for selfish personal gains by the profession or the public should not be tolerated and should not be dismissed lightly.

Policies that are too tight will hold back the performance of those doing good. At the same time, it should not be too loose that it tempts the public and practitioners to exploit them. We GPs are accustomed to doing everything for our patients by ourselves and charging for such services with a holistic bill. However, we now need to progress with these changes. We need to start delegating various tasks to nurses, dieticians, podiatrists, pharmacists and other allied health professionals. As doctors, we should focus on higher level work that requires our professional expertise. This will command higher fees and translate to higher income to make up for the jobs delegated.

Members of various chat groups have been complaining about the absence of a level playing field that private doctors face. The good news is we can be and are moving towards the levelling of the playing field. One way is by participating in schemes like CHAS and the PG and MG packages. Other ways include joining and taking part in the PCN, and upgrading and honing our skills further by attending postgraduate courses as well as workshops and other relevant continuing medical education activities.

With an increased volume and complexity of patients, there may not be enough time to address all the medical conditions and that will increase the risk of making mistakes. Hence, we must all learn to work in teams. If done properly, we will be rewarded with more satisfying careers.

Working such long hours week after week will also result in burnout. We need and have to learn to take time off to refresh and recharge. Only with many doctors practising team-based care can we afford to rest and recharge.

So, what more do we have for the rest of the year? I believe we have our hands full. But the future is shining so brightly.

Good luck to all my fellow comrades! And since this is August, I would like to wish Singapore "Happy National Day!" ◆

HONOURING *Excellence*

The 60th SMA Council warmly congratulates our Members who are recipients of the National Day Award 2019.

The Public Service Star (Bar)

Dr Loo Choon Yong, BBM
Former Chairman
Jurong Town Corporation

The Public Service Star

Dr Chook Kum Kay, PBM
Member
Internal Security Act Advisory Board

A/Prof Kevin Lim Boon Leong, PBM
Chairman
Cerebral Palsy Alliance Singapore

The Public Administration Medal (Gold)

Prof Philip Choo Wee Jin
Group Chief Executive Officer
National Healthcare Group

The Public Administration Medal (Silver)

Prof Wong Tien Yin
Deputy Group Chief Executive Officer (Research & Education)
Singapore Health Services

Medical Director
Singapore National Eye Centre
Ministry of Health

Prof Lim Tock Han
Deputy Group CEO
Education & Research
National Healthcare Group

A/Prof Cheah Wei Keat
Chairman, Medical Board
Ng Teng Fong General Hospital
National University Health System

The Public Administration Medal (Bronze)

Dr Chow Khuan Yew
Senior Deputy Director
Youth Preventive Services
Student Health Centre and School Health Service
Health Promotion Board

Dr Liem Yew Kan
Director
Healthcare Manpower
MOH Holdings

A/Prof Tan Thai Lian
Senior Consultant
Geriatric Medicine
Tan Tock Seng Hospital
National Healthcare Group

Adj Prof Goh Boon Cher
Senior Consultant
Medical Oncology
National University Cancer Institute
National University Health System

A/Prof Tan Ban Hock
Chief Quality Officer
Singapore General Hospital

Senior Consultant
Department of Infectious Diseases
Singapore General Hospital
Ministry of Health

Prof Tan Kok Hian
Group Director
Academic Medicine

Group Director
Institute for Patient Safety & Quality
Singapore Health Services

Senior Consultant
Division of Obstetrics & Gynaecology
KK Women's and Children's Hospital
Ministry of Health

A/Prof Peter Lu Kuo Sun
Deputy Chairman
Medical Board (Surgical Disciplines)
Changi General Hospital

Senior Consultant
Department of Otorhinolaryngology - Head & Neck Surgery
Changi General Hospital
Singapore Health Services

The Commendation Medal (Military)

SLTC (NS)(DR) Mohamad Rosman Bin Othman
Group In Charge
General Staff (Operations)
Singapore Armed Forces

LTC (DR) Soh Teck Hwee
Head General Staff (SAF Medical Corps)
Headquarters Medical Corps
Singapore Armed Forces

LTC (NS)(DR) Lai Jiunn Herng
Commanding Officer
91st Combat Service Support Battalion
Singapore Armed Forces

LTC (NS)(DR) Lim Yon Kuei
Commanding Officer
8th Combat Support Hospital
Singapore Armed Forces

LTC (NS)(DR) Vicky Gabriel Cheong
Commanding Officer
2nd Combat Support Hospital
Singapore Armed Forces

The Long Service Medal

A/Prof Yip Wai Cheong, George
Associate Professor
Department of Anatomy
Yong Loo Lin School of Medicine
National University of Singapore

Dr Liow Pei Hsiang
Senior Consultant
Psychological Medicine
Khoo Teck Puat Hospital
National Healthcare Group

A/Prof Lim Wee Chian
Senior Consultant
Gastroenterology & Hepatology
Tan Tock Seng Hospital
National Healthcare Group

A/Prof Bernard Thong Yu Hor
Senior Consultant
Rheumatology, Allergy and Immunology
Tan Tock Seng Hospital
National Healthcare Group

Dr Sim Chin Keng
Senior Consultant
Department of Anaesthesia
National University Hospital
National University Health System

Dr Lew Yii Jen
Chief Executive Officer
National University Polyclinics
National University Health System

Dr Jonathan Phang Siung King
Deputy Director, Clinical Services
National University Polyclinics
National University Health System

Dr Lim Ghee Hian
Director, Senior Consultant
Emergency Medicine
Ng Teng Fong General Hospital
National University Health System

Dr Chua Hoe Chin
Senior Consultant
Neurology (TTSH Campus)
National Neuroscience Institute
Singapore Health Services

Prof Wong Tien Yin
Deputy Group Chief Executive Officer
(Research & Education)
Singapore Health Services

Medical Director
Singapore National Eye Centre
Ministry of Health

Dr Hee Hwan Ing
Senior Consultant
Department of Paediatric Anaesthesia
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National Cancer Centre Singapore

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Singapore Health Services

Adj A/Prof Tan Teng Hong
Senior Consultant
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Department of Paediatric Surgery
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Dr Thng Choon Hua
Head, Senior Consultant
Division of Oncologic Imaging
National Cancer Centre Singapore
Singapore Health Services

The Long Service Medal (Military)

SLTC (NS)(DR) Gerard Nah Kwang Ming, PP
Singapore Armed Forces
Ministry of Defence

This list may not be exhaustive. If we have inadvertently omitted the name of any recipient, we sincerely apologise for the oversight.

HIGHLIGHTS

FROM THE HONORARY SECRETARY

Report by Dr Lim Kheng Choon

Dr Lim is the Honorary Secretary of the 60th SMA Council. He is currently an associate consultant at Singapore General Hospital.

SMA lunch meeting with Minister for Health

On 2 July 2019, the SMA Council held a lunch meeting with Minister for Health, Mr Gan Kim Yong, and other senior Ministry of Health (MOH) officials, including Senior Minister of State, Dr Lam Pin Min, and Director of Medical Services, A/Prof Benjamin Ong.

SMA and MOH discussed various issues in an informal setting, which included the recent anti-smoking measures, information technology security, engagement of GPs in the community, aesthetic medicine, managed care, and engagement with medical students and doctors in training.

We are grateful for the opportunity to engage the Minister and senior officials from MOH and to provide feedback on these issues.

Continued growth in *SMJ* impact factor

We are pleased to announce that the *Singapore Medical Journal* (*SMJ*) impact factor for 2018 has risen to 1.14, up from 1.08 in the previous year. Our heartiest congratulations to the *SMJ* team for this notable achievement!

The SMA Council wishes to thank *SMJ* Editor-in-Chief A/Prof Poh Kian Keong for his outstanding leadership; the editorial board members – both past and present – for their commitment to excellence in research; the panel of reviewers for their time and expertise; and the *SMJ* secretariat for their dedication and hard work.

Luncheon with Duke-NUS Medical School

On 3 July 2019, *SMA News* Editor and SMA 1st Vice-President Dr Tan Yia Swam was invited to attend a luncheon hosted by Prof Ian Curran, Vice Dean (Education), Duke-NUS Medical School (Duke-NUS). During the luncheon, Dr Tan had the opportunity to learn more about Duke-NUS' teaching methods, education pathways and the partnerships they have with various educational institutions, as well as interact with several students. She would like to thank Duke-NUS for the session.

Appreciation to our SMA Secretariat

The SMA Secretariat is crucial to the success of the Association. The team works tirelessly behind the scenes to advance the mission of the SMA, often with limited resources. The SMA Council would like to take this opportunity to congratulate our Secretariat staff Ms Mellissa Ang (Membership Department), Ms Denise Tan (SMA Courses and CMEP Department) and Mr Tan Kie Chuan (IT Department) on their promotion to Deputy Managers with effect from 1 July 2019. It is through their dedication and hard work that SMA is able to continue to advocate for doctors and patients in Singapore. We wish them all the best in their new role.

Setting Up A Clinic

My Highs and Lows

Text by Dr Alex Wong, Guest Editor

What goes into a successful set up of a clinic? What would even be defined as a successful clinic? Who knows? I suppose, if you define a clinic that sufficiently feeds the doctor and his/her family as a "successful clinic", then perhaps, just perhaps, I have one and hopefully my story is of use to you.

Day 1: partner someone smart… and honest

"So… you want to start a clinic?" Big E looks at me expectantly.

It's been a long day and an even longer week. The weather is warm and muggy and the hospital cafeteria is sweltering and overcrowded, as is every other part of the hospital. My phone goes off, but it's only our daily SMS reminder from the Chairman Medical Board: "Dear colleagues, the bed occupancy rate is 110%, kindly expedite discharge." I look up and Big E is standing before me, the day's emergency department queue clearly having taken its toll on him. Ten years of hospital practice has taken its toll on us both.

The murmuring tide of people has fortuitously swept us together – two ex-classmates from vastly different specialties. A brief lull in clinical work before evening rounds allowed for a session of conjoined navel gazing, which lead to other things: a meeting of minds. A genuine dissatisfaction with the way we were delivering healthcare, a sudden lark of an idea, a hurried discussion of cockamamie plans and finally, a decision to proceed with the wildest ride of our lives.

Day 365: just keep swimming

We have been looking for a year. We have a plan. Some sort of an idea of the community we want to serve and how to go about building a business model we're comfortable with. Except that this community we're looking for doesn't seem to exist. A year of fruitless digging through classified ads, trudging through Housing Development Board (HDB) estates, meandering around construction sites, furtively talking to clinic owners and landlords and trawling the HDB Place2Lease website goes by. We learnt some things: rental is incredibly expensive, existing clinics are even more so, and never to answer honestly when a landlord first asks you what trade you're renting the space for. We conclude that we need *more money* and hence need to locum some more.

Day 730: carpe diem

An old friend calls me up: "*Eh,* you want to check out this place? The rental looks okay and the area looks promising." It's 11 pm at night. I drive down to Sengkang and find myself under a singular HDB block surrounded by grassy wasteland. There's enough empty space around the clinic to run several concurrent soccer games. It doesn't look even vaguely promising but the rental

looks manageable. I WhatsApp half a billion photos to Big E and we have a quick discussion. We figure that even if nobody comes to our clinic in the grassy wastelands of Sengkang, we can afford to pay the rental off our locum pay. We submit a bid and await the nail-biting morning of rental bidding.

Day 730+1: luck is what happens when you bang your head against the door often enough

We wake up and log in to Place2Lease with trepidation. The rental bid hasn't moved from the opening bid on our space. Nobody is interested in our deserted little grassy outpost in the corner of the world. The other HDB designated clinic space 500 m up the road has already been bid up to $6,000 in less than 30 minutes. It rises meteorically in the last 15 minutes and finally closes at $12,000. We assure ourselves that what we've gotten is a steal. We're either incredibly lucky or just plain stupid; we fervently hope it's the former.

Day 760+: plan and plan (and pay and pay)

Life is becoming a blur of locum shifts and administrative red tapes. We've been pulling more locum shifts than ever because everything needs a licence – and licences cost money. Frightening amounts of it.

I briefly wonder serially if I should have been a lawyer, an architect or an engineer instead. Just some of the licences you will need: fire safety certification, air-conditioner condensers, autoclaves and of course, a clinic licence from the Ministry of Health (MOH). I developed a new respect for my contractor and how fast she can work. (You need a good contractor!) The clinic infrastructure has come up with record speed, but all the sinks are the wrong size because she finished installing them before I could say anything. Also, because we're too busy with our locum shifts to actually be there as much as we should. Oh well.

Day 790+: poor also pay

The rate at which we are spending money is vaguely alarming. Expenditure is running into the tens of thousands and we haven't even opened shop yet. Choosing a clinic management system is also problematic. If I were to do it all over again, I would just use whatever everyone else is using. We were simply cheap and used whatever that was cheapest (in this case, free by the grace and mercy of an old friend).

Also, note to self: MOH licencing takes longer to schedule than you think. The clinic is up but we can't start because we don't have a licence yet. We can't order drugs and equipment without a licence so we can't see patients anyway. No matter, the clinic is still littered with unbuilt IKEA furniture and unopened boxes from Lazada and Taobao. We'll sort that out first. Curious people wander by to peer in at us and gesticulate at our signboard. I feel like an animal in a zoo but try to plaster a friendly smile on my face. On the days when I'm a bit less sweaty, I wander around the estate like some pseudo member of parliament and try to shake hands and kiss babies. Some people dodge the crazy homeless man, but most do deign to have a conversation with me – I am heartened; they seem like nice people.

We spend afternoons interviewing potential clinic assistants that we found on random online job sites. We are inundated with all sorts of interviewees, including people who haven't read the advertisement for the job description and don't know what job they're applying for, people who haven't read the advertisement for clinic opening hours and don't know when the clinic is open, people who turn up without documentation or a CV; the list goes on. At the beginning, we interviewed all comers – we quickly learn to be more selective so that we can spend less time interviewing and more time as locums.

Day 797: appreciate your friends

Once the inspection was done, we got the licence fairly fast. A bit too fast. We see our first patient! There are all sorts of teething issues; the NETS machine refuses to work, the printer labels and medical certificates don't print, and so on. We soldier on somehow. Our one patient of the day doesn't seem to mind the delays that much, and she comes back a few days later with an opening gift to us; we waived her next consult.

We have laughably small amounts of medication in our clinic, mostly borrowed from well-meaning friends. It's really insufficient and we should probably have bought more of our own, but we make do somehow till the new stock comes in.

Business is slow at the start. We fret on a daily basis about when it will pick up. We fret when business dips a little. We fret about which third-party administrators (TPAs) to take. We ended up taking most of them, but dropped two of them just as quickly. "If you're drowning, this **** TPA will sink you even faster," an older and wiser friend intones. She owns two clinics. We heed her sage advice.

We fret about how much to spend on medication. We probably shouldn't have fretted. Quiet hard work pays off and word of mouth spreads. We find that there is no real need for fancy advertising. The trickle of patients becomes a steady stream and we began paying ourselves a salary by the end of the first year.

Day 1,892: just do your work

It's been a wild three years and the clinic continues to grow. We've made it, but only because of our patients. Patients now know us and we have become part of the community tapestry. I also could not have made it without a great amount of forbearance from my clinic partner. Maintaining that relationship has been key to our survival.

We have begun to understand the joy of family practice. There is something to be said about planting down one's roots in a place and tending the land. We watch babies born and grow. The children that we vaccinated when we first arrived are now walking and talking. The parents are now bringing their grandparents to see us. We have had the privilege to influence, nurture and empower people. People will tell you that old-school family practices are dead. They are wrong; an old-school family practice is what will bring patients to your doorstep and keep them coming back. ◆

Preparing for Retirement

My Personal Journey

Text by an Active Retiree

A takeover of my clinic was concluded a year and a half ago.

Preparing for retirement

Throughout the 33 years of my solo practice, there had been many takeover offers. Into the second year of my practice, a group of three doctors came by and made me the first offer. That was in 1986.

I started my practice with the notion to start my clinic with the end in view. In my mind then, the options at the end were to close the clinic, take a younger colleague as partner, or wait for a takeover including the premise. Initially, the scenario was hazy and vague. The least preferred option, both then and now, was to close down the clinic, for the sake of patients' continued care. In the meantime, I continued to maintain the lucrativeness of the practice for a possible eventual partnership or a takeover.

Work balance has always been on my mind, while keeping in view the age and society's norm for "retirement". Back in the 1990s, my wife and I often thought about how we could scale down and reduce the working hours while maintaining the revenue. We were fully aware that God has been blessing us as a family.

I knew that retirement was not a one-day event, but a process that could take years. We were given many opportunities to travel and enjoy extensive holidays, and in my opinion, taking leave from work was the initiating process of retirement.

Patients and friends often asked me about my plans for the future. Many attempts were made by them to broker deals but it was not easy for a win-win arrangement. While clearing out my drawers for the takeover in April 2018, I found a $10,000 cheque in my drawer. It was from an offer to purchase my practice 20 years ago.

Before we knew it, April 2018 came by. My family and I were ready and happy for this occasion after the years of contemplation.

Sorting out the logistics

To my pleasant surprise, three parties made offers for my clinic in the later part of 2017. Of which, two were group practices. I made contact with all three and my conditions for takeover were laid out.

I settled with one of the parties and the agreement was signed. Logistic work was set in motion to settle all outstanding drug bills, and an inventory of medicines, medical disposables and equipment was drawn up. The Tenancy Agreement for the premise was also drawn up and completed.

A date was fixed for the handover. Personnel from both my clinic and the group practice were organised into teams. The procedure was systematically thought through. The stocktake was conducted in different stations, with each team comprising personnel from both organisations. Accuracy and accountability was assured, and I was the moderator.

I had limited experience in quitting a job. First was the insurance industry during my student days – it was easy as I only needed to hand over the list of clients to my manager. Second was back in 1985, after hanging up my stethoscope for four years to do marketing for medical companies, where it was a ten-minute process. It was easier to hand over responsibilities on those two occasions as compared to handing over a clinic.

Taking care of emotions

After 33 years of practice, most patients have become friends. Of special concern to me were patients of lower income. I also have a special place in my heart for those whom I know to be lonely, gullible, disadvantaged and the drop outs within the society, as well as the perpetual pessimists.

I continued to work two afternoons per week for the year after the takeover. My last four months were spent seeing patients and bidding farewell to those who knew I was leaving by April 2019. Most left in tears. Some held my hand, obviously sad. Some, especially those whom I have known since their childhood, took photos with me. Friends from the pharmaceutical companies dropped by to visit. Meal invitations were extended to me from patients and friends to bid farewell.

Caring for patients before and after takeover

A key consideration for the takeover was the continuity of my patients' care. Before the contract was signed, I met with the nominated anchor doctor because I wanted to get to know him better. My first impression of him was positive; I knew that most patients would be comfortable with him.

The character of my practice and the business operandi were also discussed. This was to help the new doctor understand how the clinic had been managed all these years.

Patients were informed of the takeover and were assured that I will be around for a year to assist in the transition. Throughout that one year, I explained to my regular patients the need for change and helped them set realistic expectations.

I offered the anchor doctor the option to occasionally have lunch or coffee near the clinic. I also invited him to sit in with me during consultations before the actual takeover, to appreciate the style of practice and the kampong spirit that prevailed.

In a business takeover of a practice, the medico-legal and logistic matters are straightforward. All patients' records, including the investigations, were handed over. It was understood that I will be available for clarification regarding patients' management. The Ministry was also notified of the change.

My contact details were made available to those patients who asked. This was useful as illustrated last week when I received a call from a colleague. He was attending to one of my previous patients who now consults him. The patient asked him to contact me to help clarify and convince her for pneumococcal vaccination. I spoke to the patient directly; it was a joy to speak to this lady of 80, whose mother lived to 104.

Throughout this last year of work, I helped to encourage and convince patients to consult with the new doctor. Though some expressed their wish to consult with me as long as I was still around, most were able to accept the transition. However, as I continued to travel frequently during that one year, many had to turn to the new doctor. Occasions arose where perceptions of differences of style or techniques were raised by patients. They were explained, keeping the end in mind – that is, they need to accept and work with the new doctor. Although some patients continued to show anxiety, they were eventually pacified.

I continue to be in contact with my friends and patients in the vicinity of my clinic through various channels these days. For one, I conduct talks on a regular basis. I also mingle with my ex-patients, often at the playground and void decks, and sometimes in unexpected places like shopping centres and bus stops. Occasionally I'd drop in to visit patients who were hospitalised or in their homes. Many still call to have coffee with me. Ties that took years to build are kept despite the retirement.

Keeping the drive

My favourite letter writer, Paul, once said that "people should do their work quietly and earn their own living", without indicating at what age a person should stop working. Moses was 80, Churchill was 76, and Ronald Reagan and Donald Trump were 69 when they attained their highest achievements. These great men made significant contributions at an age when most people have retired. Others, like Jimmy Carter (95), Warren Buffett (89), Henry Kissinger (96), Queen Elizabeth (93), and closer to home, Mahathir (94), continue to be active and contribute to society. Stopping temporarily the routine of running a clinic and taking this short break gave me an opportunity to rethink work and its meaning, and my purpose in life.

God willing, I wish to continue to work in tandem with my age and declining strength and stamina. And on a final note, I completed the coast to coast trail from Punggol to Jurong as soon as it was announced. ◆

WHAT KILLED *Sir Stamford Raffles?*

Text by Dr Kenneth Lyen

Dr Lyen is a consultant paediatrician at Mt Elizabeth Hospital Orchard and a visiting consultant at the Health Promotion Board, Ministry of Health. He founded the Rainbow Centre, which manages three special schools for disabled and autistic children. He has co-authored 14 books on paediatrics, parenting, creativity and education. Website: http://kenlyen.wixsite.com/website.

Introduction

Sir Stamford Raffles (6 July 1781–5 July 1826) landed in Singapore on 28 January 1819 when he was 37 years old.[1] On 30 January that year, Raffles and the Temenggong (governor) for the Sultan of Johore signed a preliminary agreement to the establishment of a British trading post on the island. A week later, on 6 February, Raffles signed a treaty with Tunku Long declaring him to be the lawful sovereign of Johore and Singapore. This established him as Sultan Hussein Mohamed Shah. The treaty transferred the control of Singapore to the East India Company.[2]

While Raffles was setting up Singapore as a free port, his wife Sophia was pregnant and living in Penang. Raffles visited her on 13 February but the baby did not arrive and Raffles had to rush off to Acheen, Sumatra, to establish trading rights for this port. Sophia gave birth to a boy, Leopold Stamford, in the absence of the father.[3]

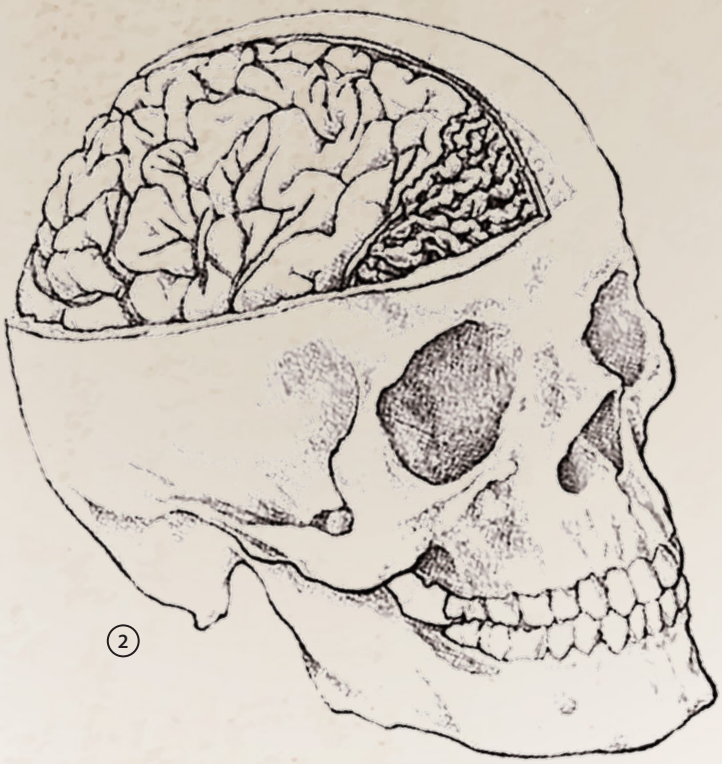
In the meantime, not only did Raffles establish Singapore as a trading port, but he also instituted the rule of law and laid the foundations of a city plan which was later executed by Philip Jackson.[4]

From 1820 to 1822, Raffles returned to British Bencoolen (Bengkulu City, Sumatra), where he was Lieutenant-Governor. During that time, his four children, all less than four years old, died of dysentery.[3]

Raffles returned to Singapore in 1823 where he established a school that was to become Raffles Institution.[5] He also prohibited gambling, taxed alcohol and opium so as to discourage drunkenness and opium addiction, and banned slavery.[6]

During that year (1823), his wife gave birth to their fifth and only surviving child. In 1824, Raffles left Singapore and returned to England for good.[3]

Raffles died suddenly on 5 July 1826 just before his 45th birthday.[7] Although life expectancy in mid-19th century



②

England was 40 years, it is still a shock to hear someone dying so young.

The exact cause of his death was only elucidated in 1998 by senior consultant neurosurgeon Dr James Khoo.

Raffles' health

While in Bencoolen (1820–1822), Raffles was already in poor health. In December 1821, he wrote to his friend the Duchess of Somerset saying that he was unwell for stretches of 12 hours, for several days in a month. In February 1822, after the death of his children, he wrote to the Duchess saying that his wife was suffering from depression, and that he himself "had two of the most severe attacks [he] ever suffered." The last occasion involved "a fever which fell on the brain, and [he] was almost mad. [He was] still an invalid, and confined to [his] room." In 1823, he wrote saying that he suffered from "dreadful headaches". In another letter, he wrote saying that he "had another attack in the head, which nearly proved fatal, and the doctors were for hurrying [him] on board ship for Europe without much ceremony."[3]

Back in England, Raffles' health did not improve. A posthumous article appearing in the July 1826 issue of the *Gentleman's Magazine* said that before he died, he suffered "bilious attacks (headaches, vomiting and abdominal pain) under which he had laboured for some days."[8]

The day before his birthday

Preparations were actually being made to celebrate Raffles' 45th birthday on 6 July 1826. However, just a day before his birthday, he was found dead at the foot of the spiral staircase in his home at Highwood House in Mill Hill, North London.[3]

Post-mortem

A post-mortem was conducted by the English physician, Sir Everard Home, who reported:[8]

"On inspecting the body of the late Sir Stamford Raffles in the evening of the 5th of July 1826, the following morbid appearances were observed: Upon removing the cranium, the anterior part of the right frontal bone was twice the thickness of the left. ... The outer covering of the brain was in a highly inflamed state, which had been of long continuance from the thickness of the coats of the vessels. In one part, immediately upon the sinciput (front of the skull), this vasculosity exceeded any thing I had ever seen. In the right ventricle of the brain there was a coagulum of the size of a pullet's egg, and a quantity of bloody serum escaped, which measured six ounces. This extravasation of blood, which had been almost instantaneous, was the cause of immediate death, so far as the faculties of the brain are concerned."

There is an additional note written by Sir Everard Home, in which he stated: "a space two inches long and one broad was so loaded with blood vessels as to appear of a different organisation from the rest of the membrane."

Sir Everard Home "pronounced his (Stamford Raffles) death to have been caused by an apoplectic attack beyond the control of all human power". In this context, the apoplectic attack can be interpreted as a stroke.[3]

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Burial

Sadly, Raffles was not allowed to be buried inside his local parish church of St Mary's Hendon because the vicar, Theodor Williams, whose family had made their money from the slave trade, objected to Raffles' anti-slavery advocacy.

The location of Raffles' body was not known until 1914 when it was found in a vault.[3]

Re-evaluation of the cause of death

Re-evaluation of the postmortem findings by the neurosurgeon, Dr James Khoo, led him to conclude that the thickened right anterior skull was best interpreted as caused by either a dural arteriovenous fistula or an arteriovenous malformation.[9]

The difference between these two conditions is that in a dural arteriovenous fistula, the dural arteries are abnormally connected to the dural venous sinus. This increased blood flow from the dural arteries can cause the calvarium (skullcap) to thicken, which is what was found at autopsy. The other effect is that shunting of arterial blood into the dural sinus can cause raised intracranial pressure, cerebral oedema and reversal of blood flow into the cerebral cortical veins. All this may result in severe headaches. Furthermore, the increased venous pressure can result in intracerebral bleeding.

In contrast, although cerebral arteriovenous malformations can also have similar effects, they are less likely to cause the calvarium to thicken. The reason is that the arterial supply to a cerebral arteriovenous malformation is predominantly from the cerebral and the dural (meningeal) arteries.[10]

Hence, the most likely underlying cause of Sir Stamford Raffles' symptoms and death is that of a dural arteriovenous fistula.

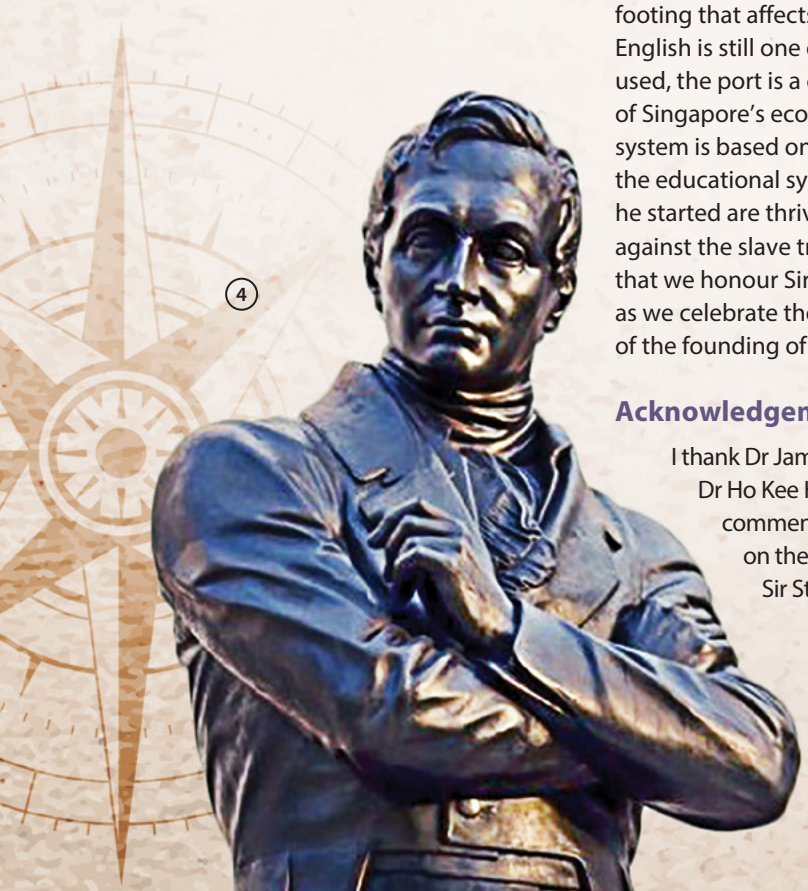
Final note

Some researches have recently revealed Raffles to not be the benevolent altruistic person that he had sometimes been depicted. Instead, more credit should have been conferred upon William Farquhar who governed Singapore during its formative period.[11]

Nevertheless, it is remarkable that Sir Stamford Raffles could achieve so much in such a short life, despite suffering from severe headaches and being struck by the tragic death of four of his young children. His far-sighted vision started Singapore on the right footing that affects us to this very day. English is still one of the main languages used, the port is a critical component of Singapore's economy, the legal system is based on the British's, and the educational system and the school he started are thriving. He was also against the slave trade.[12] It is fitting that we honour Sir Stamford Raffles as we celebrate the 200th anniversary of the founding of Singapore.

Acknowledgement

I thank Dr James Khoo and Dr Ho Kee Hang for their comments and clarification on the autopsy report of Sir Stamford Raffles. ◆



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Legend

1. Engraving of Sir Stamford Raffles by Thomson, taken from a miniature (1824)

2. Impression of post-mortem findings by Sir Everard Home drawn by LY Khoo. Used with permission from Dr James Khoo

3. Portrait of Sir Everard Home painted by Thomas Phillips (1829)

4. Statue of Sir Stamford Raffles by Thomas Woolner unveiled in 1887, located at Empress Place, in front of Victoria Memorial Hall

Dr Tan graduated from the National University of Singapore in 1990. She is married with a daughter and runs her own general practice.

WE REALLY ALL NEED Somebody

Text by Dr Tan Su-Ming

One morning, I saw a 75-year-old lady – I'll call her "Madam Halus".

This tiny woman who is about four feet tall was weeping in a desperate, pitiful manner, saying "*tolong lah, tolong lah*, doctor" ("help me, help me, doctor").

She was running a fever and her whole body was racked with pain; she also said she could barely eat as she felt anorexic.

I suspected that she might have dengue fever and asked if I could send her to the hospital. That question triggered another fresh bout of weeping stemming from her physical discomfort, fear and what seemed like a deep sorrow she felt.

It transpired that she lived alone and felt all alone. I didn't know the circumstances by which she had become estranged from her children and I didn't want to pass judgement.

I called her an ambulance and the civil defence force team was very kind and gentle with her as they put her onto their gurney and drove to the A&E.

Gee, I thought, it's hard enough being old and poor with infirmities. It's really depressing if one has nobody, on top of all of that.

I remember reading that in some aboriginal tribes, when a member of their community commits murder, his or her punishment is to be banished from their village, to wander alone. Often time, alone in the wilderness, he or she does not survive long.

We really all need somebody to have our back and to worry about whether we come home at the end of a long day or not, be that our family, neighbours, friends or colleagues.

We aren't good alone. ◆

Faith Healer

Text by Dr Tan Su-Ming

There is a family of five that I see: a Malay woman in her 40s married to a Chinese Muslim convert, and their three boys.

They have been my patients for the last ten years. Some time ago, they came to see me for the common flu and before she left, she said something that left me gobsmacked.

"Doctor, my family comes to you and you touch us and we are healed."

Too surprised to formulate any appropriate reply, I muttered, "Izzit?" (Singlish for "really?") and smiled stupidly.

Later on, as I was driving home, I thought I should have said: "Wow, woman, you are of incredible faith, but maybe I am just the channel and you must have a world-class immune system."

Maybe it wasn't just her immune system that was robust (enabling her to recover quickly). It was possibly the placebo effect with the doctor being the medicine and her incredible faith (in her doctor), that convinced her that I was her faith healer. ◆

A VOICE FOR THE YOUNG: SMA DIT Committee

Text by Dr Benny Loo, Chairperson, SMA DIT Committee

From the SMA Medical Officer's Committee (1994) to the current SMA Doctors in Training (DIT) Committee, we have always striven to be the voice for young doctors in Singapore. 2019 marks the fifth year of this generation of the SMA DIT Committee in the residency era and we have achieved multiple milestones in this short period of time. We started out as a small group of resident representatives from the sponsoring institutions, to mentoring and supporting medical student projects across all local medical schools and, recently, voicing our young doctors' concerns on a national scale. I am very excited to have our current DITs share their achievements within their respective institutions and collaborations with the SMA DIT Committee over the past year. We kick off with Dr Lucy Jennifer Davies (SingHealth) highlighting some key roles that the SMA DIT Committee played in the past, and our current investment in house officers by helping them transit smoothly from students to doctors. Dr Chin Run Ting (National University Health System) shares the story behind the national survey on the current on-call systems of traditional full night calls and night floats, which the SMA DIT Committee supported with the aim to reduce burnout and improve patient care. Lastly, Dr Andrea Ang (National Healthcare Group [NHG]) concludes with the message that it is vital that SMA DIT Committee continues to engage young doctors on the ground and collaborate on a national level. I am very grateful to have many friends who have supported the SMA DIT Committee throughout these years and I look forward to future acquaintances.

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.

Text by Dr Lucy Jennifer Davies

Reflecting on this academic year (AY) 2018/2019 when I was co-chairing the SingHealth Residents' Committee, I think about how quickly this year has passed. Last year, I found out for the first time about the SMA DIT Committee – a small group of key doctors from all three institutions keen to make life better for junior doctors, meeting in a little room deep in the SMA office on a Friday evening.

That night, Dr Benny Loo, who currently chairs the SMA DIT Committee, shared on some of the things the Committee has done in the past, which includes (but is not limited to) seeking higher pay for junior doctors. This is something that has come up again in recent times, with a recent repositioning in clinical allowance being allotted for job responsibilities instead of qualifications. This would mean more money, at least for some people.

Dr Loo, during his time as a SingHealth resident, was also responsible for starting up the SingHealth Residency Games which has been running strong over the past years. This year, we have exciting plans to convert it into a Residency Annual Dinner instead, to encourage more participation – perhaps not everyone plays games, but surely everyone needs to eat!

The SingHealth Residents' Committee Education Subcommittee also worked together with the SMA this year on updating the SMA House Officer's (HO) handbook, an initiative that I myself have benefitted from, having carried that handbook around during my first couple of months of HO-ship several years ago. Great thanks go to Dr Margaret Chong who headed the Education Subcommittee and her team comprising Dr Sarah Tan, Dr Jerry Nagaputra and Dr Lee Man Xin, who also organised and ran this year's Student Internship Programme Bootcamp – an event which helps our student interns become better HOs.

My own little contribution to SingHealth Residency this year was the introduction of a book donation drive which would not have been possible without the help of Prof Tay Sook Muay. Not only did she link us up with the welfare director of the 70th NUS Yong Loo Lin Medical Society, Ms Julia Cheong, but she also personally carried and drove several hundred books over from the Singapore General Hospital to the medical school; she is an amazing woman!

There is more to work on in the future, with the recent survey on on-call systems conducted by the SMA DIT Committee showing that more than 70% of some 630 responses from junior doctors across institutions are in favour the night float system, which is not widely used for various reasons, for doctors' and patients' safety.

Though it has been an exciting year, I am glad to soon be handing the baton over to the next co-chairs of the SingHealth Residents' Committee, who will continue to represent SingHealth in the SMA DIT Committee. ◆

Dr Lucy is a budding anaesthetist training at SingHealth, where she is active in the Residents' Committee. In her spare time, she enjoys experimenting in the kitchen and believes that while life is not a piece of cake, things are usually better after a nice piece of cake.

Text by Dr Chin Run Ting

"PGY1s should have sufficient rest for their physical well-being and to minimise errors due to fatigue." – Singapore Medical Council (SMC) October 2017 circular on Guidelines on postgraduate year 1 (PGY1) training and postings for the accreditation of PGY1 training posts.

Of note, the circular also mentioned that service commitments at the PGY1 level cannot be the priority since the priority for them is to first be trained and guided to develop skills and competencies, before they can deliver safe and effective patient care.

On the other hand, the same circular also provided guidelines for on-call duties, including the following requirements:

- Minimum of average four calls per month (ie, 16 calls in a four-month posting) with an optimum of five calls per month for every PGY1 doctor.
- PGY1 doctors who have completed a 24-hour duty period may spend up to six additional hours for handing over and other activities.

While we recognise that the SMC call requirement strives to provide training opportunities and on-call exposure, this may not always be the case on the ground. Doing more calls on paper neither equates to having better training/learning (quality) nor seeing more cases on call (quantity). Moreover, this may have inevitably resulted in a compromise of not just physician welfare, but also patient safety. Fatigue has been demonstrated to impair vigilance and accuracy of response, and decreased performance of motor and cognitive functions in a fatigued clinician may result in impaired judgement, late and inadequate responses to clinical changes, poor communication and inadequate record-keeping.

In fact, the consistent violation of working hours with traditional 24-hour calls had been the impetus for the implementation of the night float[a] systems in most hospitals in the first place. A dedicated on-call team improves patient care and has led to reduced physician burnout, translating to improved patient safety. In response to the new PGY1 call guidelines, which resulted in the need to revert to the traditional 24-hour call system, the SMA DIT Committee conducted a nationwide survey in March 2019. It gathered respondents' opinions from across hospitals and various medical and surgical subspecialties regarding the SMC call requirements, including a comparison to the pre-existing night float system.

In terms of training opportunities, 89% of respondents disagree that the night float system makes junior doctors less competent simply because it may translate into shorter working hours. Conversely, 6% feel that the full night call system makes junior doctors more competent because it translates into longer working hours in a row.

In terms of patient safety, 90% of respondents agree that the night float system **contributes to patient safety**, compared to 7% for a full call system. 87% feel that the night float system **helps to reduce medical errors**, and 79% feel that it is **less disruptive to daily ward work** as compared to a full night call. 72% of respondents feel **unsafe to function as a doctor** after a full night call (post call). Of note, 75% share that either they or their colleagues have made a mistake at work and/or have been in an accident after being on full night call.

Last but definitely not least, in terms of physician welfare, 84% of respondents believe that the night float system helps to **reduce burnout for junior doctors**. 71% feel that the night float system **builds teamwork and camaraderie** as the same team members are on float for the entire week.

The survey also revealed that 89% of respondents feel that the night float system **should be kept in place**. More interestingly, 82% of our colleagues would prefer a hospitalised relative to be cared for by a doctor on night float as opposed to full night call.

Voices from the ground

- "Most of us don't drive post call. If we don't feel safe to drive ourselves home, **how can we be safe enough to care for patients**?"
- "A full call system leads to burnout in my juniors, which leads to **more medical errors which are very unsafe for patients**."
- "It is not so much the duration of time spent at work that is important, but rather the **quality of that time** that is spent working."
- "The capacity to learn, make good judgement and tendency for medical errors are **negatively affected by prolonged consecutive working hours**."
- "How can one expect a physician 30 hours post call to **ever find the time to read, study or learn**? Sleep becomes a priority."

- "The stress and risk they are exposed to, and the **disillusionment and burnout they face, are not worth the supposed experience.** Neither system is perfect. But **patient safety should come first**, and we should also work on improving the quality of life and career longevity of our juniors."

In summary, while there is no perfect call system, our PGY1 call requirements should ideally allow for the flexibility for call systems to be individualised to each hospital's and department's needs, with not just the aim of optimising training opportunities and physician welfare, but more importantly **improving patient care and safety**.

Acknowledgements

We would like to thank our mentors from National University Hospital, A/Prof Shirley Ooi, Dr Raj Menon and Dr Adrian Kee, and our fellow colleagues Dr Koh Zong Jie and Dr Hazel Teng, for all their efforts in improving the night call system. ◆

Note

a. While there are variations across institutions and departments, the generic definitions of a "night float" and "full night call" are as follows:

- *Night float: Approximately 12-to-14-hour night shifts (eg, 8 pm to 8 am on weekdays and 6 pm to 8 am on weekends). The duration of night float varies from three to six days depending on the institution.*
- *Full night call: Overnight call from 5 pm to 8 am after a day's work prior to the call and having to round post-call and leaving post-call after 11 am.*

Dr Chin is currently a senior resident in endocrinology at National University Hospital. She also serves as a member of the SMA DIT Committee.

Text by Dr Andrea Ang

The NHG Resident Council is a subcommittee of the Graduate Medical Education Committee and was established to be the voice and to protect the interests of all NHG residents. It comprises the chief residents from all the various subspecialty programmes. We help to improve residents' welfare and working environment by addressing their concerns and feedback.

Over the past year, we have organised events such as Ice Cream Day and Trivia Night where residents had the opportunity to hang out and get to know each other better in a laid-back environment. For our annual community engagement day this August, we organised a carnival with games and food to engage migrant workers from the Westlite Dormitory. We want our residents to get to know this arguably neglected population better and understand their living conditions, background and health beliefs. This will help them to serve these patients better and provide more holistic care, allowing them to grow as more well-rounded doctors. Other than organising these major events, the NHG Resident Council continually strives to improve the residents' working conditions. This year, we collated feedback on call rooms and phone reception throughout the hospitals and are working with the relevant departments to improve this. To help streamline administrative work, the team has also been collating feedback from residents on the difficulties that they face in answering complaint letters.

The Internal Medicine (IM) Residency programme is the largest residency programme in NHG and we have four chief residents. The IM chief and assistant chief residents work hard to provide satisfactory rotation schedules, facilitate adequate teaching opportunities and improve the welfare of their residents. Postings are planned yearly so that residents are able to plan their examination schedules and holidays. Posting planners help to ensure that residents rotate through all subspecialties they are interested in so that they have adequate exposure. Our academic team also plans various postgraduate activities to help residents prepare for major examinations – weekly didactic "best-of-five" learning sessions for the American Board of Internal Medicine examinations, and preparatory courses for the Membership of the Royal Colleges of Physicians of the United Kingdom Practical Assessment of Clinical Examination Skills.

We also plan undergraduate activities so that our residents are able to "pay it forward" and at the same time get teaching exposure. Our welfare team works throughout the year to ensure residents' needs are attended to, be it in terms of maternity leave and personal struggles, or issues with manpower and rostering within the departments. We hold quarterly formal feedback sessions to ensure everyone is heard. To help our residents cope better while on call, we have published two handbooks, *Called To See Patient* and *Called To See Patient – Medical Intensive Care Unit*, which we continually update and revise. On top of that, we also organise two major parties a year – at Christmas and at graduation, where we hold our black tag ceremony for graduating residents.

The beauty of NHG is the homeliness of it all, where the chief residents are committed to improving the welfare of their colleagues. We hope to pay it forward so that our juniors will experience a better working environment.

Moving forward, we hope to engage the SMA DIT Committee to provide continuous feedback on our juniors on the ground, with the hopes of improving their working environment at a national or ministry level, especially in areas where the NHG Resident Council may be insufficiently equipped to deal with. ◆

Dr Ang is a senior resident with the Rheumatology, Allergy and Immunology Department at Tan Tock Seng Hospital. She is president of the NHG Resident Council and Chief Resident for Internal Medicine Residency for Academic Year 2018-2019.

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Dr Chong Yeh Woei and Ms Song Lin Kei with the second intake

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SGSECURE

FOR AMBULATORY CARE CENTRES AND CLINICS

Text by Dr Wong Sin Yew and Dr Jean Sim

What is SGSecure?

Threats against national security are inherently present, and it takes a community to deal with the constantly evolving landscape. These threats affect the very backbone of Singapore, infringing on communities, the economy and our sovereignty. Being prepared and staying resilient will aid us in weathering these threats. Launched in 2016 by Prime Minister Lee Hsien Loong, SGSecure is a national movement aimed at enabling our community to prevent and deal with terror attacks. This is to be accomplished through sensitising, training and mobilising the local community. In light of this, the Ministry of Manpower has created SGSecure@Workplaces to help strengthen vigilance at workplaces and businesses.[1]

Can such events truly happen here?

Singapore has long enjoyed an enviable reputation of being a safe and peaceful city-state. Nevertheless, this reputation requires significant work behind the scenes to maintain the status quo. In the past, healthcare-related businesses or institutions have enjoyed a "protected" status; however, times are changing.

One need only look towards war-torn Syria where fighter jets have bombed medical facilities and hospitals, leaving a country in such dire straits even more bereft.[2] The ongoing seven-year war has demonstrated that healthcare facilities are frequent targets of military action.[3] Perhaps in the "war-free" Asia-Pacific region, this scenario may be unimaginable. It is important to remind our readers that in 2016, a man in a wheelchair detonated a pipe bomb in a Californian clinic.[4] Even closer to home, in September last year, two persons including medical staff were injured when a man threw a petrol bomb at a clinic in our neighbouring country, Malaysia.[5] Our clinics, situated in the heartlands and scattered over the nation, may be inadvertently affected in the event of a surprise attack.

Implementing the 3Ps

SGSecure recommends the 3P approach which is key to building up organisational resilience against terrorism. This three-pronged approach comprises **Preparing your workforce, Protecting your workplace** and **Partnering your community**. Providing your employees with the right skill set and information to deal with crises will help with reducing downtime at the clinic and allow for better outcomes in the event of an emergency. Ensuring that risk management plans and mitigation measures are in place in the event of crises is the key to ensuring that your clinic will be able to weather these storms. Finally, building up a community of like-minded businesses and clinics can promote increased vigilance as well as improve response and actions during emergencies.

Preparing your workforce

How then can you go about training your personnel and ensuring your workplace preparedness? The first step would to be to nominate and register one of your staff as the SGSecure representative for your clinic. This individual can help keep your employees abreast of all SGSecure-related matters and disseminate new information when the need arises. He/she will also be the point of contact for the authorities in times of need. It is important to emphasise that SGSecure preparedness is not the job of one individual – all employees should be encouraged to download the SGSecure app. This interactive app will help provide information on matters pertaining to SGSecure. It is important that your clinic has an emergency escape route in the

event of an attack, and employees should be briefed on these routes. The SGSecure advisories, such as "Run, Hide, Tell" and "Press, Tie, Tell" can be downloaded from the SGSecure site (http://www.sgsecure.sg/resources) and displayed to serve as a daily reminder for your employees. Other steps can also include building a team of ready responders by sending employees for fire-fighting, CPR/AED, and first-aid trainings (including psychological first aid skills). Such certification courses are available at the Singapore Red Cross and St John Singapore. This will also complement their skills development and further learning. Bonding activities can help cement the understanding between various groups in your workforce and feedback channels will help to reduce tension when grievances arise.

Protecting your workplace

The Workplace Safety and Health (WSH) Council's bizSAFE programme seeks to help improve your workplace's safety, health and security capabilities. SGSecure content has been incorporated into bizSAFE Levels 1 to 3 and helps to better identify and manage the security risks at your workplace. Mitigation measures and response plans are critical in aiding businesses in continuing functions during this difficult time. The ISO 22301 Business Continuity Management certification courses and crisis communication-related courses offered by the Business Continuity Management Portal can be helpful in developing the special skill set needed. Government grants may be available for clinics/businesses to send staff for such courses. In the age of information technology (IT), protecting your workplace against cyber threats is a critical component of securing the clinic workplace. The Ministry of Health has issued a cybersecurity advisory 1/2019 dated 7 February 2019, in the wake of the SingHealth breach.[6] Clinic owners are advised to familiarise themselves with cyber security threats and institute an IT security plan for their clinic(s).

Partnering your community

This involves forming support networks that can improve vigilance and the ability to deal with security threats and attacks in the immediate vicinity around your clinic. Steps that can be taken include registering to join the Singapore Police Force and Singapore Civil Defence Force's Safety and Security Watch Group schemes. If you own the building where your clinic resides, you and your staff can work with the police to conduct a security survey of the premises for target hardening. Enhancing communication capabilities also include creating and updating an emergency call directory and to consider use of mobile messaging applications to create group-based communication channels. Forming strong relationships with your key stakeholders (eg, customers and suppliers) is also important. A good practice would be to prepare a list of potential business partners who can support your operations in the event that current ones are affected by crises.

bizSAFE & StartSAFE

For the busy medical practitioner, it may be daunting to navigate the complicated environment of workplace safety and health. The WSH Council has a five-step bizSAFE programme that helps companies build the necessary internal capability to do risk assessment and build up their WSH capabilities and standards at the workplace. SGSecure components are also incorporated within the bizSAFE programme which prepares enterprises to respond to and be resilient toward terror threats in the workplace. Companies in the bizSAFE community can also display the bizSAFE logo as a reflection of their commitment to safety and can enjoy privileges and advantages offered by bizSAFE partners who also participate in this programme. For a more detailed outline and application, please refer to https://www.wshc.sg/bizsafe.

If you would prefer to have a WSH consultant visit your clinics to provide advice and hands-on guidance, you may wish to embark on StartSAFE – a programme initiated by the WSH Council to assist non-bizSAFE small and medium-sized enterprises (including clinics). The StartSAFE programme will help you embark on the bizSAFE journey eventually. You may refer to https://www.wshc.sg/startsafe for more information.

Conclusion

Preparedness and vigilance is the responsibility of every member of our nation – ambulatory clinics will also benefit from such measures. This short introductory article summarises the important measures that can help our clinic workplaces to be safer for all. ◆

Dr Wong is an infectious disease physician and has been in private practice for almost 20 years. Dr Wong helps to manage the Infectious Disease Specialists Group and its main focus is on enhancing patient care and safety. He is the SMA Representative on the Workplace Safety Health Council (Healthcare) and contributes regularly to *SMA News* on workplace safety and health.

Dr Sim is an associate consultant at the Department of Infectious Diseases at Singapore General Hospital. Her interests include antimicrobial resistance and infection control. When not working, she enjoys doodling, reading and travelling.

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AIC SAYS

PREPARE FOR PUBLIC HEALTH EMERGENCIES

By Agency for Integrated Care

Primary Care as First Line of Defence

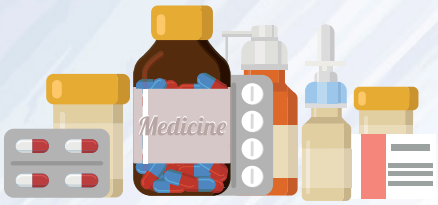
As the first point of contact for most Singaporeans requiring primary care, GPs are also well-placed to provide care during public health emergencies. In such situations, the Public Health Preparedness Clinic (PHPC) scheme consolidates the primary care response to influenza pandemic, haze[1] and anthrax in a single scheme for better management.

The PHPC scheme therefore provides support to participating clinics in providing care for eligible Singaporeans through timely communications and provision of logistical support by MOH. While the specific roles of a PHPC may vary in the face of different threats, the general function of PHPCs remains the same – to serve the primary healthcare needs of Singaporeans in times of national need.

Roles of PHPCs and MOH Logistical Support During Public Health Emergencies

PHPCs will be required to perform one or more of the following roles when activated during a public health emergency :

- Dispense medication (e.g. anti-viral, antibiotics)
- Administer vaccines (e.g. for influenza)
- Provide subsidised treatment to eligible Singaporeans (under the Haze Subsidy Scheme) for haze related conditions



Depending on the type of national health emergency, the Ministry of Health (MOH) will provide the following support to PHPCs:

Table 1: Support from MOH to PHPCs

Personal Protective Equipment (PPE)	Up to 12 weeks' supply of PPE for staff at no cost[2]
Medications and Vaccines	For staff prophylaxis, up to 6 weeks' supply of influenza anti-virals at no cost. For patient treatment, priority to receive appropriate anti-virals, antibiotics, and / or vaccines from the national stockpile.

Training/Refresher for PHPCs

During peacetime, it is crucial for PHPCs to receive training to ensure GPs and clinic staff are well equipped to provide care for Singaporeans in the face of a threat.

To provide greater clarity for PHPCs with regard to their roles in times of public health emergencies, GPs and clinic staff may refer to the PHPC guidelines, e-learning course and workshops etc., or request for on-site training to familiarise themselves with MOH's guidelines and maintain skills currency.

Communications

As the public health emergency may evolve quickly, clinics are strongly encouraged to regularly update their contact details such as mobile number and email address in MOH Alert, a notification system designed in collaboration with the Professional Boards to enable you to receive instant and easy access to MedAlert, DrugAlert and MedInfo messages and circulars. To update, log into MOHAlert website via your respective Board or Council's website.

Upon signing up to the PHPC scheme and whenever there are changes to the number of staff in the clinic or nominated GP details, PHPCs are encouraged to update the information on relevant platforms such as MOH Claims Portal (MHCP) to facilitate planning.

[1] The Haze Subsidy Scheme (HSS) has been subsumed under the PHPC scheme.

[2] According to the Licensing Terms and Conditions under the Private Hospitals and Medical Clinics Act (PHMC Act), all GP clinics (including PHPCs) are required to have a baseline stockpile of one week's supply of PPE during peacetime.

If you would like to sign up to be a PHPC or find out more about training for PHPCs, please contact the AIC GP Engagement team at gp@aic.sg or 6632 1199, or visit Primary Care Pages (www.primarycarepages.sg).

SMA NATIONAL MEDICAL STUDENTS' CONVENTION

SAILING THE SEAS OF MEDICAL ETHICS AND LAW: NAVIGATING THE WINDS OF ETHICO-LEGAL CHANGES

31st August 2019 | Lee Kong Chian School of Medicine, Clinical Sciences Building

0830	**REGISTRATION & COLLECTION OF GOODIE BAGS**
0900	**WELCOME ADDRESS** *by Dr Lee Yik Voon, President, SMA*
0910	**OPENING ADDRESS** *by Ms Angela Tham, Chairperson, 3rd National Medical Students' Convention*
0915	**KEYNOTE ADDRESS** ***The Current Medico-Legal Climate – What Every Medical Student Needs to Understand*** *by Dr T Thirumoorthy, Founding Director, SMA Centre for Medical Ethics and Professionalism*
0945	**PANEL DISCUSSION** ***Professional Accountability of Doctors – Are We Getting It Right?*** *Moderator: Dr Norman Lin* *Panelists: Dr T Thirumoorthy* *A/Prof Chin Jing Jih, Chairman, Medical Board, Tan Tock Seng Hospital and Past President, SMA* *Dr Bertha Woon, Breast Surgeon in Private Practice and Associate, Medical Protection Society in Singapore* *Ms Kuah Boon Theng, Managing Director, Legal Clinic LLC*
1045	**TEA BREAK**
1100	**TEAM-BASED LEARNING ACTIVITY** *Facilitated by Ms Yang Lishan*
1200	**INTER-SCHOOL DEBATE** ***Burnout Among Medical Students is the Responsibility of the Individual*** *Debaters from the winning team will each receive a 3M™ Littmann® Cardiology IV™ Stethoscope, kindly sponsored by 3M Singapore.*
1300	**CLOSING CEREMONY AND LUNCH**

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Retirement

HOW TO MAKE THE BEST USE OF IT

Text and photo by Dr Wong Kai Sang

When I considered my retirement as a dermatologist in January 2017, everyone, including my colleagues and patients, was telling me to not do so. As I was still healthy at the age of 68, they felt that I should carry on, at least part time, for another ten years or so. They said that I would be bored to death, and that I could even die earlier if I retired. Now, after two years, I would say that there could be nothing further from the truth. Retirement can be the most enjoyable, and should be the best time of your life. So let me share with you the lessons I've gleaned thus far.

Planning my finances

Having no money is no fun. In order to enjoy retirement to the fullest, we must have a healthy and recurring income. Only then can our lives be stress-free. Ideally, we should be able to travel in style at least twice a year, having worked pretty much non-stop as a medical practitioner for four or five decades. We should have no excuse of not saving enough, provided that we planned early and did not indulge in any vice.

Romancing with your spouse

As doctors, we were often dead tired at the end of the day and might have neglected the welfare of our spouses. Now in retirement, it is time to set the priority right. Our spouses have been supporting us and our families for almost fifty years, and he/she should deserve the biggest award. It is time to reignite the courtship, and treat him/her as if we are meeting for the very first time. I try to go for a movie or dinner with my wife at least twice a week, and we watch the sunset together over a glass of wine every evening, provided that the weather is fine. Just as the old saying goes: a happy wife is a happy life. This is probably applicable for husbands as well.

Do regular exercise

Being doctors, we should be well aware that daily exercises would be most important for us in our seventies. These days, I spend my mornings exercising; starting off with brisk walking two MRT stations at 7.30 am for about 45 minutes, followed by practising *Taichi* boxing for another 20 minutes before breakfast. There would be another 30 minutes of swimming in a lap pool before lunch.

Fraternising with the grandchildren

There is nothing more enjoyable than spending time with the grandkids. We are not talking about looking after them or educating them – that is the responsibility of the parents. Our job is to have fun with them and to spoil them. Honestly, at the age of seventy, we do not have the energy to run after a three- and a five-year-old for several hours every day; otherwise, we would soon die of physical exhaustion. However, there is always room for spending a few hours reading storybooks and playing with Lego and Playmobil sets. The sweetest thing in this world is to love children and be loved by them.

Be a good cook

We may not have had the opportunity to cook for the family before retirement, but now is the time to practise our culinary skills. It is very easy to download whatever recipes we need from the Internet. Do not get frustrated if things fail to turn out in the right way initially. Just remember: practice makes perfect. Always try something simple like grilling a beef or a salmon steak first. Once you have gained confidence, you can venture out to do something more impressive, like beef stroganoff and Chicken a la King.

Be an artist

We would never know how talented we are at painting until we are given the chance to do so. Start practising to draw landscapes with a carbon pencil. After a few weeks of it, progress on to put emulsion paints on wall tiles. Within months, we might be surprised to find ourselves almost like another Vincent van Gogh. We may even regret that we have started our life as a painter just a little bit too late. I was pressured by my spouse to take some lessons from an art academy, but I was afraid that any formal tuition might just disrupt my proudly original and unique style.

Be a gardener

There is always place for a few green plants in the living room. A few pots of pink hibiscus and desert rose would certainly make the house look pleasant and warm. We only need fingers, not necessary green fingers. Of course, after a while, we might find ourselves tackling plant diseases, be it fungal, bacterial or parasitic infections. It then brings us back to making diagnoses and prescribing the right treatment all over again. However, this time round, there is nobody to sue us if we happen to kill our "patient". Furthermore, there is no need to apply to the Singapore Medical Council for a licence or to pay for a medical protection fee.

Be a handy man

When we have any time left in the day, why don't we do something for home improvement? Get a bottle of wood oil and start applying onto the old furniture, or get a bottle of leather care to polish the old sofa. We could also find time to change the light bulbs or repaint the walls. We could find a few handbags that are worn out and need repair. Be creative and change the design. Our wives would be very surprised with what we can achieve with the rubbish in our storerooms.

Re-educate ourselves

Some of us may have been forced to take up medicine because it was the wish of our parents. Deep down in our hearts, perhaps we had dreamt of becoming philosophers, historians, architects or interior designers. Retirement can be the time to retreat into our study and re-educate ourselves in the disciplines that we sorely missed. Get a book and start reading about the Thirty Years War or the Meiji Restoration. Otherwise, indulge ourselves with the writings of Betrand Russell and Rene Descartes. There is no limit to how far one can go.

Write an autobiography

We are not going to publish our biography unless our name is either Goh Chok Tong or Robert Kuok. However, it may still be worthwhile to write an autobiography just for the eyes of the children and grandchildren, so that they understand more about the history of the family. It might seem to be a difficult task, but once we start to put our pen to paper, all the events in the past seventy years will likely bounce right back into our minds.

Go overseas for a honeymoon

Honeymoons are not just for the newlyweds. While in retirement, we should go for honeymoon travels with our spouse at least twice a year, provided that there is enough in the bank accounts. My advice is to not join tour groups; there shouldn't be place for a tour guide. Just choose any of the beautiful cities in this world and get lost in it with your spouse for a week or two. Walk leisurely along the cobbled streets of Prague and Budapest, or visit a palace in St Petersburg. Dine in one of the Michelin-starred restaurants, have tea in a Vienna cafe, or enjoy an ice cream in Dresden. Soak in a private onsen with your spouse in Japan overlooking the Lake Akan in Hokkaido or the beautiful Matsushima bay.

Only when we have lived our lives to the fullest, would we find our lives really worth living for. ◆

Legend

1. Autumn leaves in Kakunodate, Japan

Dr Wong was born in Hong Kong in 1948 and retired in Singapore in 2017. He was trained as a dermatologist in Middle Road Hospital and started his own practice in 1988. Apart from being a frequent traveller, he was an avid collector of Chinese snuff bottles, Chinese and Western porcelain, Shoushan inkstones, Yixing tea pots and Meissen figurines. He has been happily married for 45 years and has four grandchildren.

• SALE/RENTAL/TAKEOVER •

Clinic/Rooms for rent at Mount Elizabeth Novena Hospital. Fully equipped and staffed. Immediate occupancy. Choice of sessional and long term lease. Suitable for all specialties. Please call 8668 6818 or email serviced.clinic@gmail.com.

Gleneagles Medical Centre clinic for rent. 400 sq ft. Waiting area, reception counter and consultation room. Immediate. SMS 9680 2200.

Fully furnished clinic room with procedure room for rent at Mount Elizabeth Novena Hospital. Suitable for all specialties. Please call 8318 8264.

Buy/sell clinics/premises: Takeovers (1) D10 Bukit Timah, 1300 sq ft (2) D02 Chinatown, mall practice, 560 sq ft (3) D20 Ang Mo Kio heartland practice, with shop (4) D14 practice with shop, near Kallang MRT. Clinic spaces (a) D01 China Square, 900 sq ft, CBD (b) D19, Serangoon Central, 700 sq ft (c) D03, fitted, 700 sq ft, Chin Swee (d) D14 Sims Place, fitted, mixed catchment. Call 9671 9602. Yein.

Clinic at Tampines for takeover. Established practice at popular neighbourhood centre with good human traffic. Please contact Mdm Loo at 9667 6829.

• POSITION AVAILABLE/PARTNERSHIP •

(1) Resident/Permanent Locum GP needed at Fernvale / Punggol, incentive available. (2) Visiting Specialist especially O&G etc, etc. Call 9298 9824 or 8125 9850 Etern Medical.

Senior GP group practice looking for Resident / Locum doctors for well-established GP clinic in Little India. Fixed / flexible hours. Attractive remuneration. SMS Dr Singh: HP 9017 3883. Email drsingh@singnet.com.sg.

GP / Dental / TCM doctor needed at Telok Blangah Medical Centre, Blk 77 Telok Blangah Drive #01-244, Singapore 100077. Flexible, profit-sharing pay structure, hours and remuneration negotiable. Interested parties, please call Ronald, HP 9618 1822.

OneCare Medical

OneCare Medical is a Primary Healthcare Group that aims to provide holistic and accessible Acute and Chronic care in the community. We were founded in 2013 by a team of three Family Physicians, and have grown to a group of more than 20 clinics, mostly situated in the heartlands.

Our Patients mainly comprise of residents that live around the clinics, encompassing whole families – from babies to the elderly – and it is this breath of primary care that our doctors find rewarding.

Our Doctors are a close knit team from different backgrounds and experiences, so that we are able to help each other out when queries and difficulties arise.

GENERAL PRACTITIONERS AND FAMILY PHYSICIANS

Requirements
- Fully registered with SMC

Responsibilities
- Provide Acute and Chronic care consultations in the GP setting
- Health screenings and reviews
- Pre-employment checkups and other statutory examinations

Benefits
- To be part of a close knit team of GPs and FPs providing good support and learning opportunities
- Regular CMEs and support for Post-grad courses
- Competitive salary with annual leave and bonuses

Contact: Dr Kenneth Koh
drkennethkoh@onecaremedical.com.sg | www.onecaremedical.com.sg

NATIONAL SKIN CENTRE
National Healthcare Group

National Skin Centre (NSC) is a tertiary dermatological centre with a team of dermatologists who have the experience and expertise to treat a wide range of skin conditions including patients with complex care needs. With a comprehensive range of subspecialty services, NSC sees a patient load of about 1,000 daily for consultations and treatment. Apart from providing clinical services, NSC is the main training centre for specialist training, undergraduate and post graduate dermatology training and has an active clinical and translational research programme in dermatology.

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You will be working closely with the senior medical staff, to provide clinical care and medical treatment to patients. You will be responsible for the running of the outpatient clinics and the care of both new and follow-up patients seen at NSC and Department of Sexually Transmitted Infections Control (DSC) clinics as well as providing on-call duties at the inpatient dermatology ward when necessary. You will be guided by specialists to adhere to the Centre's management guidelines at the clinics.

REQUIREMENTS:
- Basic medical qualification registrable with Singapore Medical Council
- Possess a valid practising certificate, full or conditional from the Singapore Medical Council
- Postgraduate medical qualifications (MRCP or Graduate Diploma in Family Practice Dermatology) will be an advantage

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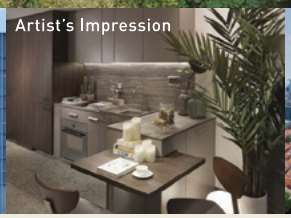

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