SMA news

For Doctors, For Patients

VOL. 52 NO. 8 | AUGUST 2020 | MCI (P) 066/12/2019

The Courage to Serve

Adapt to Fight a Common Enemy

Stand Up for Singapore:

DEFENDING THE NATION'S HEALTH

KK Women's and Children's Hospital
SingHealth

KK Women's and Children's Hospital is an 830-bed hospital served by a dedicated team of over 4,000 staff. We are looking for individuals who are enthusiastic, service-oriented, dedicated, and who espouse our core values of compassion, integrity and collaboration. Our people enjoy many opportunities for career development in addition to the satisfaction of supporting women and children in their healthcare journey.

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Please send resume to: Ms Felicia Lee (Human Resources);
Felicia.Lee.P.F@kkh.com.sg

For more information, please visit www.kkh.com.sg.

SMA news
Vol. 52 No. 8 | 2020

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URL: https://www.sma.org.sg
UEN No.: S61SS0168E

DESIGN AGENCY
Oxygen Studio Designs Pte Ltd

PRINTER
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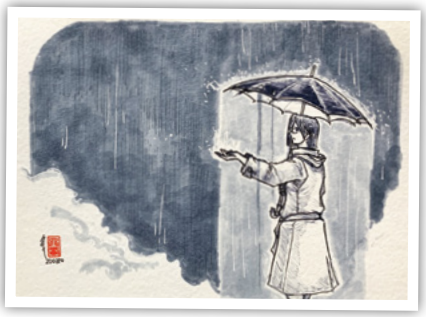
CONTENTS



The EDITORS' MUSINGS

Dr Tina Tan

Editor

Dr Tan is a consultant at the Institute of Mental Health and has a special interest in geriatic psychiatry. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.

Did you collect your NDP fun pack? I stashed away the items I found useful, like the masks, thermometer and hand sanitisers, while my kids played with the handheld flag and stick-on tattoos. Call me sentimental, but it's always nice to see Singapore flags everywhere and hear National Day songs, at least for this period of time.

Readers will notice that this issue is a "feel-good" one, with articles that I hope will encourage each of us in our various settings and roles, and also promote a sense of unity among us in the healthcare community. It is truly in such times that we must remember why we are doing the jobs we do, and not let disagreements divide us.

So, how was your National Day?

Dr Chie Zhi Ying

Deputy Editor

Dr Chie is a family physician working in the National Healthcare Group Polyclinics. She enjoys freelance writing and singing. She writes for Lianhe Zaobao, Shin Min Daily News and Health No.1. She can be contacted at chiezhiying@gmail.com.

The ongoing COVID-19 pandemic has sent shock waves across global markets and plunged the world's economy into a deep recession. Amid these difficult times, it is heart-warming to see Singaporeans from all walks of life stepping up, in one way or another, to help in this crisis. Our healthcare workers have risen to the challenges and I salute their dedication to provide care and comfort tirelessly for all our patients.

In our August issue "Stand Up for Singapore: Defending the Nation's Health", in line with National Day, we are privileged to have Prof Low Cheng Hock share with us his thoughts on the SARS epidemic, the Courage Fund and the current COVID-19 pandemic.

As the old saying goes, "Health is wealth". Only when a nation has healthy people can we achieve economic prosperity and happiness, and live to one's fullest potential.

We also hear from COL (Dr) Lo Hong Yee, CPT (Dr) Russell Lim, MAJ (Dr) Teo Kok Ann Colin and CPT (Dr) Tabitha Ang Xue Qi from the Singapore Armed Forces on how they battled COVID-19 in their respective front lines.

Dr Sudesna Roy Chowdhury also shares more with us on her online translation portal to help migrant and healthcare workers communicate effectively during consultations. Last but not least, we are grateful to have various doctors share their personal reflections of how the pandemic affected them.

As we celebrate National Day this year, I feel proud to be a Singaporean and for all that Singapore has achieved as a nation. Wishing Singapore a very happy birthday. *Majulah Singapura!*

THE Courage TO SERVE

Interview with Prof Low Cheng Hock

Interview by Dr Ho Choon Kiat

Prof Low Cheng Hock graduated from the University of Singapore in 1968, followed by obtaining the Master of Medicine in Surgery in 1972. He began his surgical career in Changi Hospital before moving to Singapore General Hospital, and has been with Tan Tock Seng Hospital (TTSH) since 1982. Prof Low was also the President of SMA from 2001 to 2003, during which The Courage Fund was set up. Today, he continues to teach and work as Emeritus Consultant, General Surgery in TTSH. Prof Low also serves on the Board of The Courage Fund, as it continues to provide support and recognition to those afflicted by SARS, and now by COVID-19.

Living and serving actively

Dr Ho Choon Kiat (HCK): Hi Prof, what have you been up to since your last interview with *SMA News*?

Prof Low Cheng Hock (LCH): I've been working part-time for a couple of years. I now work about three and a half days a week in the hospital; this consists of two outpatient sessions, and teaching sessions for both National University of Singapore Yong Loo Lin School of Medicine and Lee Kong Chian School of Medicine. I also facilitate a number of training courses, such as "Risk Management", "Grief Management" and "7 Habits of Effective Living" in the hospital. Additionally, I also have one session a week at the Ministry of Health, mainly in the finance department as a surgical MediSave medical advisor.

I am grateful to my bosses for having me at this stage of my life, such that I can continue to contribute in some way to the medical scene. It helps to keep my mind alert, my body active, and I can continue learning even from the younger ones. It is important to understand that we can contribute in different ways at each phase of our lives. In life, they say, "don't worry about growing old, worry about thinking old."

HCK: Given that your passion has always been about teaching, what percentage of your time is now spent on teaching?

LCH: I think at least 30 to 40% is spent on teaching, either teaching medical students and post-graduate students or facilitating hospital staff. I take the third year and final year students of both medical schools once a week, and I used to conduct the "7 Habits of Effective Living" course once a month before the COVID-19 situation.

HCK: For the post-graduates, do you still take the medical officers (MOs) and registrars?

LCH: Yes, I still take residents, mainly for tutorials. As you would know, we start at 7 am in the mornings.

At the moment unfortunately, most of these MO and resident training sessions

are done via Zoom. We don't have much bedside teaching because of everything that's going on. At most, we would only take two or three students at one time by the bedside. Big group teachings by the bedside cannot be done now.

HCK: Do you still conduct weddings?

LCH: Yes, in the afternoons. Initially, solemnisations were all cancelled but now, small gatherings are possible. Because of COVID-19, we have cut down on requests and only allowed very small gatherings. We all have to wear masks during the ceremony, but when we are done with the solemnisation, we can let the couple pull down their masks to kiss each other. *[Everyone laughs]*

HCK: Prof, it sounds like you still have a pretty busy schedule.

LCH: Yes! I still do some volunteer work. Besides volunteering in St John, I also volunteer with some committees and in some homes. I am also on the board of Ang Mo Kio Hospital, and some other homes.

HCK: You say you are getting old, but I think you are still very young in spirit.

LCH: It's a very interesting life, and I must thank my bosses. Because they allowed me to go on part-time, I have the free time to do other things. Keep your mind active, otherwise your mind becomes lethargic.

HCK: Do you have any hobbies? What do you do in your free time?

LCH: I used to have a lot of hobbies. I liked running, swimming and cycling. In my younger days, I played all kinds of games. I'm a jack of all trades, master of none. During my school days, I also played table tennis for the school.

Nowadays, I try to walk at least two to three kilometres a day. That is actually very easy to achieve, because walking from one end of this hospital to the other is already half a kilometre. At home, I walk around my estate.

Learning from epidemics

HCK: COVID-19 has been the dominant news for the past six months, not just in Singapore but globally. I'm sure it has brought back some memories about SARS which was the last serious epidemic to hit Singapore. What do you remember of those days?

LCH: SARS was a very challenging time but our healthcare workers (HCWs) really stood up to the test. Not one single staff resigned. In that period, Tan Tock Seng Hospital (TTSH) was designated as the SARS hospital, so most, if not all, of the SARS patients were warded here. Other hospitals only had isolated cases.

The major difference between then and now is that the public was very scared of us HCWs during SARS. They did not like to go near doctors and nurses; if our nurses went out in their uniforms, the public avoided them. It was to the extent that Novena Square was empty, almost like a ghost town because nobody dared to come near TTSH. That was when the mall started offering discounts to TTSH staff.

This time around, I sense that the public is more accepting and people are better educated. You go to Novena Square now and you can see HCWs in uniforms as well as members of the public. Somehow, the public is more accepting of medical workers and they're not so scared, although they do take precautions. On the other hand, we HCWs also avoided big gatherings or friends' gatherings, just to not make anyone uncomfortable. People have been very appreciative of the medical workers and this is something that I'm very happy about, that they're not as scared to talk to us. Whereas during SARS, they were very scared.

Most hospitals had their protocol then, but in terms of TTSH, we only admitted SARS and emergency cases. All elective cases were completely cancelled. The doctors were then designated to work in alternate teams; one group will take charge of the wards and two weeks later, the next team goes in. We took very good precautions and we wore N95 masks even when we went to the wards. Today, we don't wear N95 masks unless we are going into the acute ward or the infective ward. Just face masks would suffice for the general wards, but we would take all precautions donning our personal protective equipment when we visited acute wards.

During SARS, the infected numbers were smaller but it was more serious for those who got it. We lost quite a few people then, including doctors. This time round, we are lucky. I don't think we have lost any HCWs yet, hopefully not at all. But I know in some countries – China and America – they have lost some HCWs, we are very fortunate in Singapore. And we must not let our guard down.

HCK: You mentioned losing some doctors during SARS. I remember people like Dr Alexandre Chao, the cardiology MO, and a nursing officer during SARS. This time round, we have been able to avoid any fatalities in HCWs so far, either

because the disease is less fatal or the system in place is robust enough.

LCH: Our first loss during SARS was the young MO. And then we lost some nursing staff, Sister and some HCWs. It was very sad, because they were people whom we knew very well. Alex was actually here until the very end.

Both reasons you mentioned are probably true, but it is also because people are now more caring towards HCWs. Singaporeans on a whole are more caring now. It is not just the doctors, nurses and HCWs, but the non-HCWs who are also helping in the front line. The policemen, first aiders, food delivery workers, they are all front-line workers as well. They have all been very dedicated, and they are prepared to perform their duties despite knowing that there is a higher risk.

HCK: Seeing how HCWs have responded to this crisis, do you find this useful as a teaching material for the young doctors in the profession?

LCH: I think, for the young doctors, whether it's SARS or COVID-19, they must be prepared to come to the front and be prepared to work. Both times, then and now, not a single doctor or nurse resigned; not a single houseman said, "I don't want to do my housemanship." But for those who are coming into this profession, they must open their eyes and know that one never knows. You may have to face unexpected situations, sometimes risky situations, and you cannot just lay down your tools and run. Of course, we cannot say that for everybody, but I think most, if not all, of the HCWs and related workers have been quite courageous and supportive. They themselves work hard, and that is very important.

Setting up The Courage Fund

HCK: You mentioned the word "courageous", that brings us to The Courage Fund. The Courage Fund has again resurfaced now with COVID-19. I know that you were intimately involved in the setting up of the Fund. How did it come about?

LCH: When SARS first started, I was at the tail end of my term as SMA President, and somewhere towards the middle of SARS, we had a handover. But because of SARS, we did not have our Annual Dinner and could not have an official handover. We simply handed over the presidentship to Dr Lee Pheng Soon.

Two groups of people started talking about the Fund initially. One was here in my own department. Dr Ho Choon Hou was a young MO then and he suggested that we do something for the healthcare victims, to which I said was a good idea. I spoke to SMA Council as well, and the Council was already thinking about it and was thus very supportive. The Government was also very supportive. When we spoke to the Ministry about it, they said to go ahead.

Credit must be given to SMA Council Member Dr Wong Chiang Yin, and Dr Ho Choon Hou along with his group of doctors and nurses. These people were the main initiators. They sat down and they planned how to go about it, and Chiang Yin launched it officially through the SMA. They along with Dr Lee Pheng Soon were all very active, with the support of the SMA full-time secretariat staff, in setting up the Fund. They worked very hard during that first few days, sending letters and talking to the benefactors, and the response was very good. The Singapore Nurses Association (SNA) also joined in with SMA, and the SMA SARS Relief Fund was born.

In less than a week, we raised about $700,000. I must say that Singaporeans were very generous and supportive. And around that time, the two healthcare systems – SingHealth and National Healthcare Group (NHG) – were also thinking about raising funds and they approached me about combining our efforts. So the idea was then mooted, to get NHG, SingHealth, SMA, SNA and the Singapore Press Holdings to jointly form a new entity. We then had our first meeting, which I represented SMA in and NHG took the lead on it. The SMA SARS Relief Fund was absorbed into this new Fund which was renamed The Courage Fund, to reflect the courage and sacrifices our HCWs demonstrated during the difficult and challenging times.

HCK: What was the objective of the Fund when it first started?

LCH: In the beginning, The Courage Fund was meant to just help those victims and their families financially. But in the months that followed, the committee sat down and thought about how we should use the Fund. Singaporeans were very generous and we began to collect donations into the millions. The committee, led by NHG Chairman Mr Michael Lim (followed by Mdm Kay Kuok who took over from him) then decided that we should expand the use to help the SARS victims, their families, and their children.

Especially for all the HCWs who died, like Alex and the Sister, their families were automatically given a promise that their children's education will be sponsored until tertiary level, either first

graduate degree or polytechnic diploma. And that is still ongoing until today. Most of their children have either finished or entered tertiary education, and all the money came from this Fund.

Secondly, the money was also used to finance infectious disease-related programmes, whether they were for conferences or to invite speakers. We also helped with some post-graduate studies.

The third thing that we expanded to was The Courage Fund Healthcare Humanity Awards. At first, it was only for HCWs; those who not only worked as a doctor or a nurse, but have done something special. We awarded to about 40 to 50 people in the first year, all of whom were nurses, doctors, HCWs and front-line workers that have taken extraordinary steps to serve the people. Some years later, we expanded the award to carers – people caring for sick people, and also volunteers. So today, this Humanity Award is given not only to HCWs, but also to carers and volunteers in healthcare service.

Stepping up in times of need

HCK: I'm not sure if you find it encouraging, but there's this initiative called the SG Healthcare Corps asking for volunteers to return and join the public service to combat COVID-19. Many ex-nurses and doctors in the private sector volunteered and came back to serve.

LCH: I think that's very good, because there's a lot of potential out there. Nurses who are semi-retired or doing part-time work and HCWs doing part-time, even those with nursing background who may have entered other fields, we must tap on their experiences and bring them back. Many have been very helpful in coming back, but more can do so. When it comes to such times, we should blur the line between public and private service. I also know of some young private GPs who volunteered to work in the dormitories and in the community care facility at Expo.

HCK: There are private specialists who signed up as well.

LCH: I think that is very good, because these are manpower and they are all prepared to help. There should be no distinction between public and private, everybody can help, and I like seeing that. Having said that, we have to extend it to normal circumstances as well and that is more challenging. I hope to see more partnership between the private and public sectors, to tap on the expertise in the private sector. There are so many infectious disease (ID) experts in the private sector, even beyond just ID, we should tap on them, so that we become a nation for healthcare, with everybody's help. The private sector doctors can come to hospitals to help in normal times as well. Whether it's public health specialists, or surgical specialists, or medical specialists, as long as these private practitioners have something to contribute, we should use them in the Government service. It makes lives more interesting, and it is also beneficial for doctors who teach and train, so it helps both ways. I hope to see more interaction and blurring of line between private and government sector. We don't have a perfect system yet, but I think we should emphasise on it.

HCK: Perhaps COVID-19 will be the catalyst for this kind of close partnership between private and public.

LCH: I agree, absolutely! SARS and COVID-19 will help us to blur the line, and as you mentioned, there are already many nurses and doctors helping in the dormitories and specialists helping in those centres, so why not? Expand that to normal times as well, so that the whole of Singapore can benefit. It's not about you or me, it's all of us together as healthcare service.

Parting words of wisdom

HCK: As someone who worked through the SARS crisis and now going through COVID-19, what parting words of wisdom do you have for doctors who are now facing COVID-19?

LCH: I must say, I am totally impressed and encouraged by our front-line workers during this COVID-19. They have worked very, very hard and they bring back memories of those who sacrificed their time, sweat and lives during the SARS period.

Our HCWs and those front-line essential people are truly our heroes, I salute them. To our young doctors, nursing staff and all HCWs, these are my suggestions to them.

First, when you join healthcare professions, be prepared to face difficult times and challenges. You never know. This is not going to be our last epidemic; in the next 20 or 30 years, there may be some more to come – we cannot be sure. So, when you enter the profession, you must be prepared.

Second, healthcare is sometimes in a live danger zone. Even for this current period, every doctor, except old men like us, have been posted and rotated to the front line. Even surgeons and heads of departments have to do MO jobs and conduct screenings. I really salute them.

As I said, one of the best things in life is to be able to stoop down and lift people up. In the service of medicine, healthcare gives you that opportunity to be able to help people up. To the young doctors and nurses, I will tell them that it's better to serve than to be served, and it's more magnanimous to share than to keep. After all, the heart of medical education is the education of the heart. Knowledge makes you a doctor, but it's compassion and empathy practised through the SARS and COVID-19 period that makes you a healer.

HCK: Prof Low, thank you once again for sharing your insights with *SMA News*. ◆

Legend

1. Prof Low and Dr Ho pose for a shot during the interview

2. Prof Low and Dr Alexandre Chao (who sacrificed his life during SARS) with Dr Benjamin Chew, the first doctor to administer the injection of penicillin in Singapore

3. Prof Glen Tan, a head of department who, like many others, stepped in to help with MO work during these challenging times

4. Our doctors who continue to work in this challenging climate

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- Must be a Singaporean or Singapore Permanent Resident
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- Achieved at least 75% attendance during the one month of Clinic Assistant Introductory Skills course and On-the-Job training
- Had not taken up similar clinic assistant position in their past career

WEATHERING THE STORM Together

Text by Dr Tan Yia Swam

Illustration: Dr Justinian Zai

Every August, we celebrate Singapore's independence. This month, *SMA News* focuses on "healthcare defence" and I have three key topics to address:

1. Health insurance
2. Defence against dissension
3. Strength in unity

Health insurance

I have been aware of the issues with insurance companies and third-party administrators (TPAs) (read more at https://bit.ly/SMAnews4808) since I joined the council in 2007. In the past year, after I stepped into private practice myself, I have heard even more first-hand accounts. Many people have strong opinions about the problems and some have proposed solutions. The challenge is, as always, in getting the various stakeholders to the table for amicable discussions.[1,2]

As a consumer and a customer myself, I am dismayed by the unilateral insurance-related changes that took place in the past months: by my provider in terms of premiums and coverage, and by the whole industry in re-defining "critical illness". It seemed unfair, but I forced myself to look at the global problem. What caused the need for them to raise premiums and tighten up definitions? Healthcare economics is beyond my training and understanding, but I can appreciate the complexity of the problem. It is not going to be easily solved.

Off the cuff, I can summarise some key points that we (all stakeholders) collectively should acknowledge and discuss:

a. Right-siting of care
b. Allow patients the freedom of choice
c. Education about the different access to healthcare (subsidised vs private care in restructured hospitals, private hospitals, or even overseas specialist care)
d. Respect fellow colleagues: in the appropriate remuneration of services rendered
e. Understanding the different components of healthcare costs – hospital bills contribute a significant proportion as well
f. Role of private practice in reducing the load on restructured hospitals

I am aware of several interest groups gathering momentum. This kind of ground-up initiative is deeply appreciated, as I need to know the troubles faced by doctors outside of my area of practice. Do approach your professional body (be it the SMA, Academy of Medicine, Singapore or College of Family Physicians Singapore) and share your discussion points, concerns and proposals. Within SMA, the private practice committee is looking into this matter, but the committee members are limited by time and breadth of knowledge of the problems. If you feel strongly about an issue, let's team up and reduce unnecessary overlap of work.

Defence against dissension

My Facebook friends would have read my post in early July, about two social media events that have directly affected me.

The first was a claim on WhatsApp and Telegram that the "SMA President" wanted a survey done. We managed to track down the originator, who stated that it was misunderstood by other colleagues and he sent out a separate amendment. The SMA also sent out an email blast to inform our Members.

The second was also spreading on Telegram, stating that the "SMA President" will take action if "20 members" write in. The two friends who posted this were gracious in acknowledging that they had

copied it from another forum. The originator later also apologised for the misunderstanding.

I am relieved that both incidents had happy endings. Honestly, I don't see any prevention nor defence against social media misrepresentation. I can only ask friends, acquaintances and SMA Members to give me the benefit of the doubt and seek the truth for yourself.

I have stated a few times since the start of COVID-19 in Singapore that our greatest enemy is "fake news" – whether intentional or misguided. Let's think critically as we receive each piece of information.

a. Is this a fact or an opinion?

b. If it's a fact, what is the source? Is the source reliable?

c. it's an opinion, should I pass it on? Or should it stop here?

Finally, if unsure, ask the originator.

Here are some **fictional statements** for you to read through, and to practise the skill of critical and logical thinking on:

"TYS scolded me once when I was her house officer. She is a nasty woman."

"I think TYS must be pregnant, because she looks like she put on weight."

"TYS posted a photo with some guy recently, I heard they are dating."

I hope that the readers here are discerning and can see how a statement of fact coupled with an opinion can easily be taken to be factual. Being a netizen who gets most of my information from online sources, I am also continuously developing this essential skill.[3]

More seriously now, whenever we read any comments or articles that relate to healthcare, let's not merely react, but be critical readers. We have a lot of real problems to try to sort out, and we should not be distracted by poor reporting, sloppy writing, or just plain laziness which may place quotations out of context. At this time, more than ever, the healthcare community must stand united – do not let third parties cause internal strife. Keeping an open line of communication is key.

Strength in unity

We use the hashtag #SGunited, but are we really? In our own medical community, are we truly looking out for one another? I frequently hear how "SMA never does anything", which is not what I have experienced in the Council. The amount of volunteer time that Council doctors, and all the other committee members (*SMA News*, *Singapore Medical Journal*, Centre for Medical Ethics and Professionalism, Special Interest Groups, CPR, etc) have put into the weekend events, night meetings, afternoon meetings and engagements with the Ministry of Health and other stakeholders, is not a small amount of time. The office bearers of the other professional bodies have also sacrificed a lot of time to advocate in different areas.

People keep asking for "SMA" to solve problems. Who makes up the SMA? After I was elected to be President, people started coming to me directly with complaints. I found myself considering: should I brush these complaints aside? Why should it be MY problem to solve? Well, I figured, the price of leadership – holding office (even if it's an unpaid position that others may not want) – is that it IS indeed my problem now. The doctors who attended the Annual General Meeting unanimously voted for me for the post of the SMA President. How could I let them down?

But I, alone, cannot do it all. Even the Council, the 20 of us, cannot do THAT much. Systemic problems need system changes. And system changes need everyone to be on board.

In the past decade serving on the SMA Council, I have observed that how active SMA is also depends on the dynamics of the actual people serving. Allow me to share again, what the 20 doctors in the SMA Council actually do:

We meet once a month, 9 pm to 12 midnight, to review and run through a long agenda of various matters. When we need things done, it is still the same 20 people doing. These may involve meetings, drafting letters and projects. Most of these issues will need to be carefully managed over the subsequent weeks or months, with follow-up emails, meetings and calls.

Doctors in private practice need to take time out from clinical work (to put it bluntly, this means loss of income), and doctors in restructured practice may need to take leave. Everyone gives up personal time – time that could perhaps have been better spent with family. Many of us continue serving on the Council because we believe in serving our medical community, and we will put in the time. So, "asking SMA to do something" isn't as easy as it sounds. I have pondered this problem for years and that is why, since I took up leadership in mid-April, I have actively invited people to help by giving their time, energy and brains in sowing the seeds of change.

To my dear SMA Members, thank you for your support. I hate to sound like a loan shark, but please remember to pay the membership fees! The money goes to paying the staff who support all the different projects we do. For those who are not yet members, I hope that I can show you what the SMA stands for and have you join the SMA in due time.

It's a time of change.[4] Come help us make these changes stick. Be the change that you want to see. ◆

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Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice a year ago, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

HIGHLIGHTS

From the Honorary Secretary

Report by Dr Ng Chew Lip

Dr Ng is an ENT consultant in public service. After a day of doctoring and cajoling his two princesses at home to finish their food, his idea of relaxation is watching a Netflix serial with his lovely wife and occasionally throwing some paint on a canvas.

SMA statement on MOM advisory on COVID-19 testing

We have received several emails from Members who have expressed concerns about a speech made by Minister Lawrence Wong on 5 July 2020, in response to Prof Paul Tambyah's comments made on 3 July 2020 on the Ministry of Manpower (MOM) advisories on the testing of migrant workers. The comments and speeches by both Minister Wong and Prof Tambyah are now available on the internet.

The SMA serves to uphold the image of the profession and to represent you in matters that concern you. In this matter, following your feedback, the Council and Secretariat have conducted our due diligence and fact finding, including speaking with some of you who have written in, and also considering first-hand accounts and comments of doctors working in A&E departments and in the National Centre for Infectious Diseases made to Council Members.

We are heartened by the statement made by the Director of Medical Services (DMS), A/Prof Kenneth Mak, on 7 July 2020, in which he detailed the events and reasons that led to the issuance of advisories on migrant workers by MOM prior to the outbreak in the migrant worker dormitories. DMS gave a clear explanation of the reasons why the advisories were issued. The statement can be viewed at https://bit.ly/3083yoQ.

Today, information dissemination is rapid and, unfortunately, often piecemeal. Providing clear and complete information is the best form of public communication, and that is exemplified by DMS's statement. The SMA stands for justice and fairness for the medical profession and our patients. In all matters relating to professional image, we will spare no effort in determining and propagating the truth. In this matter, the SMA Council feels that the matter is appropriately settled with the explanation from DMS on the roles of the Ministry of Health and the medical profession on the advisories, and nothing further from the SMA needs to be added.

We encourage you to actively participate in the SMA, and to invite your friends and colleagues to join the Association. We need more active members who can volunteer your time and talents to help steer the profession through a time of challenges and rapid changes. A larger and more active membership gives you, our profession and patients a stronger voice.

Link to sign-up here https://bit.ly/SMAregistration and if you have a membership query, do send them to membership@sma.org.sg.

This SMA statement can also be found online at https://bit.ly/30eL46j.

SMJ 2019 impact factor rises to 1.359

We are pleased to announce that the journal impact factor of the *Singapore Medical Journal (SMJ)* for the 2019 citation year is 1.359,[1] up from 1.141 for 2018. The SMA Council extends our heartiest congratulations to *SMJ* Editor-in-Chief A/Prof Poh Kian Keong, the Editorial Board and the secretariat for this notable achievement. We wish the journal every success as it seeks to expand the body of scientific knowledge in medicine through publishing high-quality research for the benefit of doctors and patients.

Rental relief framework

SMA recently received feedback and queries regarding the rental relief framework.

We recommend for SMA Members, who are tenants, to check the Ministry of Law web page below for details on eligibility, duration of relief, amount of relief, protection from legal or enforcement proceedings, etc.

Link: https://bit.ly/2CfjDBm. ◆

Reference

1. *Clarivate Analytics. Web of Science Journal Citation Reports 2020.*

Honouring Excellence

The 61st SMA Council warmly congratulates our Members who are recipients of the National Day Award 2020.

The Meritorious Service Medal

A/Prof Benjamin Ong Kian Chung
Immediate Past Director of Medical Services

The Public Administration Medal (Silver)

Dr Lew Yii Jen
Chief Executive Officer
National University Polyclinics
National University Health System
Ministry of Health (MOH)

The Public Administration Medal (Silver) (Military)

COL (Dr) Benjamin Tan Boon Chuan
Chief Air Force Medical Officer
Headquarters Air Force Medical Service
Republic of Singapore Air Force

The Public Administration Medal (Bronze)

Asst Prof Eu Pui Wai
Chief Clinical Informatics Officer / Senior Consultant
Institute of Mental Health
National Healthcare Group, MOH

Dr Meena Sundram
Director, Family Medicine Development
Family Physician, Senior Consultant
National University Polyclinics
National University Health System, MOH

Clinical A/Prof Gerald Chua Seng Wee
Vice Chairman, Medical Board (Clinical Education)
Senior Consultant, Department of Medicine
Ng Teng Fong General Hospital
National University Health System, MOH

A/Prof Peter George Manning
Vice Chairman, Medical Board for Clinical Risk Management & Medico-legal
Emeritus Consultant
Department of Emergency Medicine
National University Hospital
National University Health System, MOH

Prof Wong Hee Kit
Senior Consultant, University Spine Centre
Department of Orthopaedic Surgery
National University Hospital
National University Health System
Professor, Department of Orthopaedic Surgery
Yong Loo Lin School of Medicine
National University of Singapore, MOH

Dr Quek Lit Sin
Deputy Chief Executive Officer / Vice Chairman
Medical Board (Clinical Governance)
Senior Consultant, Emergency Medicine
Ng Teng Fong General Hospital
Group Chief Emergency Medicine
National University Health System, MOH

Adj A/Prof Chew Min Hoe
Chairman, Division of Surgery
Director, Operating Theatre Management Unit
Senior Consultant, Department of Surgery
Sengkang General Hospital
Singapore Health Services, MOH

A/Prof Wong Merng Koon
Head, Department of Orthopaedic Surgery
Senior Consultant, Division of Ambulatory and Outpatient Care Surgery
Sengkang General Hospital
Singapore Health Services, MOH

Dr Paul Goh Soo Chye
Director, Polyclinics Development
Senior Consultant, SingHealth Polyclinics
Singapore Health Services, MOH

Dr Kurugulasigamoney Gunasegaran
Senior Consultant, Cardiology
National Heart Centre Singapore
Singapore Health Services, MOH

A/Prof Tan Thuan Tong
Head, Department of Infectious Diseases
Senior Consultant, Division of Medicine
Singapore General Hospital
Singapore Health Services, MOH

Prof Hsu Pon Poh
Deputy Chairman
Medical Board (Surgical Disciplines)
Assistant Chairman, Medical Board (Clinical Development & Performance Excellence)
Chief, Department of Sleep Medicine, Surgery and Science
Advisor, International Liaison Unit
Senior Consultant
Otorhinolaryngology - Head & Neck Surgery
Changi General Hospital
Singapore Health Services, MOH

A/Prof Aaron Wong Sung Lung
Head & Senior Consultant, Cardiology
National Heart Centre Singapore
Singapore Health Services, MOH

A/Prof Jack Tan Wei Chieh
Head, Cardiology
Sengkang General Hospital
Deputy Head & Senior Consultant, Cardiology
National Heart Centre Singapore
Singapore Health Services, MOH

The Commendation Medal (Military)

LTC (NS)(DR) Norhisham Bin Main
Head Medical Operations Cell
Headquarters 9th Division
Support Command
Singapore Armed Forces

The Public Service Medal

Dr Eugene Shum Jin-Wen
Member
South East CDC

Dr Patrick Goh Oon Leng
Chairman
National Anti-Doping Advisory Board

Dr Tan Yew Oo
Board Member
Singapore Health Services

The Long Service Medal

A/Prof Choolani, Mahesh A
Head & Associate Professor
Department of Obstetrics & Gynaecology
Yong Loo Lin School of Medicine
National University of Singapore

Adj A/Prof Bernardine Woo Siew Choo
Senior Consultant, Developmental Psychiatry
Institute of Mental Health
National Healthcare Group

Dr Helen Leong Soh Sum
Family Physician-Sr Consultant, Clinical Services
National Healthcare Group Polyclinics
National Healthcare Group

Dr Gowri Doraisamy
Director, *Family Physician, Senior Consultant*
Care Integration
National Healthcare Group Polyclinics
National Healthcare Group

A/Prof Yong Khet Yau Vernon
Senior Consultant, Ophthalmology (Eye)
Tan Tock Seng Hospital
National Healthcare Group

Dr Benjamin Ho Choon Heng
Senior Consultant
Respiratory and Critical Care Medicine
Tan Tock Seng Hospital
National Healthcare Group

A/Prof Lim Wee Shiong
Senior Consultant, Geriatric Medicine
Tan Tock Seng Hospital
National Healthcare Group

Prof Goh Boon Cher
Group Chief Physician Leadership & Organisation Development Officer / Senior Consultant
Department of Haematology-Oncology
National University Hospital
National University Health System

Dr Yong Wei Sean
Senior Consultant / Deputy Chair
Division of Surgery & Surgical Oncology
National Cancer Centre Singapore
Singapore Health Services

Dr Michael Wang Lian Chek
Head/ Senior Consultant
Division of Radiation Oncology
National Cancer Centre Singapore
Singapore Health Services

A/Prof Ching Chi Keong
Senior Consultant, Cardiology
National Heart Centre Singapore
Singapore Health Services

A/Prof Josiah Chai Yui Huei
Head / Senior Consultant
Neurology (TTSH Campus)
National Neuroscience Institute
Singapore Health Services

Dr Ong Wai Choung
Senior Consultant, Department of Gastroenterology and Hepatology
Division of Medicine
Singapore General Hospital
Singapore Health Services

A/Prof Ruban s/o Poopalalingam
Chairman Medical Board, Medical Board
Senior Consultant, Department of Anaesthesiology
Division of Anaesthesiology & Perioperative Medicine
Singapore General Hospital
Singapore Health Services

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

ADVERTORIAL

HSA approves NEW immunotherapy to treat aggressive breast cancer

TECENTRIQ®
atezolizumab

The Health Science Authority (HSA) has approved the first immunotherapy regimen in Singapore to treat metastatic triple-negative breast cancer (mTNBC).

Tecentriq (atezolizumab) is used with chemotherapy (nab-paclitaxel) as first-line treatment for this aggressive form of breast cancer which has a poorer prognosis than other types of breast cancers. Until now, immunotherapy had not been a treatment option for patients with mTNBC.

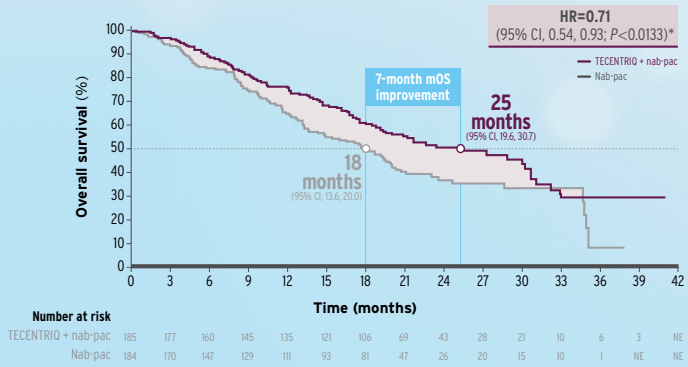
Tecentriq offers much good news as it is the first drug to show a median overall survival improvement of 7 months in combination with nab-paclitaxel versus nab-paclitaxel alone.

The HSA approval of Tecentriq on June 25, 2020 was based on IMpassion 130, a large-scale phase 3 study that spanned nearly two years and involved 902 patients in 246 academic centres and community oncology practices. 41 countries including Singapore were involved in the study.

OVERALL SURVIVAL RATES IMPROVED

Used in combination with nab-paclitaxel, Tecentriq offers the possibility of extending the lives of patients with mTNBC.

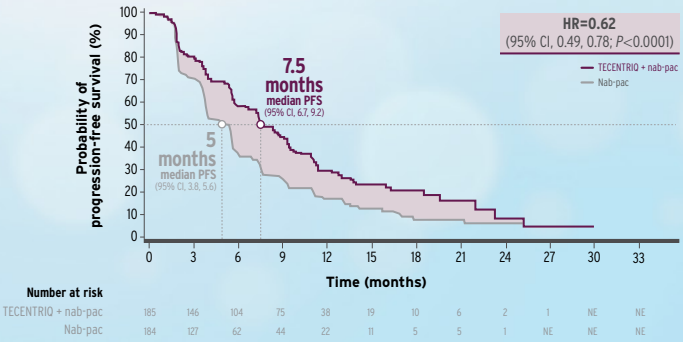
The median overall survival in the PD-L1 positive subgroup in the study was particularly impressive. When treated with both Tecentriq and nab-paclitaxel, they survived a median of 25 months compared to 18 months for those who were treated with nab-paclitaxel alone. Risk of death was, therefore, reduced by 29%. [1]



Tecentriq in combination with nab-paclitaxel reduced the risk of death by 29% compared to nab-paclitaxel alone (HR=0.71; 95% CI, 0.54, 0.93; P<0.0133).

PROGRESSION FREE SURVIVAL

The risk of disease progression or death in the PD-L1 positive subgroup was significantly reduced by 38%. PD-L1 positive patients survived a median of 7.5 months without the disease worsening or death when treated with the immunotherapy combination compared to 5 months when treated with nab-paclitaxel alone.[2]



Tecentriq in combination with nab-paclitaxel reduced the risk of disease progression or death by 38% compared to nab-paclitaxel alone.

NEW PATHWAY FOR TREATMENT

As the first targeted treatment that can improve outcomes in the first line mTNBC setting, Tecentriq is set to change the way in which this cancer is treated.

mTNBC is a particularly aggressive and difficult to treat cancer. It does not express oestrogen receptors, progesterone receptors or large amounts of the cell surface protein HER2.

According to Dr Wong, TNBC accounts for 1 in 10 breast cancer cases. Recurrence rates tend to be higher than other subtypes of breast cancers and about 10% of patients have stage IV disease at presentation. [3]

"Typically, these patients would have exhausted their treatment options after 3 or 4 lines of chemotherapy" he said.

"The IMpassion 130 study has shown that the median duration of response to atezolizumab and nab-paclitaxel is 8.5 months which is more impressive than what we have seen clinically with chemotherapy alone."

TESTING FOR ELIGIBILITY IS VITAL

Patients with mTNBC need to get tested to see if they are eligible for the new treatment.

Explained Dr Wong: "The study showed that the survival benefits seem to be confined to those with the expression of PD-L1 positive tumours. So, we want to find patients with this marker to benefit from the combination therapy."

Roche, a Swiss multinational healthcare company and global leader in cancer treatment, is partnering major hospitals in Singapore to provide the VENTANA PD-L1 (SP142) Assay to all mTNBC patients in Singapore.

Tecentriq has already been approved in the US, EU and other countries around the world. It is used either alone or in combination with targeted therapies and/or chemotherapies in various forms of lung cancer, certain types of metastatic urothelial cancer as well as PD-L1 positive mTNBC.

"This is the first breakthrough we have had that shows a clinically meaningful survival benefit with the addition of immunotherapy to chemotherapy in advanced triple negative breast cancer."

Dr Wong Nan Soon
Senior Consultant Medical Oncologist
ONCOCARE Cancer Centre Singapore

Roche Singapore Pte Ltd 1 Paya Lebar Link, #09-03 PLQ1 Paya Lebar Quarter, Singapore 408533 Tel: +65 6735 0550 Fax: +65 6737 5216
For HCPs only. PM-SG-0581-08-2020

Dr Wong Nan Soon, Senior Consultant Medical Oncologist at OncoCare Cancer Centre Singapore is part of a team of doctors in Singapore who will test patients for eligibility for the combination therapy that involves Tecentriq.

1. Schmid P, Rugo HS, Adams S, et al. Atezolizumab plus nab-paclitaxel as first-line treatment for unresectable, locally advanced or metastatic triple-negative breast cancer (IMpassion130): updated efficacy results from a randomised, double-blind, placebo-controlled, phase 3 trial. Lancet Oncol. 2020;21:44-59.
2. Schmid P, Adams S, Rugo HS, et al. Atezolizumab and Nab-Paclitaxel in Advanced Triple-Negative Breast Cancer. N Engl J Med. 2018;379:2108- 2121.
3. National Registry of Diseases Office (NRDO). Singapore Cancer Registry Annual Registry Report 2015. Available from: https://www.nrdo.gov.sg/docs/librariesprovider3/Publications-Cancer/cancer-registry-annual-report-2015_web.pdf?sfvrsn=10 [Accessed 24 July 2020].

Roche

SEEK SAVE SERVE

ON ELVES, SISYPHUS AND GANDHI

Text by COL (Dr) Lo Hong Yee, CPT (Dr) Russell Lim, MAJ (Dr) Teo Kok Ann Colin and CPT (Dr) Tabitha Ang Xue Qi

Colonel (Dr) Lo has been serving as Chief of Medical Corps since 11 October 2019. He is a general surgeon by training, but much of his work now is focused on public health and people development. He takes a keen interest in medical education because he was taught by many inspiring teachers.

Introduction

As I drank from the tap, I thought about the people at the water works, keeping a close watch in real time, and about the pioneering work that put fluoride into our water.[1] It prompts me to think about things that happen *While We Were Sleeping*,[2] so that in the morning, things work.

Like the shoemaker who left pieces of leather in his workshop and woke up to find a perfectly made pair of shoes, I am curious about the many little elves working tirelessly away from the public eye, keeping COVID-19 infections at bay.

Ostensibly, this article is about preparedness in the healthcare community for such crises. Truth is, swooping in like the cavalry is glamorous. Preparedness is not. Preparedness is endless hours of menial, repetitive, and often unnoticed and unappreciated work. This article is a tribute to the many who are involved in the business of preparedness.

Over the past few months, I visited areas affected by the pandemic. I saw many little elves in action; from public and private sectors, from hospitals, polyclinics and ministries, from the Singapore Armed Forces (SAF), Singapore Civil Defence Force and the Singapore Police Force. They came, did their work without fanfare and left each place a little better than they found it.

This is an invitation to peek at three such little elves. One from the Army who was thrown into the deep end, to set up a hitherto unheard-of "swab isolation facility (SIF)"; another from the Navy, plucked from his neurosurgical residency and plunged into the world of isolation at a "community care facility". The third, from the Air Force, reminded us that despite COVID-19, other medical emergencies, including those on the high seas, continue unabated. Each accomplished much by way of preparedness and rose to the occasion.

Isolated in place, yet united against adversity

CPT (Dr) Lim: The concept was elegant – swab all suspect cases, house them in Quarantine Order-level facilities, then disperse them based on swab results. The execution was anything but. Cherryloft Resorts was set up with plans to be operational by week's end. But with burgeoning spikes in cases, the call was issued to stand up Loyang by day three.

Constant readiness ensured that logistics, manpower and support was prepared within half a day, transforming the idyllic resort at Civil Service Club @ Loyang into a full-fledged SIF, ready for battle.

Russell in action

SIFs bore the brunt of isolation patients, with hundreds arriving by the busload daily. They came from dormitories, hospitals and clinics island-wide. It was a challenge being commander, doctor, counsellor and liaison officer all in one. Handling anxious, unstable patients, food and security concerns made SIF management uncertain and stressful. Daily, even hourly changes to policy meant that ground processes had to be updated frequently, sometimes with incomplete information – a real challenge when wearing personal protective equipment (PPE). The experience harkens back to house officer days when one's phone would be ringing constantly – from superiors, peers and employers requesting for information. Unfortunately, the volatile situation meant that answers were anything but certain. Many sleepless nights were spent fine-tuning processes on the ground and gathering information.

Our efforts bore fruit, and SIFs mushroomed throughout the island, modelled after our processes. I am immensely proud of our medics and the Army's efforts in safeguarding our nation from this invisible threat.

Captain (Dr) Lim currently serves as Brigade Medical Officer, 3rd Singapore Infantry Brigade and Staff Officer, Centre of Excellence for Soldier Performance. He was awarded the SAF Medicine Scholarship in 2013. He served as Commander of CSC@Loyang SIF, and Deputy Head HQ SIF. He was subsequently deployed in CCF@Expo as Deputy Head Medical Operations Cell.

Standing on the shoulders of Harvey Cushing

MAJ (Dr) Teo: I have been inspired by senior neurosurgeons to mould myself in the likeness of Harvey Cushing – the father of modern neurosurgery – as the epitome of excellence in medicine. I anticipated similarities in our journeys, featuring obsessions with the pituitary. However, I never imagined being thrust into the command team for the "field hospital" effort at the SAF Community Care Facility (CCF) @ Expo[3] in the fight of my generation against COVID-19, just like Cushing did in World War I of his generation.[4]

When the call of duty came, we were ready to serve at short notice. But the realities of the challenges that lay ahead were daunting. Mission success meant providing a robust standard of care to patients while achieving zero safety incidents, including *zero* healthcare-acquired infections. Leading the team in the "trenches", we needed to provide our men with the information, training and resources to succeed.

In the COVID-19 "fog-of-war", we had to draw clear boundaries for safety, be punctilious with our processes and engender trust in our men through our decisions.

Similar to Cushing's fight in the "Battle of Boston Common",[5,a] we faced challenges mobilising our fight for preparedness. While Cushing's solo effort failed, *"we" as a team succeeded*. "We" comprised Tri-Service (Army, Navy and Air Force) Full-time National Servicemen, Regulars and Operationally Ready National Servicemen who stepped forward on the back of earlier deployments (within SAF and/or in public hospitals) and readily threw our weight behind our teams to keep each other motivated and focused on the tasks ahead, as well as our partner agencies[b] who provided the resolute "tail" to our "teeth".

I may never be as accomplished as Cushing in my lifetime, but I consider myself far more privileged to have witnessed our sense of common purpose and commitment to the nation's defence play out before my very eyes.

Colin briefing Senior Minister of State Dr Maliki Osman on the automated Vital Signs Monitoring station

Major (Dr) Teo currently serves as Head, Medical Doctrine and Training Branch, Navy Medical Service, the Republic of Singapore Navy. He assumed the appointment of Hall Commanding Officer in CCF@Expo as part of SAF's efforts against COVID-19. He is concurrently Senior Resident in Neurosurgery at the National University Health System. He also holds post-graduate qualifications in Underwater Medicine.

Flying over seas – one life saved

CPT (Dr) Ang: I had just taken over the Search and Rescue (SAR) duty from my colleague on 8 June 2020, when the call came for the day's duty team to respond. A severely ill individual on board a commercial vessel within our flight information region had radioed for medical help.

I was filled with both excitement and apprehension. This was my maiden SAR mission. It was also the first time the newly developed COVID-19 protocols would be carried out in a live SAR mission. Prior to this, we had identified the risk areas when conducting winching operations and medical resuscitation on board a helicopter, while in full PPE. We recognised that performing a helicopter-medevac was already challenging, and doing it in full PPE makes it a lot harder. Throughout the preparations, I witnessed first-hand what team excellence was – the collective desire to ensure mission success and safety outcomes, from both the medical professionals and aircrew, was evident. It was no surprise that the SAR mission was completed safely, without much fanfare.

The Search and Rescue team

When I was informed that I was the first female medical officer to be involved in a SAR operation for the Republic of Singapore Air Force, I was pleasantly surprised at this significant milestone. I have always felt that women are given equal opportunities to serve in all roles in the SAF. For that, I am truly honoured for the opportunity to serve in 1 Medical Squadron, to be able to provide medical assistance to people in distress out at sea and ensure the continued safety of our aircrew as they take to the skies.

Captain (Dr) Ang currently serves as Operations Officer, 1 Medical Squadron, Republic of Singapore Air Force. She holds a post-graduate Diploma in Aviation Medicine. She was awarded the SAF Medicine Scholarship in 2012 and joined the Air Force Medical Service in 2018.

Conclusion

The reward for their good work is more work. Some people see it as a curse, like Sisyphus, but I see it as merely our lot – eternal vigilance, as a way of life. Not a siege mentality per se, but certainly not resting on our laurels. At the time of writing, there is neither a second wave of infections nor the prospects of a repeat circuit breaker. Crossing fingers doesn't work, preparedness does.

And to our healthcare colleagues who toiled in the past months and many who are still facing the drudgery of the pandemic work, it is cliched but certainly timely and timeless to quote Gandhi: "Every worthwhile **accomplishment**, ... has... a beginning, a **struggle** and a victory." We cannot decide the beginning, nor are we ever confident of the victory, but we can certainly own every bit of the struggle.

Seek Save Serve.[c] ◆

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1. National Institute of Dental and Craniofacial Research. The story of fluoridation. Available at: https://bit.ly/30xx1J9.

2. Hemenway D. While We Were Sleeping. Success Stories in Injury and Violence Prevention. Berkeley: University of California Press, 2009.

3. Lim MZ. 100 soldiers from SAF Medical Corps deployed to care for COVID-19 patients at Singapore Expo. Available at: https://bit.ly/3fLT5X2.

4. Doyle NM, Doyle JF, Walter EJ. The life and work of Harvey Cushing 1869–1939: A pioneer of neurosurgery. J Intensive Care Soc 2017; 18(2):157-8.

5. Rutkow E, Rutkow I. Harvey Cushing and the battle of Boston common: military medical preparedness for World War One. Ann Surg 2010; 252(1):191-8.

Notes

a. The "Battle of Boston Common" was Harvey Cushing's effort in rallying national support for military medical preparedness in the US prior to World War I. He faced significant challenges in mobilising support for this need, and considerable public outcry for his efforts in attempting to exercise the setup of a field hospital in a large downtown park known as Boston Common. While the setup never happened, he was widely credited for facilitating the US military's medical preparedness going into World War I.

b. Examples of partner healthcare agencies include Woodlands Health Campus and SingHealth.

c. The Singapore Armed Forces Medical Corps was founded in 1967. Its motto is "Seek Save Serve", a testimony to the men and women who did exactly that over the years.

ADAPTING TO FIGHT A COMMON ENEMY

Text by Prof Koh Tse Hsien | Photos by Department of Microbiology, Singapore General Hospital

On 31 December 2019, our associate consultant Dr Karrie Ko posted a *Reuters* report on the microbiology department junior doctors WhatsApp chat – "Chinese officials investigate cause of pneumonia outbreak in Wuhan." It didn't elicit an immediate response. At that time, most of us did not even know where Wuhan was, or that it had a population of over 11 million. It all seemed very remote.

My regular tea-buddy is from the Department of Molecular Pathology. Through January, the Wuhan pneumonia situation cropped up regularly in our discussions. If there was a need to diagnose this new disease by polymerase chain reaction (PCR), his department would bear the brunt of testing. Even back then, they were already deciding on the choice of swabs, and stockpiling reagents in anticipation of future shortages. They detected the first COVID-19 case in Singapore on 23 January 2020. At that time, I was just concluding a carefree holiday in Kyushu, Japan. My wife said that there was a noticeable change in my mood when I got the news. I could tell from my WhatsApp chats and work emails that the hospital was mobilising, as if for war.

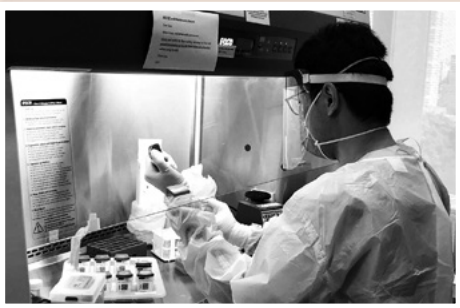
On 6 February, my tea-buddy sent me an article reprinted in the *Straits Times* from *Caixin Global* titled "Reporter's Notebook: Life and death in a Wuhan coronavirus ICU".[1] Up till then, I still harboured illusions that this could be a relatively mild illness like H1N1 in 2009; in fact, the initial cases did not seem to be as bad as SARS. However, we now know that it is precisely because many people experience mild (or no) symptoms that this virus is so successful at spreading. This article gave the first hint that if many people got infected, there would be enough very sick patients presenting in a short time to overwhelm a healthcare system.

Ramping up

Every Friday morning, the Singapore infectious diseases community meets at one of the larger public hospitals to discuss interesting cases. On 7 February, we met virtually on Zoom for the first time to discuss some of the earliest COVID-19 cases. We have not met in-person since.

The following day, the infection prevention team required all staff to wear masks in the laboratory. This seemed strange as we were not patient-fronting, and we have been handling all specimens in biosafety cabinets to reduce risk of infection since SARS in 2003. I half-joked that this was to protect us from infecting each other. I don't know if this was indeed the original intention, but in light of present universal masking guidelines, it probably was not a bad move.

The Department of Microbiology was largely spared the initial flurry of activity. However, it soon became apparent that our molecular pathology colleagues were rapidly getting swamped with work. Immediately after Lunar New Year (28 January), we decided to deploy our microbiology trainees to help them. It was an easy decision to make. This was a once-in-a-lifetime (hopefully!) opportunity for the trainees to participate in a national effort during a pandemic of historic proportions. Whatever experience they acquired would still be very relevant to their training. So far, they have assisted in the evaluation of three automated SARS-CoV-2 PCR test systems, and the validation of pooled samples and different swabs. They also assisted in data collection and statistics and reporting of SARS-COV-2 results.



Above, Dr Kenneth Goh is seen performing an evaluation of a SARS-CoV-2 PCR test.

Here, Dr Deborah Lai reviews a SARS-CoV-2 PCR result in the Department of Molecular Pathology.

However, as the national demand for testing surged, this proved to be still insufficient. From 10 February onwards, up to seven microbiology medical laboratory technologists (MLT)/ medical laboratory scientists (MLS) were reassigned to molecular pathology to help with the increasing load of SARS-CoV-2 PCR requests. This was a much more painful decision, as laboratories are staffed just sufficiently to be cost-efficient during peacetime. This meant that we had to find ways of coping with less staff, and it was a scheduling nightmare for the supervisors. We even had to contemplate cutting services, though fortunately it never actually came to that.

Settling into a new routine

By April, the situation started to stabilise with the molecular pathology department having increased their staffing and capacity. We had also started introducing our own battery of COVID-19 tests.

In the Diagnostic Bacteriology Laboratory, MLT Yap Hock Guan loads a random-access automated PCR test for SARS-CoV-2 into a machine that is also used for Methicillin-resistant *Staphylococcus aureus* and carbapenemase-producing *Enterobacterales* screening.

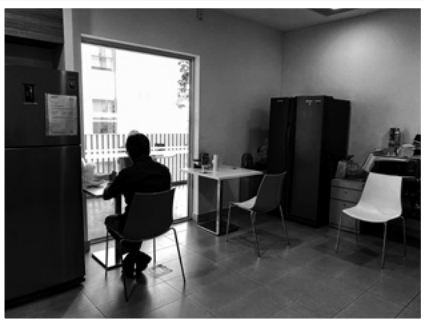
Over in the Virology Laboratory, MLS Tan Chai Teng runs a high throughput COVID-19 serology test. To date, we have evaluated a total of eight different serology tests.

Under normal circumstances, the Epidemiology Laboratory carries out molecular fingerprinting of multidrug resistant bacteria for hospital outbreak investigations. Above, MLT Jolene Gien loads a sequencer under the watchful eye of senior MLS Dr Nurdyana Bte Abdul Rahman. They are sequencing SARS-CoV-2 genomes to help guide contact tracing efforts.

Dr Karrie Ko was starting her PhD on the hospital environmental microbiome when the COVID-19 outbreak occurred. She has now redirected some of her research to the study of SARS-CoV-2 in the environment.

It has been twenty-nine weeks (as of 14 July) since that initial WhatsApp post and we have settled into a kind of rhythm. We now feel naked without a mask, meetings are held via videoconference even if our offices are within walking distance from each other, and meals are consumed in solitude on-site rather than with colleagues over at Tiong Bahru Food Centre. There is a SafeEntry QR code on my office noticeboard, and we have to log in our temperature recordings twice daily. I no longer meet my tea-buddy for tea.

Despite the stress and social isolation, everybody is taking things in the right spirit and is working with a common purpose. We are painfully aware of all the suffering around the world, and are grateful to be making a direct contribution to get Singapore back on track. ◆



Reference

1. Xiao H. Reporter's notebook: life and death in a Wuhan coronavirus ICU (Sun HX, Yin D, Trans). Available at: https://bit.ly/2WF56WI.

Prof Koh has been keen on microbiology since he was a second-year medical student in Aberdeen. He oscillates between home and work, only venturing out occasionally to less explored parts of Singapore. COVID-19 has had relatively little impact on his personal lifestyle.

Lessons on Becoming Viral Migrant Justice Activist Burnout

Text by Dr Sudesna Roy Chowdhury

I am part of the infamous National University of Singapore Yong Loo Lin School of Medicine batch that took MBBS amid COVID-19. This meant being questioned about whether the MBBS is valid if real patients were not examined, as well as "who posted that NUS Whispers post?". But of course, the most unsettling part was starting work against the backdrop of a global pandemic.

Early April saw a sharp increase in cases among foreign workers, starting with a Mustafa Centre cluster. Interestingly, as reminded during Prof Thambyah's speech, there was already a foreign worker cluster at Seletar Aerospace Heights earlier in February that was well-contained. But the new cluster proved to be different. Due to the sharp increase in cases among this demographic, including Bangladeshis, I was approached by volunteers at the Expo community isolation facility to translate informative documents into Bengali, as part of their efforts towards a self-monitoring telemedicine system. I roped in family and friends, Singaporean-Bengali women with hyphenated identities like myself, to translate with me on an informal basis.

A spark ignited

13 April was the watershed day. It was the day the migrant worker health crisis became a tide too late to turn. I stayed up for the Gov.sg Telegram message on daily case count. At 11.58 pm the long-awaited message came: 280 out of 386 cases came from the dormitories – the first day with a migrant worker supermajority – largely disproportionate to their census in our population. This was devastating. The only image in my mind was that with a 2% mortality rate (the data was too scant for a more accurate prediction), we would be sending 400 dead bodies back to their respective home countries – families receiving their son's remains instead of the usual monthly remittance – if 20,000 migrant workers were to be infected. There was no sitting around. After a quick Google search, I built a site supporting English to Bengali medical history-taking, with phone numbers to reach a live Bengali interpreter. It was a passion project that started at 3 am the night of the Telegram message and by 11 am, I sent out the link to eight friends in healthcare. It was time-sensitive because medical officers were going into the dormitories that very day to swab asymptomatic residents, many of whom are Bangladeshi.

These eight friends shared the link on Facebook walls and WhatsApp groups, and the medical community showed me the spirit of this fraternity that I have newly joined. I received tremendous support that broke the hierarchy we otherwise follow in the hospital – it is heart-warming when a professor speaks to a house officer so candidly about social issues. It spoke to me of the amount of hope that a small effort from my bedroom generated in a time of poor morale. In a beautiful coincidence, Tuesday was also the Bengali New Year. That Friday morning, a Channel NewsAsia journalist Christy Yap, a 24-year-old like myself, published an article about my site, which became her most successful article to date. It felt powerful to have two young ladies trigger a wave of support across the nation. Both our President and Prime Minister reposted her article on their Facebook pages by Friday evening. Not four days had passed since that Telegram message.

The group of 13 childhood friends grew into a volunteer network of over 100 Bengalis – we branched out into phone interpretation, translating documents, managing mental health and daily dinner distribution. The website covidbengali quickly reproduced into covidtamil, covidmalayalam, covidhindi, and more. A 22-year-old male software engineer co-opted the site for ten other local languages, and another 24-year-old female entrepreneur co-opted it for a more international version with 30 languages, from French to Nepali. Power to the youth,

especially to the women in technology who are often undermined. This is community-empowered social work. Tell me again that the youth do not care or are apathetic to the issues surrounding us, and I will personally show you the work being done on the ground to fight the status quo.

Shining a spotlight on migrant workers

"Migrant workers" quickly became a buzzword that everyone jumped on, from businesses to social media influencers to genuine volunteers. My prediction of 20,000 cases in eight weeks was off; we had over 40,000 total cases, which is not criticism because Singapore also had high testing rates. Yet, it took a crisis of this magnitude for the vulnerable in society to receive nationwide attention, be it migrant bodies, the homeless or elder suicides. This was one positive side effect, if anything. A harsh spotlight on a system that prioritises profit margin over human welfare, such that the elite become more elite and we pit the poor against the poorer – for example, who provides the cheapest labour or would put up with the worst living conditions in a dormitory system that parallels a for-profit prison model.

In retrospect, I wish we had done better to ride on our momentum – people were moved to use their resources for a social good. As the crisis stabilised and volunteers lost steam, I cannot help but think of how the impact could have been amplified if we were smarter about this. I wanted to keep the movement grassroot and apolitical, yet for long term advocacy that would continue beyond the hype, maybe being organised and political should have been the way to go. I particularly stood at an interesting crossroad between becoming an overnight leader of a movement I never intended to lead, and the pressure of starting and surviving housemanship.

Burning out

I love what I do as a houseman – no pre-call blues either. We give our best at the hospital, and like every other houseman, I am wiped out after work. Yet the intensity of the humanitarian crisis does not alleviate because housemanship began; thus started weeks of inadequate rest, being a houseman by day and an activist by night. I spent many nights thinking of the people let down because I was too exhausted to reply to the new partners I want to create social change with. Occasionally, we hear horrible stories, like dormitory suicides, and I ruminate – if we had worked harder on that collaboration with our partners, could we have prevented that? Are our efforts not adequately translated into an impact for these workers? Should we write to our ministers so that they can address these atrocities? Wait, did I suspend aspirin for the new patient on admission?

Weeks of these circling thoughts led to what I learnt is activist burnout. According to Maslach and Gomes,[1] primary symptoms of this include:

1. Exhaustion: feeling emotionally and physically drained
2. Cynicism: Having negative associations with the work that once seemed so important
3. Inefficacy: Doubting self-worth and lack of activist achievement

Growing up in capitalism meant attaching my self-worth to the amount of work I produced instead of my inherent human value. The aforementioned inefficacy led to a vicious cycle of self-hating for being unproductive, procrastinating work even further, and going deeper into reflections of the people I was not physically able to help. I believed that my plate was never full – I simply needed a bigger plate. More weeks of this rabbit hole later came an acceptance that I too am human and social work was a full-time job. I read about this on the Internet: "No single person is the one hero. This is a long haul. Remember, generations before you have worked to fight systems of oppression and generations after you will continue. Treat it as a marathon, not a sprint."[2] It was a beautiful piece of advice.

All in all, the past three months of starting housemanship and catapulting myself into larger social issues has gifted me with lessons that I have tried to crystallise in this article, within a word count that I struggled to adhere to. With no formal writing training, this article, just like that website, is yet another attempt at coming out of comfort zones. If you ever receive a blue letter or phone consult from me, please do not scold me because sometimes, we housemen really cannot remember what that patient's ejection fraction is or the time of his last meal. Here is to more community-empowered work, fighting the good fight, and sustaining energy to work in a healthy manner, be it within or outside of Ministry of Health Holdings prescribed duties. ◆

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Dr Sudesna recently joined the healthcare workforce in April 2020 as a house officer in a SingHealth hospital. As a young doctor, she has varied aspirations – pursue obstetrics & gynaecology, do international aid work in developing countries or be a local health advocate for vulnerable groups in society, be it migrant workers, teenage mothers or LGBTQIA+ patients.

FORGING AHEAD THROUGH FEAR AND INFECTION: FROM SARS TO COVID-19

This is the second set of the three. To read the first set, please visit https://bit.ly/3eVu768.

Anxiety and apprehension have been prevailing themes in the upheavals brought about by this pandemic. Indeed, how do our juniors feel as they graduate in this very unique academic year and enter the wards as newly minted house officers? To find out, we invited three Duke-NUS Medical School graduates to share their concerns. And to address those concerns, we felt there would be no better group of doctors than our seniors – those who battled with SARS 17 years ago. We were interested to hear what the seniors, with the wisdom of experience and hindsight, would have to say to this new cohort. Thus, we have paired one senior with each junior for this special series, and will be featuring their insights in the coming months.

TURNING FEAR INTO HOPE AND TRUST

Text by Dr Sneha Sharma

"No, please no," I say as the news falls on my ear.

My vice dean, a tiny square floating among other important squares, is trying his best to provide sympathies to the student body – a mere 60 of us – over Zoom. I mute them all.

"Are they really sending us back into wards, despite knowing full well the dangers of the new virus? Should I start writing my obituary?" I think.

My mind wanders to my parents, my 18-year-old not-so-little little brother, and Goldilock (the house goldfish).

"Am I going back to learn from patients or to support understaffed medical teams? Who am I? What is my role?" I deliberate.

I open my mouth to ask these questions but quickly close it again knowing that primed administrative responses could hardly provide the consolation I needed. As a cohort, the graduating class of Duke-NUS Medical School was obligated to join wards as students.

I enter the hospital for the first time in two months. Everything is exactly the way I had left it pre-COVID-19 – the smell of mixed vegetable rice, pancakes and *kopi* (dialect for coffee) mixed with a certain alcoholic cleanliness, the buzz of chaotic early morning nursing handovers, the scramble as people fight for computers to finish typing their notes and the usual chatter humming in the background.

How is the hospital playing the same rhythm as pre-COVID-19, when more than 700 patients (double the usual number) walk in through its doors every day? I learn quickly that this rhythm had the same melody but a different harmony.

COVID-19 wards had been separated from non-COVID-19 wards, and people working in either place had been isolated from each other to keep infections among healthcare workers at bay. Doctors were now asked to wear surgical masks at all times and N95 masks when entering high risk areas. Coffee rounds – traditionally a time when seniors bought juniors coffee and the team united as one to discuss important changes to patient management – had been banned. People ate lunch in isolation or at least one metre apart from their colleagues.

I learn that despite these small sacrifices, life in the hospital went on relentlessly. Doctors, nurses, allied health professionals and others knew the tune they had to play to not compromise patient care. Instead of gathering for coffee, people gathered on their phones to discuss important changes.

Everything in the hospital was the same, I think. I have nothing to fear.

One day, I look across my ward at the acute respiratory infection ward. The doors open and a band of doctors emerge from the COVID-19 ward post shift; yellow gowns, green masks, transparent face shields and yellow gloves – their strict personal protective equipment ensuring that no part of their body is exposed to the outside world. I jump in fear. Four years and yet I was unprepared for this moment. Unaccustomed to them, they look like aliens to me. One of them turns around to say hello and I run back to my haven of safety.

The new normal is easy to talk about but difficult to implement. I go into the hospital every day looking to play its tune. "Everything is normal", I repeat to myself; yet the differences are present in every aspect of working life. The fear that a new patient will slip through the A&E department and inadvertently spread COVID-19 to the medical team, the stress looking at the ever-increasing A&E list and the constant feeling of being dirty with the virus – the list of ways that life has changed post COVID-19 is endless.

Fear of the virus is ingrained in every healthcare professional's mind as they start their daily work. But as the days roll on, another feeling has emerged – one of hope and trust. Hope that by following appropriate precautions we will remain safe, and trust that every member of the community will do their part for us to overcome this virus together. One thing is clear – as a community we are all relying on each other like never before.

Dr Sneha is a house officer in the Department of Obstetrics & Gynaecology, Singapore General Hospital. In her time outside of medical work, she likes to write short stories and has previously undertaken several Advance Creative writing courses at Imperial College, London. She graduated in May 2020 from Duke-NUS Medical School with a world's first virtual Hippocratic Oath ceremony.

THE SARS WARRIORS

Text by Dr Lim Hong Huay

20 January 2020. "No, please… not again!" Waves of unbridled fear crashed on me as I watched, with horror, the news reports of an escalating coronavirus epidemic in Wuhan. Something inside me knew this would be worse than SARS. The deep pains from 17 years ago surfaced without warning. As I retreated into the comforting solace of my room, flashes of the past came flooding back…

15 March 2003. Flight SQ25 landed with a confident thud on the tarmac at Frankfurt am Main Airport as the morning sun peeked over the horizon. A couple of ambulances were already waiting on the apron with sirens blaring as the plane taxied in. I looked across the rows of seats separating the three of us from the rest of the passengers and watched them leave the plane in a confused hush. With a pounding heart, I turned to my mom, who was running a low-grade fever and said, "Don't be alarmed mom, the medical team will come in with 'space suits' to take us to the hospital." She forced a grin and replied with a quiver, "Don't worry about me, I have seen these on TV." I hugged her tightly. On my other side, my husband hacked a few coughs and leaned back into his seat in exhaustion. I had never seen him like this before.

Everybody including the crew got off, except the three of us sitting in the last rows of the plane. Soon, the thudding steps approaching broke the unnerving silence. Despite all psychological preparation, I froze as personnel in Biosafety Level 4 (BSL 4) suits marched down the aisle towards us. Pictures of the Holocaust flashed through my mind and I kicked myself for being ridiculous. We were asked to step off the plane one at a time into individual ambulances waiting at the bottom of the stairs. We were to take nothing with us. No bags, no handphones, no passports. As the sharp winter breeze hit me at the top of the stairs, I felt naked despite my thick winterwear. When the ambulance door swung open, my jaw dropped. I had never seen an ambulance like that in my entire medical career. The seats and equipment were all stripped off, and the bare walls, ceiling and floor were sealed with plastic sheets. I sat on the ambulance floor, sliding uncontrollably and frantically grappling the plastic sheets to stabilize myself as the ambulance sped towards the Hospital at Goethe-Universität Frankfurt am Main. "I can do this, I can do this, it's gonna be ok, everything will be fine again… what is going on!" my mind screamed.

16 March to 2 April 2003. Everything that happened after that seemed a lifetime away. My husband fell dangerously ill with SARS, then myself. He had cared for the SARS index patient in Singapore. My mum was surprisingly spared. I still remember the horrific air hunger, as if I were drowning on dry land. And the writhing pain from multiple unsuccessful stabs for arterial blood gas because the nurse had sweat dripping into his eyes and accurate palpation was near impossible through the BSL 4 suit. Thankfully, with the loving care from the hospital staff, we miraculously recovered. I still reminisce about the German cold cuts and frankfurters from the hospital kitchen to this day.

Outside our BSL 4 isolation unit, the epidemic was raging on in different parts of the world, including Singapore. Mortality from SARS was reportedly 50% at first. When news from Singapore came, we heard heart-wrenching stories of colleagues succumbing. Families were torn apart and friends suffering. For the first time in my life, I knelt and desperately claimed the promises in Psalms 91 for ourselves and Singapore.

3 April to May 2003. On 3 April, we were finally allowed to return to Singapore. On 9 April, Hoe Nam and I reported at Tan Tock Seng Hospital, the designated SARS hospital, to support the medical and epidemiological team. I was 17 weeks pregnant then. Little was known about protective immunity after SARS-COV infection. I was worried that we would be re-infected again and my baby would suffer. Despite the experience at Frankfurt, it was sobering to walk through the hauntingly quiet lobbies, food court and corridors that previously bustled with visitors, shoppers, diners, patients and medical personnel. As we met up with the rest of the "SARS doctors" team, we knew we had reported at the front line for war again. The difference was that we were not alone this time. We were fighting together as a team. Was I frightened? Yes, of course. As I watched my determined husband and colleagues pick up their gear and walk towards the wards, I asked myself, "If not us, then who?"

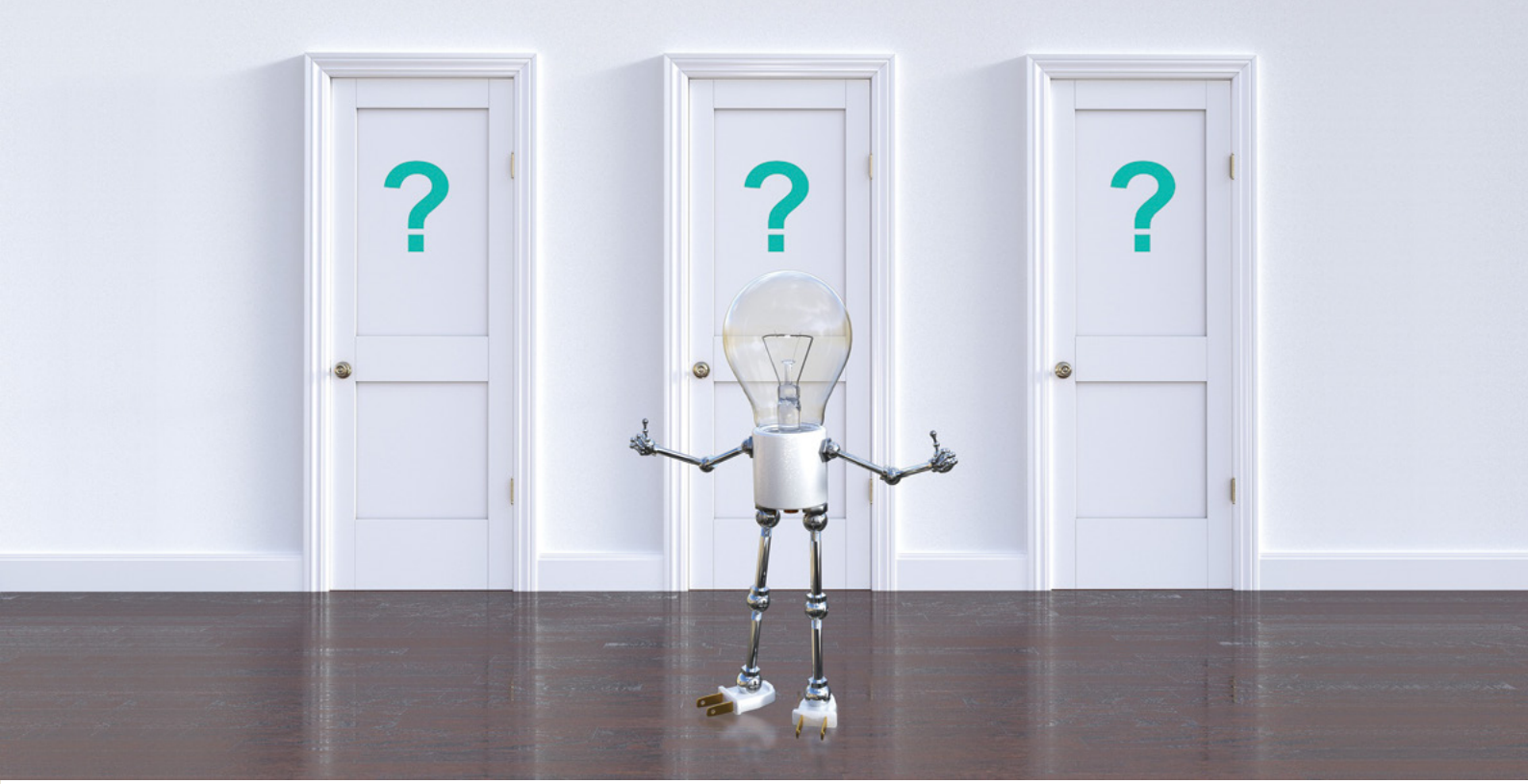
We are the SARS warriors.

26 June 2020. The setting sun threw a glorious pink into the evening sky. Joggers huffed past me and children giggled as they zoomed towards the nearby playground on scooters. Many paused on the Bukit Chermin boardwalk to catch the picturesque scene over breaking waves on their phones. It was a week into Phase 2 post-circuit breaker. I have dreamt of this day for months. As I strolled on with my mask faithfully donned, I gave thanks that Singapore has risen from the ashes like a phoenix, yet again.

"True courage is not the absence of fear, but the willingness to proceed in spite of it."

– Anonymous ◆

Dr Lim graduated with MBBS in 1996 and achieved MMed(Paed) and MRCP(UK) in 2000. With the British Chevening Commonwealth Scholarship, she attained MSc (Epidemiology) and DLSHTM in 2005. She currently subspecialises in developmental and behavioural paediatrics, with special interests in disability medicine, health informatics, implementation and evaluation science.



UNDERSTANDING INDEMNITY AND HOW TO DEAL WITH DIFFICULT SITUATIONS

Take this opportunity to speak with different indemnity providers and learn about the products available. SMA's Professional Indemnity Committee will also share about how to deal with difficult situations.

TIME	PROGRAMME	SPEAKER
2.00 PM	Indemnity – What we as medical practitioners need to understand	Dr Lee Pheng Soon *Chairperson, Professional Indemnity, SMA*
2.30 PM	What is out there? – Solutions by our indemnity partners	Marsh and MPS
3.10 PM	Telemedicine Case Study	Marsh and MPS
3.35 PM	"*Siao Liao*, *Kena* Complaint Letter" What to do when I need help?	Ms Mak Wei Munn *Partner, Allen & Gledhill* Dr Bertha Woon *Breast Surgeon, Bertha Woon General and Breast Surgery; Council Member, SMA*
3.55 PM	Support during crisis – Role of peer support	Dr Chong Yeh Woei *Senior Physician, Singapore Medical Specialist Centre*
4.15 PM	Questions and Answers and Panel Discussion	

5 September 2020, Saturday
1.30 pm to 5 pm

Webinar
2 CME points
(subject to Singapore Medical Council's approval)

MPS
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The Truth about Surgery:

Personal anecdotes from a public-sector surgeon (part 2)

Text by A/Prof Chew Min Hoe

This is the second article of a three-part series. In this, the author explores the importance of knowing one's ability and capacity. Part 1 examines the difficulties of a complex surgery and patient care (https://bit.ly/30cZPq4), and the next part explores the importance of adopting innovation and technology, and developing collegiality within the profession.

The truth about knowing yourself

Having been a consultant surgeon for more than seven years, the trials and tribulations I have experienced are hard to condense in just a few pages – I am sure every consultant has their own war stories to share. Almost ten years ago, Dr Alfred Kow and I wrote a personal Opinion piece listing the challenges a surgical trainee would face (https://bit.ly/2SWWiJ5). They included having limited clinical cases to operate on, balancing the need for research and education, as well as finding a specialty and place in a department that he/she would fit in. This has not changed much with time. But the jump to becoming a consultant was quite a leap across a treacherous chasm.

Firstly, knowing yourself begins the moment the specialty examinations finish (successfully!). My own opinion is that even after completing the exit examination, a surgical associate consultant (AC) must view him- or herself as a mere advanced trainee. Although the learning curve of every specialty is vastly different, I am quite certain that there requires a certain volume of operations performed independently, albeit with mentorship and supervision, before a minimum proficiency is achieved. While having the Specialist Accreditation Board certificate denotes independence, I think it is quite clear that the residency training does not equip anyone sufficiently to call him- or herself a specialist surgeon in the field of choice (eg, breast, hepato-pancreato-biliary, colorectal). The mentorship and coaching an AC receives will ensure a good start in his/her clinical career, and is paramount and vital for long lasting competency and safety.

Ability and capacity

As the surgeon grows and matures, one must thus be aware of his or her **ability** and limitations. This does not mean solely being proficient with the technical know-how, but also ensuring maintenance of currency in knowledge, trends and research developments. Like it or not, one must also keep up with public and political knowledge of the various policy changes that affect how we consult with patients on their care options (eg, Community Health Assist Scheme and Medishield Life). Additionally, one should constantly audit results and be cognisant of his/her outcomes. As one grows in seniority, he/she will start to perform more complex procedures on more difficult patients. It is thus important to understand one's physical (technical) and mental (knowledge) ability to determine how best to help the patient, or to refer to another surgeon if the expertise is lacking.

Besides the physical and mental ability, physical and mental **capacity** also has to be nurtured. As we age, it is quite easy to see our waistlines bloat and fitness levels drop. For some, it may simply be a lack of self-discipline, while for others it may be due to ageing... I spent almost an hour in my optician's chair trying to figure out the best lens degree for me when I started developing far-sightedness on top of my myopia and astigmatism. When asked what job I did, I replied that I needed to look at something say at arm's length (open surgery) and also perhaps almost two metres away (laparoscopic surgery screen). Exasperated, my young lady optician said "Uncle, your eyesight very difficult leh…" *Sigh*.

Staying fit

In addition, being able to operate through the night, standing for prolonged hours and basically just being able to *tahan* (slang for endure) a 90- to 100-hour work week isn't a simple task anymore once you cross the big 4-0. Unlike protected working hours and fixed weekend days off for the junior staff, the seniors are expected to toil without complaint. I constantly encourage my surgeons to keep fit and exercise. Like all athletes, we have to be at the top of our game every time we are doing a procedure. Being fit ensures concentration. Having stamina ensures good decision making. More importantly, recovery processes are also faster. With the constraints of time, I have started running on some mornings before work, but the distance is limited since I have to ensure that I still have enough in the tank for the day ahead. I have, however, found that the exercise definitely helps. One must be able to function at the same high intensity for a full operating theatre (OT) list from 8.30 am to 5.30 pm, and be able to recover and function again if called back at 2 am. Keeping physical capacity strong therefore is important for sustainability of a surgical career.

Mental capacity is basically resilience and stress management, and this is linked to and affected by physical capacity. When one is tired, the stress threshold is breached easily and may lead to a compromise in decision making. Anger becomes a surrogate manifestation and when the surgeon becomes surly, rude and insulting, or belligerent with shouting and temper tantrums, the entire OT team and environment is affected with possible detriment in outcomes. The opposite may be worse; where there is paralysis and the surgeon becomes indecisive when faced with stress. Delays or unmeasured thinking can often lead to adverse outcomes.

Burnout is the corollary many juniors complain of and the simple fact of the matter is that they just do not have control of their schedules and lives but are dependent on "orders" from the bosses. My perception of burnout is not so much being overworked, but rather **the lack of finding meaning and being valued at work**. It is thus important, as a surgeon, to figure out his/her capacity and to have internal warning flags when certain thresholds are reached. Recovery has to happen intra-day and inter-days. Deep breathing, meditation, exercising or just a simple five to ten-minute solitude away from the hustle and bustle can often do the trick. Adequate nutrition with small frequent meals, techniques in "mindfulness" while performing simple things like walking, or a short smart phone or device/email break also helps. But when the warning symptoms of frequent anger and stress are displayed, it is better to attend professional courses to learn and reinforce techniques. This helps to build a sustainable career for the future. More importantly, surgeons act as a role model for the future generation, keep the junior teams engaged and happy, and have a very huge ripple effect on morale for a multitude of hospital staff and patients, when he/she is cheerful and engaged. Having a broad and resilient mental capacity does prolong and enhance one's physical capacity and vice versa. What is also true is that when one is confident about their **ability**, their **capacity** increases as well. These are all linked! ◆

A/Prof Chew works in Sengkang General Hospital and enjoys his work with a good team. He aspires to inspire, connects rather than just communicates, and to continue to do good work in the public sector.

AIC SAYS

SUBSIDIES FOR VACCINATIONS AND CHILDHOOD DEVELOPMENTAL SCREENINGS

by Agency for Integrated Care

As part of our efforts to better protect Singaporeans from vaccine-preventable diseases and to reduce the risk of outbreaks in the community, the Ministry of Health (MOH) will enhance subsidies for vaccinations recommended under the National Childhood Immunisation Schedule (NCIS) and National Adult Immunisation Schedule (NAIS) at all Community Health Assist Scheme (CHAS) General Practitioner (GP) clinics and polyclinics from 1 November 2020.

All eligible Singaporean children will also receive full subsidies for childhood developmental screening at all CHAS GP clinics and polyclinics, so that they may receive the necessary developmental assessments together with their childhood immunisations from their family doctor.

Vaccination Subsidy

Eligible Singaporeans need only pay the following amounts for the range of nationally recommended vaccinations at CHAS GP clinics, after government subsidies:

- Eligible Singaporean children: $0
- Eligible Pioneer Generation cardholders: capped at $9 to $16 per vaccination dose
- Eligible Merdeka Generation, CHAS Blue and Orange cardholders: capped at $18 to $31 per vaccination dose
- Other eligible adult Singaporeans: capped at $35 to $63 per vaccination dose

CDS Subsidy

Eligible Singaporean children will also receive full subsidy for the seven childhood developmental screening milestones, at both CHAS GP clinics and polyclinics.

NATIONAL ADULT IMMUNISATION SCHEDULE (NAIS)

MOH established the NAIS in 2017 to provide guidance on vaccinations for persons age 18 years or older.

From 1 November 2020, in addition to chronic obstructive pulmonary disease (COPD), the CDMP/CHAS Chronic conditions for which influenza vaccination is claimable will be expanded to include diabetes, hypertension, lipid disorders, asthma, chronic kidney disease (CKD), and ischaemic heart disease (IHD), in line with NAIS guidelines on the recommended groups for seasonal influenza vaccination.

Vaccines	18-26 years	27-64 years	≥ 65 years
Influenza (INF)	1 dose annually or per season		1 dose annually or per season
Pneumococcal conjugate (PCV13)	1 dose		
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses (depending on indication)		1 dose
Tetanus, reduced diphtheria and acellular pertussis (Tdap)	1 dose during each pregnancy		
Human papillomavirus (HPV2 or HPV4)	3 doses (Females)		
Hepatitis B (HepB)	3 doses		
Measles, mumps and rubella (MMR)	2 doses		
Varicella (VAR)	2 doses		

Recommended for adults who meet age requirement

Recommended for adults with specific medical conditions or indications

Recommended for adults who have not been previously vaccinated or lack evidence of past infection / immunity

NATIONAL CHILDHOOD IMMUNISATION SCHEDULE (NCIS) AND CHILDHOOD DEVELOPMENTAL SCREENING (CDS)

The NCIS lists childhood vaccinations recommended as the standard of care for protection against dangerous or deadly diseases in Singapore. As part of holistic preventive care for children, CDS is often opportunistically conducted with vaccinations, and allows family doctors to screen for developmental delays in children and to make timely referrals for early intervention if necessary.

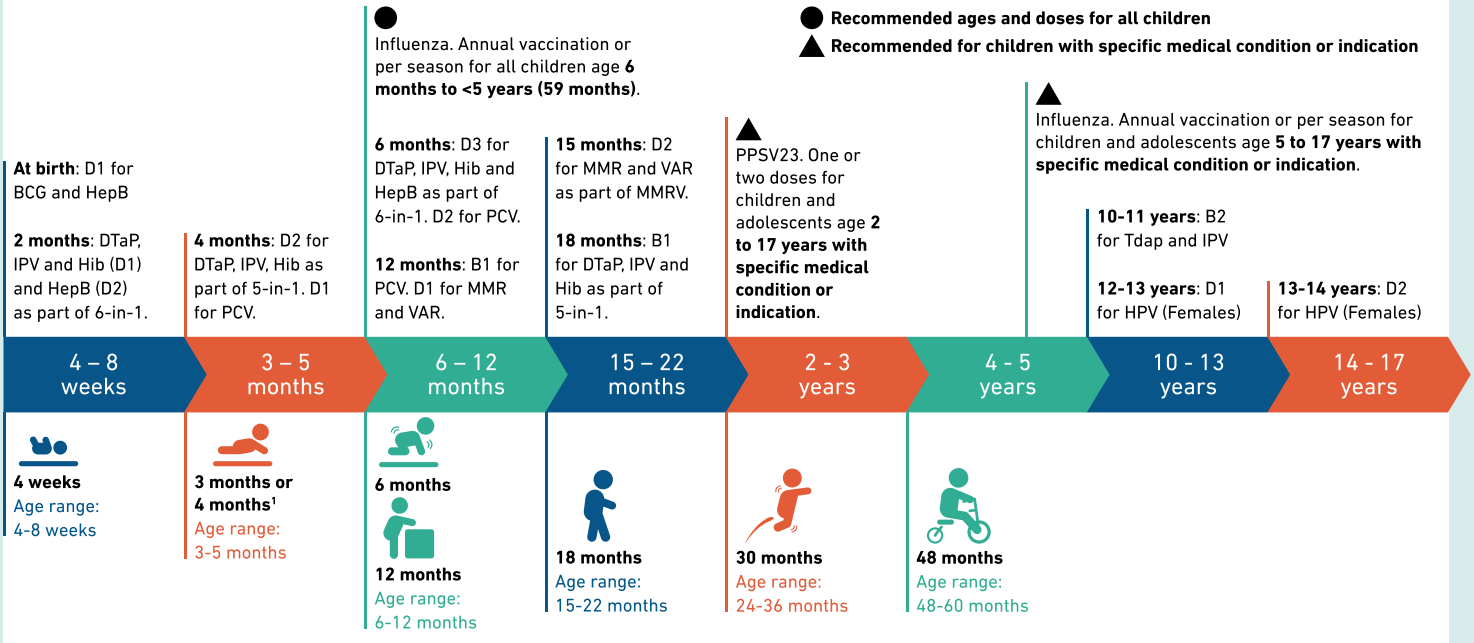
WHAT'S NEW!

From 1 November 2020, varicella, influenza and pneumococcal polysaccharide vaccines will be added to the NCIS for specific age groups, to better safeguard children's health.

Recommended Schedule for CDS:

- There are seven recommended touchpoints at which CDS should be done.
- As part of harmonising CDS and NCIS vaccination visits, the recommended visit schedule is typically at 4 weeks, 3, 6, 12, 18, 30, 48 months of age for children starting on the 5-in-1 vaccine schedule. For children starting on the 6-in-1 vaccine schedule, the second CDS visit will be at 4 months instead of 3 months. However, a child could be brought in at any time within the specific age ranges as shown in the figure below.

National Childhood Immunisation Schedule (From birth to age 17 years, effective from 1 November 2020)



7 Recommended Touchpoints for Childhood Developmental Screenings

FOOTNOTES:

- **D1, D2, D3:** Dose 1, Dose 2, Dose 3
- **B1, B2:** Booster 1, Booster 2
- **10-11, 12-13, 13-14 years:** Primary 5, Secondary 1, Secondary 2 (Tdap, IPV, HPV (for females) and MMR (as catch-up) vaccines are provided as part of Health Promotion Board's school-based vaccination programme)
- **MMR**: Only the dose 2 is recommended to be given as part of the MMRV vaccine
- **Hep B**: Doses 2 and 3 are recommended to be given as part of the 6-in-1 vaccine at 2 and 6 months, respectively
- Please visit Primary Care Pages **(www.primarycarepages.sg)** for the NCIS.
- [1] Clinicians may wish to conduct the CDS together with vaccinations at 3 months old for children starting on 5-in-1 (DTaP/IPV/Hib) schedule, and at 4 months for children starting on the 6-in-1 schedule.

"As a family physician in the community, our goal is to provide quality comprehensive affordable healthcare services to our patients. I warmly welcome the addition of vaccination and CDS subsidies, as they are important components of a holistic care."

- Dr Jason Pang, Health Partners Medical Clinic

"New subsidies planned to be rolled out by the last quarter of 2020 are an enabler for family physicians to play the active role in childhood developmental surveillance, so that deviations can be detected and managed without delay."

- Dr Elaine Chua, Bedok Medical Centre

For more information about the upcoming subsidy scheme for vaccinations and CDS, please contact the GP Engagement team at **gp@aic.sg** or **6632 1199**. Or visit **Primary Care Pages (www.primarycarepages.sg)**.

Heart of the Matter

Review and photos by Dr Kenneth Lyen

Dr Charles Toh has often been described as Singapore's Father of Cardiology.[1,2] He is a pioneer cardiologist who helped develop the Department of Cardiology at the Singapore General Hospital (SGH), set up the first Coronary Care Unit in 1966, and conceive and develop the idea of the National Heart Centre.

Heart to Heart is an eminently readable autobiography spanning Charles Toh's entire life, and makes for a really heartfelt read. It traces his family background where his paternal relatives migrated from China to Ipoh. His father worked as a banker and was a successful businessman. His mother was from Penang and looked after her family's diamond business, moving to Ipoh after their marriage.

Charles's primary education started at a Hakka primary school, but he later moved to an English language school. He was only 11 years old when the Japanese occupied Malaya in 1941 and he describes the places the family had to hide from the invaders. Eventually, when life in Ipoh became a little bit more normal, the family allowed him to attend a Japanese school. Charles gives a vignette of how the school was run, and that each lesson ended by singing a Japanese folk song. Incredibly he could continue piano lessons during this period.

After the war, he decided that he wanted to become a doctor and chose to study in Australia, and went on to do his housemanship there after graduation. Life was tough; he wrote: "I remember there were times I [worked] continuously for 72 hours, with short naps in between." In 1957, he decided to continue his postgraduate training in England. There, he decided to become a cardiologist. "I felt that it [cardiology] was based on very exact parameters, with logical conclusions based on a fixed set of clinical assessment tests and investigations – it was almost mathematical." Charles rotated through several other specialties before focusing on the heart. To this day, he believes that doctors should have a strong general foundation in all areas of medicine and surgery before becoming a specialist.

Investiture of the 2009 National Day Awards

Charles returned to Singapore in 1960 at the age of 30 and soon obtained a position at the university section of SGH. He spent the next 15 years in this department, and helped to develop cardiology into a first-rate specialty. The time was fertile for specialisation and he was supported by illustrious doctors, including Prof ES Monteiro and Prof Khoo Onn Teik. He started a cardiology laboratory, heart catheterisation procedures and intensive monitoring of patients in the Coronary Care Unit which he established. He was president of the Singapore Cardiac Society twice and was the organising chairman of the 5th Asia Pacific Congress of Cardiology in 1972.

Charles strongly believes in research and he laid the foundation for medical research in Singapore. "I was passionate and committed to developing a culture of research in Singapore… a medical mind should be trained both in professional and research skills in order to be able to think originally." He rose up the institutional ladder at the National University of Singapore, and was appointed vice-dean in 1972. He became chairman of the National Medical Research Council from 1994 to 2000. When the Ministry of Health was contemplating building a heart centre at SGH, Charles was appointed

> To cardiologists who succeed me - and doctors in general - I hope you never exploit patients for the sake of money. We have to uphold the integrity of our profession. Never do procedures or prescribe treatments unnecessarily just to earn more. We are here firstly to better a patient's health; making money is secondary.

chairman of the Advisory Committee on the development of the National Heart Centre in 1996.

As an educationist, Charles wrote: "I was later told by my students and nurses that I had a reputation for being very fierce." And his excuse was: "I had no time for trivialities." During his period at the university, he taught thousands of medical students and trained many graduates to become cardiologists. Yes, he might have been fierce, but he did get his students to think critically, independently and creatively. Many of his students have achieved great accomplishments in Singapore and abroad, and thank him for his mentorship.

Charles' contribution to public service is just as outstanding. He was a member of the Public Service Commission for 21 years from 1992 to 2013, and deputy chairman for the last four years.[3] He was the only medical representative on the selection committee and over the years, he awarded hundreds of scholarships and promoted many civil servants to senior positions. He based his selection on the following principles: "We listened out for unusual, original and creative ideas on everything from current affairs, to how they envisioned the country would develop." He added: "Those who could communicate their thoughts clearly, had a broad range of interests, and displayed an open mind, were favoured."

In 1960, Charles married Dr Victoria (Vicky) Tan whom he met while she was working at SGH. They have three highly successful boys, one of whom is now deputy medical director of the National Cancer Centre Singapore. All three sons have written a few pages in this book. He has four lovely grandchildren. Sadly, Vicky developed liver cancer and passed on in 2010.

Charles is also a philanthropist and has been very big-hearted in donating to the National Heart Centre for research and education, to the National Cancer Centre for research on cancer, and to Xiamen University in setting up the medical school there.

I have known Charles for over 40 years and enjoy his great sense of humour in the doctors' tea room every morning. When he shared that he got a hole-in-one playing golf, we all congratulated him. He has a lovely sonorous voice and loves to sing Teresa Teng, Indonesian classics and other oldies. I heartily recommend this autobiography. It is very insightful and a wonderful account of the past 90 years of an outstanding doctor and humanitarian. ◆

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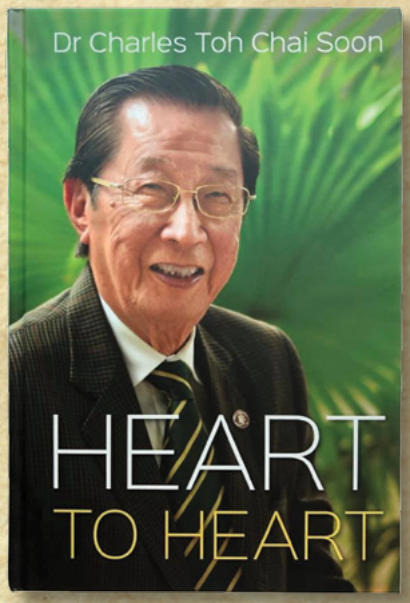


Title: Heart to Heart

Author: Charles Toh Chai Soon, as told to Low Shi Ping

Number of pages: 124

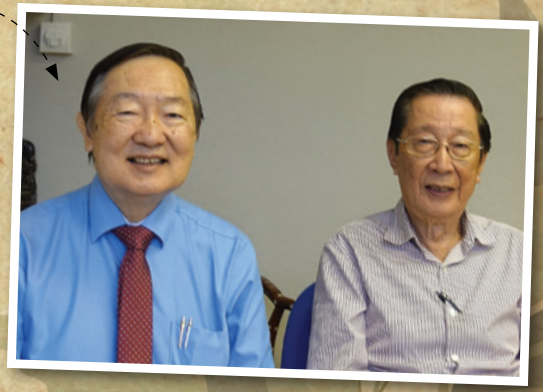
Type of book: Hardcover

Publisher: World Scientific Publishing Co Pte Ltd

Year of publication: 2019

SMA Members who wish to request for an autographed copy of the book, please email news@sma.org.sg. Limited copies available.

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



Text and photos by Ching Ann Hui and Ong Yuki

Third spacing is the yet-to-be-defined space between cells and vessels, where fluid moves from one space to another.

"Third Spacing" – the podcast – makes space to explore important topics on the fringes of clinical medicine in Singapore. We aim to ask questions you never thought you could ask, and promise nuanced conversations about issues beyond the clinic that affect the lives of patients, to fill the gaps in the consciousness of doctors-to-be.

Medical school is a time of transformation in becoming a doctor. The paths beyond or surrounding medicine are wide and varied, yet often only known in retrospect, if known at all.

In Singapore, people who do the work of creating synapses across fields exist. Yet, their paths don't typically cross ours, or their layered stories aren't given the airtime to be told.

Medical education

Medical school is when we first get acquainted with the profession and community. In our first season, we talk to faculty members who keep the schools going and forge the path forward by breaking traditional boundaries. We also talk to intrepid students who took the path previously unknown, who in so doing created possibilities that didn't previously exist.

Medical humanities

Medicine is often described as a science and an art, but what does this really mean? The study and practice of the use of inter-disciplinary approaches – of the arts, the humanities and the social sciences – to comprehend and articulate the difficult and the intangible, and to make real, is known as the medical humanities. Humanity is inextricably tied to the use of science to help people combat illness.

In season two, we talk to academics and practitioners of the medical humanities with a budding presence in Singapore, and how it offers semblances of solutions to shape our healthcare to be human.

Medical school admissions

In season three, we talk to medical students who one might, at passing, dismiss as not having a shot at medical school beyond the one-dimensional stories. In this series, we aim to complicate the story: from one of personal resilience and overcoming "hardship" in a way that suggests uninhibited mobility, to one of what can be done on a systemic scale such that their stories do not have to be told in the first place.

You can listen to our podcast episodes on Spotify, Apple Podcasts and Google Podcasts. Find out more at https://thirdspacing.com, and Instagram @thirdspacing. ◆

In September, look out for Third Spacing's episodes with Dr Tan Yia Swam, President of SMA and Dr Chong Yeh Woei, Director of the SMA Charity Fund.

Legend

1. An interview with A/Prof Wong Mee Lian on her work in the prevention of STD transmission with sex workers in Singapore

2. Ann Hui reminiscing with Caitlin and Ying Ying, current NUS third year medical students, about their experience on a gap year at Yale University

Ann Hui and Yuki are Year 4 medical students at National University of Singapore Yong Loo Lin School of Medicine. Ann Hui has an interest in writing while Yuki enjoys capturing her life experiences through visual art.

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Clinic @ Mount Elizabeth Medical Centre Orchard for rent. Whole unit, 797 sq ft. Very prominently located, good frontage, mid floor, rarely available. The unit is also for sale. For viewing, please contact Ms Zoe Teo @ 9367 6723.

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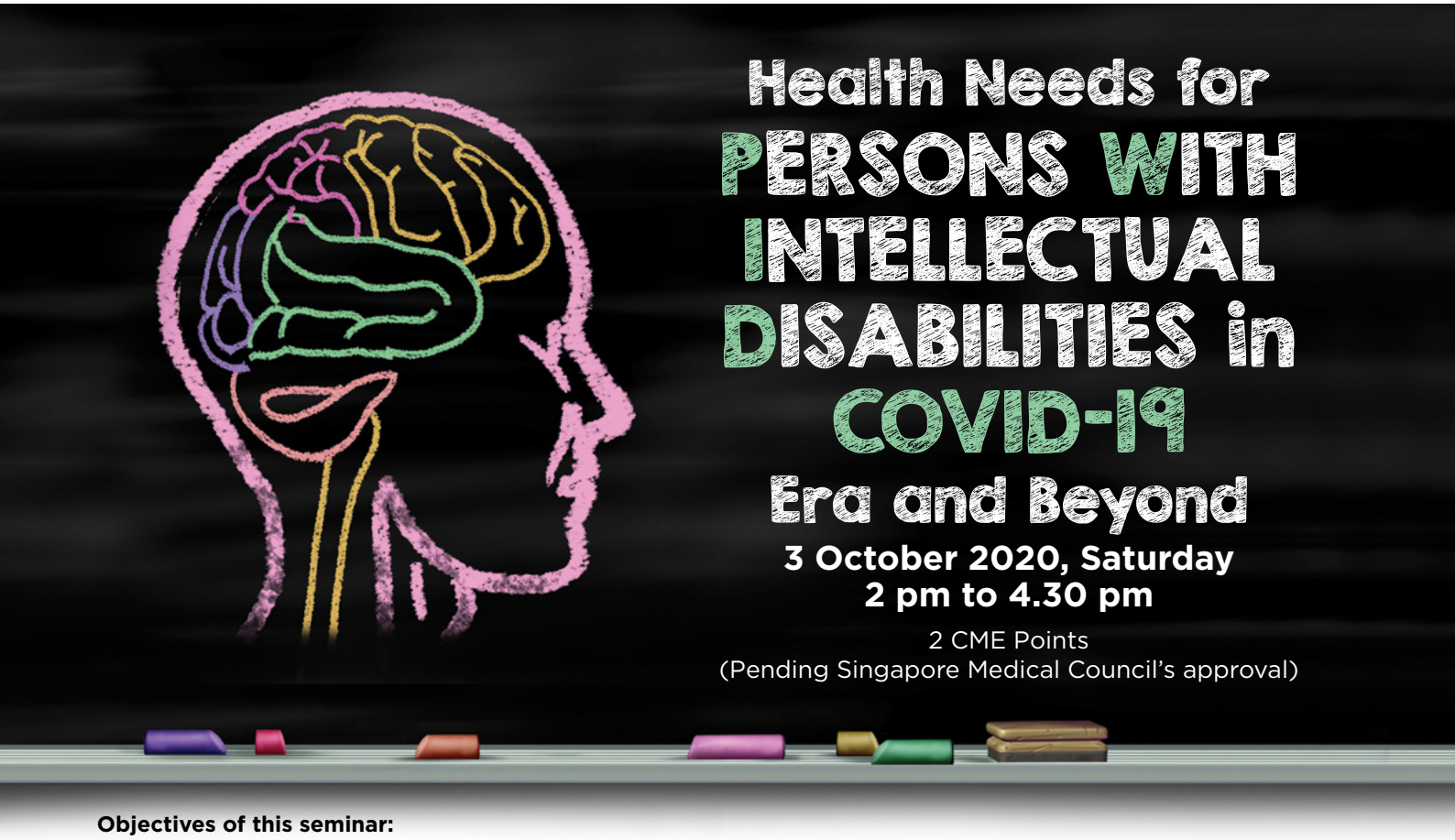
Singapore Medical Association
For Doctors. For Patients

SMA CMEP Centre for Medical Ethics & Professionalism

Jointly organised by SMA Centre for Medical Ethics and Professionalism (SMA CMEP) and College of Psychiatrists (CPsych), Academy of Medicine, Singapore (AMS)



Health Needs for PERSONS WITH INTELLECTUAL DISABILITIES in COVID-19 Era and Beyond

3 October 2020, Saturday
2 pm to 4.30 pm

2 CME Points
(Pending Singapore Medical Council's approval)

Objectives of this seminar:

- Enable doctors to understand the unique and psychosocial issues around persons with intellectual disabilities (PWIDs) in Singapore.
- Gain understanding of the current situation for PWIDs in Singapore and the impact of COVID-19 on them.
- Learn about telemedicine and PWIDs – how can we do it?
- Understand issues related to ageing, age-related diminished capacity and the services available.

Topics

- Overview of PWIDs in Singapore
- Impact of COVID-19 on PWIDs
- Age-related diminished capacity
- Panel Discussion – Questions and Answers

*Topics are subject to minor changes

Speakers / Panellists:

- **Dr T Thirumoorthy**, *Academic Director, SMA CMEP; Associate Professor, Duke-NUS Medical School*
- **Dr Bhavani Sriram**, *Consultant Paediatrician and Neonatologist, Kinder Clinic*
- **Dr Wei Ker Chiah**, *Chief, Department of Community Psychiatry, Institute of Mental Health (IMH)*
- **Dr Giles Tan**, *Senior Consultant, Department of Developmental Psychiatry, IMH*
- **Dr Chen Shiling**, *Consultant, Continuing & Community Care, Tan Tock Seng Hospital*
- **A/Prof Ruby Lee**, *Director, Network of Guardian Angels Pte Ltd*
- **Dr Tan Liat Leng**, *Honorary Editor, College of Family Physicians*
- **Teo Ginnyueh**, *Principal Medical Social Worker, Medical Social Work Department, IMH*

SCAN HERE TO REGISTER!

For more information or to register for this seminar, please visit **https://www.smacmep.org.sg**, or contact Alif at **6223 1264** or email **cme@sma.org.sg**.

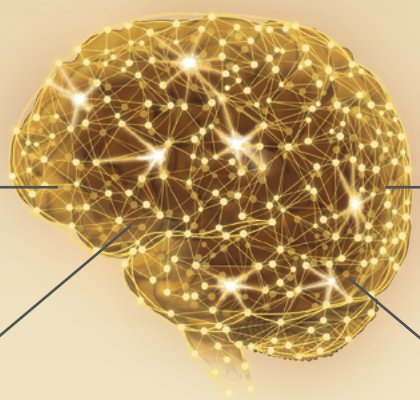
Important Notice: Breastfeeding is best for babies

S-26 GOLD PROGRESS

THE BRAIN-NUTRITION CONNECTION:

Understanding the Foundation of Learning in Early Life

INSIGHTS INTO KEY BRAIN NUTRIENTS[1-2]



SPHINGOMYELIN

Critical component that promotes myelination and support "efficient brain processing of signals"

DHA

Major building block of brain cell membranes that facilitates myelination and visual development

LUTEIN

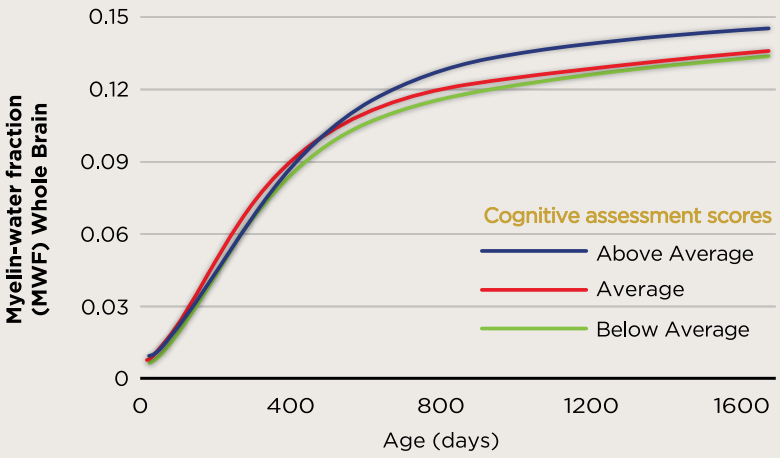
Key antioxidant that supports visual development and may contribute to cognitive development

CHOLINE

Crucial nutrient that helps support brain development and facilitates memory and learning

MYELINATION AND CHILDREN COGNITIVE ABILITY[3]

Whole brain white matter growth curve in relation to cognitive assessment scores



Background:

- A longitudinal study with 257 healthy children from 3 months to 5 years of age

Key Findings:

- Children with above average cognitive abilities has overall higher myelin measures by 3 years of age
- White matter maturation in early periods may help strengthen neural connections to better support cognitive development

Positive relationship observed between myelin measures and cognitive assessment scores

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3. Deoni SCL, *et al* (2014). *Brain Struct Funct*; 221:1189-1203.

IMPORTANT NOTICE: Breast milk is best for babies. The World Health Organisation recommends exclusive breastfeeding for the first six months of life. Unnecessary introduction of bottle feeding or other food and drinks will have a negative impact on breastfeeding. After six months of age, infants should receive age-appropriate foods while breastfeeding continues for up to two years of age or beyond. Consult your doctor before deciding to use infant formula or if you have difficulty breastfeeding.

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