SMA news

For Doctors, For Patients

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

Easy Holiday Recipes for Busy Home Cooks

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SMA news
Vol. 52 No. 12 | 2020

PUBLISHER
Singapore Medical Association
2985 Jalan Bukit Merah
#02-2C, SMF Building
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Email: news@sma.org.sg
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UEN No.: S61SS0168E

DESIGN AGENCY
Oxygen Studio Designs Pte Ltd

PRINTER
Sun Rise Printing & Supplies Pte Ltd

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The EDITORS' MUSINGS

Dr Tina Tan

Editor

Dr Tan is a psychiatrist with the Better Life Psychological Medicine Clinic, and a visiting consultant at the Institute of Mental Health. 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.

What a whirlwind of a year 2020 has been for all of us! Are you feeling a bit tired and out of breath? Or just a tad worried about what 2021 will bring? After all, back in December 2019, nobody foresaw how 2020 would be.

Because of all that we've been through, *SMA News* wanted to end the year on a lighter note. I hope this issue catches you while you're on a well-deserved staycation, enjoying a virtual tour at home, or having a safe-distanced gathering. Or perhaps when you're taking a much-needed break from work (whether physical or work from home) by exploring the hidden wonders of our island nation and Netflix-bingeing.

Take care everyone, and stay safe!

Dr Lim Ing Haan

Guest Editor

Dr Lim is the first female interventional cardiologist in Singapore. She is an early adopter of new technology and is a key opinion leader in international cardiology conferences. She shares a clinic with her twin sister, an ENT surgeon in Mount Elizabeth Hospital. Travel, fine food, family love and friendships are the things that keep her going.

As 2020 draws to a close, Singaporeans can heave a collective sigh of relief. This has been an extraordinary year; yet, as a nation, we survived. Without the company of our extended families and friends, cooking, botany and exercising seem to be the favourite activities doctors found comfort in. I am grateful to feature articles from our very own doctor chefs in this issue.

While COVID-19 spread in waves around the world, our borders remain tight. The calculated measures limited our exposure to the second and third waves, and we are fortunate in that, though it was not without sacrifices and pain. 23 March 2020 marked the date when Singapore was closed to short-term travellers. Before borders closed, Singapore urged our students studying abroad to return. Many returned, while some made the painful decision to remain behind for fear of voiding the academic year. In the unchartered waters of the pandemic, there is no guidance on the best path forward. Both our local and foreign medical students suffered. Clinical exposure was greatly impacted and online learning can never replicate the usual faculty-student interaction. As the year draws to a close, I thought it timely to ask our Singaporean medical students to pen their thoughts. The essays from our young doctors give us insight on their journey this year.

No matter the struggling economy or the uncertainties of the next year, I am certain that together, we can survive as a country. I hope you continue to enjoy the *SMA News*. ◆

Easy Holiday Recipes for Busy Home Cooks

Periods of lockdowns and circuit breakers have led to many people all over the globe realising their previously undiscovered passions and talents in cooking and baking for their loved ones. With the year-end festivities nearing, three medical students have generously shared here their favourite home cooking recipes for our readers to try for themselves. Happy Holidays!

Text and photos by Cassie Yang

Cassie is a final-year medical student. Between clinical postings and MBBS revision, she spends her remaining time on rock climbing and dressmaking.

With the mandated two month-long circuit breaker earlier this year, I too hopped onto the home cooking bandwagon. What started off as lazy, haphazard attempts to fuel myself for Zoom lectures soon morphed into a curious interest to create flavours that were uniquely mine – with the added challenge of having only limited ingredients from the nearby *mamak* shop and supermarket. It made me creative, having to think of feasible alternatives for otherwise obscure ingredients listed in online recipes. I eventually realised that cooking was less about following recipes and more about imagination. Using food as a medium, I found a way to share these fragments of my imagination with friends and family; a canvas to foster some semblance of companionship and comfort in this tumultuous time.

Finished fillets with dipping sauce and fried batter on the side

Crackered Mala Mackerel Bites

Ingredients

- 100 g curry prawn crackers (or any snack of your choice)
- 1 mackerel fillet
- 1 egg
- 2 tsp mala powder
- Cooking oil
- Ground black pepper (to taste)

Directions

1. Crush the curry prawn crackers. Use a food processor or mortar and pestle for this. Do not crush them too finely – you're looking to create granules that retain a texture of crunchiness.
2. Add mala powder to the crushed prawn crackers to spice up the flavour, then transfer the crushed crackers to a bowl.
3. Crack your egg and separate the yolk from the white.
4. To make the dipping sauce, whisk the egg yolk. Slowly and gradually add in 1 tbsp of cooking oil until you obtain a nice, thick and consistent texture with a pale yellow colour. Season the mixture with ground black pepper and mix thoroughly.
5. Debone the mackerel fillet before slicing it into evenly-sized pieces.
6. Dip the mackerel pieces into the egg white, then coat them in the crushed crackers. Press the mackerel fillets firmly into the bowl of crushed crackers to ensure the coating sticks well.
7. Deep fry the battered mackerel pieces over medium heat – not too hot as the cracker coating typically burns very easily. Fry each piece for around 1 to 2 minutes, or until golden brown.
8. Mix the remaining egg white with any leftover crushed crackers, and separate them into smaller nuggets. Fry these nuggets for an extra snack to go with the fish.
9. Serve with dipping sauce.

Text and photos by Nicholas Wong

Nicholas is a second-year medical student at the Lee Kong Chian School of Medicine.

My passion for cooking stems from being able to make my loved ones happy, while being able to enjoy a sumptuous meal myself! Outside of school, I play rugby and work out often, so my dishes tend to be rather protein-rich and low-fat. Given the upcoming holiday season, I thought it would be apt for me to share a recipe that is not just simple to follow, but easy to mass produce! With a prep time of 10 minutes and a cook time of under 30 minutes, it will be sure to put your loved ones into a lovely state of postprandial somnolence.

Creamy Fettuccine with Ribeye Steak

Just for the gram – be careful not to burn yourself!

Your sauce should look a little like this, messy, creamy and soooo aromatic!

Pasta

- 1 portion of pasta (fettuccine/ tagliatelle preferred)
- ¼ onion
- 2 cloves of garlic
- ½ pack white mushrooms
- 100 ml whole cream
- 100 ml chicken stock
- 2 strips of streaky bacon
- 1 tsp yellow mustard
- 1 tsp Worcestershire sauce
- Chilli flakes
- Pepper and salt (to taste)
- Whiskey (optional)

Proteins

- 1-inch-thick ribeye steak
- Knob of butter
- 1 clove of garlic
- Thyme (optional)
- Garlic powder, salt and pepper (to taste)

Directions

1. Start by preparing all your ingredients. Dice up the onion, garlic, bacon and white mushrooms, and prepare your other wet ingredients as well.
2. Set a large pot of water to boil, and salt it generously. Once boiling, add one ladle of oil and add in your pasta of choice. I personally like fettuccine because it holds onto the creamy sauce really well! Let that boil for about 8 to 9 minutes, depending on your pasta box's instructions (take a minute off from the cooking time).
3. At another hob, heat up a cast iron skillet (if not, any pan will do) and get it ripping hot! While it is heating up, pat dry your steak with kitchen towels and generously season with salt, pepper and garlic powder. Once hot, lightly drizzle the pan with olive oil and put the steak in away from you to prevent the oil from splattering all over you. *That. Sound.*
4. Go for about 2 minutes per side, or until a nice brown crust is formed (for a medium rare). After a total of 4 minutes (2 per side), turn the heat all the way down and throw in your knob of butter and clove of garlic (and a sprig of thyme if you're feeling fancy). Start spooning the foamy butter over the steak (aka basting) for about a minute or so. With a total cook time of slightly over 5 minutes, remove the steak from the pan and rest it on a cooking board.
5. With that same pan, toss in your sliced bacon, garlic, onions and mushrooms all at the same time. Fuss free. Add in chilli flakes and yellow mustard (I like Coleman's) at this point to taste. Now this is the Instagram-worthy portion. Carefully, introduce a dab of whiskey into the pan to deglaze it and get those sticky fond pieces off the bottom of the pan. Be sure to stand back as the whiskey catches on fire! Add in the chicken stock and whole cream, and let the entire sauce simmer over low-medium heat. For that kick of umami, add a few generous drops of Worcestershire sauce, and season to taste.
6. When your pasta is done, add it directly from the pot into the pan, without straining. A bit of pasta water is actually good to initiate the binding process between the sauce and the pasta. Mix and stir well, and top it off with your now cooled down sliced steak. You are sure to impress a loved one!

Text and photos
by Goh Xin Rong

Xin Rong is a fifth-year medical student from the Lee Kong Chian School of Medicine and creator of @coconutandlilies. She loves emceeing too!

I have been so addicted to making popsicles that they are starting to become a staple at home! All you need is a short 20 minutes and you get a yummy supply of popsicles. A good study/work break, wouldn't you say? Not to mention how customisable these are – you can add anything you desire to give them that extra oomph! Let's talk about getting those creative juices flowing.

Home cooking has opened up many opportunities for me as I get to recreate and even design flavour combinations I crave for, not forgetting how it is more affordable and allows me to control the amount of sugar going into my food. I share here one of my delicious and also incredibly pretty recipes.

No-churn strawberry and blackberry froyo popsicles with walnuts

Ingredients (for 12 popsicles)

Froyo base

- 1 cup yoghurt
- ½ to ¾ cup whipping cream
- 2 tbsp honey (to taste)

If you like something a little creamier, consider increasing the amount of whipping cream that you are adding in.

Berry jam layer

- ½ cup berries (stone fruits would work well too!)
- ¼ cup water
- 1 tbsp sugar (optional, or to taste)
- 2 tbsp rum (optional)

Walnut crumble

- Generous handful of walnuts

Directions

Froyo base

1. Mix yoghurt, whipping cream and honey in a large bowl. Set aside.

Berry jam layer

2. Place berries (or fruit of your choice), sugar and water into a pan and cook it over a low flame. When berries start to turn soft, use the back of a fork to mash them up. Allow jam to thicken into a reduction of your desired consistency. Set aside and let it cool.

Walnut crumble

3. Using a food processor, blend a handful of walnuts till they resemble coarse bread crumbs. Alternatively, you may chop them up finely or crush them in a ziplock bag with the back of a spatula.

Assembly

4. In your popsicle mould, add 2 tbsp of your berry jam.
5. Fill up ⅓ of each popsicle mould with your yoghurt mix. Use a chopstick to gently mix the layers to obtain a swirling effect.
6. Add in your walnut layer.
7. Fill up ¾ of each mould with your remaining yoghurt mixture.
8. Finish off with the remaining of your jam, repeating the swirling process with a chopstick as described in Step 5.
9. Cover your popsicle mould and insert in the ice-cream stick according to the manufacturer's instructions.
10. Leave the popsicles in your freezer overnight and wait for magic to happen!

Alternatively, if you do not have a popsicle mould, you could mix all of these into a baking tin and leave it in the fridge to set over night. Remove the froyo 15 minutes before serving to allow you to scoop it out easily! ◆

Explore endless possibilities with how you choose to mix and design your layers – the sky is your limit!

Reflecting ON A TOUGH YEAR

Text by Dr Tan Yia Swam

I'm sure I'm not alone when I exclaim, "Is it December already?!"

Looking at my calendar, my last "normal" interaction with friends and family was in mid-January. I had dinner with some old friends and there were plans for upcoming vacations with family friends.

Then, two urgent work meetings just before the Lunar New Year and that long weekend changed everything – not just for me, but also the medical profession and many in Singapore and around the world.

Our work and the year past

I kept a close eye on local and international developments, even as my family had reunion dinner, albeit with a more subdued mood. And then we were hit with a major medical emergency in the family, which thankfully stabilised shortly after. I managed to have a few cautious gatherings with sensible friends in March, who complied with our own versions of contact reporting and tracing. But with the nationwide circuit breaker (CB) in April and May, it was frighteningly lonely. I commuted alone, ran clinic sessions to see just a few patients, while my clinic nurse and I stayed at our own workstations. We had lunch in the clinic alone, with WhatsApp video calls to friends just to check in and stay in touch.

I was thankful for technology during this period – the outreach on social media and the support network via Telegram chat groups were very helpful in that time of great uncertainty.

And as it did during the SARS crisis in 2003 (https://bit.ly/39vKxTG), SMA had quickly reached out to its network, organised resources and initiated a lot of background work to support doctors, in anticipation of increasing needs not only for personal protective equipment (PPE), but also information and timely updates (https://www.sma.org.sg/covid19). In fact, with the support of the Ministry of Health (MOH), I initiated the formation of a Telegram chat group which included representatives from various batches of graduates from both local and overseas medical schools, and the MOH team managing the COVID-19 situation. The updates and immediate clarifications which were conveyed directly to everyone in the group were deeply appreciated by all.

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 just over 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.

Holiday and family time

The SMA Council meets every month, like clockwork and without fail. December is when we take a break – meant to be a time to rest and relax. However, correspondences for time-sensitive matters continue.

I am still learning how best to juggle my time between the many responsibilities, so as to not short-change my family. With my increased commitments, I sometimes worry about missing out on key moments in my children's lives; be it various school events, or the day-to-day routines of going to school and bed. I now better appreciate the time spent with them and have also incorporated personalised rituals and routines just for us. While they may not be as fancy as a long holiday, I hope that these will come to form some of their best childhood memories.

Taking a holiday and being offline for a few days helps as well! I could focus my attention on my young kids and the messy fun (and angst sometimes), and then return with a refreshed mind to my work.

To purposefully relax is not as easy as it sounds, especially when one's mind is preoccupied with various things to do. Practising mindfulness and the deliberate compartmentalisation of issues helped with time management immensely. Marie Kondo popularised the decluttering of living spaces. Similar concepts may be used for decluttering of the mind. As we near the end of the year and look back in review, it is important to slow down and take stock of what's important in life.

There is no point in beating oneself up over failures and missed opportunities. I had shared in a previous column about the many kinds of losses that people suffered. While we should not forget the hurt, we must not be crippled by it. Life goes on, and we should continue to live and love well. Just as how Marie Kondo puts it – we should keep only things that speak to the heart and "spark joy".

Reflections and looking forward

A lot has been written about COVID-19, the impact of a global pandemic, and how the world needs to adapt to the "new normal".

This issue, while we continue to hear from a few authors on how their lives were disrupted, and how they got back on track, we also want to end the year on a lighter note. After all, the disruptions to our practice and work-from-home arrangements have also given some of us more free time for our hobbies and to pursue new interests – whether you have transformed into a master chef during the CB, or relied on restaurant deliveries – let's see what some colleagues have to share with readers on their cooking experiences!

Finally, for all our readers, I extend the same open call for volunteers – to give of your time to share ideas and experiences; to teach in courses, to learn about developments in the medico-legal landscape; and to be mentors for our juniors. Each individual can only do so much; but together, we can create something bigger than we could ever imagine.

As we enter 2021, my vision still holds for the SMA to better engage our Members from different sectors so that we can better represent doctors. The SMA will look after doctors, so that doctors can look after patients without worries. Most importantly, may I remind everyone to practise self-care: both physically and mentally.

Here's wishing all of us a better new year. ◆

Illustration: Dr Justinian Zai

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 drama serial with his lovely wife and occasionally throwing some paint on a canvas.

Nationwide survey on overnight duty systems published in *SMJ*

The SMA Doctors-in-Training (DIT) committee conducted a survey among residents from all three sponsoring institutions. The survey sets out to assess and analyse the residents' perceptions towards the traditional full overnight call system versus the night float system.

The survey results were recently published in the *Singapore Medical Journal* (*SMJ*): https://bit.ly/3nOT48o.

This nationwide survey showed that a majority of residents perceived the night float system more favourable in comparison to the full overnight call system in areas such as patient safety, clinical work, training, and physician burnout. The SMA DIT committee hopes that hospital managements, educators and healthcare leaders will consider these findings when implementing on-call systems.

SMA steps in to get DxD to delist Members who wish to be removed

SMA received complaints from Members that their practice particulars have been included, without their permission, on the DoctorxDentist (DxD) website which publishes doctor directories and purports to:

a) offer cost estimates for consultation; and/or

b) facilitate booking of appointments to see doctors on behalf of patients.

Some Members requested DxD to remove their practice particulars as they do not wish to be associated with its website, but were met with steadfast refusal. SMA thus offered, as a free service to Members, to publish online a list of Members who do not wish to be associated with DxD, so that the public may be informed that DxD does not have their support.

At DxD's request, a virtual meeting was held on 13 November 2020 with representatives from the Ministry of Health (MOH) and Singapore Medical Council (SMC), where SMA made its position clear.

On 21 November, SMA published the list of doctors who do not wish to be associated with DxD (https://bit.ly/35TpsQP). SMA included both Members and non-members, as a show of solidarity.

MOH sent a circular on the same day to clarify that MOH had never advised DxD to list all medical and dental practitioners on their website, as claimed by DxD. MOH also advised that all advertising must comply with the Private Hospitals and Medical Clinics (Advertisement) Regulations and the SMC Ethical Code and Ethical Guidelines (ECEG).

On 22 November, the SMA Centre for Medical Ethics and Professionalism published an advisory on Advertising Standards for Doctors (https://bit.ly/373vLdN).

SMC issued an advisory on 25 November to advise against the use of search engine optimisation platforms that utilise patient feedback and ratings, and to advise compliance with the ECEG.

DxD has since removed the listing of all public sector doctors and private sector doctors who have not explicitly opted in for their service.

SMA wrote a letter published in the *Straits Times* Forum on 27 November (https://bit.ly/3qrbuhj). It reinforced our steadfast and unwavering call for DxD to remove the doctors' names from their website and the need to comply with the ECEG and MOH regulations.

For updates, please visit the SMA website (https://www.sma.org.sg). We encourage doctors to join and support SMA (https://www.sma.org.sg/membership) so that we can continue to represent you in matters affecting the profession and our patients. ◆

To Our Frontline Healthcare Workers,

for your continual commitment
and hard work safeguarding
our country in times of need.

Stay safe and strong.

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Novel Experiences Amid Disruptions

During the summer holidays, the Singapore Medical Society of the United Kingdom (SMSUK) typically collaborates with the three Singapore healthcare clusters – National University Health System (NUHS), Singapore Health Services (SingHealth) and National Healthcare Group (NHG) – to man booths and hold talks at the respective open houses. These were hosted online this year, with SMSUK assisting with the publicity. For NUHS in particular, we also held a Student Interaction Session over Zoom, where our members learnt from and posed questions to Dr Ada Teo (second-year resident in internal medicine) and A/Prof Shirley Ooi (senior consultant and designated institutional official of NUHS Residency).

To help our members be more versatile in communicating in Singapore's local languages, SMSUK also organises language classes. This year, we are honoured to have worked with two house officers, Dr Sudesna R Chowdhury and Dr V Lakshmi Dhevi, who graciously lent us their expertise and time to hold Bengali and Tamil lessons, respectively. Spanning three lessons each, the classes attracted over 30 participants this year. These little steps in learning languages we are personally less familiar with will hopefully help us establish better rapport with patients and build a more welcoming, inclusive clinical environment.

Additionally, SMSUK organises annual Pre-University Talks for multiple junior colleges (JCs), outlining the application process for studying medicine and dentistry, and life in the UK. Despite the disrupted school terms and safe distancing measures, we wanted to reach out to students to aid them in their university applications. We successfully held six virtual talks in July, with an audience of 340 students from over 13 JCs. A handful of SMSUK members generously volunteered their time to share their experiences with the aspiring medical and dental students and enthusiastically fielded the many questions that were raised. SMSUK wishes all students the very best in their applications!

This month, we invite our members to share the refreshing learning experiences they each had during COVID-19.

– Tan Ying Hui, Editor, SMSUK

Text by Ravanth Baskaran

When my friends and I first got the notice that our school was shifting to an online system, we scrambled to book flight tickets back home. As my parents recently shifted from Singapore to India for work, I wanted to travel back to India and stay with them. However, India had imposed a ban on any visitors entering their country due to begin on the day of my flight. Hence, I booked a flight to Singapore.

I arrived in Singapore to an empty house, not having to serve any quarantine order or Stay-Home Notice. However, to remain socially responsible, I chose to stay in self-quarantine for 14 days as a precaution. As I tried to occupy my day with school work, I felt that I had completely lost the motivation to study due to the ambiguous nature of my assessment. I ended up attending Sustaining Medical Education in a Lock Down Environment lectures, Helping Overseas Medics' Education lectures, and Pulse Notes lectures as a way to pass time, trusting that these would help me in clinical years to come.

However, I soon realised that my fundamentals were not strong enough to understand the clinical scenarios posed by the lecturers. So, in addition to the above-mentioned lectures, I decided to go through my syllabus to get a basic understanding. I did so by organising revision sessions for my juniors, which would force me to go through my past academic years' content, and I also sat down to review my current academic year's content.

To engage myself in the extracurricular aspect, I took up running as this was one of the only forms of exercise allowed during Singapore's circuit breaker, and clocked about 40 km a week. Once sports facilities resumed their operations, I started playing my favourite sport, squash, together with my friends. I wouldn't say I have been put in the best situation, but I am grateful for where I am now.

Ravanth Baskaran, Year 2 medical student at Cardiff University

Marcus Chong, Year 3 Medical Student at University of Sheffield

Text by Marcus Chong

As part of my summer semester, I had originally planned to undertake a six-week student elective in Singapore at the Singapore General Hospital. When this got called off, I jumped at an opportunity to join an ongoing PROSPERO-registered systematic review instead. This study was investigating the most effective therapy in maintaining clinical remission for treatment-refractory moderate-severe ulcerative colitis. The team was led by Professor Daniel Hind from Sheffield, UK.

This was my first time assisting in anything as ambitious as this! From the very beginning, there were strange new terms to learn – RevMan, forest plots, Medline… the list went on. I was to update the review with an up-to-date systematic search of Medline and Embase, and thereafter follow through with all major steps in the systematic review process.

Three key moments stood out to me during my short stint with the team. First, I learnt how to use command line syntax to implement a sensitive search strategy for randomised control trials in Embase and Medline. It was especially challenging to translate syntax between Medline and Embase via OvidSP. I spent many hours troubleshooting the Boolean logic terms and field codes before realising that a single misspelling had been the cause of error messages confounding my search!

Second, I had plenty of practice at critical appraisal skills when extracting study data from 34 studies and undertaking a risk of bias analysis using the Cochrane Risk of Bias tool 1.0. This was the most tedious step in the process. Data extraction was mind-numbingly repetitive, and it was equally frustrating to comb through walls of small print in search of a single sentence describing study randomisation.

Third, I learnt the nuances of interpreting statistical results in systematic reviews – study heterogeneity, study quality and the size of effect estimates of arguably greater importance than mere p-values.

Secondary learning objectives included accurate outcome data extraction, collaborative study selection, using systematic review tools to generate forest plots, and using indirect comparison to compare risk ratio estimates.

I now have a newfound respect for clinician-researchers and statisticians. Guideline-based case management is a privilege that I take for granted, and this project was an eye-opening experience into the grind of synthesising evidence-based management. I now feel empowered and sufficiently well-informed to assist in future research; although to be honest, I might need a break from systematic reviews for now!

Text by Isaac Kuan

During COVID-19, I worked as a COVID-19 interim year 1 (FiY1) doctor in Edinburgh.

I volunteered, like many others, to do our duty to support the National Health Service (NHS). This was the culmination of five years of training – now we could make a difference!

However, we were deployed into an NHS that was emptied of patients and overstaffed. Any dreams of glory were replaced by a potent awareness of how supernumerary I was. Often, I felt like a burden in the ward.

Thankfully, I was blessed with an incredibly supportive environment – long-suffering colleagues, encouraging friends and beautiful nature. Slowly, I found my place. And I found that I gained far more than I had given.

I did learn some medical content – diagnosing a myocardial infarction, seeing Gottron papules and verifying a death. Far more impactful was having a glimpse of the character needed to do medicine.

I learnt that people mattered. It was tempting to see patients as a list of jobs. But the best doctors and nurses humanised patients through the system – listening to a lady's traumatic backstory, calming a man distressed by venepuncture, placating a woman threatening to self-discharge. Their care and concern stood out in what could be an otherwise cold system.

I learnt that I mattered. So many were abundantly willing to help me adapt to the system and grow as a doctor. My seemingly insignificant contribution still supported a system that benefited patients. Ordinary though I was, I was blessed with colleagues who would help me make a difference.

In the final analysis, I learnt what so many have learnt during the turmoil of COVID-19 – the oft overlooked importance of kindness, gentleness, and patience to others and oneself. It was truly an undeserved privilege. ◆

Isaac Kuan, Alumni of University of Edinburgh

MOVING ONLINE

An Extraordinary Exit Exam Experience

Text by Dr Ong Jun Yan

At the peak of the COVID-19 pandemic culminating with the circuit breaker, those of us in the healthcare sector faced multiple uncertainties as we treaded unfamiliar grounds. Many doctors were deployed to different areas of service to fulfill the need for manpower in the front line or to ensure team segregation, such that each unit could still function if the other was affected.

For the final-year senior residents, an additional uncertainty that loomed over us was our residency exit examinations and career progression. As one of the candidates for the psychiatry exit examination originally scheduled in May 2020, the worries and frustrations felt during that period remain fresh in my mind.

Apart from the stresses of adapting to new work roles and the constantly changing protocols, we also worried about whether the examination would still proceed, having heard that other specialties had to cancel theirs due to the pandemic. We were thankful that Prof Chong Siow Ann, the Chief Examiner, updated and reassured us regularly, and also openly discussed the issues and obtained feedback from us. There were multiple obstacles to consider for the examination to proceed. These included the need for physical separation of the examiners and candidates, especially since psychiatry is a national programme and we were from different healthcare clusters. Other challenges included managing the technicalities and logistics of holding such a major examination over an online platform, sourcing for a venue with the necessary infrastructure and setting up the technical equipment.

Adapting to new platforms

The eventual decision by the Examination Committee (EC) and the Residency Advisory Committee (RAC) was to postpone the examination by a month to the end of June 2020, and that we were to have the examination using Zoom, a video-conferencing platform made famous by COVID-19.

We pivoted to using Zoom for our tutorials as well. Our seniors also adopted it to organise a mock exit examination, so that we could gain confidence in the new format. We started paying more attention to our body language during these Zoom sessions, including maintaining eye-contact with the camera rather than the screen and being mindful of our facial expressions as we realised that our actions and anxieties were "zoomed" in (no pun intended) on the monitor. A major concern that was brought up during these sessions was the stability of the Internet connection – any break in connectivity could seriously disrupt the proceedings of the examination, especially when each section had a time limit. We were reassured by the EC that such "lost timings" would be taken into consideration and adjusted for in a fair manner.

Tackling the examinations

The venue for the examination was set to be the Communication Suite in the Lee Kong Chian School of Medicine Building at the Novena campus. The big day came and we were all given

separate reporting times based on the hospitals we worked at to prevent cross cluster contamination. It went down to minute details of taking separate lifts at different timings to maintain the stipulated safe distancing. We were then ushered to individual waiting rooms to prepare for the actual examination.

The psychiatry exit examination is a viva comprising a long vignette, journal critique and a topic discussion. We were given an hour to read the vignette and the journal article before being questioned by the panel of examiners. When the hour was up, I was directed into a nearby room with a laptop connected to Zoom with the three examiners on screen, each in a separate room. We were given the option of using our own earphones, which I did as it helped to decrease background noise. After doing a microphone check, the nerve-wracking examination proceeded. There were four images on the Zoom screen – the three examiners and myself. Having our own image on screen throughout the examination had its pros and cons. We could clearly see our body language and anxiety on screen, which could either magnify our anxiety or remind us to calm and compose ourselves.

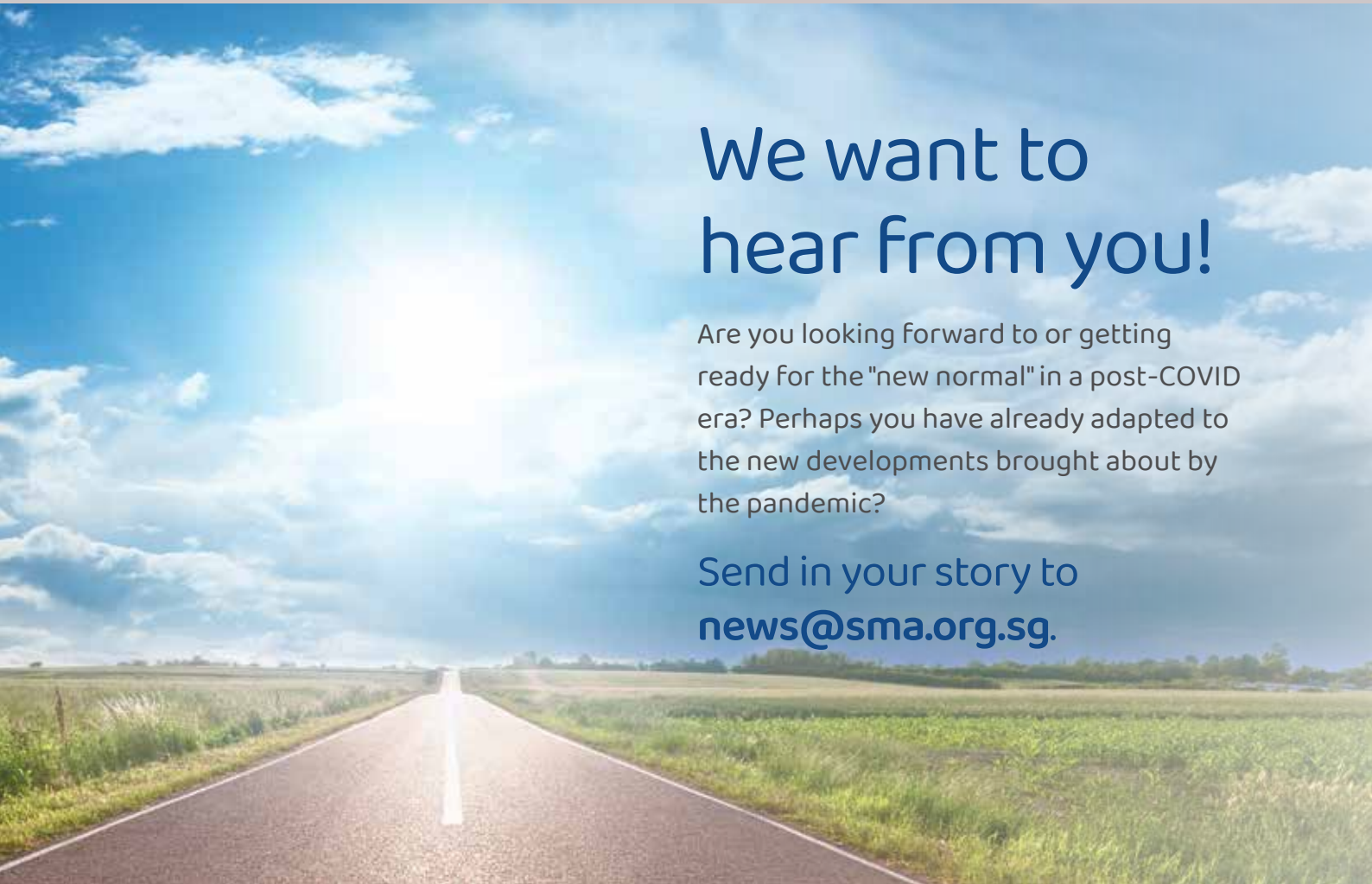
The examination ended in a flash compared to the many months of blood, sweat and tears, both on the candidates' and organisers' parts. Fortunately, the Internet connection during the examination was smooth and there were no major issues encountered thanks to the superb planning by the EC.

Towards a new normal

Moving forward, this will likely be the new normal for examinations during these trying times, especially if they do not require direct patient contact or physical examinations. It also has the added benefit of eliminating the need to travel out of country for overseas examinations, thus saving costs and time. A batch of our psychiatry junior residents has even cleared their membership examinations via online platforms in the comfort of their homes!

Looking back, I am honoured to have had the first-hand experience of taking this major examination over Zoom during this COVID-19 period. Thank you to all in the EC and RAC, and the examiners as well as our seniors for organising the examination and taking us for tutorials. All the best to future candidates! ◆

Dr Ong is a newly minted psychiatrist with a special interest in geriatric psychiatry. She is currently an associate consultant at the Institute of Mental Health. She cherishes spending time with her loved ones and enjoys travelling to scenic countries while indulging in delicacies all around the globe.



We want to hear from you!

Are you looking forward to or getting ready for the "new normal" in a post-COVID era? Perhaps you have already adapted to the new developments brought about by the pandemic?

Send in your story to **news@sma.org.sg**.

When COVID-19 cases started sprouting up around the world, many aspects of life as we know it were impacted. Students studying overseas were hurriedly recalled upon the Government's advisory and this included our medical students as well. Below, we hear from five students in various universities around the globe on their decisions and journeys in this tumultuous year.

Text and photo by Joy Wong Lynn

I've been back in Singapore for seven months and counting, and am still unsure of when I'll return to Sydney, Australia for in-person studies. Rewinding to the start of 2020, I was meant to embark on my clinical transition year at the University of New South Wales as a third-year medical student. Australia was initially blessed with two months of limited COVID-19 cases as they had shut their borders to travellers from China early on in the year, until March 2020 came and cases went on the rise.

March went by in a weird, fuzzy blur marked by confusion and disbelief. Initially, hospital and on-campus classes were still running as per usual, but there were growing concerns among our peers regarding our safety and health as more outbreaks were being reported across the city.

Getting our nasopharyngeal swabs done at Changi Airport upon arrival from Sydney!

"Should we wear a mask to the hospital?"

"Does our insurance cover us if we get COVID-19?"

"If one person in our apartment gets infected, what are we going to do?"

"Is the faculty going to introduce safety restrictions?"

After several discussions held between the student body and the medicine faculty, the decision was made to convert all on-campus teaching into an online curriculum. This gave us exactly one week to make our decisions, pack, arrange our quarantine and book a flight back to Singapore, before the lockdown began in Australia.

Virtual school felt somewhat surreal but manageable. It required some adapting, as the convenience of interacting and learning with peers in-person got cut off. Without that environment, it also became increasingly difficult to focus on work from the comfort of your home. You would think that online school would be easier, but our class schedule was jam-packed with lectures, tutorials and assignments, forcing us to remain disciplined.

As time went by, we accepted and adjusted to this new norm. Microsoft Teams and Zoom became all-too-familiar platforms to us, with my peers and I forming online study groups and chats where we could discuss difficult topics and message each other questions. Faculty also continued having regular feedback sessions with student representatives and held webinars with the cohort to keep us up-to-date on the latest news.

In a period that has drastically changed the way we work and interact, it was important for me to remain proactive in my learning by reaching out to my peers and tutors, and participating in online classes. It was easy to feel overwhelmed and lost at times, but recognising that everyone else was in the same boat and facing their own struggles made me appreciative of the supportive (albeit virtual) learning environment I had. That being said, in-person teaching is still something that we all hope to return to soon!

Joy is a third-year medical student from the University of New South Wales in Sydney, Australia. She is currently working on her literature review for her research project that begins next year.

Text by Ho Choong Kai

When I flew to Melbourne in February 2020, I was somewhat excited to meet new people and make new friends. However, when social distancing restrictions were imposed as the school year started, the faculty at Monash decided to move the syllabus online. In May, when Victoria state lifted COVID-19 restrictions, everyone was hopeful to return to face-to-face lessons for semester two. The faculty even organised a "mock session" to get a feel of how such lessons would run with social distancing measures in place. However, new clusters of cases arose in Melbourne and the government reimposed stricter restrictions, meaning that the mock session was the one and only time I saw my tutorial group offline. Although restrictions in Melbourne have lifted slightly recently, the faculty had already set that no physical classes would occur this year for my batch. It was disappointing just to know that there was really no need to be in Melbourne at all this year.

Studying online for an entire year has had its ups and downs. While I enjoyed being able to sleep in just that little bit longer, I felt that online learning just wasn't as engaging as face-to-face lessons and "Zoom fatigue" was a real issue. While the faculty created an online forum for us to post questions, I personally found it awkward to get questions answered there, especially since tutors could ignore the questions for days or weeks. I also felt that I was not able to socialise with my batchmates as much. Even though the student representatives tried their best to organise online socialising events, my experiences were often filled with awkward silences. I was only able to make friends with a group of Singaporeans also staying on campus, and they are the people I have spent the most time with, both online and offline. However, many of them have decided to fly back to Singapore over the course of the year.

Personally, I made the choice to remain in Australia till the end of the school year. Even though I miss home, the study environment is much better than at home due to the climate and the surroundings. I was also concerned about having to defer my studies if I were unable to return to Australia, but repeated assurances from the faculty has assuaged my worries. Thus, I flew back to Singapore after the year-end examinations, and am hoping to be able to return to Melbourne for face-to-face lessons next year!

Choong Kai started studying medicine at Monash University in February 2020, and has attended classes online for the entire year from his room in Melbourne.

Text by Xu Yanling

In the middle of March 2020, COVID-19 cases began to climb in Melbourne, Victoria and alert levels were raised to prepare Victoria for a lockdown. Singapore's Ministry of Foreign Affairs released an advisory for overseas students to return home. Amid toilet paper shortages, border closures and flight cancellations, our families urged us to return home quickly due to the numerous uncertainties ahead. Medical education at Monash University is a five-year programme and this was going to be my first year of hospital placement. Like the rest of my peers, I was deeply concerned about how leaving Australia would affect my learning. However, as clinical sites closed and the medical faculty granted their permission for us to leave, many of us eventually returned home to Singapore.

Thus began our year of remote learning. Having to adjust to remote learning was a predicament not unique to international students, as local students faced similar circumstances. Rather than feeling let down by this situation, we made the most out of every opportunity to learn and remained optimistic during the disappointing moments. I recall receiving encouragement from friends and family when the second wave of COVID-19 in Melbourne prevented our return and we could not acquire local placements due to the ongoing situation.

Thankfully, there were amazing people who reached out to the international medical students to offer academic support. We cannot express enough appreciation for the SingHealth Helping Overseas Medics' Education initiative, its organising team and the participating doctors for bringing us a comprehensive lecture series to help us assimilate into the Singapore medical workforce. We are truly grateful to Adj Asst Prof Endean Tan, who along with National Healthcare Group Education and the Singapore Medical Society of Australia and New Zealand, prepared sessions for us that were invaluable in aiding our clinical learning.

In this time of public health crisis, I feel even more motivated to study hard and become a competent doctor. This year, I have received endless support from my family, friends and the Singapore medical community. COVID-19 has shown me that "home" is an irreplaceable existence. When the time comes to return to Melbourne, I am sure that leaving will be harder than ever before. However, if I have learnt anything in 2020, it is to "just keep swimming", and to work with the changing tides. In the future, I hope to remember 2020 with gratitude, for the people who have been supporting me and my community, in ways big and small.

Yanling is a third-year medical student at Monash University, Melbourne.

Text by Andrew Lim

It was in March that COVID-19 was ploughing its way through Ireland from Dublin down south to Cork (where I was studying). Our lecturers knew things were moving quickly and some arranged to have lectures pushed earlier for fear of the college being closed on short notice. Within a few days of cases being reported in Cork, the fateful email announcing the closure of the college arrived, and I found myself stuck at home in the middle of the school term with examinations still scheduled to take place in the coming weeks.

People were rushing to supermarkets to hoard groceries, expecting a nationwide lockdown, while I was constantly updating my family on what was happening. There was a flurry of activity that very weekend as I deliberated with friends and family over whether to fly home and risk coming into contact with other potentially infected travellers, or risk being stuck in Ireland if a lockdown was to be enforced. I finally decided to book a flight for the following Sunday, after most of my peers booked their flights earlier in the week. My heart arrived at some sense of peace knowing that I was headed somewhere I would have the support necessary if anything adverse were to happen.

Thankfully, I arrived back in Singapore without much of a hiccup after the Government introduced stay-home notices for those returning from the UK. It took a week for the remainder of our lessons to be moved online and examinations rescheduled to accommodate students taking papers overseas. Times were certainly very strange as I struggled to adjust to studying from home in isolation in the midst of my normally busy household!

Fast forward to October after the extended summer break. College is back in full swing, consisting mostly of online learning mixed with a handful of hospital placements and minimal contact with anyone else from the course. While online lessons seem to be the norm now, I miss the human contact and learning environment that the university typically provides. Cases are on the rise in Ireland (again) while the situation back home seems to be stabilising, and I'm starting to fear that opportunities for clinical placements and learning will disappear. Any contact time with patients now is treasured, like liquid gold falling through the gaps in my fingers. I wonder… will learning be like what it used to be anytime soon?

Andrew is a third-year undergraduate medical student in University College Cork, Ireland. He enjoys cycling to explore the surrounding hills of the city when he feels adventurous.

Text and photo by Carolyn Chiam

It was surreal when I received an email from the university that they would be cancelling our hospital placements, and moving the rest of the year to online lectures. With all the uncertainty surrounding COVID-19, it was clear to me then that the safest place to be would be home in Singapore. The university tried their best to provide teaching online, but lectures undoubtedly cannot replace learning through clinical placements.

While in Singapore, I was introduced to a job opportunity at the Community Isolation Facility (CIF) at Expo for migrant workers who tested positive for COVID-19. I, like many Singaporeans my age, had never really attempted to interact with the foreign workers working at construction sites or shipping companies. I thought that this job would allow me the opportunity to, in an indirect way, give back to these people and also experience a less medical side of healthcare at the community level. In fact, the job description included looking out for the residents' mental health through organising and executing patient engagement activities. After much discussion with my parents about the risks of the job, they encouraged me to take it on. After all, it was likely that I would be exposed to COVID-19 patients eventually, and early infection control education is never a bad thing. My role at the CIF was a very varied one – from planning and executing morale-boosting activities, to facilitating weekly hair-cutting sessions and helping doctors with clerking patients. The stint at the CIF was only a short three months, but interacting and making friends with the foreign workers, as well as the doctors, nurses and staff there has opened my eyes to a side of medicine that I had not seen before, and will shape the way I develop as a medical student and doctor.

I am now back in the UK and the contrast between the COVID-19 situation here and in Singapore – the infection rates, policies and mindsets of the people – is stark. My hospital placements have resumed, albeit with some restrictions, including not being present at aerosol generating procedures, and increased infection control protocols. I am apprehensive that the virus will eventually find me here, but for now, I am relying on what I have learnt through experiencing Singapore's healthcare policies and the tight infection control within the CIF, and that will hopefully tide me through the worst of this next imminent wave.

We were thoroughly trained by the infection control nurses on donning personal protective equipment

COVID-19 threw a huge curveball in my learning as a medical student, but it has also given me the opportunity to experience a different side of community healthcare and helped me to cultivate good infection control techniques early on, which will definitely be useful in years to come. ◆

Carolyn is a fourth-year medical student currently studying in the University of Glasgow. She enjoys playing ultimate frisbee, bouldering, baking, playing with dogs and eating good food.

SUPPORTING OUR MEDICAL STUDENTS

IN EXTRAORDINARY TIMES

Text and photo by Ronnie Cheok,
Assistant Manager, SMA Charity Fund

It's been a year like no other. A year when a virus ravaged the world's population like no other before in recent times.

In the context of the economic fallout, SMA Charity Fund (SMACF) has once again stepped up to the fore in support of needy medical students at our three local medical schools.

Thanks to the generosity of our donors, we were able to support 55 medical students with SMA-Medical Students' Assistance Fund (SMA-MSAF) bursaries this year. In view of the Safe Management Measures, we met up with our bursary recipients virtually, with the event graced by SMACF Chairman Dr Chong Yeh Woei.

At this inaugural virtual event, Dr Chong delivered an impassioned speech on why diversity in the medical profession is critically important and urged the recipients present to pick up languages like Mandarin, Malay and Tamil, as well as dialects, if possible, so as to form a natural bond and connection with patients under their care. Dr Chong also shared that the aim of the SMACF was to try to address inequality by levelling the playing field in Singapore, particularly in the medical community.

Also present at this event were Dr Roland Xu, SMACF Board Member and a past SMA-MSAF bursary recipient, as well as Dr Ivan Low, SMA Council Member and a representation of the young doctors volunteering their time in SMA. Both Dr Xu and Dr Low shared some insights on their medical journey thus far and offered their support should the recipients need any advice on their journey.

In this unique setting, more than 40 recipients, comprising medical students in different phases of their medical journey, came together to share their aspirations, dreams and why they chose to embark on medicine as their chosen profession. We could see, through their words and their eyes, the steely determination to make a difference, in spite of the challenges they faced.

An interesting question and answer segment ensued, where questions were asked of the students' hobbies and other extracurricular pursuits as Dr Chong sought to get to know the recipients more intimately. This uncovered some very interesting pursuits like baking, volunteering at Meet-the-People Sessions and music, as well as a former fitness coach who offers fitness tips on his YouTube channel. As the event continued, we became more relaxed and shared much laughter especially when the recipients shared more on their interesting pursuits.

The evening concluded with a group photograph of all present. As always, it's been a wonderful gathering of like-minded people who hope to make a difference to the community at large here in Singapore. Together we can! ◆

Legend

1. Academic year 2020 bursary recipients at the inaugural Meet the Chairman virtual event on 30 October 2020.

ABCs of Gastric Cancer

Text and photo by Dr Aung Myint Oo @ Ye Jian Guo

In line with Stomach Cancer Awareness Month, SMA organised a webinar titled "ABCs of Gastric Cancer" for primary healthcare professionals, supported by Bristol Myers Squibb, on 7 November 2020. Dr Stephen Tsao, senior consultant gastroenterologist from Tan Tock Seng Hospital (TTSH) commenced with his topic on endoscopic diagnosis and management of early gastric cancer. I shared next on the surgical management of gastric cancer. Dr Choo Su Pin, senior consultant oncologist from Curie Oncology, Mount Elizabeth Hospital gave a presentation on immunotherapy for gastric cancer and Ms Serene Chew, senior dietician from TTSH touched on nutrition after gastrectomy. Presented here are some general information on gastric cancer for fellow colleagues' reference.

Incidence

Stomach cancer is the fifth most common cancer and third most common cancer death globally. In 2018, the World Health Organization reported a total of 1,033,701 (5.7%) cases of gastric cancer and 782,685 (8.2%) deaths from gastric cancer.[1]

According to the Singapore Cancer Registry, stomach cancer was the seventh most common cancer in men and ninth in women from 2013 to 2017. However, it ranked fifth for cancer-related deaths in men and sixth in women. Every year, approximately 500 patients are diagnosed with stomach cancer and about 300 patients die of it in Singapore.[2]

Risks factors

Among the risk factors identified, the most important ones are *H. pylori* infection and family history of gastric cancer. Chronic gastritis caused by *H. pylori* infection, pernicious anaemia and possibly high salt intake can progress into atrophic gastritis, intestinal metaplasia, dysplasia and eventually the intestinal-type adenocarcinoma. Exposure to N-nitroso compounds found in our diet, preserved food, tobacco smoke and other environmental factors can also cause gastric cancer, aside from smoking, alcohol consumption and obesity. Even though most gastric cancers are sporadic, 10% have family history. Only 1% to 3% of global gastric cancers are truly hereditary (familial), and such gastric cancer accounts comprise at least three major syndromes: hereditary diffuse gastric cancer (HDGC), gastric adenocarcinoma and proximal polyposis of the stomach (GAPPS), and familial intestinal gastric cancer (FIGC). Among the three sydromes, only HDGC is genetically linked to the germline mutations in the CDH1 gene encoding E-cadherin. Post gastric resection and bile reflux, especially after Billroth II anastomosis, is also one of the risk factors of gastric adenocarcinoma.[3] In Singapore, ethnic Chinese males above 50 years of age are considered to be in the higher risk group.

Presenting symptoms

Early gastric cancer patients might have very mild or vague symptoms, such as epigastric discomfort and dyspepsia, or are asymptomatic. Thus, gastric cancers are often diagnosed at the advanced stages, especially in countries without a gastric cancer screening programme. The mild or vague symptoms are usually similar to those of benign gastric conditions and patients sometimes self-medicate with gastric medications before consulting doctors. Advanced stage gastric cancer patients might present with persistent symptoms, such as epigastric pain, dysphagia, loss of appetite or weight, passing black tarry stools, vomiting of blood, coffee ground vomiting and anaemia. Late stage, metastatic disease might present with jaundice and/or abdominal distension due to malignant ascites and cachexia.

Diagnosis and staging

The most definitive way to diagnose gastric cancer is by conducting histological examination of the tumour tissues acquired through upper endoscopic examination and biopsies. Endoscopic examinations can also give important information on the location, size and stage of the tumour to guide on treatment strategies. With the aid of advanced technology such as image-enhanced endoscopy, endoscopists can identifiy the very early stages of gastric cancer including those arising from the metaplasia or dysplasia.

A new blood test known as GASTROClear is the world's first approved microRNA test to diagnose early gastric cancer. It is a qPCR-based diagnostic test kit that measures biomarkers linked to gastric cancer and calculates a cancer risk score using a proprietary algorithm that has been clinically validated.[4] According to a study published in 2020, it can detect 87.5% of Stage I gastric cancers and 89.5% of Stage II gastric cancers.[5]

The Singapore Health Sciences Authority approved the GASTROClear test in May 2020 and it has since been progressively rolled out in public hospitals and some private GP and specialist clinics for pre-screening of gastric cancer.[6] The cost of each test is around S$200, making it a cost-effective risk assessment tool for gastric cancer before endoscopy.[5,6]

Once the diagnosis is confirmed by endoscopic and histological examinations, the pretreatment Tumour, Node and Metastasis (TNM) staging of the cancer can be achieved by endoscopic ultrasound (EUS), CT scan, integrated positron emission tomography (PET)/CT scan, staging

laparoscopy, and peritoneal washing cytology, when clinically indicated. The pretreatment staging evaluation of gastric cancer is an important step to guide clinicians to the most appropriate treatment for the patients.

Management

Like other cancers, management of gastric cancer is multidisciplinary. Suitable patients with very early cancers and without evidence of lymph node metastasis, including those who are medically unfit for surgery, can undergo endoscopic resection. For patients not suitable for endoscopic resection, curative surgery with radical lymph node dissections can be considered. For advanced non-metastatic cancers, the management strategies will be either surgery with radical lymphadenectomy, followed by adjuvant chemotherapy or perioperative chemotherapy/perioperative chemoradiation with surgery and radical lymphadenectomy. Medically fit patients with unresectable advanced locoregional diseases need to undergo systemic chemotherapy or chemoradiation, while those patients with Stage IV metastatic diseases will be recommended for palliative management, including palliative systemic chemotherapy with or without target therapy. The best support care will be recommended to patients who are medically unfit for both surgery and systemic treatment.[7,8,9]

In Singapore, most institutions follow the Japanese Gastric Cancer Guidelines algorithm and thus, medically fit and operable patients will undergo upfront surgery followed by adjuvant chemo-therapy.[7] Perioperative chemotherapy or neoadjuvant chemotherapy are reserved for patients with borderline resectability in order to downstage the tumours to achieve the R0 resection with curable intent.

Recent studies from Japan, Korea and China showed that the laparoscopic radical gastrectomy is feasible, safe and non-inferior oncologically to the open radical gastrectomy for gastric cancer in experienced hands. Both short-term and long-term clincial outcomes after minimally invasive surgical treatment of gastric cancers are quite promising.[10]

Prognosis

The prognosis of gastric cancer depends on the stage. With the appropriate treatment, early stage gastric cancer can be cured, with the five-year survival rate for Stage I cancer as high as 90%. Unfortunately, most gastric cancers are diagnosed late and in Singapore, 58.2% of cases were diagnosed at Stages III to IV in 2017. The five-year survival rate for Stage IV diseases is as low as 5%. The age standardised five-year net survival (2010-2014) of gastric cancer in Singapore was comparable to those in Malaysia (Penang), Australia and the US, but lower than those in Japan and South Korea.[2]

Conclusion

Gastric cancer is one of the leading causes of cancer deaths in Singapore. Early stage gastric cancers can be asymptomatic, or present with mild or vague gastric discomfort symptoms. Patients might not seek timely medical advice and thus might be diagnosed only at an advanced stage. Appropriate multimodality treatment of gastric cancer, including gastrectomy and radical lymphadenectomy together with systemic chemotherapy, can be curative. The earlier the stage of the cancer, the better the prognosis and clincal outcomes. Suitable very early stage gastric cancer can be treated with endoscopic resection. The evidence of minimally invasive/ laparoscopic radical gastrectomies is emerging. Both their short- and long-term clinical as well as oncological outcomes are desirable with some advantages and non-inferior in comparison to the conventional open approach. ◆

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Legend

1. Dr Aung, second from left, performing laparoscopic gastrectomy using 3D camera system

Dr Aung is a senior consultant surgeon in the Department of General Surgery and a Deputy Chief Medical Informatics Officer in Tan Tock Seng Hospital, Singapore. He is also Vice Chairman of the Chapter of General Surgeons, College of Surgeons, Academy of Medicine, Singapore.

chicken soup for (FULLTEEDS) JUNIOR DOCTORS' (also medical students') SOUL (or whatever is left of it)

by Ada Ango who has been too free ever since she passed MBBS (by sheer luck and God's grace)

Trigger Warning: FAR TOO REAL SCENES FROM DAILY LIFE ☹

Dr Ngo is an emergency medicine resident who loves trying new things. When she's not on shift, she enjoys reading, writing, painting and drawing comics to amuse herself and her friends.

Addressing Common Questions Regarding the Vaccination and Childhood Development Screening Scheme

By Agency for Integrated Care

Thank you to our CHAS GP Partners for the support in administering Vaccination and Childhood Developmental Screening Scheme (VCDSS)! Following the official roll-out of VCDSS on 1 November 2020, we have highlighted some common questions to address any concerns you may have. For a full list of FAQs, please visit **Primary Care Pages (www.primarycarepages.sg)**.

GENERAL QUESTIONS

1. **Who is eligible for National Adult Immunisation Schedule (NAIS)/ National Childhood Immunisation Schedule (NCIS) vaccination subsidies at CHAS GP Clinics?**

   Vaccination subsidies are extended to Singapore Citizens at CHAS GP clinics if the patient
   1) is a Singapore Citizen,
   2) fulfils age, gender and vaccination history criteria of the recommended vaccination as per NCIS/NAIS guidelines,
   3) has the required clinical indication (if required under NCIS/NAIS guidelines), and
   4) Vaccine brand used is listed on Subsidised Vaccine List (SVL).

2. **Is the cut-off age for vaccination eligibility based on birthday or calendar year?**

   As per the NCIS/NAIS guidelines, the subsidy cut-off age for vaccination eligibility is based on the patient's birthday.

3. **Is serology testing required prior to vaccination of persons in recommended groups?**

   In the absence of documented record of past vaccination or immunity, conducting serology test is not a requirement before proceeding with vaccination. However, it can be used in certain situations to facilitate a physician's assessment to advise the patient on the need for vaccination accordingly.

   For example, if a patient declares that he has received hepatitis B vaccination previously, but does not have complete vaccination records or past evidence of immunity, the physician can consider serology test to determine the patient's hepatitis B serostatus before advising him on the need for vaccination.

   For eligible cardholders, serology testing can be claimed from CHAS Acute subsidies[1]. MediSave use is also allowed for serology testing if clinically required for the administration of NCIS/NAIS vaccination of persons in recommended groups.

   Where a serology test(s) is conducted during the visit as a subsidised vaccination for another disease, please note that patients should not be charged for a separate consultation for the serology test, hence you will not be allowed to make a claim for separate consultation under CHAS Acute.

   Where there is any uncertainty, doctors should exercise their professional judgement to decide if administration of the vaccination is clinically sound and appropriate. In such cases, doctors are expected to indicate clearly in their clinical records the basis for deciding that the vaccination is clinically sound and appropriate (where applicable). Please note that these records may be requested and verified during audits.

[1] *Clinics may select the diagnosis code "Z269 - Need for immunisation against unspecified infectious disease"*

QUESTIONS REGARDING NAIS VACCINES

1. **For patients who have been vaccinated with three doses of hepatitis B vaccine but are found to have no antibody response, will they be eligible for a repeat vaccination series?**

   Hepatitis B vaccination is recommended for all adults without evidence of immunity under the NAIS. If there is evidence that a patient has no immunity such a patient will be eligible for subsidy for repeat vaccination. Nonetheless, the doctor/clinic will need to submit an appeal on behalf of the patient for such a scenario.

2. **If a patient requests for both hepatitis A and B vaccines, can I give the combined hepatitis A/B vaccine (e.g. Twinrix) and submit a VCDSS claim for hepatitis B vaccination?**

   No, this is not permitted. VCDSS subsidies can only be claimed for vaccines in the Subsidised Vaccine List (SVL), which does not include Twinrix.

   For combination vaccines such as Twinrix (hepatitis A and hepatitis B), MediSave can only be used for the cost of the component vaccination that is on the NCIS/NAIS. For example, clinics should only claim MediSave for the cost of hepatitis B even though Twinrix was administered.

3. **With regard to groups recommended for influenza vaccination under NAIS, do chronic disorders include fatty liver, with or without transaminitis? What about gout or asymptomatic hyperuricaemia?**

   Literature cites non-alcoholic fatty liver disease under chronic hepatitis (one of the examples under chronic hepatic disorders recommended for influenza vaccination). Due to a wide spectrum of the disease, the risk of developing complications from influenza as well as the recommendation for influenza vaccination should be left to the clinical assessment of the attending doctor.

   Chronic metabolic disorders that should be considered for vaccination are diabetes, inherited metabolic disorders (e.g. porphyrias) and mitochondrial disorders; as listed in MOH Circular No. 211/2020 on seasonal influenza vaccination. Gout and/or asymptomatic hyperuricaemia is generally not considered under high risk groups recommended for influenza vaccination.

QUESTIONS REGARDING NCIS VACCINES

1. **For babies who have started on dose 2 of hepatitis B vaccine at one month old, and hence not scheduled for dose 1 of 6-in-1 vaccine at two months old, can we proceed to vaccinate and claim the subsidies with the schedule of 5-in-1, 5-in-1 and 6-in-1 vaccines?**

   Yes. Subsidies can be claimed for subsequent doses administered from 1 November 2020 onwards.

2. **PCV13 is now to be given at age 4, 6 and 12 months. As the child will be getting 5-in-1 and 6-in-1 at 4 and 6 months, if the child's parent insists on having PCV13 on separate days, can we give the first two doses at age 3 and 5 months instead?**

   The NCIS serves as guidelines in terms of vaccination schedule, number of doses, interval, etc. Doctors are advised to follow the timing in the NCIS but are able to exercise flexibility in discussion with parents and based on clinical discretion. You may like to advise the parents that if they are concerned about side effects such as fever, it can still occur even if PCV13 and 5-in-1 or 6-in-1 are given separately on different days. Doctors should actively follow up with parents to ensure that the child does not fall behind in the vaccination schedule.

   GPs should ensure that patient is indicated as eligible in the MOH Healthcare Claim Portal before extending VCDSS subsidies to patients.

QUESTIONS REGARDING CDS

1. **If a child misses a CDS touchpoint, can I still perform a CDS and submit a claim?**

   CDS entails monitoring of development at specific age milestones as part of routine child health surveillance and preventive care. Clinicians should encourage parents to bring their children for timely CDS visits based on the recommended touchpoints and age ranges as per the MOH "Guidance on Childhood Developmental Screening" (MOH Circular No. 183/2020). This applies to CDS at all primary care clinics, including both GP clinics and Polyclinics, to ensure a consistent experience for parents regardless of site of care.

   While clinicians may still assess children outside of the recommended age ranges, CDS subsidy eligibility at CHAS GP clinics takes reference from the national CDS clinical recommendations.

2. **Can claims for CDS be made for visits outside milestone ranges? (For example, if there is any abnormality during any of the CDS, and the baby needs a shorter next review.)**

   To ensure timely monitoring of developmental concerns or delays, all CDS should be performed within the recommended age range for each milestone in order to be eligible for claim. If CDS is conducted outside the recommended milestone age range for valid clinical reasons, clinicians may still submit the claim with the accompanying appeal reason, providing adequate details for justification, subject to subsidy approval on a case-by-case basis.

   Appeals with justifiable clinical reasons will be approved. These include cases where there are clear clinical reasons for the GP to perform CDS outside the usual age range (e.g. a follow-up visit is needed for review of unattained or delayed developmental milestone).

   Non-clinical appeal reasons (e.g. parents forgetting and missing appointments) will not be valid for CDS subsidy claims if the visits are made outside the MHCP claimable age ranges for each touchpoint. GPs should schedule CDS visits with parents in a timely manner within the range and remind parents that visits outside of these ranges will not be eligible for the Government subsidy.

Should you have any queries regarding VCDSS, please contact the AIC GP Engagement team at 6632 1199, or email gp@aic.sg.

FOOD FOR THE Soul

Kitchen Chronicles of a Doctor and Would-be Chef

Text and photos by Dr Audra Fong

Dr Fong is a neuro-ophthalmologist in private practice who loves to unwind the knots in her sulci and gyri with therapeutic cooking sessions. A self-confessed culinary enthusiast, she cherishes her free time spent in her happy place, whipping up dishes for her lucky husband, two teenage children and dog.

1

My earliest memories of kitchen escapades involved quietly observing my late Cantonese grandmother as she pottered about her kitchen, expertly chopping, slicing, tasting and adjusting the seasonings with a skill set honed through decades of experience. I was always in awe of how *Ah Ma* could deftly whip up simple delicacies for my school lunches, yet also cook up a storm each Lunar New Year with her trademark perfect planning, mise en place and execution.

Foundation years

Growing up in the 1980s, mainstream secondary schools included gender-specific courses as part of the standard curriculum. Girls were taught Home Economics, which involved cooking classes and sewing projects, while boys were sent for Technical Class, which had them chisel out various inedible wooden and metalwork pieces. I recall always being excited when it was time for "Home Ec", and I believe that it was there in the retro Home Economics kitchen of Singapore Chinese Girls' School that my lifelong passion for all things culinary began. My budding enthusiasm was palpable and sustained, and I ended up bagging the Home Economics Book Prize two years in a row. Tasty rock buns and fluffy Victorian sponge cakes aside, I also harboured the belief that the sewing skills imparted in those formative years helped develop some of my rudimentary surgical skills (but that is a story for another day).

Cooking is like love. It should be entered into with abandon or not at all.

– Harriet Van Horne

Interest piqued at an early age. My leisure hours were spent dabbling with new recipes gleaned from various cookbooks, and I was constantly on the lookout for willing subjects to taste test a new dish or two. However, as time went on, the hectic demands of being a college student, and later on a medical undergraduate, meant that I did not have the luxury of time for culinary escapades, much as I desired to. On the occasions that I actually had company to feed, I discovered, to my surprise, that being in the kitchen helped me to destress. The entire process – from menu planning, shopping and selecting ingredients, the preparatory work, down to the final execution – never failed to bring me a deep sense of satisfaction and joy. The kitchen

thus became my happy place and cooking was a therapeutic exercise in mindfulness. Over the years, cooking has also become my "love language" – the means by which I express my affection for those around me. Watching peoples' faces light up as they enjoy the work of my heart and hands is enough reward for the countless hours spent dreaming, cooking and creating.

Adventure awaits

Naturally curious and open-minded with regard to anything culinary, I subscribe to the mantra that there is always something new to learn. A self-confessed "gadget-holic" and "cooking science nerd", I constantly try out new techniques and appliances, firmly believing that there are countless ways to skin the proverbial cat. Friends have even jokingly labelled me a "kitchen influencer" of sorts, probably due to my oft enthusiastic sharing of my latest culinary adventures and experiments. A hilarious handful even attribute their vast range of kitchen toys to my culinary "evangelism", and claim to name their appliance cabinets after me! To date, I have attempted a plethora of cooking styles ranging from the innovative domain of molecular gastronomy (think pineapple spheres and nitrous oxide-assisted espumas) to the more traditional rigours of Peranakan cooking. It would be hard for me to choose a favourite cuisine among them all, as much of my culinary inclinations and inspirations depend on my mojo, and emotions play a huge part in my creative energy.

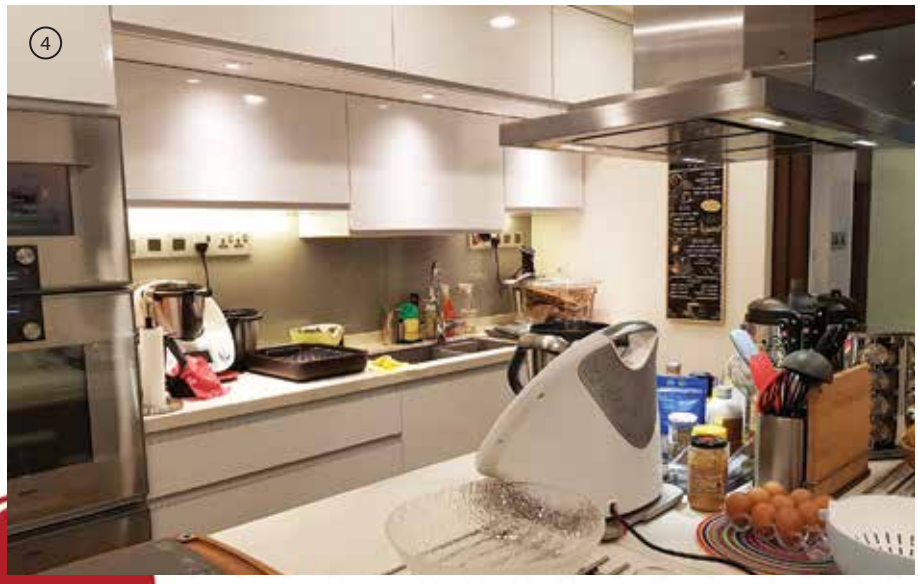
Of food truck dreams and beyond

Somewhere in my mid-30s, I had fleeting whimsical thoughts of starting a food truck business in the Central Business District with a fellow cooking buddy, but this was quickly shelved as the punishing realities of the food and beverage industry brought us both back to earth with a bump. *MasterChef Singapore* then came along in 2018 and I signed up on impulse at the last minute; I thought to myself, "Hey, YOLO (you only live once), right?" As it turned out, yours truly was not even shortlisted for the first round of interviews and admittedly, I was a wee bit disappointed by the outcome. When Season 1 of *MasterChef Singapore* eventually aired a few months later, I shuddered at how the contestants had to cook under intense pressure and scrutiny. I realised then that it was probably a blessing in disguise to have been rejected early on. Otherwise, my heart would surely have given out midway,

and it would have been quite a scene to have needed resuscitation on national television! Season 2 is now in the planning stages, and though I have received a generic email invitation to reapply, I have stayed sane and will be giving it a miss.

At present, I am a full-time ophthalmologist in private practice, with subspecialty training in neuro-ophthalmology. Managing complex neurological cases with ocular manifestations (some of which can be life-threatening) can be challenging, and I often look forward to unwinding in my happy place at the end of a tough work day. Many have asked me how I find the energy and time to put dinner on the table after work, and my answer is that a little planning the night before is all that is needed. In the end, love is still the most important ingredient in my book. Cooking for my family thus serves a dual purpose, and I am grateful that my passion and hobby allows nourishment of both body and soul.

What of the future then? Someday, when these hands of mine are beyond microsurgical capabilities, I have dreams of conducting culinary classes and possibly even foraying into private dining. I have a few exciting preliminary plans up my sleeve to bring this to fruition, and I hope to eventually be able to fuse my semi-retirement years with my lifelong passion. As the saying goes – everything begins with a dream, and what is life without purpose and a goal to work towards? ◆



Legend

1. Cooking never fails to make me smile
2. Signature dish – my highly raved about dry laksa goreng
3. Me and my (lucky) well-fed family
4. My happy place in full swing during party preparation for a crowd!

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SAT • JAN 23, 2021 • 2 P.M. - 4:30 P.M.

Legal Implications of Telemedicine • Advances in Acute Intervention for Strokes • Falls and Fractures - The Next Epidemic • Cardiac Emergencies - Choked Plumbing and Blackouts

Dr. Simon Chong

Dr. Joy Chan

Dr. Paul Mok

Dr. Asok Kurup

SESSION 2

SAT • JAN 30, 2021 • 2 P.M. - 4:30 P.M.

Practical Approach to the Management of Urological Emergencies for Family Physicians • Everything You Need to Know About Ocular Emergencies • The Good, The Bad and The Ugly - Maladies in the Head and Neck • Selected Infectious Diseases Emergencies

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