SMA news

For Doctors, For Patients

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Training in **Different Decades**

A Dream **Fulfilled**

NKF 50 | Giving Life & Hope Together

Director, Medical Services

The successful candidate will spearhead the Medical Services and Allied Health Services teams and cultivate a culture of high quality care in delivering holistic, quality and safe dialysis treatment to patients for optimal clinical outcomes and population care management.

- Provides strategic oversight to the teams and collaborates with both internal and external partners to roll out a holistic care model in support of the Foundation's push for integrated service delivery and partnerships with external stakeholders
- Leads and drives quality improvement and patient safety initiatives/programmes in accordance with the Foundation's directives and/or external regulatory requirements, in addition to implementing patient care management programmes and providing oversight to the infection control practices/ standards
- Participates actively in educational and academic activities like conference presentation and scientific publication
- Provides training/mentorship to the clinical teams on Patient Management and advises on medical matters to other departments

Requirements:

- **Degree in Medicine from a recognised University**
- **Membership of the Royal Colleges of Physicians (MRCP) or American Board Certified qualifications or equivalent qualification registerable with SMC**
- **Certificate of Specialist Accreditation in Renal Medicine**
- **At least 10 years of clinical nephrology practice (clinical management of ESRD patients) including 3 years of supervisory experience**

Nephrologist

The successful candidate will be part of the Medical Services team responsible for delivering holistic, quality and safe dialysis treatment to patients for optimal clinical outcomes and population care management.

- Promotes multidisciplinary collaboration in delivering a holistic renal care model and standard to improve patient experience and outcome
- Responsible for patient care management, participates in developing patient care policies and standards as well as ensures compliance at the dialysis centres
- Participates actively in quality improvement programmes and educational/academic activities including conference presentation and scientific publication
- Collaborates with quality assurance team to improve clinical quality and patient safety in the dialysis centres, conducts regular clinical audits and shares outcome indicators for continuous improvement
- Screens new applicants' suitability for satellite dialysis programme, participates in multidisciplinary round and mortality review as well as provides training on in-house clinical programmes

Requirements:

- **Degree in Medicine from a recognised University**
- **Membership of the Royal Colleges of Physicians (MRCP) or American Board Certified qualifications or equivalent qualification registerable with SMC**
- **Certificate of Specialist Accreditation in Renal Medicine**
- **At least 5 years of clinical nephrology practice (clinical management of ESRD patients)**

If you have a passion for our mission and possess a strong desire to make a positive difference, we would like to hear from you.

Submit your application to cynthia.chua@nkfs.org by 31 January 2020

www.nkfs.org

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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.

My first December out in private practice: it's been an exciting and tiring eight months for me, learning how real life (and business) works! I'm feeling especially contemplative because I will be turning 40 and have been reflecting on how my life has been, how it is now and what may lie ahead.

I am thankful for the many new friends I have met, and wonderful seniors and colleagues who have given invaluable and practical tips on how to build a good, sustainable practice, provided excellent medical care for the non-breast conditions I picked up, and even made time to have lunch or coffee!

Join us as this issue's writers also reflect on their respective medical careers; I am especially glad for the many young andenthusiastic doctors and medical students I have met. Congratulations to A/Prof Kenneth Mak on his new position as Director of Medical Services designate – read about his training years in this issue. I wish you all a blessed Christmas!

Jonathan Tan

Guest Editor

Dr Tan is currently an associate consultant at the Division of Spine Surgery, National University Health System. He is grateful for the opportunity to pursue his dreams, and is thankful for the love and support of his parents and wife, without which none of this would be possible.

Season's greetings to one and all.

By some quirk of fate I am writing the editorial for the last edition of *SMA News* for the year after doing the same the year before. The end-of-year holiday is a great time to relax, spend time with your family and take stock of the year that has gone by. It has certainly been an eventful year of change for me – the most stressful examination of my life, a change in title, an end to residency and a new subspecialty to learn and explore. I am still getting used to not introducing myself as a resident.

The transitional years between leaving medical school and starting our medical career are certainly a time of trial and challenge, and each generation of doctors faces a different set of unique challenges! In this edition's Feature, we have invited doctors from different decades to share their respective experiences and the struggles they faced in the early years of their medical careers. Our "Doctors in Training" column also follows this theme and our authors share about their journeys as house officers and medical officers.

We also have a report from the Vietnamese Medical Association Annual Scientific Conference, as well as some highlights from the Annual National Medico-Legal Seminar 2019, which I am sure will be of great interest to many.

Here is wishing one and all a Merry Christmas and a Happy New Year! ◆

THROUGH THE DECADES:

THE TRAINING YEARS

Dr Charles Wong Sen Chow (CW) was born on 4 May 1946 and obtained his MMed (Surgery) in 1977, FRACS in 1978 and was awarded full fellowship in 1980. In 1981, he went on to the UK on a HMDP to subspecialise in colorectal surgery, before working in Tan Tock Seng Hospital and Singapore General Hospital. He has been in private practice since 1987.

A/Prof Kenneth Mak (KM) is currently the Deputy Director of Medical Services, Ministry of Health, and will be taking up the position of Director of Medical Services in February 2020. He continues to maintain his clinical practice as a senior consultant at Khoo Teck Puat Hospital, Department of Surgery.

Dr Jonathan Tan (JT) is an ex-resident of the National University Health System Orthopaedic Residency Programme. He hopes to spend the rest of his career in the same place that he did his training. He hopes to follow the examples of his mentors and serve both his patients and his department well.

Dr Tan Weng Jun (TWJ) is 27 years old and she has been working as a medical officer at the Institute of Mental Health since completing housemanship.

In order to become a practising doctor, every medical student has to go through the phase of being a house officer (HO) (better known as a houseman back in the days). These were not easy days for many, perhaps even fraught with worries and challenges for some. At the end of the journey though, there were always fond memories to be cherished.

In which year did you graduate from medical school/enter housemanship?

CW

I graduated in 1972 – 47 years ago – from the then University of Singapore.

KM

I graduated in 1990 from the Faculty of Medicine at the National University of Singapore (NUS).

JT

I graduated from NUS Yong Loo Lin School of Medicine in 2008.

TWJ

I graduated from Monash University in 2016 and started housemanship in 2017.

What was the greatest challenge you and your cohort faced at that time?

CW

Back in the day, housemanships consisted of two six-month postings. My first posting was to the Department of Paediatrics, East Wing, Singapore General Hospital (SGH) and my second posting was to the Department of Surgery, Thomson Road General Hospital (later renamed Toa Payoh Hospital).

The housemanship days were really busy because there were fewer hospitals in Singapore then. After a long and tiring day on call (usually with only a few hours of sleep at best), a half day of rest the following day was only a privilege and not a right. If there were a lot of work to be done in the ward, we would have to forgo the half day off to complete the work. Often, on the way back from SGH, I had to swing by Mount Alvernia Hospital and park my small car in the carpark to take a short nap before resuming the drive back to Sembawang where I stayed with my parents.

JT

When I graduated, I thought that I had my future figured out – suffer through housemanship, apply for a Basic Specialist Training (BST) position, hopefully get it after trying a few times, then get into Advanced Specialist Training and become an orthopaedic surgeon one day. Little did I know that the biggest change in Singapore's postgraduate medical training was just around the corner – the residency system which was introduced a year later.

Needless to say, I was caught totally unprepared. Some in my cohort were ready for it and had either secured a BST position or were accepted into a residency programme as house officers. Most of my cohort however, had just re-entered national service and, as might be expected, the change was a source of great concern, especially for those of us who were unready for it. I was a prime example of someone not prepared for the new residency system; I had no publications or conference presentations and had not done any medical officer postings in the department I had hoped to work in. Things were certainly not looking good.

TWJ

The greatest challenge during our housemanship was familiarising ourselves with the various computer systems. I started my housemanship at Tan Tock Seng Hospital, where we were faced with a stampede of patients every day. We held on to our Computers On Wheels (also known as COWS) for dear life (as there were not enough to go around), only to find that they did not live for long. The computer system was a larger maze to navigate than the hospital itself, and just as I was able to proudly order the hepatitis panel in ten seconds, I found myself in KK Women's and Children's Hospital learning to decipher 16th-century secretary hand, wondering if the squiggly icon at the top of the screen had any significance when a new computer system was adopted.

What was the greatest worry/concern you and your cohort had about your future?

CW

Job uncertainties was worrisome in Singapore then. Some of our classmates migrated to Australia because they were offered good deals to work in surgeries (clinics) located in the outback, with minimum income guaranteed; any shortfall would be made up for by the authorities. After two years in the outback, they could move to the city to practice. I almost followed them there, but my application for surgical traineeship came through successfully. I had always wanted to be a surgeon, so I stayed put here.

After my promotion to registrar and senior registrar, my challenge and concern was in going into subspecialisation as general surgery was to be compartmentalised into the various subspecialties. I decided to go into colorectal surgery and in 1981, I was awarded the Health Manpower Development Programme fellowship to pursue this subspecialty in the UK from January to December 1981.

JT

Not being a resident and serving national service were certainly my biggest concerns and I am sure many in my cohort shared my feelings. We were out of sight and out of mind to the residency programme directors while the coveted residency spots in restructured hospitals were being snapped up by HOs and medical students. It didn't seem fair at all. Some of my contemporaries took it as a sign to strike out on their own to find their own paths, while others decided to explore this brave new world of residents and programme directors. I would like to think that we all found a path that suited us.

KM

Our class, at times, was more concerned about the quality of life in medical school than the quality of education. We played hard in the Medical Faculty Inter-Year games (Faculty of Medicine Shield), while a number of very creative people who were also passionate about music and the arts went on to produce music records. In those days, my class was considered big. Our cohort started with about 230 students but that pruned slightly over time until there were about 210 when we took our final exams. It was years later before class sizes expanded beyond that number to reach the current class size of more than 300 students.

With the big class size, the odds of us having a job post-housemanship and the opportunity to enter specialist training hung on some of our minds. A handful of us did sense that changes were afoot in our hospitals. Hospitals were being corporatized and new styles of management were being introduced. We didn't appreciate the importance of primary care as much as we do now, but there were great family physicians who were powerful role models for us, including Prof Goh Lee Gan. They taught us the importance of treating patients as people, not a set of interesting symptoms and signs. Many of us were inspired by our tutors to believe fervently that we could make a difference in the lives of our patients, and we continue to believe in this after nearly 30 years of clinical practice. Some of our then tutors have retired or passed on, and others have become our close friends and colleagues. This sentiment of wanting to benefit others, whether patients, students or fellow doctors, has become part of what bonds us together into a close fraternity.

TWJ

Our greatest concern was whether or not we would be able to pursue our desired specialist training programmes – a dream that we have had since we were in medical school. It was timely for those who wanted to pursue a career in family or general medicine as there was a push for generalists by the Ministry of Health in 2017. However, specialist training positions were very limited. Those who aspired to become specialists in popular fields were under pressure to outdo, outperform and outlast their peers.

Did things improve as you gained more experience?

TWJ

Yes, experience increased my efficiency and work quality. I was able to make decisions and perform procedures such as blood-taking more quickly and accurately the more I had to do them. The better the job done, the more satisfaction gained and the more enjoyable work became. Having experience also increased my confidence in my abilities, as well as my patients' and colleagues' confidence and trust in me.

How are things different now, years later?

KM

Things in hospital practice have changed quite significantly. Nurses' uniforms have changed. We no longer have hospital matrons but Directors of Nursing. The ward sister used to be the most feared person for HOs in the ward but are now often their best friend.

The junior doctors' duties of responsibilities have also evolved. While most of the doctors no longer start the day taking blood samples from patients as part of their ward routine, they now seem more caught up with completing forms on electronic medical records and filling checklists. While this may be done with patient safety in mind, it does potentially detract from spending more time with patients at the bedside. There is a more collegial team-based care model in our hospitals and polyclinics, which is a great improvement from our times as HOs when a senior (who shall be unnamed) called us "slaves and minions..." The junior doctors may not believe it, but there is considerably more collegiality and mutual respect for each of the healthcare professions now, as compared to 30 years ago. It has become a key tenet in our work culture now that irrespective of background, all healthcare staff can practise to the apex of their potential and lead in multi-disciplinary care teams.

Presently, there is also a stronger emphasis on providing care that respects patient autonomy. This requires us to spend more time with our patients to explain to them their condition(s), as well as the treatment options available, the pros and cons of each option, and our recommended approach. We now better respect the preferences of our patients and only provide treatment with their informed consent. In the past, patients often adopted an attitude of dependency on their doctors to make the right decision and to treat them appropriately. They would also often delegate the decision-making responsibility to others in the family. We now believe more strongly in patient empowerment and that patients share in the responsibility for their own health.

What was your greatest takeaway from your housemanship year(s)?

CW

Housemanship is about the hardest rookie period in any profession. We really should not complain about the hard work and lack of sleep. You learn a lot from the seniors and the patients you help look after. Although difficult, the training reminds you that you are in a noble profession – that's the greatest feeling I have had and will always have.

JT

My housemanship year was unremarkable but going back to the National University Hospital was certainly a rude awakening. It was disconcerting to be on the outside looking in while the vast majority of my juniors were residents. A quick look at some of their CVs made me realise that I had a lot of catching up to do. Objectively, they were much more qualified than I was. That helped me to stop blaming the system and start improving myself. It took two years of making full use of my unprotected time to catch up and even then, getting into residency was a close run. The memories of staying back on weekends and holidays to learn how to fix fractures, doing overnight data collection and waking up at 5 am to read up for the morning teaching session to impress the programme directors have become sweeter and less painful over time. My most important takeaway from those two years was the camaraderie and friendship I developed with my colleagues and teachers. Despite all my efforts, that coveted residency would have remained out of reach if not for their help and guidance, and I will always be grateful for their assistance. Certainly one of the motivations to become a resident and complete my residency was the chance to come back to the same place every day and work with the same people I had come to befriend and respect. It was certainly one of the turning points in my life and I am grateful that all things have turned out well.

KM

The greatest lesson I learnt during housemanship was time management. The transition now is better for medical students transiting into working life as a HO, with full-day student internship attachments in the final year of their medical school education.

Things were different for us then. We plunged head-on into housemanship and were entrusted with responsibilities for the well-being of our patients from day one, where we rapidly learnt to swim or sink. We had to manage our time by completing our ward routines and discharging admin quickly, attending to all other assigned tasks, assisting in surgery, making referrals, and more – all within the day.

We might start earlier than 7.30 am in some departments and not return home until past 8 pm on a post-call day. I remember that there were only four of us as housemen in Department X and this headcount dropped to three for a period of three months, as one of our colleagues was on a prolonged medical leave. This led to a mad routine for the remaining three of us as "the work just had to be done". Alternate day calls and sometimes even consecutive day calls over two days were not an exception to the rule but was inevitable to the extent that we would not complain about it. That wasn't ideal for patient care. Junior doctors now have a much better housemanship experience, thankfully.

TWJ

My greatest takeaway from housemanship year was that the most difficult of days can be overcome with resilience and support of friends and family. No matter how bad the call, morning will come. No matter how bad the scolding, there are plenty more opportunities to do better. No matter how tiring the days have been, housemanship will definitely come to a close. ◆

Soon it will be Christmas and what have you done?

Our young ones are returning home from overseas schools and universities to spend this festive holiday with their family and friends at home.

Caring for our young

Have they turned out to be what we envisioned and hope for? Are they somewhere they want to be or are they disillusioned and have moved on to another career? Will they still make us proud for being their parents? Despite them giving up on their dreams, we should understand and still love them unconditionally as their parents. Alternatively, have they gone astray, acquired bad and undesirable habits – our worst fears realised since the day we sent them abroad?

When they pass their examinations with flying colours and graduate with laureates and accolades, we will be very proud of them, with a smile so wide that it extends from cheek to cheek.

After the varsity schooling and training, when they enter the job market, they will be facing the real world where deep skills are tested and these are likely to be different skill sets from those tested in their varsity examinations. Will they survive the hard knocks of real life?

What if they have decided to switch career paths halfway and embark on studies of a totally different nature? I feel that we should not be disappointed with them. We should be supportive of their decisions on how they want to fit into this world.

Do we have the responsibility of producing more doctors and propagating our chosen profession? Or should we leave them alone to explore their own world and perhaps only give guidance when they have painted themselves into a corner? Or should we leave them alone to seek their path in their clouded vision?

If they drop out, after feeling confused, and pursue seemingly less challenging lifestyles and work-life balance, they may yet strike their first pot of gold, or they might find their success in unconventional ways.

To me, if they are able to find their own sustained happiness and enrich their own lives and the lives of people they meet, I would surely be very proud of them.

Have your young ones gone astray and plunged into the world of darkness? Have they been led astray by instant gratifications, superficial glory and beauty that the world promises? Some of us might give up on them and sever our relationship with them. That will be like setting free your sampan without an anchor. However, are you ready to bear the consequences of doing so and live the rest of your life with regret and self-admonition?

We should not give up and should keep trying to bring them into the light again. Some of us may have to face the hard choice between caving in to the wishes of our young ones and maintaining the long term perspective of delayed gratification. Others prefer to set a good role model that our young can look up to, appreciate and emulate when they mature or they become parents.

Family relations

Many medical students come from well-to-do families or have parents who are professionals; there are also many who are from financially challenged households and need to work part-time to pay for their sustenance during their medical school years. The SMA Charity Fund has been providing bursaries and pocket money to alleviate their difficulties.

With the festive season approaching, should we drink, be merry and worry about the consequences later or do we toil hard to clear the deck before the next storm breaks? As leaders of

Our Young Men and Women

THE WAY FORWARD

Text by Dr Lee Yik Voon

our profession and society, we need to shoulder heavy burdens by setting a living example, practising the right kind of medicine, giving good guidance to our young, contributing to our society, and being compassionate and caring towards our patients.

In dealing with the various issues, is it all a game or does reality bite? Some of us will just bite the bullet and hope that things will get better, while others will run away and live to fight another day.

How important is your family to you? Do you think that your parents are redundant and are no longer useful for your career development? Have they become a burden to you? Or are your wings fully hardened and you can now challenge your parents' thinking, beliefs and principles that they grew up with and held dearly?

We should see the family like a warm fireplace and your ultimate sanctuary to run to for solace. Our family should be where we can always find comfort. Some of the younglings felt that their parents are so strict and stifling that they would run away from home at the slightest possible opportunity. Some of our young felt that they are being talked down and hence harbour resentment. Would you prefer to be seen to be listening or would you play the role of stern parents?

Moving forward

As doctors, our role in society is often not only seen as a healer but also a leader and role model. Hence, we have to uphold our moral and ethical standards.

So what happens when we fall? Doctors who are found to be guilty of criminal offences may get struck off the register at the Singapore Medical Council. But what about our human failings? Are we judged too harshly when we cannot live up to the standards expected of us?

The doctor's rehabilitation is not over with judgement and punishment after a trial. Our community needs to learn from this experience and institute rehabilitative and preventive measures. Who do we look to and entrust to undertake this huge responsibility of remedial actions and correction for our colleagues who offend?

We should have our own "Three Beyonds".

First, we should move beyond just disciplinary procedures to preventive and rehabilitative measures, through education and learning scenarios to help our community understand what the right moves are moving forward.

Second, we should move beyond being hospital centric to focus on our primary care in the community. Better understanding of policies and advisories that may seemingly be easily applied in the restructured institutions is needed and will have to be further tweaked to apply to the private healthcare providers.

Third, we should move beyond principles and translate quality to value proposition for doctors in the community. This would ensure successful implementation of policies and healthcare measures.

With the right framework, our young doctors will have a better life ahead of them to allow them to express themselves and achieve greater heights for medicine.

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.

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 a consultant at Singapore General Hospital.

Retirement of Dr Teoh Ming Keng from MPS UK

Dr Teoh Ming Keng will be retiring as Head of Medical Services (Asia), Medical Protection Society (MPS), at the end of this year. On 15 October 2019, SMA held a simple lunch at the SMA conference room and presented him with a token of appreciation in recognition of his 15 years of service to doctors in Singapore. Dr Teoh holds an SMA Merit Award which was presented in 2012 at the SMA Annual Dinner.

Dr Teoh has held many distinguished appointments as a vascular surgeon. He joined MPS as a medico-legal adviser in 2004 and was appointed to his current position in 2008. Dr Teoh has since been the main liaison between MPS and SMA, helping doctors better understand MPS' positions and often assisting individual doctors in indemnity matters. We will miss his fair and balanced approach to the often heated, even passionate, situations that can arise in medical malpractice indemnity.

Dr Rob Hendry, Medical Director, succeeds him and will oversee the work of MPS in Singapore, together with Mr Kim Lee, Business Development Director, Asia. We look forward to working with Dr Hendry to further develop our relationship with MPS.

Renewal of IDI-SMA MoU

On 3 October 2019, SMA representatives met with Ikatan Dokter Indonesia (IDI, or Indonesian Medical Association) representatives – Dr Moh. Adib Khumaidi (IDI President-Elect) and Dr Ihsan Oetama – to renew the Memorandum of Understanding (MoU) first signed in 2014. Members of our IDI-SMA Joint Committee also hosted a lunch with the IDI representatives.

Highlights from the MoU include:

1. Members of our Associations should abide by the publicity guidelines of the other country when advertising their healthcare services there.

2. Members of our Associations should not make unsubstantiated laudatory claims or insensitive remarks which undermine the professionalism of doctors in the other country.

3. Before members of our Associations organise or participate in talks, workshops or other activities for the purpose of promoting or advertising their healthcare services in the other country, they should endeavour to request for a formal invitation from the national medical association, medical specialty bodies or hospitals.

Feedback on LIA pre-authorisation form for Integrated Shield Plans – follow up

SMA and Life Insurance Association (LIA) representatives met on 22 October 2019 to further discuss and clarify the contents of the pre-authorisation form. Following the meeting, we understand that LIA will issue a clarification statement regarding the use of the pre-authorisation form to better explain its intention and purposes.

Incoming ED for SMA CMEP

The SMA Council has appointed Dr Lee Pheng Soon as the Executive Director (ED) of the SMA Centre for Medical Ethics and Professionalism (SMA CMEP).

Dr Lee was President of the SMA (2003–2006) and is currently a member of the SMA Council and Chairperson of the Professional Indemnity Committee.

Dr Lee recently retired after 30 years in pharmaceutical and nutrition science research. He is now a heartlands family physician and an occasional lecturer at the University of Otago, New Zealand, where he is Honorary Fellow in Human Nutrition.

We wish to convey our thanks to A/Prof Gerald Chua, the outgoing ED, for his service to SMA CMEP and the medical community.

Photo: Dennis Jarvis

COMBATING NCD

LEARNING POINTS FROM OUR REGION

Text and photo by Dr Benny Loo

The Vietnam Medical Association (VMA) was established in Hanoi on 3 March 1955. Throughout the years, the VMA has been a robust institution with significant achievements and contributions to the advancing of the general health status of the Vietnamese and in increasing awareness on the importance of leading a healthy lifestyle. One of VMA's main functions is to organise conferences to advance their members' specialised knowledge, skills and ethical morale. The President of VMA, Dr Nguyen Thi Xuyen, is also the current chairperson of the Medical Association of South East Asian Nations (MASEAN).

On 25 October 2019, VMA held the 8th Annual Scientific Conference in Hanoi, with the theme "Management of non-communicable diseases (NCDs) at commune health stations in MASEAN". The conference was well attended, with invited speakers hailing from Myanmar, Thailand, Indonesia and Singapore. I was honoured to represent SMA in sharing a case study on Singapore's effort in combating NCDs, specifically on our "War on Diabetes".

Many esteemed Vietnamese doctors and government officials were invited to share their insights on specific NCDs such as prediabetes and chronic obstructive pulmonary diseases, and they offered a balanced view of the challenges from medical and administrative perspectives. Combating NCDs requires the close collaboration of medical expertise and resources, and the battle can be long-drawn if the process is not strategically planned. The discussions revealed the importance of teamwork – having many relevant stakeholders work together to solve the various obstacles towards the common goal of better community health.

The Burmese delegate shared success stories of how they improved health outcomes in specific areas by increasing access to regional health centres and empowering these centres to manage NCDs. The difficulties faced were the lack of family medicine physicians to coordinate the care of these patients, and limited government funding to propagate these programmes. The pros and cons of "Westernisation" were highlighted by the Thai and Indonesian delegates. The influence of western diets had increased the percentage of obese citizens and related NCDs in their countries. On the other hand, the influx of advanced technology granted new opportunities to enhance medical care in terms of coverage and efficiency, such as using telemedicine to review patients with NCDs in remote areas. Through the conference, I learnt that many Southeast Asian nations face similar challenges in managing NCDs, albeit in different socio-environmental settings.

It was my first visit to Vietnam and I was overwhelmed by the colourful culture and chaotic traffic. But my deepest impression was the warmth and friendliness that the friends from VMA showered upon me. They treated me like their younger brother and ensured that I had the best experience of the conference, of VMA and of Vietnam. I was humbled by their spirit and graciousness, and had learnt so much from their medical discussions, culture and history. I take this opportunity to thank all my VMA friends and hope that we will meet again in the near future. *cảm ơn!**. ◆

**Thank you in Vietnamese*

Legend

1. Dr Loo (first from left) with delegates from Thailand, Vietnam (vice-president), Myanmar and Indonesia

Dr Loo is a 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 Doctors in Training Committee.

THINGS THAT RESIST BEING UNDERSTOOD

Text and photos by Jeremiah Sim

"Dissonance (if you are interested) leads to discovery." – William Carlos Williams

Dear Editor,

Living life on the other side can be humbling. I remember struggling a lot in the first few years in Glasgow – not just because of the content thrust upon me as a student, but also because of the uphill battle against the thick working class accents of the Glesga men and women.

Scottish patter is not only its own series of rules of pronunciation, or an enigmatic lexicon of terms designed to replace words for common nouns and actions – it is also the prosody that varies depending on which Scottish coast you find yourself on and its subtle relations to Northern Irish accents (which will be saved for another discussion).

It would be easy to regurgitate best practices for an Objective Structured Clinical Examination station, if it was not complicated by the effectiveness of communication. Being unable to go more than ten words without getting stopped with a "…pardon?" as a fresher might be equivalent to a hard-of-hearing patient not being able to understand why you're taking away their water tablets.

In a foreign land

As the years went by, I now relate these early experiences to how life may be for the newcomers to Singapore. Glaswegian cordiality and friendliness parallel Singaporean courtesy and openness, by my estimate, but this might prove initially hard to tap into as a person from a foreign place.

When you don't understand a place and the people living there, you have two options. One, you challenge your own assumptions of what the place is, and perhaps even your assumptions of where you are from. Two, you hold an irreducible idea of what you are in the middle of and trust that you could safely interface with your idea of the place without ever needing a more well-resolved understanding of its complexity.

The scale of Scotland – its people, the place and the way of living that is accepted – is perhaps able to match the scale of medical practice and understanding. As I understand it, its long thread of historical narrative is complemented by an equally intriguing contemporary slice of time, although the nuance of either were lost by way of the game of Chinese whispers that are often played with its customs and traditions.

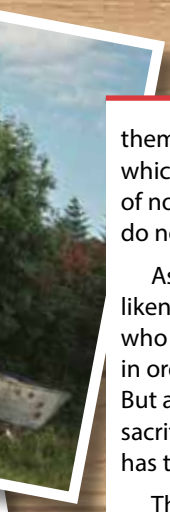
Either approach, in my personal opinion, is not a wrong one. The idea that Scotland is a place of natural wonder, industrial grit and too many brands of collectible whiskey, is probably good enough to guide your intuition as a traveller and as a healthcare provider. But I have also found it constructive to see it as a place where acute pancreatitis episodes, alcohol-related liver disease and GCS-3 yielding trauma are simply the scars to be borne by a people who repeat traditions for better or worse, who are looking for reprieve and who are living lives that they yearn to make good use of.

I personally neither condone nor condemn the place that I see before me as I see it as a whole – even as the externalities wrought in it bring much suffering – because I believe it is equally likely for other ways of living, realised or not, to bring equal amounts of frustration to people as what a career in medical school has made me privy to.

Both ideas come with caveats – hold the single irreducible idea and you risk the chance of that perspective becoming ignorant. Challenge each idea unceasingly, and you may never truly recognise the value of any of these. (I suppose that by reading this you are now quite clear on where I have chosen to stand!)

The medical student experience reminds me that growth is less an expansion of one's horizons and likely more a refinement of personal convictions. These personal convictions are derived from a better understanding of one's self.

In order to make good on the threads of time and chance that brought you to this point, and to carry



them forward, you must become that which carries forward at the expense of not becoming any of the things that do not.

As you sculpt yourself towards the likeness of a doctor, you might dread who you might have to give up being in order to keep on the narrow path. But at the same time, do know that sacrifice is part and parcel of how life has to be, how life *is*.

The idea of seeking more – seeking what is *better for us* – is echoed in the lives of all of us in the Singapore Medical Society of the United Kingdom. We sit with the knowledge that what we are doing and choosing to do reduces our unstable potential (both as medical students and as people) to hopefully create a more stable state.

As much as I have prized the lessons learnt from charging headfirst into misadventures, I have made a roundabout detour to the realisation that life is not simply about achieving a blanket state of "success" in everything that you set out to do, and perhaps is also a matter of choosing the series of games that, should you play them well, will bring the most meaning to you and those around you.

Final notes

I will end with some short notes.

A few years ago, I had the privilege of visiting the Hebridean Isles just after whiskey season. I learned about the region after I came across the efforts of a woman from Toulouse, who interviewed and photographed youths living in the Isles who made great efforts to leave Jura to seek a better life. Having been to Islay, I can say that its ways of living are organised, in opposition to metropolitan habitation – large expanses to seek solitude within, a slower pace – where life appears stripped down to its essentials for a Singaporean acquainted with a life within cement-formed walls.

Over the past summer, I became acquainted with an English conversation "class" meant for attendees to hone their command of English. The class was run by a pleasant Scotsman who had received a great deal of education about how to educate others, and he was enthusiastic to explore options in getting more participants despite issues with resource allocation and learning. I noticed that many of the local helpers would have issues with trying to explain concepts to the participants, who are learning English as a Second Language (ESL) – they might explain an idea as it relates to Scotland without being mindful of how the ESL participant might relate to that idea as it was understood in Queen's English. And for a moment, I saw myself in the shoes of the students even as I attended as a helper, and I became thankful for having had the chance to experience a place that I have yet to even scratch the surface of from different perspectives. ◆

Warmest regards,
Jeremiah Sim

Jeremiah is a medical student in Glasgow. His research interests vary depending on the supervisor. Other extracurricular interests include Longform podcast binges, French, contemporary photography, and sometimes, reading or listening to podcasts about contemporary photography (hopefully not in French). He assures the reader that distant family and friends are missed.

About SMSUK

Established in 1994, the Singapore Medical Society of the United Kingdom (SMSUK) is a student-led non-profit organisation with over 1,100 lifetime members.

Being so far away from home can be daunting, so it is our primary goal to ensure that medical and dental students studying in the UK are supported from pre-enrolment to graduation. We advise prospective UK medical/dental students, create networking opportunities for existing members, and update all members on career opportunities in Singapore and abroad.

Through our diverse repertoire of exciting events held throughout the year, we also aim to provide a "family" for fellow Singaporean medical/dental students studying here so our members can establish, as cliché as this may sound, a home away from home. Some of our events include: a student-run conference co-organised with other international student medical societies, our signature Weekend Away retreat outside of the UK and of course, our glamorous annual dinner to wrap up the academic year!

Legend

1. Bowmore, Islay, 2017

2. Byres Road, Glasgow, 2018

3. Near Riverside Museum Glasgow, 2019

4. Port Charlotte, Islay, 2017

Junior Doctors' Experiences in 2019

Text by Dr Toh Wen Shien

Many doctors would probably still recall the struggles and challenges they faced in their younger days, and the changes they wished to effect. For some, these issues may have moved to the more distant past, but for many of today's doctors in training (DITs), it is their reality. Here, SMA News speaks to Dr Toh Wen Shien, the latest member of our SMA Membership Committee, to hear his take on the current practising climate.

Can you tell us more about yourself and your working experience thus far?

I graduated in 2018 and have since worked in Changi General Hospital, Singapore General Hospital, Khoo Teck Puat Hospital and Tan Tock Seng Hospital.

Given your recent experience as a house officer (HO), and now as a medical officer (MO), what are some of the key concerns you observed?

There are two main issues which have surfaced during conversations with other junior doctors working in our restructured hospitals.

1. Working hours

Working hours for HOs are among the most concerning. Prior to starting housemanship, PGY1s are briefed that there are guidelines to suggest not more than 80 duty hours per week, a one-in-seven day of rest (averaged over a course of 28 days), and not more than 30 hours of continuous work (ie, post-call).

However, in some departments, it is the norm that these hours are exceeded. Going post-call is considered a privilege and so is the concept of a mandated day off. Without rostered coverage and adequate manpower, rest seems to be dispensable. In acute inpatient care, there will always be fluctuations in patient load and manpower requirements, sometimes making it difficult to observe these guidelines. Nonetheless, there needs to be greater accountability and oversight on why regulations are not being followed and how much they have veered. Heartenningly, there are seniors who proactively exercise flexibility within their teams and show care for junior staff by allowing time-off on weekdays, when manpower is generally better.

There have also been attempts to get PGY1s to electronically log their hours. However, its utility is limited as HOs would sometimes get into trouble with their departments for exceeding the stipulated hours. This breeds a climate of fear and exacerbates under-reporting. What is needed is a system which enables anonymity and is overseen by a body that is concerned about junior doctors' welfare.

After-hours duty coverage

The SMA DIT Committee has recently sent out a nationwide survey to determine the perceptions of junior doctors towards the various after-hours duty coverage systems (night calls and floats). I hope that the results will be made public to those who participated in it, and that the data can be used meaningfully and presented to the relevant stakeholders.

At the HO level, it is concerning that there is a perception that night calls are a critical part of training for PGY1s – for example, the completion of at least four calls per month is needed to pass a posting. This perception is misguided. While after-hours work trains young doctors to be independent, think on their feet and work in a stressful environment,

it does not mean that one has to do so in a sleep-deprived state. A well-rested person trains and learns better. There is a pressing need to relook at our manpower distribution and take small steps to reduce the current 30-hour duration of continuous duty hours.

2. MOPEX

Every six months, the Medical Officer Posting Exercise (MOPEX) is a source of anxiety for MOs who are not yet in a residency programme. The main worry is being placed in an unranked posting – one that is not among any of the doctor's selection. Since each MOPEX rotation lasts six months, it may result in half a year of working in an area that has limited manpower, high workload and difficult calls. For some MOs, being placed in an unranked posting happens more than once, with almost a full year gone. It is not uncommon to hear sentiment that one has little control over where they worked. This is set to become a bigger issue in the future as the number of graduates continues to increase while residency places are slashed – more MOs will enter the MOPEX pool, increasing competition for places.

What do you think can be done to tackle these issues?

Manpower mismatch is normal – there will always be certain departments that have higher demands of workload and vice versa. What we can hope for is greater transparency and accountability regarding the number of MOPEX slots that are available, how the postings are matched, and the percentage of individuals who are actually able to match with a posting of their choice. There is often speculation on how these are determined and the real number of places available. The biggest problem is that no one knows for sure and they feel that their choices are not valued.

HOs and MOs form a large proportion of the hospital's frontline staff. These junior doctors are often dealing directly with patients and their families, are the first line of response, and invest a great number of hours working to deliver patient care in our healthcare institutions. For SMA to remain relevant to junior doctors, my hope is that we remain in touch with the issues on the ground and strongly advocate on their behalf. Junior doctors must feel that the SMA is concerned about what affects them, and is sincere in its cause to better the healthcare system through a collective effort.

With regard to working hours and after-hours coverage, SMA can advocate to the Singapore Medical Council (SMC) and the National PGY1 Training and Assessments Committee to enforce the guidelines that has been put out. It would be great to also speak with the parties involved in MOPEX allocation to find out the statistics and methodology behind the matching process.

My escapes are reading (especially people's stories), jogging and being among nature. When the opportunity presents, I enjoy new adventures especially amid the mountains.

The Editor's take

These are very good questions. Indeed there should be greater accountability by organisations such as SMC, MOHH and individual hospitals on the handling of manpower and posting assignments. Dr Benny Loo, Chairperson of the SMA DIT Committee, and team are writing up the results of the survey, which will soon be published on an appropriate platform. Anecdotally speaking, the MOPEX MOs have already been an underprivileged group. I am also curious as to how they are affected by the residency system!

SMA has always been a safe and good place for doctors to advocate for the larger collective interest. Those of us who have served as student leaders and "junior" leaders will know well that this kind of volunteerism comes with very little appreciation; we only get what we put in. To the naysayers who keep saying that "SMA should do something", my question to you is – are You doing anything? SMA needs more doctors who see beyond self and truly understand what it means to be an effector of change.

– Dr Tan Yia Swam, Editor

A DREAM FULFILLED: A MONTH ON EXCHANGE IN HARVARD

Text and photos by Lim Sheng Yang

The dream

I remember googling the world university rankings for medicine many years back – Harvard turned up as the top result. *Ah, what a waste*, I thought. *I could never study medicine in the US; their system is too different from Singapore's*.

Ever since then, the Harvard dream has been left unfulfilled. So imagine my excitement when I received news that I was going on an exchange programme to Harvard Medical School with 14 other capable people! It was going to be fun. Especially since all 15 of us were going to live together in one house.

The house

Living with 14 people surprisingly went without a hitch. We shared four bedrooms and three bathrooms (which were often pushed to the limits of acceptable hygiene standards before one of us bites the bullet and cleans it). I had prepared myself for the difficulty in preventing clashes in one house. There would be a long queue of people showering before work and bedtime each day; fighting to use the washing machine and ironing board; and clamouring to use the pots and pans.

We were all mentally ready to sit down and discuss allocated slots for amenities and chores. Unfortunately, the hectic first few days, paired with jet lag, meant the cancellation of plans.

It was thus incredibly satisfying when everything fell into place. Our reporting time spanned 5 am to 9 am, which meant that there was always a free bathroom whenever one needed it. The standard deviation for dinner time was also wide from 5 pm to 11 pm. Pots and pans were washed up and ready for the next person's use almost as soon as a meal was completed. It was a sight to behold.

The food

A month in the US also meant getting used to American food. Or maybe not, as many of us decided to bring out our inner chefs for the first time. There were many hilarious moments, including accidentally cooking enough macaroni and cheese for 16 people when we meant to cook for four. Gradually, we moved from safer dishes like spaghetti to more adventurous ones like steak. Portions started emptying out as we impressed ourselves with what we had whipped up.

We had planned to exercise daily to keep fit but our discovery of cooking threw a wrench in the works, especially when our estimation was as poor as mentioned above. The only comforting thought was that we could tell others we became more "American" after a month – at least in terms of our average weight.

The healthcare

The pilgrimage to the US was eye-opening. First and foremost because I was attached to paediatric ophthalmology, but also because of the great differences between our systems.

Being at the best children's hospital in the US (for the sixth year running) gave us better insights into various aspects that make up a healthcare system. While both systems have their strengths and weaknesses, the experience allowed us to further appreciate Singapore's hospitals.

We saw how technology can play an important part – from online video translators to games for kids while removing their casts. Telehealth applied in all its splendour, allowing doctor consults to be conducted across 24 different countries. And the use of robotics for precise movements and incisions in surgery.

One of the greatest differences would be the degree of healthcare freedom. The US ranks high on the healthcare freedom scale while Singapore ranks lower. As a result, new therapies can be used in practice in the US as soon as Food and Drug Administration approval is received. Meanwhile, the journey from bench to bedside takes a longer path in Singapore. A new therapy would have to be in use abroad for at least half a decade before it will be introduced in Singapore. However, hospitals in the US have to individually negotiate agreements with pharmaceutical and insurance companies. That significantly raises the cost of healthcare despite broadening the range of treatment available.

It was also disconcerting to see the power insurance companies held over healthcare. One of the patients I saw was restricted to five follow-ups with the ophthalmologist; anything beyond that

would not be funded. It appeared like an arbitrary limit placed on decisions that should have been under the purview of specialists – one that does seem to affect the quality of healthcare provided.

The patients

Though diseases were similar, the patients that they afflict were vastly different. Besides the clinically relevant disease demographics and genetics, it was refreshing to observe the social fabric through patient interactions.

Patients were incredibly friendly and were always welcoming when they heard I was an exchange student from Singapore. This was usually followed by a genuine interest in our country and education. The consultations would then end off with warm well wishes when they realised I have a final examination coming up.

In paediatric ophthalmology, I also had the privilege of observing the weird and wonderful – rare genetic conditions. As healthcare professionals, we are often excited to see rare diseases, but it is important to step back and consider the impact such conditions have on families as these conditions often accompany a child from cradle to grave. It is in this setting that I witnessed the incredible love and resilience of human spirit. Many parents drive hours to seek medical treatment and continue to shower their children with warmth and attention despite the clear fatigue, all while holding out hope for the chance of a cure in the future.

The takeaway

One month passed in the blink of an eye. Under the guidance of great mentors, I had the opportunity to practise surgery on porcine eyes and apply what I had learnt on real eyes (in controlled conditions).

I was fully immersed in another healthcare system, and from that, I saw the strengths and weaknesses that lie in our own. I also had the great pleasure of touring the US in an amazing group of 15, sharing some laughs before the final year hits.

Most of all, I am thankful to have my dream from so many years ago fulfilled. It is my hope to apply all that I have learnt to the Singapore context and to continue learning from esteemed institutions worldwide. With that said, it is time to face reality in Singapore once more – onwards towards the final examinations that so many have given me encouragement for. ◆

Legend

1. With the famed Harvard Medical School wall

2. At the front gates of Boston Children's Hospital

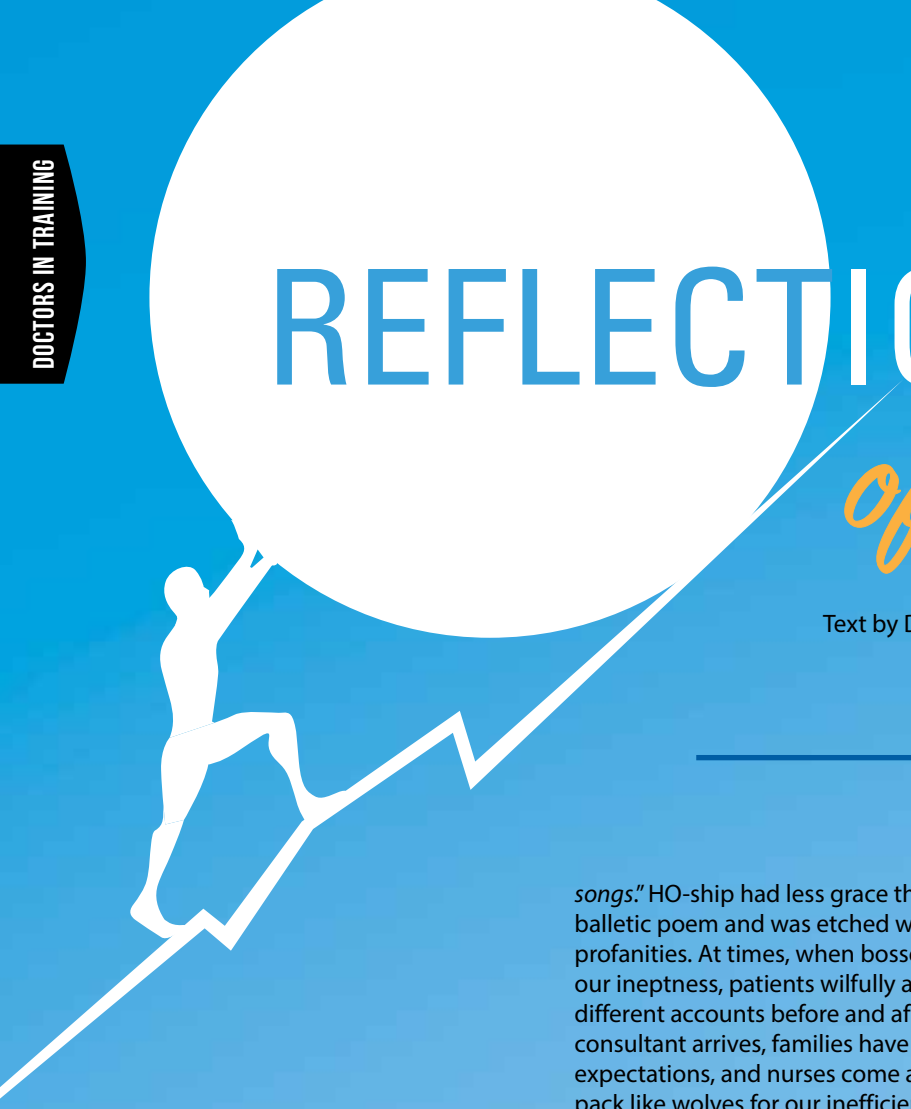
3. Meeting new friends

4. With the greatest mentor – Dr Hunter

Sheng Yang is currently a final year medical student from the National University of Singapore Yong Loo Lin School of Medicine. He has a passion for ophthalmology, medical research and medical education. In his spare time, he enjoys hosting board gaming sessions in an intense showdown of wit and cunning.

REFLECTIONS of An Ex-HO

Text by Dr Ong Jiawen



The author is a young medical officer currently doing her rotation in Tan Tock Seng Hospital Department of Urology. She continues to be blessed with kind and encouraging seniors at work, and hopes to pass this spirit on to her juniors.

In Greek mythology, Sisyphus was a cruel and proud king who was punished by Zeus to push a large rock up on a near vertical steep hill daily, only to find it rolling back whenever it nears the top and having to restart the next day. Being a house officer (HO) often seemed that way – filled with the futility of a Sisyphean life. Trudging through numerous seemingly vapid administrative work was not what we were trained to do.

Rabindranath Tagore once wrote in his poem, "*The world has kissed my soul with its pain, asking for its return in songs*." HO-ship had less grace than the balletic poem and was etched with more profanities. At times, when bosses rage at our ineptness, patients wilfully articulate different accounts before and after the consultant arrives, families have ludicrous expectations, and nurses come at us in a pack like wolves for our inefficiencies, the stark pointlessness of our chores sink to a new level of dejection and vexation.

Amid the dreariness, there are good days too. These days, when I think about Greek myths like Prometheus and his immortal liver or Sisyphus and his innumerable uphill climbs, I am also reminded that life is most unbearable when it is painfully stagnant. Extant repetition is indisputably frightening. I remember what I said in my medicine entry interview: "I like how medicine combines the facts of science and art of being human, and unlike a nine-to-five office job, every day is a new challenge, because we see patients from all walks of life and treat a diversity of conditions." In spite of the daily trials and nuances, I am grateful, for the past year has been anything but unchanging. I am thankful for the many seniors, nurses, allied healthcare staff, patients and families who shone their lamps for my feet and lit up my dark path. I am indebted to friends, family and colleagues who loved me enough to journey together through both the fun and arduous times.

I remember many medical officers who constantly encouraged me in my difficult moments. I remember the registrar who came from lunch to help with my collapsing patient who wasn't even in his care. I remember my consultant who stood up for me when I got into trouble with patients. I remember my ward nurses laughing and sharing their food with me at lunch. I remember that cute spunky aunty, who survived non-small-cell lung carcinoma, bilateral breast cancer and ovarian cancer, insisting that I rest and take a nap on her bed while on call. I remember buying ice cream for my palliative patient and watching her finally take her first morsel of food in days. I remember the uncle who asked, "Doctor, I know your team said I should go for the surgery, but what do you think?" The camaraderie built among our teams and nurses, and the trust our patients and families have in us – these are privileges that often only HOs have, since the bulk of our waking and working hours are spent in the wards, serving these people.

Don't despise your small beginnings. Lean hard on the people who know you best, love you most and tell you when you're wrong. Continue to love and to serve. Be firmly anchored in hope, for things will not be this way for long and seasons will change. Just remember, even your worst days only have 24 hours (or 36 hours).

Take it from someone who once walked a mile in your shoes. ◆

KEEPING THE SPORTING SPIRIT ALIVE!

Text by Azliena Samhudi, Senior Executive, Membership Services

The 2019 edition of the Inter-Professional Games (IPG) took place between September and October this year. Teams from the six professional bodies met once again to battle it out on the fields and courts in 11 different games.

Highlights of IPG 2019

The SMA Chess team, led by Dr Jeevarajah Nithiananthan, fought hard to defend their Championship title even with the opposing teams comprising numerous International, FIDE, Candidate and National Masters. The tournament was intense down to the last board, when SMA's own FIDE Master Dr Dominic Lo beat his opponent, resulting in an overall win for the SMA team. Our Chess team outdid themselves to take the first place yet again!

The Golf tournament, held at the Keppel Club on 2 October 2019, was blessed with good weather. Our strong and highly skilled SMA golfers, led by Dr Gary Chee, emerged as joint champions with golfers from the Law Society of Singapore (LSS).

For the first time since ladies soccer was introduced to the IPG in 2015, we successfully had three full teams competing in the tournament this year. Our Ladies Soccer team, led by Dr Priyanka Rajendram, put up a good fight on 19 October 2019. Our vivacious ladies clinched second place this year.

Our Floorball team also secured second place while our Squash, Tennis and Volleyball teams came in third. Congratulations to all SMA players!

As another year's IPG comes to a close, we hope that the spirit of the Games is not forgotten – to build collegiality, relations and camaraderie among the six participating professional bodies through sporting activities. Till next year! ◆

Game	1st Place	2nd Place	3rd Place
Badminton	LSS	ISCA	IES
Basketball	ISCA	LSS	SISV
Bowling	IES	LSS	ISCA
Chess	**SMA**	ISCA	LSS
Floorball	ISCA	**SMA**	LSS
Golf	**SMA** & LSS	ISCA	IES
Soccer (Ladies)	ISCA	**SMA**	LSS
Squash	ISCA	LSS	**SMA**
Table Tennis	ISCA	SISV	IES
Tennis	LSS	ISCA	**SMA**
Volleyball	LSS	ISCA	**SMA**

Institution of Engineers Singapore (IES); Institute of Singapore Chartered Accountants (ISCA); Law Society of Singapore (LSS); Singapore Institute of Architects (SIA); Singapore Institute of Surveyors and Valuers (SISV); and SMA.

Legend

1. Dr Priyanka (second from left) with the Ladies Soccer team

2. SMA's Chess Team led by Dr Nithi (centre) defended their championship title yet again!

3. SMA's Floorball Team led by Dr Benjamin Ang (standing fourth from left)

Embracing TECHNOLOGY in Healthcare

The National Medico-Legal Seminar 2019

Text by A/Prof Lai Siang Hui

For the seventh year running, the Medico-Legal Society of Singapore (MLSS) and SMA Centre for Medical Ethics and Professionalism (SMA CMEP) have put together an informative and timely seminar. Telemedicine, disruptive technology and cybersecurity were the key themes of this year's seminar titled "Telehealth, Telemedicine and Delivering Healthcare through the Electronic Media". Held on 5 and 6 October 2019 at Furama Riverfront Singapore, the seminar was attended by a total of 152 participants including allied health professionals, clinical and non-clinical healthcare professionals, hospital administrators and legal professionals.

Following SMA President Dr Lee Yik Voon's opening address, Dr Jonathan Schaffer, managing director of Cleveland Clinic, delivered the plenary lecture. He shared the processes and efforts needed to establish a digital health programme at the Cleveland Clinic Foundation, which had evolved from an enterprise for second-opinion consultations to a complex and interconnected healthcare delivery system over two decades. His major take-home point was to embrace technology and use it to enhance and facilitate healthcare. This theme was further developed on Day 2 when Dr Schaffer shared how connectivity and accessibility were key advantages in promoting the institution to a leading academic medical centre.

Four speakers, Dr Vas Metupalle, co-founder, MyDoc; Dr Shravan Verma, founder, Speedoc; Dr Kevin Kok, chief operating officer, Doctor Anywhere; and Dr Loh Yong Joo, consultant, Department of Rehabilitation Medicine, Tan Tock Seng Hospital, then described how technology and innovation have facilitated telemedicine and helped to bring healthcare to the community in Singapore. During the subsequent panel discussion, chaired by SMA Council Member Dr Wong Tien Hua, there was much discussion and sharing on the advantages and limitations of telemedicine and doctor-patient encounters in the less-than-familiar setting.

A/Prof Raymond Chua, group director, Health Regulation Group, Ministry of Health (MOH), then provided clarifications from the regulatory perspective and confirmed the close working relationship between the service providers and the MOH. We all eagerly await the guidance for telemedicine. Finally, Mr Edmund Kronenburg, managing partner, Braddell Brothers LLP, highlighted some of the potential pitfalls posed by remote tele-consultations that could present ethical, professional and even legal challenges.

The highlight of Day 2 was cybersecurity. A/Prof Loo Chian Min, group chief medical informatics officer, SingHealth, provided the audience with important learning points from the recent SingHealth cybersecurity breach. The seminar then focused on how to educate medical and healthcare colleagues on the best practices of cybersecurity. A panel discussion chaired by me, as president of MLSS, sought insights from panellists A/Prof Low Cheng Ooi, chief medical informatics officer, MOH; Ms Mak Wei Munn, partner, Allen & Gledhill LLP; and A/Prof Tan Hak Koon, designated institutional official, SingHealth Residency and senior consultant, Department of Obstetrics and Gynaecology, Singapore General Hospital.

We would like to thank all speakers and participants for joining us at the seminar, and also Finaxar Pte Ltd, Marsh-JLT Specialty, SGiMed Pte Ltd and SP-Joshua Wong-Inspire, for their sponsorship.

Legend

1. Speakers and panellists pose for a photo after their Industry Perspective segment

A/Prof Lai is committed to the training and education of future generations of doctors, and continues to realise his vision to establish a no-blame, no-shame environment for learning.

1

Helping DREAMS Come True

SMACF Bursary Presentation 2019

Text by Ronnie Cheok, Assistant Manager, SMA Charity Fund

The gloomy weather did not dampen the spirits of SMA Charity Fund's (SMACF) inaugural bursary presentation for our latest batch of the SMA-Medical Students' Assistance Fund bursary recipients.

Indeed, response to our invitation to meet SMACF's Board Chairman Dr Chong Yeh Woei was overwhelming! Altogether, we hosted 32 bursary recipients from the National University of Singapore (NUS) Yong Loo Lin School of Medicine, Nanyang Technological University's Lee Kong Chian School of Medicine and Duke-NUS Medical School. They came probably not knowing what to expect from the event but were nonetheless eager to meet Dr Chong, hoping to receive not just the cheques which were presented to them at the event but also nuggets of wisdom dispensed by Dr Chong, as well as learn about the history of SMACF.

The atmosphere that greeted our future doctors was one of warmth, as the recipients mingled freely with Dr Chong and the SMACF staff, Sara and I, who were their main points of contact throughout the bursary evaluation process. For us, it felt as if we already knew the recipients, having interacted with them through email, and gotten to know their family situations, hopes, dreams and aspirations. It was indeed gratifying to know that our fundraising efforts have resulted in this wonderful outcome of being able to help these students in their pursuit of their dreams and hopefully contribute to the uplifting of their families from their current socio-economic challenges.

In his speech to the recipients, Dr Chong emphasised that the objective of the bursary was to help those less financially well off to embark on a career as a doctor, thereby promoting diversity in the profession. By doing so, we hope to nurture compassionate and selfless physicians who will espouse the ethos of curing sometimes, healing often and comforting always. He also expressed the hope that in the near future, when they are able to, the recipients will pay it forward by helping others in need and that he will call on them to support SMACF in kind or in deed.

The recipients were then encouraged to get to know each other over light refreshments. Dr Chong, together with SMACF staff, also took the opportunity to move through the small groups to engage with recipients, as well as to answer any questions they may have on the work we do.

We would like to express our thanks to all the recipients for making the effort to join us at this session and hope that through this meeting, we will be able to work together through collaborations in the near future. ◆

A TIME TO Let Loose and Recharge

Text by Dr Tan Weng Jun, Dr Jonathan Tan, A/Prof Kenneth Mak and Dr Charles Wong Sen Chow

You have read about them and the challenges they each rose above in our Feature piece. Here, we find out how these four doctors unwind after a long week of work, and what their greatest gratification from their hard work and sacrifices are.

TWJ

After a long and tiring day of work, I would usually go for a run or do some workouts at home, and then watch thrillers and comedies on Netflix while having ice cream. If I were feeling more energetic, I would play computer or console games. On days that I feel more inspired, I would play the piano or ukulele. I also enjoy exploring new food outlets with my family and friends when I have a free weekend.

After a long day of work, thinking about how I have impacted someone's life positively at work can be most gratifying (best done while having a long hot shower!). The patient with depression who would have ended her life if she had not been admitted and treated, the patient with psychosis who is no longer living in fear of his neighbour, the patient with mania who managed to stop spending all his savings or the patient with dementia whose family is willing to take him home now that he is able to sleep better – these are some incidences that motivate me forward.

And when I'm in need of a craving fix, Ci Yuan Hawker Centre's Mee Hoon Kueh, Green Dot's various vegetarian dishes, R&B Tea's oolong macchiato bubble tea and Chye Seng Huat Hardware's brunch and coffee are some of my go-to options.

JT

Life has changed significantly over the past few years. I used to unwind by buying supper and watching a rugby match or mixed martial arts. However, the years have been kind to me towards the end of my residency and I am now happily married with a son and daughter. Unwinding after a long day's work now is coming home to spend time with my family. Having dinner with them, watching my kids play and watch television together, and helping to bathe them and put them to sleep is more than enough to make the stress of the day melt away.

On the weekends where there are no emergencies in the hospital, I bring my kids out to play, join my in-laws for dinner on Saturdays, and go to church and also swim with my parents on Sundays. Having two young children and being a spine surgeon makes it difficult for me to find time to spend alone with my wife and I really appreciate the rare opportunities where we get to go on dates. I find that the best way to unwind at the end of a week is to spend time with my loved ones. Time is the one commodity that you cannot buy more of and if it is to be spent on anyone, it should be spent on the people you love.

KM

I learnt early on as a hospital doctor to draw pleasure out of small things. It could be a change in the normal routine, allowing myself a few minutes of rest, or a chance encounter with an old friend in the corridors of the hospital. I still use such unexpected opportunities to recharge myself to continue work now. My work routine as a senior consultant in Khoo Teck Puat Hospital and a senior clinical leader in the Ministry of Health is not any less busy now compared to in the past. It's just different with more time spent in meetings discussing health policies and strategies to improve population health, rather than focusing on diagnosing and treating individual patients. My time spent returning to the hospital to see patients in my clinic, with whom I may followed up for years, gives me much more fulfilment now than it did before as I now value greatly the limited opportunities I have to return to my "first love" – direct patient care.

When I do need to chill out and just get away from mulling over anything related to medicine, I read widely and sometime eclectically. It would often be something completely unrelated to medicine, such as the travels of a food journalist searching for the origins of sushi. When I travel overseas, I've made it a habit to explore a foreign city by focusing not on its tourist attractions, but by walking into the suburbs to see how residents engage in their daily routines. It gives me a sense of experiencing something real about that city and gives me a deeper impression of my travels. Sadly, I haven't done the same at home in Singapore, but then again, the grass always seems greener away from where we are, doesn't it?

CW

The most gratifying thing after a long day of work is knowing that our patients are doing well, improving and going home. My family members are very supportive of my work and understand when I sometimes have to drop things at home and rush back to the hospital for emergencies.

After a hard day/week, I look forward to seeing my good wife and children – they, especially our two sons, didn't see much of me during my training years. These days, we would go out for dinners or just visit places together. The most interesting place we've visited was Iceland – to see the Northern Lights. It was a holiday that our son Mark (a colorectal surgeon) and his wife Faye organised and included my wife and me, and it was a trip par excellence!

I now hate long-haul flights and travel overseas only once a year at most, since we have been to many places (and most recently, China).

There are several favourite eating places that my wife Maira and I visit in our free time: Whampoa Hawker Centre; Ng Ah Sio Bak Kut Teh at the Chui Hway Lim Club; Wee Nam Kee Chicken Rice in United Square; and the Silk restaurant at the Singapore Island Country Club. Another thing that I enjoy now are my wines (especially the whites). ◆

Dr Wong and his wife, Maira, during their trip to Taiwan last year.

AIC SAYS

HOW CAN AIC HELP YOU?

By Agency for Integrated Care

aic agency for integrated care

Connecting You to Community Care

With the merger of AIC and the Silver Generation Office, AIC now has the capability to help seniors more proactively by reaching out to them, understanding their needs and working with partners to bring together the necessary support to help out clients.

To further enable us to bring care services and information closer to those in need, we have renamed the following AIC touchpoints. As one of our key partners in advising, helping, and connecting seniors and caregivers to Community Care when appropriate, we seek your support as we implement these changes to reach out more effectively.

Renamed touchpoints

www.aic.sg

Formerly Singapore Silver Pages
www.silverpages.sg

This one-stop resource portal gives caregivers, seniors, and Community Care partners resources on senior outreach and engagement, community-based care, healthcare, community mental health, financial support, and caregiving.

AIC Hotline 1800 650 6060

Formerly Singapore Silver Line

Members of the public can call the AIC Hotline to speak with our Customer Care Officers for convenient and quick access to information on AIC's various eldercare and caregiving support services.

AIC Link

Formerly AICare Link

AIC Links are physical touchpoints in various locations across the island. At each branch, our Care Consultants will help to assess patients' needs and advise on getting the right care at the right place. Needy patients and their caregivers can also pick up application forms for financial schemes.

Please contact the AIC Primary Care Engagement team at 6632 1199 or gp@aic.sg if you require assistance to refer your patients for community care services.

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

New and fully furnished GP clinic in Jurong West, with 2 consult rooms fully equipped for takeover. CMS and EMR ready. Partnership option can also be explored. Negotiable. Available immediately. Call Dr Lim 9778 2347.

Royal Square @ Novena clinic/rooms available for rent. Brand new, tastefully renovated, auspicious unit number, high 18th floor. Please contact Regina 6235 0660.

Buy/sell clinics/premises: Takeovers (1) D10 Bukit Timah, 1300 sq ft (2) D02 Chinatown, mall practice (3) D20 Ang Mo Kio, heartland practice (4) D20 Bishan practice, with shop (5) D20 Bishan practice, good revenue (6) D14 Sims Place clinic space, with/without practice (7) D03 Bukit Merah, heartland (8) D08, Health screening practice (9) D09, O&G, Orchard, high turnover. Clinic spaces (a) D01 Raffles Place, fitted, 300 sq ft (b) D07 Parklane, 345 sq ft, fitted (c) D22, Biz Park, 1000 sq ft, (d) D08, Aesthetic clinic space, 3-storey. Yein 9671 9602.

• POSITION AVAILABLE/PARTNERSHIP •

Fully registered gynaecologist needed in retiring gynaecologist's well established clinic, Katong. Rental/share facilities/partnership open to negotiations. Interested, please call HP: 9238 9511.

ADVERTORIAL

SLiM.Sciences 2020 International Conference

SINGAPORE LIFESTYLE INTEGRATIVE MEDICINE & SCIENCES

Register Now!

Nutritional, Environmental, Lifestyle, Functional and Integrative Medicine, what evidence are these based on?

JAMA published an article[1] on functional medicine in its Open Access journal in October 2019 with the title, "Association of the Functional Medicine Model of Care With Patient-Reported Health-Related Quality-of-Life Outcomes".

What is functional medicine? Terms like functional medicine and integrative medicine has been heard more frequently but for many in the healthcare community the terms are vague representation of some form of alternative medicine.

Why would JAMA publish such a study and what is the scientific basis of the functional medicine approach?

The study seeks to answer the question, "Is the functional medicine model of care associated with patient reported health-related quality of life?"

A positive outcome was reported and the authors found that "this study suggest that functional medicine may have the ability to improve global health in patients." They concluded that the "functional medicine model of care demonstrated beneficial and sustainable associations with patient-reported HRQoL. Prospective studies are warranted to confirm these findings."

The SLiM.Sciences 2020 conference is an attempt to address this question. Is there sufficient science-based evidence for nutrition, functional, lifestyle and integrative medicine? Bringing together in Singapore leading researchers and clinicians on subjects to the uninitiated appears disparate, it seeks to provide some clarity and an overview of the practice of integrative medicine and its scientific basis. Representatives of organisations that have been at the forefront of integrative medicine will be presenting in this 3-day conference including a Nobel Laureate in Medicine. Integrative medicine is an established discipline and academic centres have been studying, teaching and supporting the practice albeit still limited to a minority of practitioners.

Academic Consortium for Integrative Medicine & Health

The consortium consists of over 70 respected academic medical centres and health systems one of which is where the JAMA functional medicine study was done, the Cleveland Clinic Centre for Functional Medicine. It defines integrative medicine and health as a reaffirmation of "the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing."

Members of this organisation include familiar names like:

- Cleveland Clinic Mayo Clinic, Memorial Sloan Kettering, Scripps Center for Integrative Medicine,
- Duke, Harvard, Johns Hopkins University, Stanford University, Yale University Medical Schools

NATO and the US Army adopts integrative medicine

The Scientific and Technology Organization division of NATO commissioned the Health and Human Factors (HFM-195) Task Force on Integrative Medicine Interventions for Military Personnel in 2010. Chaired by Col. Richard Petris of the US Army in 2013, Col. Petris is instrumental in getting Integrative Medicine adopted in the US Army centres throughout the US since 2004[2].

Institute for Functional Medicine and the Australasian College of Nutrition and Environmental Medicine

In the JAMA article, functional medicine is defined as a model of care that provides an operating system that works to reverse illness, promote health, and optimize function by addressing underlying causes, symptoms, and functional imbalances in interconnected biological networks.

An evidence-based framework for the first line therapy of nutrition and lifestyle modifications is offered as a certification course by both ACNEM and IFM. They have provided training to clinicians in this field for the past several decades. ACNEM an Australian accredited RACGP CME provider will be presenting an overview of their certification course at the SLiM.Sciences 2020 conference.

Lifestyle factors and nutritional strategies in cancer is the conference theme. Cancer is known to be closely associated with environmental and lifestyle choices as reported recently in the latest NHANES (III) study[3] and in many other papers.

Lifestyle Medicine is a more recent attempt to provide practitioners with a framework to advice patients on making lifestyle and nutritional choices. First initiated at Harvard it has grown into an international movement with board certification. Similar in its objectives to IFM and ACNEM, the International Board of Lifestyle Medicine adds to the many voices promoting the evidence-based practice of nutritional medicine seriously and systematically.

Nutritional, Environmental, Lifestyle, Functional and Integrative Medicine, what evidence are these based on?

28th, 29th Feb & 1st Mar 2020
Shangri-la Hotel Singapore

Integrative Dentistry

Taking an interdisciplinary and integrative approach to health the conference includes a half-day session for dentists. The programme is presented in conjunction with the International Academy of Oral Medicine & Toxicology.

Consciousness & Structured Water

One reason why Integrative medicine is not so well accepted is the often cited lack of science to support the many modalities incorporated into the practice. The science of structured water plays a significant role at the fundamental level of physics and biology at and below cell level. Prof. Gerald Pollack an eminent bioengineer at the Washington State University presents evidence for this overlooked area of structured water in biology and health.

The placebo effect is frequently credited for reported cases of spontaneous remissions. The Institute of Noetic Sciences has documented a comprehensive study of spontaneous remissions with over 3000 cases. The hypothesis is that the placebo effect is real and that human conscious intent[4] may play a role in affecting health outcomes in surprising ways. Prof. Dean Radin presents his research on human consciousness spanning more than 30 years at Stanford, Princeton and now as the Chief Scientist at the Institute of Noetic Sciences.

SCAN ME

QR code hyperlink to SLiM.Sciences 2020 website

For more information visit
https://singaporelifestyleintegrativemedicine.com/

ASEAN Steering Committee for Integrative Medicine

The conference inaugurates the ASEAN Steering committee for Integrative Medicine. This is an effort to bring doctors in ASEAN countries together for the advancement of evidence-based integrative medicine. Examples of government supported integrative medicine projects and studies are presented at the conference.
For example, a recently published study[5] on integrative oncology done in collaboration with the Clinical Research Centre and the Centre for Clinical Epidemiology, Institute for Clinical Research, National Institutes of Health, Ministry of Health Malaysia is featured.

Reference:

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3. Karavasiloglou, N., Pestoni, G., Wanner, M., Faeh, D. and Rohrmann, S., 2019. Healthy lifestyle is inversely associated with mortality in cancer survivors: Results from the Third National Health and Nutrition Examination Survey (NHANES III). PloS one, 14(6), p.e0218048.

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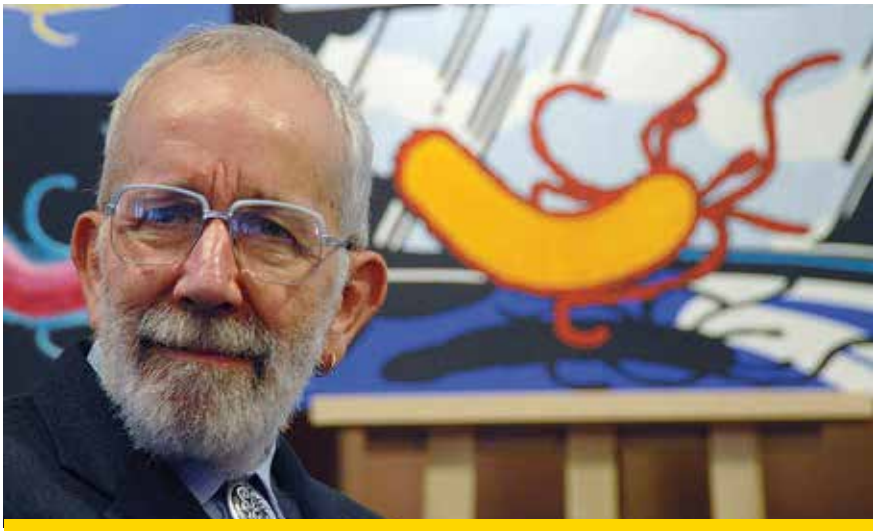
5. Linus-Lojikip, S., Subramaniam, V., Lim, W.Y. and Amar-Singh, H.S.S., 2019. Survival of patients with advanced and recurrent ovarian cancer treated using integrative medicine in Malaysia: A case series. Complementary therapies in clinical practice, 37, pp.73-85.

Dr. ROBIN WARREN

The Nobel Prize Winner in Physiology or Medicine 2005

"for their discovery of the bacterium Helicobacter pylori and its role in gastritis and peptic ulcer disease."



Keynote Speech at the SLiM.Sciences 2020 Conference

Dr. Warren participates in SLiM.Sciences 2020 in support of the ASEAN integrative medicine conference.

CME points pending application - ACNEM is an Australian accredited RACGP QI & CPD training provider for the 2017 - 2019 Triennium with 40 'Category 1' points allocated to most training programs. ACRRM, RNZCGP and CPD/CME points from other professional organisations may also be available.

ACNEM
Australasian College of Nutritional and Environmental Medicine

ISOM
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koojw@sunway.com.my
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- Provides medical care to patients under the supervision of medical consultant
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- Provides orientation and training for new doctors and medical students attached to Assisi Hospice.
- Participate in after-hours on-call coverage as per rota.
- Participate in Quality Improvement and/or Research projects on an adhoc basis

Requirements

- Basic Medical Degree from an accredited Medical University or Medical School and recognised by Singapore Medical Council
- Fully or Conditionally Registered with the Singapore Medical Council
- At least 3 years of medical practice in the hospital or community, of which 1 year should be in acute medicine with on-call experience
- Prior experience in Internal Medicine, Family Medicine, Oncology, Geriatrics will be an advantage

Email your resume to **hr@assisihospice.org.sg** | **Tel: 6832 2650**
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For more information, please visit www.vitiligo.com.sg

FinHealth

DOCTORS DON'T NEED A WILL?

BASED on various estimates, as high as 87% of Singaporeans do not have a Will written. There's a good chance that the number is even higher amongst doctors and healthcare professionals. Here are the top 3 reasons that they give:

1. *It's too expensive*
2. *I have no time to visit the lawyer's office*
3. *I need more time to think about how I want my estate distributed*

Dr Chow U-Jin M.B.B.S (SINGAPORE)
Founder and Principal Consultant of Finhealth

Despite dealing with illness and death daily, Doctors tend to neglect their own legacy planning needs. Here's what could happen if you do not have a Will in Singapore when you pass on. Contrary to popular belief, your spouse will not automatically inherit everything after your passing.

A. *Your assets may not be distributed according to your wishes, regardless of what you discussed with your spouse/children when you were alive. Some loved ones may not be catered for, including: elderly parents, special needs siblings, illegitimate children, unmarried parents, charity etc.*

B. *Settlement of your estate may take a much longer time and cost more*

C. *Guardianship of your children will be uncertain should both you and your spouse pass away at the same time*

CASE STUDY

A 50 year old surgeon in private practice passes away without a Will, leaving behind 3 properties for his spouse and 2 children. As his death wishes were not captured in a Will, his 3 properties will be distributed according to the Intestate Succession Act, resulting in

- Spouse owning 50% of all 3 properties
- Each child owning 25% of all 3 properties

This arrangement would clearly not have been the wishes of the deceased surgeon. To redistribute the properties amongst his family members after his death, stamp duties will have to be paid, incurring significant unnecessary cost.

Writing your FIRST Will doesn't need to be expensive or time consuming, neither do you need a lawyer. Just **10 minutes** will get you a fully legally compliant Will.

Visit www.myfirstwill.sg/SMA to get your complimentary Will* done now!

Email: ujin@finhealth.com.sg
Call/Whatsapp: (65) 9781 8752

*Free for SMA Members, T&C Apply

Need help with manpower and operational challenges?

Difficulty in recruiting staff

PLACEMENT SOLUTIONS

e2i supports clinics in your recruitment through referrals of candidates, job fairs, and Place-and-Train programmes.

E.g Recruiting inexperienced clinic assistants through a structured Place-and-Train programme.

Struggle in developing and retaining staff

PROFESSIONAL DEVELOPMENT SOLUTIONS

e2i supports clinics in building up your staff's competencies and skills development through professional training.

E.g Equipping Senior Clinic Assistants with certification in phlebotomy and thus allowing doctors to fully focus on patient care.

Stuck with manual and unproductive business processes

PRODUCTIVITY SOLUTIONS

e2i supports clinics in implementing productivity projects to boost business efficiency.

E.g Implementing autoclave machine leading to higher efficiency in washing and drying, more thorough sterilization and cut down on manual intervention time by clinic assistant.

Speak to an e2i specialist to discuss how your pain points can be alleviated today!

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e2i is an initiative of the National Trades Union Congress (NTUC) to support nation-wide manpower and skills upgrading initiatives.

Find out more: e2i.com.sg