

SMA



For Doctors, For Patients

news

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BEYOND BOUNDARIES:

The Artistic Doctor



Music and Medicine:
The Arts of Healing

Being Part of an
Asian Fraternity

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CONTENTS

Editorial

04 The Editor's Musings

Dr Tina Tan

Feature

05 Music and Medicine: The Arts of Healing

Dr Joshua Hoe and Dr Stephanie Yeap

President's Forum

08 Continued Support for Our Fighters

Dr Tan Yia Swam

Council News

10 Highlights from the Honorary Secretary

Dr Ng Chew Lip

Insight

12 Medicine and the Law: Telemedicine (Part 2)

Jansen Aw and Dr Alex Cheng Wei Ray

Opinion

14 Two Years into Medical School (Part 1)

Faye Ng Yu Ci

Letter

18 A Time for Renewal

Chin Sue-Kay, Ryan Chen and Ravanth Baskaran



Review

20 Healing Hearts, Touching Minds

Dr Suresh Nair

22 Tucking into Food and Culture

Dr Tina Tan

Reflections

23 Requiem for Ah Leng

A/Prof Cheong Pak Yean

24 Being Part of an Asian Fraternity

Dr Jipson Quah

26 Awake at 2am

Dr Tan Su-Ming

26 Visit from an Old Acquaintance

Dr Tan Su-Ming

Indulge

27 Medi-Crosswords

28 The World of Dance

Dr Deva Priya Appan and Dr Mary Yang





The EDITOR'S 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.

At the risk of exposing my inner nerd, who here likes the theme song of *The Mandalorian*? Don't be shy – I unabashedly declare that I watch the show just to hear the song play during the end credits. Or have you ever swayed to the tune of Handel's *Minuet*? Or blasted out that rock song to the great annoyance of your children? For the record, that last example does not apply to me. I just happen to blast out other types of music besides rock, thank you very much.

Despite being neither a musician nor dancer, I appreciate good music, especially a musical piece that is strongly tied to a memory or evokes a powerful emotion. Have you ever had that experience? Such is the power of music and dance. There's something innate in all of us that has an appreciation for these art forms.

Music and dance are not simply forms of creative expressions. For folks like me who can't play a tune, we certainly appreciate them and rely on them to soothe our souls, or even to let our imagination soar. In my practice, music especially has many benefits in calming emotional distress as well as being an integral part of reminiscence therapy in patients with cognitive impairment.

This issue, we are very pleased to feature doctors whose talents lie beyond the practice of medicine, and who have dedicated their time in the pursuit of their passion for music and dance.

In addition, Dr Jipson Quah kick-starts our humble attempt to draw in more readers by introducing *SMA News'* first crossword puzzle. For those who enjoy such activities (especially since we can't travel or socialise much and have to stay home more these days), please do have a go and enjoy yourselves.

Our issue this month is truly meant to lighten the mood, which comes amid Phase Two (Heightened Alert), and hopefully we are in the midst of exiting that by the time of publication. However, the situation remains fluid, or as one minister puts it, "on a knife's edge". That message truly sank in when home-based learning was announced for our local schools yet again and people were only allowed to socialise in groups of two. We saw it coming, but I think for

many, that heavy sense of déjà vu still felt unnerving nonetheless.

I would draw your attention, especially, to SMA President's column on voicing support for healthcare workers. While Tan Tock Seng Hospital has thankfully reopened, healthcare workers continue to bear the brunt of having to manage COVID-19 patients, adhere to stringent infectious disease controls at work and worry about their families when at home. On top of that, our usual clinical work carries on to a limited but definitely essential extent.

It is traumatising to be on the receiving end of stigma and ignorance, and that has come in blatantly obvious forms from scooting away on an MRT train to, if I may say so, underhanded comments on social media disparaging some of our colleagues. #umbrage

I hope that our readers are aware that SMA is working hard for the profession, to represent our collective voices at the appropriate platforms and make a difference.

This is the way. ♦

Music and Medicine: The Arts of Healing

“Music can heal the wounds which medicine cannot touch.” – Debasish Mridha

Many would agree with the saying that music heals the soul. Surely then, music would be a great partner in the practice of medicine and the art of healing. Here, two authors share their respective journeys of being both a medical doctor and an avid musician, and how one practice complements the other in their lives.

Text and photos by Dr Joshua Hoe

I have loved music for a long time. In my favourite Victorian romantic comedy *Pride and Prejudice*, Elizabeth says to her beloved Mr Darcy in an impassioned speech at the climax of the novel: “I cannot fix on the hour, or the spot, or the look or the words, which laid the foundation. It is too long ago. I was in the middle before I knew that I had begun.”

Imagine me saying the same thing, but about music. Perhaps you’ll see what I mean more clearly through a few indirect anecdotes. Some things are clearer by illustration than telling.

A musical epiphany

I recently found out why I love the subtle “break-up” distortion on an electric guitar so much.

When you push the gain and tone knob into the *right* position and attack the guitar strings just enough at the right moment, that distortion on a big sweeping chord on a chorus can take you *places*. That same distortion on a phrased melody up the neck of the guitar can tell you exactly how beautiful life can be, or perhaps how tragic love lost really is.

And now, in the words of Monty Python, for something completely different: that familiar “distortion” sound is really a technical accident – its roots



are in an undesirable artifact caused by driving a tube amplifier too hard. By applying too much gain the audio signal is clipped, introducing harmonic and inharmonic overtones, sustain and that oh-so-lovely face-melting warmness.

But really all those words don’t mean much when I hear that overdriven guitar tone in my favourite song after a bad day at work, and it hits somewhere inside at the crossroads between mind, body and spirit (I think that localises to the thorax region in Netter’s *Atlas of Human Anatomy*). That dangerously gritty, warm and blooming sound makes me think of bittersweet pain, a thunderstorm, frustration and catharsis all at once. It’s lovely.

I cannot tell you where that power comes from, but it is there and almost universally loved at that, so I know it’s not a peculiar taste of mine (like drinking Milo without sugar).

The nature of music

Let me give another example of a powerful experience I’ve had with music recently. I was innocently surfing YouTube (as one does), and came across a series of videos that really helped me understand the harmonic series for the first time. I was floored when I realised that the twelve-tone equal temperament system that we use almost universally in music, and the intervals between these notes, are found naturally occurring as a principle

of physics in the harmonic series. (The harmonic series describes a series of overtones created after a fundamental is played on a resonating instrument. I'll stop here as I can hear an army of much better trained musicians typing furiously to email the *SMA News* Editor about equal temperament as they read this.)

The mind-bending upshot to all that music-geekery is that music is fundamental to the reality we live in, and to life really.

I may even go so far as to say that when these mere oscillating waves of sound travel through the air and slap your eardrums unceremoniously, and you can feel your spirit lift and soar during your favourite song – that's a hint of the divine and the mind of God right there. That's life and joy, really. (I hope that was enough payoff for having to read through that.)

The experience of music, I think, sits squarely at a meeting point. The meeting between mind, body and spirit, between the technical and sublime, between listener and musician, between one person and a thousand, between hours of chair-warming practice and ten seconds of spontaneous improvisation that scares your pants off, between science and art.

There's a pathway from motor cortex to spinal cord, alpha motor neuron, muscle fibres and to the movement of the vocal cords and fingers, but really, where does the music come from? Where does it go? What does it do when it leaves the musician and causes an audience full of strangers to feel the same feeling at the exact same moment? Is there a rule for having too many questions in a row in an essay? Who knows?

Music and medicine

When I get asked occasionally about how music relates to medicine, to my career and to caring for patients – I get an odd anxious feeling that I have a lot and yet very little to say at the same time. I really want to say "I love music" and proceed to elaborate on that in a long-winded way that would make Gandalf ask for a toilet break.

But really, I could not hope (or even attempt) to begin to summarise the power and joy of music – but I hope that in those meandering paragraphs above, you begin to understand what I mean when I say: "I really love music".

I would defer to my many far more experienced colleagues on this, but insofar in my personal experience as a hospitalist in an acute medical speciality, I have seen a fair amount of suffering. Death is always a sobering reminder that life is unthinkably fragile and finite. Fatigue and weariness at the seeming randomness of illness and suffering are always ready to set in. I do my best to remind myself that the goal of medicine is really to support life, the experience of life and the joy of living, and music has always unfailingly reminded me of that.

To indulge in some of Dr Hoe's music and recordings, visit
<https://www.youtube.com/joshhoe>
 or follow him on Instagram
[@hoestudios](https://www.instagram.com/hoestudios).

Legend

1. Original illustration by Joshua and his wife
2. Joshua and his wife cover the song "Love is an Open Door", available on his YouTube page



Dr Hoe is, at the age of 32, still trying to decide if he is really an arts or science stream student. He works at Singapore General Hospital as a senior resident and makes music at home almost compulsively after work. He has just picked up digital art and photography. Someday he could possibly be skilled in at least one of the above things.

Text and photos by
 Dr Stephanie Yeap

What is your favourite post-call activity? For some, it may be going home to take a good nap, meeting friends for a meal, or even catching a movie – things that our long work days would preclude us from enjoying regularly. For me, my best post-call moments would be spent singing at one of my favourite bars, under the starlit sky.

My journey as a singer-songwriter began when I was in junior college, having been part of the school's rock band co-curricular activity. Entering medical school, one of my biggest worries was not being able to play music as a working doctor, and hence with every opportunity to perform, my mantra was "this could be my last chance".

This mantra stayed with me through the years, where I'd eagerly contribute to school events, or take part in the Medical Society's annual Open Mic, which led to me taking big leaps in my music career including joining the National Arts Council's prestigious Noise Singapore mentorship programme and taking part in *Sing! China* auditions. This idea that I had to seize every gig opportunity, or risk regretting declining gig offers when I began work fuelled me as I juggled both music and medical school.

What initially began as little stints on stage as a Year 1 student grew into an exciting journey – including singing live on radio, playing for the President of Singapore and helming my own show on the grand Esplanade waterfront stage.

Perhaps the greatest joy, however, was marrying my love for music with my work in medicine. This manifested in reaching out to others through music, as well as writing songs about my experiences.

Connections through music

One of my most distinct memories was during my Year 4 psychiatry medicine posting in the Institute of Mental Health. We'd been assigned to the A&E where, as many of us know, patients with suicidal intent are often sent. I was to clerk a young man who'd just

come in – with a stoic face he revealed that he'd come from a strict family with high expectations for his career. He eventually caved and broke down, sharing that he'd been contemplating taking his life because his father threatened to disown him if he pursued what he loved: music. As opposed to continuing the "nine-grid" history-taking template we'd been taught to administer, I paused and explained, "Actually, I'm a musician too." We then went on to discuss the struggles of being passionate about music, amid the pressures of more "traditional" priorities like good grades and a professional job. At the end, the patient appeared comforted and was encouraged to talk things out with his father. In that moment, it felt almost serendipitous.

Of course, now as a working doctor and especially with the cessation of live music during COVID-19 times, my nights playing gigs have dwindled. Nonetheless, being a doctor has put me in a privileged position to encourage others through music. One such opportunity was collaborating with Creative Nation Singapore (a collective by the National Youth Council) to curate a Spotify playlist entitled "Stockpile of Love", which features songs to encourage front-line workers and COVID-19-stricken patients recovering in the wards.

Reaching out over distances

Writing original music has also allowed me to document my experiences in lyric and song, and connect with others. One amazing encounter I had was receiving an email from a listener in the US – she shared that her daughter, a competitive dancer, survived a harrowing bout of supraventricular tachycardia earlier that year. Having chanced upon "Emergency Room" on Spotify, an original song I wrote about my grandfather, she was inspired to use it as her contemporary solo piece, relating it to her own experiences in the emergency room. For one, it was incredible to realise that my music had reached somewhere so far away from home, but more importantly,



Photo: Benghui Eu

it was heartening to know that my music connected to others' personal experiences and further inspired their expression of art.

What would be my biggest advice to peers or juniors who feel driven to pursue a passion outside of medicine, be it music, photography, crafts, gaming or even cooking? Sometimes the best thing we can do is to just take a deep breath and make the plunge, reminding ourselves that "this could be my last chance". Because if not now, then when?

When the pandemic gets better, and you're heading to your favourite bar for a drink after work, don't be surprised if you see a bleary-eyed but smiley singer providing background music for the evening. Just give a little smile and wave, for that could be me post-call! ♦

Legend

1. Steph launching her original music album at the Esplanade Outdoor Theatre (August 2020)

Dr Yeap is a medical officer working in Singapore General Hospital, and also a singer-songwriter in the local music scene under the moniker "Stephycube". With the release of her album *Most Of All* (2019), she was highlighted as one of "Singapore's Top Acts" on Spotify and on Apple Music's "The A-List: Singapore Music".



Continued Support for our Fighters

Text by Dr Tan Yia Swam

Illustration: Dr Justinian Zai



21.5.21

inexplicable people... I've had it enough
unclean... WHY ME? I miss my family...
COVID Spreader
GO
Why risk my life?
How do we all

Throughout the months of May and June, like me, many of you must have followed the reports of local COVID-19 outbreaks very closely. The tracking of the progression of cases depends on where you get your facts from, as the style of reporting may bias one to certain conclusions.

After 16 months of battling COVID-19 in Singapore, some consistent social elements that impede our fight include:

1. Lack of timely and accurate information (eg, the limitations of testing).
2. Inability to disseminate factual news fast and securely.
3. Proliferation of speculations.

Varied comprehension

It seems that everyone interprets the severity of the COVID-19 pandemic based on what they know, and in truth – no one has a complete picture. Some have gotten very relaxed, because they have not known of anyone getting COVID-19 within their social circles and news of faraway places do not affect them. Yet there are others who have lost loved ones to this virus and might be living in fear that they might lose more family members to this pandemic. The majority of the people would perhaps have a situational reaction, depending on context.

Even within healthcare, I realised that doctors practising in different areas and/or subspecialties can have very different perceptions as well.

Those with family members working in Tan Tock Seng Hospital (TTSH) who had to endure “self-isolation” or even move out into temporary accommodations to abide by the “Segregation Order” would have felt the pain of having to be a broken family, even if temporarily. Yet there are doctors who mock this, calling it a “Government-paid staycation”.

I have family and close friends working in TTSH, and I can see that the relentless stress, continuous work and mounting fear is taking its toll. The fatigue and burnout experienced by these doctors are real. But I am also relieved that there is some awareness of discrimination against healthcare workers (HCWs), and that many are speaking up on this. These HCWs are on the front line and they make the most personal sacrifices. I have heard some opine that, “This is what they signed up for, they should know.” The narrative of “healthcare hero” might need to be changed somewhat.^{1,2} While it is a calling to be in healthcare, there should also be an understanding and appreciation that we too are humans and this is a job, just like any other.

Social media is always a double-edged sword – on the one hand providing fast information and updates, and comic relief in the form of memes, but also capable of spreading falsehoods fast and inviting much casual and callous comments, maybe even deliberate cruelty. I hope that my friends here will exercise your professionalism, empathy and basic decency to be thoughtful and kind. The whole world is suffering together.

Means to recharge

I dare say everyone is battling some form of COVID-19 fatigue. People have lost lives and jobs to this. Everyone has lost their freedom to some extent.

I urge all our Members to exercise self-care. Take a break from work and from worrying about COVID-19.^{3,4}

This June issue carries some light-hearted articles on the arts. The arts soothe the soul, whichever medium you may prefer – be it theatre, music, visual arts and/or other genres. I personally choose music to match my mood.

If you are feeling very stressed, consider taking a half-hour or short break to get something to drink and put on your favourite music. Let your mind wander and not think of anything in particular. Live in the moment. ♦

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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 in mid-2019, 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

SMA's published survey on impact of COVID-19

To understand how our Members are doing during the pandemic, SMA conducted a survey to evaluate the impact of COVID-19 on doctors in the private sector, specifically on income and practice patterns.

The majority of respondents, in both GP and specialist groups, reported income loss and a decrease in patient load, with a small percentage having to retrench staff or cut wages.

The article, published in *Annals, Academy of Medicine, Singapore*, can be found at <https://bit.ly/3bJh47>.

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.



WSH toolkit for healthcare workers

The Workplace Safety and Health (WSH) Council has developed the "WSH Orientation toolkit for Healthcare Workers". The course aims to equip participants with WSH knowledge, such as the WSH Act and its regulations, common hazards at their workplaces, and control measures, so that they can protect themselves and prevent injuries and ill health.

Adapted from the "Basic WSH Healthcare Online Course", the toolkit can be used by healthcare institutions to conduct orientation and training for their staff. The toolkit includes enhancements from the online course such as:

- Updated content in alignment with recent regulatory changes (Workplace Safety and Health [Incident Reporting] Regulations 2020);
- New fire safety and response module;
- Facilitation tips for the slides; and
- Enhanced comprehension questions at the end of each module.

The toolkit was reviewed by the WSH Council (Healthcare) Committee, which consists of stakeholders in the healthcare industry, to ensure that the content is accurate, relevant and useful to the healthcare community.

The WSH orientation toolkit can be downloaded from <https://bit.ly/3u8a1xg>.

Passing of CMAAO President Dr K K Aggarwal

The SMA Council informs with regret the news of Dr K K Aggarwal's demise on 17 May 2021 in New Delhi, after a lengthy battle with COVID-19.

Dr Aggarwal was President of the Confederation of Medical Associations in Asia and Oceania (CMAAO) from 2019 to 2021. SMA is a member of three regional/international bodies, namely the Medical Association of South East Asian Nations (MASEAN), CMAAO and the World Medical Association (WMA).

In his short tenure as President of CMAAO, Dr Aggarwal turned CMAAO into a vivid institution of organised medicine with daily discussions, weekly – mostly educational – online meetings and friendly cross-border exchange of facts and opinions.

SMA wishes to extend our deepest condolences to Dr Aggarwal's family during this time of grief.

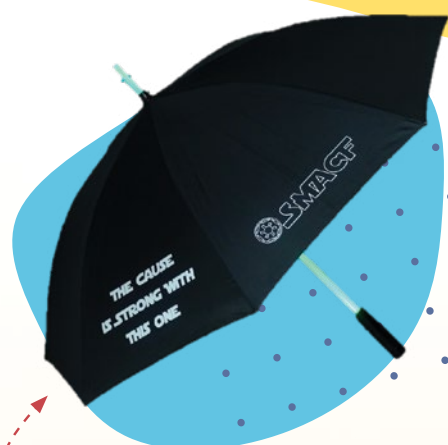
Passing of Dr Yeo Khian Kiat

The SMA Council informs with regret the news of SMA Life Member Dr Yeo Khian Kiat's demise on 28 April 2021. Dr Yeo was a GP at Drs Horne & Chin before he retired, and he has been an SMA Member since 1969.

We wish to extend our deepest condolences to Dr Yeo's family during this time of grief. ♦

Mid-Year MEMBERSHIP PROMOTION

New membership applicants who sign up between **1 July 2021 and 31 December 2021** will get to enjoy half-year subscription fees and welcome gifts.



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Overseas Membership	\$75.00
Student Membership (Complimentary)	N.A

All membership fees are in Singapore Dollars and inclusive of 7% GST (except for Overseas Membership)

To sign up, please visit <https://bit.ly/SMAapplication>.

Medicine and the Law

TELEMEDICINE

(PART 2)

Text by Jansen Aw and Dr Alex Cheng Wei Ray

This is the second article of a two-part series. In this, the authors delve deeper into the legal-technological aspects surrounding the use of telemedicine. Part 1 (<https://bit.ly/5305-Insight>) discusses issues where law and technology converge in the realm of telemedicine.

Due diligence and authentication issues

It is not often that a doctor is faced with considerations of due diligence to be carried out with regard to a patient. These belong more commonly to a corporate setting. Nevertheless, there is a need to carry out due diligence and authentication of a patient in the context of telemedicine. Given the remote environment in which the doctor comes into contact with the telemedicine user, it may be difficult for a doctor to verify the identity of the patient and the information provided, and this may lead to a risk of abuse. For example, a user may provide false information to a doctor over the telemedicine platform in order to obtain a payout under an insurance policy, and it may be difficult for the doctor to verify such information given that they are not in direct contact with the patient.

The current National Telemedicine Guidelines (NTG) stipulates that a doctor should request for the patient's photo identification with NRIC/FIN number clearly shown on the video screen before the consultation to verify their identity. However, a colour photocopy of an edited identity card will look exactly the same as a real one on screen, as the doctor will not be able to feel the texture of the card. Furthermore, since the various telemedicine apps operate on their own servers, there are also no alternative avenues for a doctor to check if an NRIC/FIN is genuine.

One solution would be to implement a two-factor authentication system, where not only the patient's identification document is verified, but the patient's identity can be verified using their mobile number. Additionally, as a government-wide initiative, it may make sense if Singpass can be integrated into telemedicine apps during the initial registration to automatically verify a patient's identity, similar to how some banks are getting information from the MyInfo platform to verify new account signups.¹ Alternatively, an NRIC/FIN verification platform can be created to grant doctors the right to check if the identification number is genuine. This will in turn prevent issues regarding phantom patients and any potential drug abuse cases.

IT security and confidentiality issues

At the moment, tele-consultations are performed across various platforms. Some GPs and even polyclinics are conducting them through the use of video-conferencing software, which may pose a security concern. It would be wise for a telemedicine provider to have in place the proper infrastructure and IT security to ensure that information transmitted between the doctor and patient is secure from intruders or hackers.

In line with the above, telemedicine providers should also ensure that there are proper Identity and Access Management² mechanisms in place

to prevent unauthorised access to the telemedicine application and patient records and to prevent any identity impersonation where possible.

Additionally, there are confidentiality issues surrounding telemedicine. Although the NTG guidelines state that doctors should not record the contents of the teleconsultation to respect the sanctity of doctor-patient confidentiality, there is nothing stopping the patients from doing the same thing on the other end, which may make some doctors uncomfortable in providing care via teleconsultation. A proposed solution in future, once the Healthcare Services Act kicks in, is that teleconsultation should only be conducted on approved applications with all these considerations taken into account.

Data protection

If telemedicine is the engine driving the way forward in providing medical services, then data (or more specifically, the patient's data) is the fuel that powers this engine. It is through the collection and use of such patient data over remote means that the doctor is able to come up with the relevant diagnosis, treatment and advice for the patient in telemedicine.

In this regard, it is critical that a doctor providing telemedicine services be well versed in the requirements to protect personal data of the patient under the Personal Data Protection Act (PDPA). These include ensuring

that the patient's consent is obtained before collecting, using or disclosing his/her data; ensuring that there are reasonable security arrangements to protect such personal data; ensuring that the personal data of the patient is accurate during collection; and ensuring that the personal data of the patient is not retained for an unreasonably long time.³ It should be noted that the PDPA will be undergoing changes in the future, and a public consultation has recently been carried out to seek comments on these proposed changes.⁴

The future of telemedicine

In a recent McKinsey survey, healthcare leaders interviewed cited remote monitoring as a key area for future investment and up to \$250 billion worth of current US healthcare spending could potentially be virtualised.⁵ If devices can be created to replicate a doctor's physical examination and provide accurate information to the attending physician remotely, even telemedicine's staunchest opponents may be converted to embrace it. Some of these technologies already exist but cost issues prohibit their widespread adoption in telemedicine. It may just be a matter of time before such production costs are lowered, making telemedicine more accessible to patients. For example, oDocs Eye Care invented an add-on device that can turn any smartphone camera into an ophthalmoscope, which can aid doctors in diagnosing eye conditions through tele-consultation.⁶ Electronic stethoscopes which can wirelessly transmit recordings of auscultation sounds back to the computer via Bluetooth are also available in the market. Perhaps in future, every telemedicine patient can have an electronic stethoscope at home to complement the tele-consultation.

Artificial intelligence (AI) is also becoming more pervasive in telemedicine. There are currently several online self-diagnosis programs available (eg, Symptom Checker by WebMD and the Mayo Clinic Symptom Checker), which taps into AI technology that allows patients to self-diagnose

their medical condition. In our view, the market for smart tele-monitoring devices with incorporated AI technology is set to grow.

However, these come with challenges too. Deepfakes, which refer to manipulated videos or other digital representations produced by sophisticated AI that yield fabricated images and sounds that appear to be real, may also pose a problem in the arena of telemedicine.⁷ Doctors may have problems verifying a patient's identity, giving rise to phantom patients. It may even be exploited as a loophole by patients with ill intent to manipulate the tele-consultation process.

Recently, Singapore's Infocomm Media Development Authority and Personal Data Protection Commission (PDPC) produced the second edition of the Model AI Governance Framework (Model Framework) to regulate the use of AI technology.⁸ The Model Framework's strength and unique contribution to the global discourse on AI ethics lies in translating ethical principles into practical recommendations that organisations can readily adopt to deploy AI responsibly. The barrier to entry of AI adoption is hence lowered and users have the confidence to implement AI to improve their processes. This framework is *sui generis*, which means that the framework can even be applied in the field of medicine. Therefore, using the PDPC's Model Framework as the foundation, we hope that the Ministry of Health comes up with guidelines specifically for telemedicine, accompanied by a compendium of use-cases, to guide practitioners in their practice of telemedicine.

Conclusion

Telemedicine has the potential to reshape the way in which medical practitioners practise medicine. Just like how Uber disrupted the transport sector, how AirBnB disrupted the tourism industry and how blockchain technology disrupted the banking sector, it would be interesting to see whether telemedicine will become the next disruptor in the practice of medicine in the age of the COVID-19 pandemic. ♦

Jansen is a partner with the Litigation and Dispute Resolution Practice, and Technology and Data Protection Practice in one of the oldest law firms in Singapore, Donaldson & Burkinshaw LLP. Jansen is an advocate and solicitor of the Supreme Court of Singapore.



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TWO YEARS

into Medical School

PART 1

Text by Faye Ng Yu Ci

Parallel histories

When I was a child, my mother loved to tell me stories from her university days. She said those were the most radiant years of her life, ones she enjoyed to the fullest. There was the thrill of unbridled youth, coupled with the freedom of academic enterprise. With independence came the liberty to allocate and repurpose time, pre-curated school days a relic of the past. University was the semi-autonomous rite of passage to adulthood, with only a portion of its responsibilities. It was the place where you discovered and found yourself.

As a university student, my mother weaved through the campus on her steel-framed bicycle, squeaky wheels and wooden box laden with books at its rear. Swerving around the tree-lined bends, the lake next to the Central Library glimmered, its lotus pads dark circles under the relentless sun. During examination season, my mother's study group took turns to save seats for each other in the library, where students camped out overnight between shelves of books, brushing their teeth by the sinks in the mornings. On lazier afternoons, she leafed through pages of jotted notes lying on her dormitory bed, the ceiling fan overhead whirling. When the scent of freshly made desserts wafted up from a floor below, she was always one of the first in line at the canteen. With her roommates, she raced towards what would later become one of her fondest and most vivid memories of youth, strangely yet gently beckoning.

By the time I entered university, it was a different campus, a different dream. Instead of a bike, the orange and blue university shuttle buses ferried me

from Kent Ridge MRT to UTown. In place of the library, I studied at the common area outside Starbucks, the vast patch of green in front of me, the view and weather sublime on wind-rimmed days. While my mother ran for desserts, I ran from the anatomy hall to the histology laboratory, and for the MD6 tutorial rooms when my clinical group detoured too far away for lunch. On that day, we lost track of time in between full-bellied laughter and honest conversation, enclosed in the warm-coloured walls of La Nonna.

Getting into medical school

When my juniors asked me for advice on applying to medical school – questions on how to write their personal statements and prepare for interviews – I thought hard about what I could share. It prompted me to consider what made for a successful medical school candidate, and by extension, what my friends in NUS Yong Loo Lin School of Medicine are like. I thought about their personalities and attributes, lingering on unifying features that made them alike. Nevertheless, there was nothing definitive I could arrive on.

Besides the usual character traits of integrity, diligence and persistence, along with a prevailing code of moral conduct, there are few other qualities that can encapsulate or represent our class. Everyone has idiosyncrasies of his or her own, and it is impossible to pinpoint why each of us made the cut for medical school.

Similarly, the interests and pursuits of medical students range far and wide. Among my classmates, there are national players representing



Singapore at the Southeast Asian Games, impassioned environmentalists driving sustainable efforts and aspiring artists producing Spotify soundtracks. There are friends living in Hall whose gamut of co-curricular activities all but take them away from the studying of medicine, friends who strike a good balance between work and play, and friends who swear by the hardcover *Robbins Basic Pathology* textbook they lug to school every day. We have our class clowns and opinionated vocalists, gym jockeys and food bloggers, diehard nerds and old soul poets... Though few might expect it, medical school is variety and diversity – there is a place for everyone.

Another truth I discerned in retrospect: most of us made it into medical school because we were *lucky*. We were lucky to have performed well at the multiple mini-interview stations and encountered faculty who believed we would make for good doctors. We were privileged to have come from educationally advantaged backgrounds and systems that gave us the circumstances to succeed. We had teachers who impressed upon us the value of hard work, developed our ability to think for ourselves and invoked our curiosity for the subjects we learnt. We met seniors who served as our role models, demonstrating, by virtue of who



they were, what compassion and humility looked like, and what responsibility and an unwavering work ethic meant.

Then, there were those who went the extra mile for us. I am indelibly grateful to my General Paper teacher, who sacrificed her lunch breaks on Fridays to discuss extra essay plans with me, and Mum, who made sure I always had hot piping food on the dinner table to return home to. These people supported us in tangible and intangible ways, believing in us when we struggled or lost faith in ourselves. While we were zealous and ambitious, we were more so enabled and blessed.

In replying my juniors, I urged them to be themselves, relax and, most of all, enjoy and learn from the process of applying to medical school. Medicine, after all, is a science and an art. In many instances, it is also serendipity.

Pre-clinical years

The first year of medical school was a flourish of new beginnings, friendships and experiences. Like flowers, each was a bloom inching and spreading open, with some shutting earlier, and others maturing to full-laden density.

In medical school, we had an intense curriculum. Our first few weeks of school already had our calendars brimming, packed with back-to-back lectures, tutorials, anatomy hall and histology laboratory sessions. During the lecture breaks, my friends and I would wind up at Dilys by the bread racks, enamoured by the scent of coffee and assorted

buns, full and eased into perfect domes. On occasions, there would even be the fragrance of turmeric, the auntie behind the counter folding potato filling into pastry dough, crimping the edges together deftly to form the braided rims of curry puffs.

As first years, there was a lot to adjust to and take in. We studied anatomy, physiology, histology and biochemistry with vigour and exuberance. All of a sudden, we were medical students, doctors to be, and the idea was surreal. As much as the newfound knowledge was overwhelming, our freshness and eagerness kept us going. Only later in the year did we run into each other streaming lectures from the library, exchanging knowing glances as we hid rueful smiles.

By second year, we had formed our close circles of friends and acquired a clearer idea of what we hoped to achieve in our pre-clinical years. Things became more comfortable and manageable, as we gained familiarity over the various aspects of medical school. Second year was a continuation of the first year's endeavours, our days filled by the usual array of lectures and tutorials. What was different was the new *mala* stall at Frontier canteen, that made our noses run when we felt brave enough for another notch up the spice-tolerance scale.

Academics wise, the curriculum was heavier, but counterintuitively, everything made more sense. Perhaps this was because the Year 2 curriculum was built upon our Year 1 foundation: pathology was derived from anatomy and physiology, while pharmacology acted upon the body's physiological

mechanisms. Our greater overall breadth and depth of knowledge helped us to draw connections between concepts, allowing us to keep the bigger picture in mind instead of getting caught up in the details. The year passed in quick footsteps, steady hearts and opened books in libraries.

The medical school experience

Unlike other faculties, medicine is relatively self-contained due to the way our degree is structured and organised. We have our own campus, academic calendar and curriculum, in addition to a curated set of electives and exchange programmes.

Instead of a modular system, we have a fixed syllabus whereby everyone goes through the same series of lectures and tutorials. Although I was initially disappointed by the inability to choose or customise classes, I gradually grew to appreciate the routine and predictability medical school offered. It was a relief that I did not have to arrange my own timetable or strategise over how to bid for modules. More importantly, a common curriculum strengthened our solidarity by giving us a shared experience and memories we could all relate to. It felt reassuring to go through medical school in tandem with the rest of my batchmates, as we learnt, revised and took our examinations together.

Despite the standardised curriculum, there is no lack of options or opportunities for co-curricular activities in medical school. We have our annual Rag and Flag (RAG), Inter-Faculty Games, as well as local and overseas community involvement





Yong Loo Lin School of Medicine

A member of the NUHS



projects (LCIPs and OCIPs) to participate in. We also have organising committees for events like Freshmen Orientation Programme and Dinner and Dance, apart from Medical Society directorates, ad-hoc book clubs and interest groups.

As an incoming freshman, the plethora of experiences presented by university can be overwhelming. This gives rise to FOMO – the fear of missing out. At the start of orientation, these exclamations were familiar: “I’m FOMO I’m not in dance for RAG”, “I’m FOMO because I can’t make it for the house gathering tonight”, and “I’m FOMO about not signing up for OCIPs”. I think back to walking around the multi-purpose hall during CommServ, a day where community service projects convene to put up an exhibition for incoming juniors, and being inundated by the sheer spectrum and number of projects spanning the room. When everything seems possible, paralysis in decision-making occurs.

Personally, there was also the impulse to take hold of these offerings. After considering which causes most resonated with me, I joined Project Lokun, a biannual humanitarian health service project to Pursat, Cambodia, and the Neighbourhood Health Service, a local health screening project reaching out to elderly residents in rental blocks. Beyond medicine, I continued dancing in NUS Synergy and the PULSE scholars’

programme under Frontier Danceland. I choreographed as well for the first time in medical school, putting together a piece for the Silent Mentor Appreciation Ceremony.

My time in the community service projects that I was a part of left a deep impression on me. My fondest recollections are of the people – the residents and villagers I served, together with the friends I worked alongside with. Sometimes, it is the most mundane and minute of details you remember: how dim the corridor of the rental block was as it extended down into more sets of metal-hinged gates... the throb of the granny’s pulse as you measured her blood pressure. I recall staying up till the wee hours of the morning sorting through health records on Excel and those long van rides in Cambodia from Phnom Penh to deep inside the villages. When I dozed off on my friends’ shoulders, I remember waking up to the most comical expressions of them sleeping.

Through these experiences, I gained insight into my strengths, weaknesses and dispositions. When there were difficult decisions to make, I also realised what I loved and cherished. It takes time to sort through all the shimmer and the clutter, to figure out and understand yourself. Growth is never a linear process – it is important to be patient. ♦

Legend

1. Being inducted into the medical fraternity at the White Coat Ceremony
2. Celebrating our birthdays for one another and being each others’ pillars of support in medical school
3. Day trip to Johor Bahru with my M2 clinical group, where we tried out the amazing banana cakes from Hiap Joo bakery
4. Striking a pose in front of one of Angkor Wat’s temples, which we visited for our L25 trip
5. Colour coordinated with my M1 clinical group in our Patient-Based Programme attires, each of us in a different shade of the rainbow

Faye is currently an undergraduate student at the NUS Yong Loo Lin School of Medicine. In her free time, she writes, bakes and dances. Her poems have appeared in *Cha: An Asian Literary Journal*, *Quarterly Literary Review Singapore*, *Raven Chronicles*, and *Bookends Review*, among others. Her poetry is also forthcoming in the *Annals of Internal Medicine*.



A TIME FOR Renewal

In the month of April, the air warms as spring arrives in the UK. Golden fields of daffodils carpet the ground and pink buds of cherry blossoms grow on what was once bare branches. Spring is a time of rejuvenation and renewal. As vaccines continue to be rolled out across the nation and the number of COVID-19 cases fall, life in the UK is slowly regaining a sense of normalcy. Before the UK eased out of lockdown on 12 April, the Singapore Medical Society of the United Kingdom (SMSUK) organised a slew of springtime events to engage our members and enhance their learning. Below are some of our highlights since the last column.

On the last Saturday of February, SMSUK members and alumni from all over the UK and Singapore came together to celebrate the month of love and friendship in our online social event "Crazy Rich Palentine's". Inspired by the massive box office hit romance *Crazy Rich Asians*, participants were encouraged to come dressed in their fanciest first-date outfits for the session. The event featured our popular "speed-friending" sessions facilitated in Zoom breakout rooms, a short Valentine's Day trivia quiz and a segment where participants had fun creating and presenting "Palentine's Profiles" for their friends. It was an event filled with warmth, laughter and banter.

The COVID-19 pandemic brought about much disruption to clinical teaching for medical and dental students in the UK. To address this, SMSUK got creative and spearheaded events such as our first ever hands-on virtual dental composite class in March. Over 50 participants were tutored on various composite filling techniques by volunteer mentors and alumni. The hugely successful event was also joined by members of our affiliated societies from Malaysia and Hong Kong.



Dental composite class

SMSUK also launched our new "Grassroots Events" initiative, where members had the opportunity to organise events together with the SMSUK committee. We kicked off with a talk on "Shaping the Future of General Practice in Singapore", organised by SMSUK member Cornelius Tan in collaboration with the Singapore Medical Societies of Australia and New Zealand, and Ireland. The talk was attended by over 50 members from the three societies who listened to insights from Prof Doris Young, Dr Wong Tien Hua and Dr Ruth Lim, three prominent figures in Singapore's general practice scene.

As the above events were the first of their kind in our society, we are heartened by the strong support from our alumni and mentors who volunteered to organise and conduct the sessions, enthusiastic participation from our members and overwhelmingly positive feedback we have received.

For this month's prompt, we asked our members to share how they have spent their Easter break.

— Chin Sue-Kay, Editor, SMSUK



Text and photo by Ryan Chen

Ryan is a Year 1 medical student at University of Leicester.

Spring was here. Since I would be spending Easter in the UK this year, I decided on visiting Cambridge and London.

Cambridge was charming. The solemn, overcast clouds that greeted me there soon gave way to clear, spotless skies that rained generous pockets of sunshine onto those hallowed, ancient streets and college buildings. Punting down the River Cam, passing various landmarks like King's College Chapel and the Wren Library, under the famed Mathematical Bridge and the Bridge of Sighs, I couldn't help but marvel at this Eden that spoke of eras of grace and academic prowess.

London – where do I start? My two day trips down South would not do justice to the beauty of this

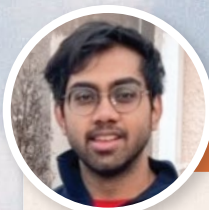
British icon! Together with some friends from junior college (JC), I let my mind wander on the stroll down Southbank, tracing the Thames as it unveiled various landmarks – the Tower Bridge, St Paul's Cathedral, Big Ben and the London Eye. The day I visited coincided with His Royal Highness The Prince Philip's passing. As I witnessed the crowds gracing Buckingham Palace's stately gates, laying flowers and paying their respects, I couldn't help but be reminded of the spirit of British unity amid trying times, especially during COVID-19.

On my second trip to London, I met with an old JC friend. We visited Portobello Road Market before adjourning to Notting Hill, which was adorned with colourful houses and bespoke luxury cars. In contrast, Chinatown toyed with my senses with the smell of Asian cuisine, the sight of red everywhere and the pockets of spoken Mandarin I overheard in various conversations. It really did not feel like I was in Europe!

Despite spending Easter abroad with trips and activities, I still miss Singapore dearly; the occasional tinge of homesickness is real.



Buckingham Palace gates



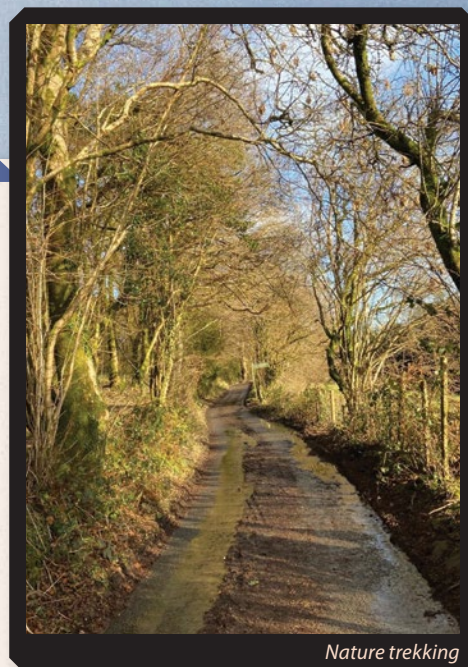
Text and photo by Ravanth Baskaran

Ravanth is a Year 3 medical student at Cardiff University.

A long Easter break is not something that exists for us at Cardiff University, as we carry on with our Student Selected Component (SSC) block during this period. Due to the nature of my SSC, I spent my bank holiday doing night shifts, helping the surgical registrars with their duties while learning a whole lot. Through this Easter period, I also embarked on many new projects – one of which was founding the online Objective Structured Clinical Examination (OCSE) teaching platform, OSCEazy. With help from my fellow SMSUK friends, we gained an outreach of over 4,000 medical professionals across all platforms! I embarked on this project with the aim of providing a quality online OSCE teaching tool to address the difficulties in learning brought about by the pandemic. With the success of OSCEazy, we have branched out to include finals and Membership of the Royal Colleges of Surgeons examination teaching as well.

Easter has also served as a time to recuperate and relax from the stress of being a medical student.

I have attempted to explore the beautiful land of Wales as quarantine was slowly being lifted. From mountains to beaches, my housemates and I have trekked mountains, swam in the sea, ran (or walked) a marathon for charity, and much more. As we look ahead, apart from the looming examinations, we hope to be able to follow local guidelines and explore the country – something that we have not been able to do for the past year. We hope to be able to travel back during summer to our respective home countries in order to spend time with our families and friends and enjoy the good home-cooked meals that come along with being back home. ♦



Nature trekking

Healing Hearts, Touching Minds

Review by Dr Suresh Nair

Preface

Sometime in late December 2020, I received a video invitation card from Dr VP Nair (VP) to attend his book launch. I felt humbled that he had “hand-picked” me to be one of his 50 guests for the launch as he was a man known to hundreds. At the launch, I congratulated VP and suggested that he get the book reviewed for *SMA News*, to which he replied: “Fantastic, good idea! It will be even more fantastic if you wrote the review.” I couldn’t rain on his optimism, yet looking around the hall, I saw more competent writers waiting in line for VP’s autographed book. Suddenly, I felt that he had in his characteristic manner humbled me a second time and I should not refuse him; I had to do it.

Why? Simply because VP is a giant of a man who is not just a doctor but a person of sterling qualities, and who carries with him the charm of disarming anyone with his smile, laughter and genuineness. Here is a man, doctor, friend, mentor and “uncle” who goes the extra mile for all and sundry, and often much more than that, especially for people like me with whom there is a connectedness based on care, respect and affection. So, in my earnest quest to do justice to VP’s publishing endeavour, I researched on how to write a book review and gathered a few friends to guide me through the process. I know that no effort will honour VP adequately for his heart of gold. Instead of daunting me, it made my effort at writing the review more earnest, exciting and interesting. I adhered to uphold his commitment to always aim high and learn from the journey. After writing the book review, I felt trebly blessed by

VP – firstly, for his friendship of over 30 years; secondly, being invited for the book launch; and thirdly, for being the chosen one to write his book review. Indeed, humbled but supremely honoured because of who VP is and will always be – to his family, friends, patients, and the grassroots, Malayalee, global Indian and global Rotary communities, and to me personally – a man of distinction.

Please indulge me in reading my first book review as I ponder writing a biography of VP – the man who overcame struggles on many fronts but always rose above the din with his bright, broad smile and pure heart of gold.

Book Review

The Singapore medical fraternity’s contribution to the written word is noteworthy. While Prof Chao Tzee Cheng’s

Murder Is My Business (published in 1990) served as a forerunner, recent editions include Dr Lee Wei Ling’s *A Hakka Woman’s Singapore* and Dr Charles Toh’s *Heart to Heart*. On 15 January 2021, another medical luminary joined the book club – VP – with the launch of his book *Healing Hearts, Touching Minds – The Journey of an Interventional Cardiologist (HHTM)*.

HHTM is perhaps unique in its multi-dimensional effort, weaving into a single canvas the ambitious and determined doctor’s socio-cultural background, education, practice of medicine and in particular cardiology, and a bunch of thoughts that ranged from the Tiananmen incident to a woman President for Singapore. It is even cheekily contradictory as VP argues a case of women empowerment and yet sallies up to the belles of beauty



Dr VP Nair with Minister Dr Tan See Leng during the book launch

pageants (Miss World no less), the bane of contemporary women's rights leaders. Such is the extent of VP's book that the subtitle, *The Journey of an Interventional Cardiologist*, succinctly summarises what to expect for anyone who picks up the book. As a family friend, colleague and a mentee of VP, I must add that this is not unexpected from the man who combines flamboyance and simplicity, and pragmatism and eclecticism with seamless ease. Aptly, his son, Dr Dinesh Nair, described his father at the book launch as "somewhat of a maverick" and *HHTM* is an unquestionable testimony of that.

In the book, VP makes it abundantly evident that his is not a rags-to-riches story, but one of uncompromised determination and family support. He attributes his advancement through the ages to his family, both immediate and extended. VP acknowledges his wife, Dr Sathy Nair, for her support and devotion to his aspirations, and her fortitude in bringing up their sons Dinesh and Rajesh, who were five and one years old respectively when he first left for his postgraduate degrees in the UK. VP's latent desire to acquire more qualifications, greater expertise and more experience was never quenched, and he continued incessantly on his lifelong learning journey. This book details his many postgraduate qualifications and stints across the globe where his amassed experience and expertise has assisted VP and his patients, and has also helped brand Singapore as a medical hub in interventional cardiology.

A Bachelor of Science (Chemistry) graduate, VP was all set to pursue a teaching career. Interestingly, his early academic interest was overtaken by an inner passion to pursue medicine and so he did, to the benefit of thousands of patients whom he has cared for and tended to over the span of his practice. That said, the good doctor has also devoted time to teaching medical and health subjects.

The medical summation of *HHTM* is not trained to teach, but to inspire. It sets out various medical procedures and protocols that were available in the earlier years of interventional cardiology and how it has found its contemporary status in medical practice.

Another unique feature of this book, perhaps unparalleled in any form of autobiographical or biographical works, is the number of forewords, acknowledgements and endorsements. I won't let the cat out of the bag as to who said what, but it is worth the effort for anyone reading it to bell the cat as to how they would interpret this aspect of the book. I have put it down to VP's defining qualities.

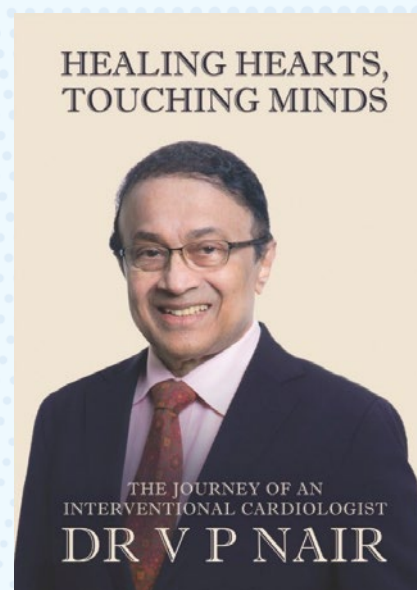
Like many of his generation, VP grew up in colonial and independent Singapore and admired Singapore's founding Prime Minister (PM), the late Mr Lee Kuan Yew. VP remembers PM Lee's words that left an indelible mark on him: "If you want to reach your goals and dreams, you cannot do it **without discipline.**" Adding to the wisdom of the saying is VP's extension of it: "Motivation gets you going but discipline keeps you growing".

In my submission, *HHTM* is a book to be read. Maybe not from cover to cover, but as VP's good friend from their St Andrew's School days and Singapore's Ambassador-at-Large, Mr Gopinath Pillai observed, it is a book best read in "bite-sizes".

The voluminous *HHTM* emerged from VP's downtime due to the restrictions of COVID-19 in 2020 and might I add, what a way to spend it in pursuit of documenting his legacy to his family, profession and the wider medical and Singapore communities. Most nobly, all proceeds from the sale of *HHTM* is donated to The Straits Times School Pocket Money Fund – a worthy cause by a generous heart.

Book launch

HHTM was launched on 15 January 2021 at the Singapore Recreation Club (SRC) by Dr Tan See Leng, Minister in the Prime Minister's Office, Second Minister for Manpower, Second Minister for Trade and Industry and Member of Parliament for Marine Parade GRC. Typical of our COVID-19 times, the book launch was witnessed by 50 guests who were present at SRC and many more globally – especially Singapore, Bangkok, Stockholm, Perth, Seoul, Florida, Moscow and London – who joined online. ♦



Title: *Healing Hearts, Touching Minds: The Journey of an Interventional Cardiologist, Dr VP Nair*

Author: Dr VP Nair

Number of pages: 643

ISBN: 9789811452796

Type of book: Hardcover

Publisher: Global Printing Solutions, Singapore

Year of publication: 2021

Available at: Kinokuniya Book Store, Takashimaya, Level 4 D 24-03 Medicine

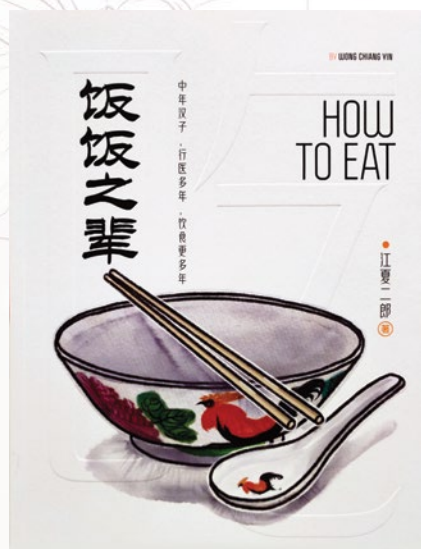
SMA Members can visit Nair Cardiac & Medical Centre, 3 Mount Elizabeth #16-08, Singapore 228510 for an autographed copy. All proceeds from the sale of the book will be donated to The Straits Times School Pocket Money Fund which is a recognised charity. For more information, please call Ann at 9691 2718 or Kana at 6235 9226, or email naircardiac@yahoo.com.sg.

Dr Suresh Nair is an obstetrician and gynaecologist who practises at Seed of Life, Fertility & Women's Care Medical Centre at Mount Elizabeth Novena Hospital, Singapore. Aside from general obstetrics and gynaecology, his areas of subspecialties are infertility and assisted reproductive technology (eg, IVF, ICSI, IUI) and advanced reproductive surgeries.



Tucking into Food and Culture

Review by Dr Tina Tan, Editor



Title: *How to Eat*

Author: Wong Chiang Yin

Number of pages: 261

ISBN: 9789811807138

Type of book: Paperback

Publisher: Focus Publishing

Year of publication: 2021

How to Eat is priced at \$25 (inclusive of delivery). For orders of ten books and above, there is a 10% discount. All proceeds go to the SMA Charity Fund which supports living expenses of medical students in need.

Good food must eat. This is a Singaporean motto to be abided by, even for someone like me who leans more towards “eating to live” rather than “living to eat”. So when Dr Wong Chiang Yin began talking about his book *How to Eat*, I knew I had to have a copy.

How to Eat is not a recipe book. You will not learn to cook by reading this, not exactly – though there are some cooking tips provided. Nor is it a recommendation on “where to get the best dish”, though there are certainly mentions of places Dr Wong considers his go-to for certain foods. Rather, what you will learn about is the culture and refinement of a man who has travelled the world, and Singapore’s food scene, with his taste buds.

How to Eat started out as a food-based column written for Chinese daily *Lianhe Zaobao*. Thankfully, Dr Wong has considered folks like me (who can hardly read Chinese, and tend to massacre the Chinese language when spoken) and translated his columns into English. This way, I too can get a taste (pun intended) of his culinary expertise. Naturally, given the original intended readership and Dr Wong’s own background, the foods that he talks about are all Asian, so don’t expect any tributes to Western dishes.

I wouldn’t call myself a foodie, but I grew up in a mixed Teochew and Cantonese household with exacting

standards for food, and I’ve travelled frequently to places like Hong Kong and Bangkok (often, just for the food). I can fully appreciate how Dr Wong has captured the essence of what it means to eat good food, how it should be prepared, the interesting historical tidbits behind certain dishes, and what good Singaporean food means for our local culture. The photos alone are mouth-watering and evoke a lot of strong memories for me, much less for someone belonging to a generation where certain things are now lost.

Thankfully, we have a book like *How to Eat*. I would caution, though, that this book should not be read while hungry. The book will not even come close to supplementing a meal, but it will certainly delight the gustatory senses. ♦

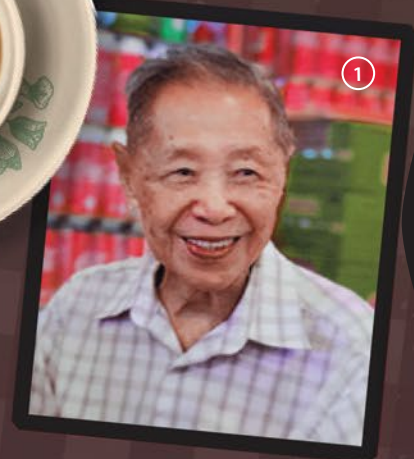
Dr Tan is a psychiatrist with the Better Life Psychological Medicine Clinic, and a visiting consultant at the Institute of Mental Health. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.



Requiem for Ah Leng

Text by A/Prof Cheong Pak Yean

Photos by Mr Wong Hoe Sang, SGH Museum and National University of Singapore



Author's note: Ah Leng passed on 31 May 2021. In life when he provided the watering holes for medical students in Sepoy Lines for 36 years (1947 to 1983), he was a legend. Many stories were told by doctors in articles and videos of their convivial experience with him. In death, he triggered in some, memories of what we caught from him in our student years. Ah Leng had no university degree or faculty appointment. Yet we imbibed valuable experience from him of how to live a simple meaningful life with compassion and equanimity that enriched our lives as doctors.

There was then only one medical school in Singapore. There was also only one Ah Leng. However, unknown to many, there were two Ah Leng's canteens. The ostensible one was tucked between the College of Medicine Building and the sports field, demolished when Sepoy Lines Campus was re-developed. The second structure, which housed the night hangout, above the then billiard room of the old King Edward VII Hall, is now used as administrative offices.

I never knew "Ah Leng" as Mr Wong Niap Leng, until Chiang Yin sent me his obituary. He was too much a part of the family which was the small medical school in the 1970s. His two canteens we retreated to, to escape the acrid formalin vapours of the dissecting rooms, to re-calibrate our eyes after peering for hours into the microscope, and more mundanely for shots of caffeine in between lectures and mugging. Or just to "talk cock".

Ah Leng always knew what each of us would order and we were served. Be it toasts with kopi and tea, or, if around meal time, a carbo boost seasoned with unconditional positive regard. He served with tranquillity, but would linger for a chat when my classmate, Ang Lee Cyn (a good friend of Ah Leng's son, Hoe Sang) was around. We were usually a raucous lot. However, we would be in adulatory silence when his two gracious daughters served us, as they were around our age, and in

respectful silence when Mrs Wong's loud shrilled Hainanese voice bellowed from the back of the canteen.

If the post of informal school counsellor existed then, Ah Leng would fit the bill. In his quiet ways, he appreciated the travails of life of medical students. At times, some words of commiseration and emphatic silence were all that was needed when the chips were down. There were stories of students hanging out at night in his al fresco second canteen with Ah Leng keeping them company. There were also stories of a few students who just disappeared after graduation, owing Ah Leng debts recorded in the "555" small booklets with yellow covers. Ah Leng probably never asked as he felt he had already received his recompense – tending to the young men and women now doctors.

My class of 1974 had less than a hundred students, half of which were Malaysians. I think he knew many of us. Ah Leng was always invited to our class reunions and attended a couple of them. He smiled affably to me each time I greeted him at these functions. I was tempted each time to ask him if he remembers me. I suspect not. But, many of us remember him for his Rogerian demeanour. To remember his generosity, NUS Yong Loo Lin School of Medicine has set up a bursary for its students named after Ah Leng (Wong Niap Leng Medical Bursary).

Irvin Yalom, the existential philosopher, wrote that even if we are no more (on this earth), the effect we have on other people is in turn passed on to others. Much like the ripples in a pond go on and on until they are no longer visible but continuing at a nano level ad infinitum. Rest in peace, Ah Leng. ♦

For a short video on the story of Ah Leng's canteen, visit <https://youtu.be/aG68lmOBMfM>. The author would also like to thank Dr Ho Ting Fei for putting him in touch with Mr Wong Hoe Sang.

Legend

1. Mr Wong Niap Leng (1927-2021)
2. The haven Ah Leng built
3. A young man and his canteen
4. "555" records of debts
5. Coffee and care

A/Prof Cheong still practises in the private practice he started 40 years ago. He was past president of the SMA and CFPS, and was the inaugural chairman of the Chapter of Family Medicine Physicians in AMS. He was elected to Honorary Membership at the 2021 SMA Annual General Meeting. Teaching medical communication and humanism is his present passion.



BEING PART OF AN *Asian Fraternity*

Text and photos by Dr Jipson Quah, Editorial Board member

The Asian Doctors' Orchestra (ADO) was formed in 2017 as the Asian arm of the World Doctors' Orchestra (WDO) which comprises doctor-musicians from more than 40 countries. The WDO was set up as an independent non-profit association and is made up of more than 1,500 participants from all over the world. As a requirement, all participants must be medical doctors with outstanding musical avocations.

The inaugural ADO concert was held in Yokohama, Japan and sought to raise funds for the Children's Cancer Association. Performing works such as Mendelssohn's *Violin Concerto in E minor*, Dvorak's *New World Symphony* and Toyama's *Rhapsody for Orchestra*, it was a resounding success commercially and further consolidated the unique orchestra of Asian doctors. Following Yokohama 2017, the next edition was set to be in Kaohsiung, Taiwan, 2019.

A unique international ensemble

As many of my fellow colleagues may know, I am a keen musician – primarily a pianist but also a classically-trained percussionist. I was thus delighted to receive an invite from Dr Evelyn Kuong, a paediatric orthopaedic surgeon from Hong Kong and a talented flautist with the WDO, to join the ADO in December 2019. As part of my application, I submitted my music qualifications online and awaited their response. I reckon that this was similar to submitting a research paper for an overseas conference! There was also a small entry fee, like a conference fee.

Maybe our junior colleagues/doctors in training can try to claim this fee in the future and see if the Ministry of Health allows reimbursement!

From my experience in organising concerts, it is certainly no mean feat to put together a concert for close to 100 musicians – especially when most are strangers based thousands of miles apart who will start living and breathing music together just three days before the actual concert! Not to mention, most of them are amateurs with hectic medical careers. I can imagine everyone trying their best to clear their caseloads before their five-day leave for the concert – the majority of which would be spent in the packed orchestra rehearsal room.

The organising committee was formed by the Formosa Cancer Foundation, Taiwan (FCF). A non-profit organisation, FCF works to reduce cancer incidence and mortality through public education, promotion of healthy lifestyles and screening activities as well as improving quality of care for cancer patients. The bulk of the musicians at this ADO edition are from the Physicians' Chamber Orchestra of Taiwan, which was founded by a group of talented and dedicated physicians and healthcare professionals in 1990. Now led by conductor Dr Kao Ching-Hong, they have grown into an ensemble of national acclaim, frequently collaborating with renowned professional conductors and soloists.

I shall admit, I was very jealous that there were such outstanding amateur

doctor-musician groups in Japan, Taiwan, Hong Kong and South Korea. What about Singapore? From my knowledge, there is no shortage of talent in our medical fraternity. I was a member of the Singapore National Youth Orchestra and many of us grew up playing together, eventually becoming medical colleagues. Many surgeons and physicians also had long co-curricular stints in their school bands and ensembles. In fact, many still participate actively in performances, and even write and record their own music! Names that come to mind include Drs Kenneth Lyen, Ling Ai Ee, Sydney Tan, Chang Tou Liang and Au Kah Kay – all active proponents of the local music and arts scene.

Getting in "shape"

Life went on as per normal with clinical duties until two weeks before the concert, upon which I started to panic. I was to leave in a week's time and I had yet to get started on any preparation at all. What was I even playing? Ah yes, we were to play the following works:

- Lee Che-Yi: *The Temple Square*
- Beethoven: *Triple Concerto for Violin, Cello, Piano and Orchestra Op. 56*
- Tchaikovsky: *Symphony No. 5*

My fellow section member was Dr Makoto Hirakata, a distinguished palliative physician and deputy director of Aiwa Hospital in Nagano and also an outstanding timpanist/percussionist. He had played in the ADO concert in Japan



and performs in professional groups four to five times a year. We communicated briefly over email, and divided our scores and parts equally. I was to take on the cymbals, snare drum, triangle, glockenspiel and tambourine – basically anything that makes a sound – while Dr Hirakata took the mighty timpani parts, most notably in Tchaikovsky's *Symphony No. 5*. I played the same part many years ago with my high school orchestra and it is a most beautiful and exciting timpani score, all-action and powerful – basically a timpanist's dream. We agreed for Dr Hirakata to take on this role however, as he had already performed it a whopping five times previously and had more than ample experience. Dr Cheng Han-Chih, a flautist-ophthalmologist, supported our section admirably by volunteering to play the bass drum.

As part of my own preparation, I bought new mallets, percussion sticks, music files and quickly got to work. I spent hours listening to the music, rehearsing with recordings and working out tricky passages. The best thing about being a percussionist/pianist is that you don't usually have to bring your own instruments – much too cumbersome – but that also means that you have to work with whatever instruments provided. Fortunately, the FCF was able to loan very good instruments for Dr Hirakata and me.

Days of musical camaraderie

The concert was to be held at the National Kaohsiung Center for the Arts, the largest indoor performing arts centre in the world, housing a magnificent concert hall, theatre, recital hall and opera house. The concert hall, which we were performing at, houses the largest organ in Asia and has a capacity of 2,000. And surprise, surprise, the concert was sold out!

Our guest conductor was Maestro Yang Chih-Chin, Conductor-in-Residence of the Kaohsiung City Symphony Orchestra. For Beethoven's *Triple Concerto*, our soloists were Hsu Wen-Miao (paediatrician/concert violinist), Ko Ching-Tzy and Lin Sheng-Ying (professors of cello and piano at the Tainan National University of the Arts). What remained ahead were three days of intensive rehearsals from 9.30 am to 6 pm daily.

The rehearsals moved at breakneck speed as Maestro Yang sought to unify everyone's playing to align with both the composers' and his vision. Our opening item, *The Temple Square*, was a delightful native Taiwanese composition depicting a bustling market square. The thing is, no one outside of Taiwan has likely ever heard of it. Thanks to YouTube, I was able to depend on an obscure recording by a secondary school ensemble for reference. As the only Singaporean representative, I was determined not to embarrass the Singapore medical fraternity and practised doggedly. The YouTube video had about 20 views when I first found it and I had single-handedly increased it to more than 200 views by the time of the concert.

The works by Beethoven and Tchaikovsky need no introduction and it took every ounce of energy and focus from the 100-strong orchestra to bring them to life. Though rehearsals were draining, they were also immensely fulfilling. Mealtimes were my favourite as we could finally interact with our fellow musician-doctors. The concertmaster, Dr Kim Chang, is a renowned dentist-violinist. I also met Dr Haeryoung from South Korea, a violist and gastrointestinal histopathologist, and Dr Manubu Fukumoto, a violinist-gastroenterologist and the leader of the Doctors' Orchestra of Japan. Additionally, I learnt that doctors spared no expense when it came to purchasing the finest instruments; no Stradivarii in the orchestra but still very, very expensive string and wind instruments.

Finally, it was the day of the concert, and all the long rehearsals paid off handsomely. A hundred doctors from across Asia delivered a night to remember as one heart, one mind and one voice. The heroism of Tchaikovsky, exuberance of Lee and genius of Beethoven came to the fore as we conquered the challenging concert programme under the leadership of Maestro Yang, buoyed by the knowledge that through our efforts, we managed to raise a handsome sum for the FCF.

My description fails to do the music justice and it has to be heard, so please feel free to visit the YouTube recording links at the end of the article and leave a like if you please.



Dr Quah is a GP and pathology clinical officer in private practice. He is also a member of the SMA Telemedicine Workgroup. He enjoys music-making, fitness activities and editorial work in his spare time.

To the next golden opportunity

For all of us, the majestic music themes were still resounding endlessly in our ears and minds as we packed our instruments and bags and departed the lovely country of Taiwan, back to our respective hospitals, clinics and laboratories. We looked forward to uniting once again through music. When and where next for the ADO? South Korea, Macau, or maybe even Singapore? Excited whimsical discussions on orchestral music, concert venues and charitable causes followed.

Two weeks later, the Wuhan Municipal Health Commission in China reported the first cluster of cases of pneumonia. ♦

Legend

1. Tutti shot of the ADO
2. The noisiest and heaviest section, percussion! Drs Hirakata, Han and I come together for The Temple Square

Local doctor-musicians interested in joining the ADO can fill up this online form (<https://bit.ly/3glXKL7>) to register your interest!

Access the links below to watch or listen to the ADO's performance.

1. *The Temple Square*:
<https://bit.ly/3vfEIBU>
2. *Triple Concerto for Violin, Cello, Piano and Orchestra Op. 56, 1st Movement*:
<https://bit.ly/2S1jhWQ>
3. *Symphony No. 5, Finale*:
<https://bit.ly/3gx6gh7>
4. *Encore*:
<https://bit.ly/2SFbLkP>

Awake at 2 am

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



Text by Dr Tan Su-Ming

I tossed and turned one night and woke up to look at the time. Drat. It was only 2 am. It was warm and having slept on my back for too long despite the cool night air, I had to stir and flip onto my side. My frustrated flip flopping like a fish had awoken my poor spouse. I suddenly had a flashback to two years ago when I visited my patient who was in her 80s and had been felled by a stroke that left her paralysed on one side of her body. She lay in her bed at home when I visited, mute, because the stroke had taken away her speech as well. She looked impassive.

"Hey Mom, look who is here to visit you!" her daughter said enthusiastically. Suddenly she turned her back towards me to face the wall. I was taken aback thinking I had been slighted. Then using her good arm, she grabbed the railing of her bed to pull herself onto her side; I realised that she was just hot. Her back was hot, and she was trying to cool her back, just as I was trying to do at 2 am.

Imagine lying on a bed with a plastic sheet beneath in muggy Singapore weather! And that was two years ago. Presently she is in a nursing home, completely paralysed by her

second stroke. I had visited her in the nursing home too.

Hot tears flowed down my face as I laid in my bed thinking, "How horrible, to feel hot and to have no physical ability to turn onto one's side by oneself." I prayed that her mind was taken too by now, or she would be aware of being a prisoner in her own body.

These are times when I feel like I might want to quit medicine because these kinds of things grieve me. But I don't think it is my time to do that yet. ♦

Old Acquaintance

Text by Dr Tan Su-Ming

When I saw the name of the new patient in the queue to see me, I smiled. I recognised it.

I hadn't seen Rick (not his real name) in close to 30 years.

Would he remember me from the many years ago when we attended the same church? Would he notice my name on the door and know it was me he was seeing today?

Rick had turned his life around years ago when he found Jesus Christ and left his life of doing drugs. He started a business of his own with the vocational skills he picked up during his time at the halfway house (for heroin addicts). I remember supporting him then when his business was fledgling.

Wow... so many years gone by. How was he now, I wondered. What was he here to see me for?

The door opened and Rick was accompanied in by another gentleman.

Time had been good to him. He still had a full head of dark hair and barely looked older than how I remembered him. His face was still handsome, but the puckish smile I remembered was gone. He looked tired and weary.

I learnt from the gentleman, who was his minder, that Rick was back in a halfway house for drug addicts.

It was a simple consult. Rick just had the common flu.

Rick could not recognise me at all. Because of the present COVID-19 pandemic, I had on a face mask that covered all but my eyes and I had a pair of goggles on top of that. All he could see were my eyes.

As he got up to leave, I felt tempted to take off my mask and goggles so

he could see my face, say to him, "Hey Rick, it's Su!" and hug him, or at least shake his hand.

But in this current climate, being tactile socially seemed like something to be avoided. I didn't know either, if Rick would have wanted me to see him like that now.

So, I just said, "Hey man, take care of yourself."

He did not respond, and was ushered out by his minder. Maybe if he comes back again. Maybe when this darn virus is no longer troublesome. ♦

M E D I - C R O S S W O R D S

Try not to use Google for this! *SMA News* and Dr Jipson Quah bring to you our first crossword puzzle! We hope you have a little fun solving this and do feel free to share this puzzle with your friends and colleagues. The answer key will be released in the next instalment.



ACROSS

2. Vaccine was the first vaccine to be developed against a contagious disease
9. Director-general of the World Health Organization
10. Refers to sound-induced dizziness
11. An antibody-based method to detect a specific protein in a sample
13. Bacteria which produces many small cysts that spread throughout the internal organs of the infected individual. The resultant disease is called alveolar echinococcosis
14. Endogenous steroid and progestogen sex hormone involved in the menstrual cycle and pregnancy
15. The first vaccine for this was approved in 2006
16. Best known for discovering the world's first broadly effective antibiotic substance, which he named penicillin

DOWN

1. A diagnostic test for tuberculosis screening
3. French chemist and microbiologist who helped to develop vaccines for anthrax and rabies
4. A genetic disorder in which the electrical activity within the heart is abnormal and most commonly involved gene is SCN5A which encodes the cardiac sodium channel
5. Prominent physician who also founded OCBC Bank
6. Are found in the red pulp of the spleen between the sinusoids and contain monocytes as a reserve
7. Also known as the hepatopancreatic duct
8. Known as "the founder of modern neurology" and associated with at least 15 medical eponyms
12. An antibiotic that is used to treat a wide variety of infections. It works by stopping the growth of certain bacteria and parasites



Dance has traditionally been regarded as a performing art of expression and entertainment, while some may also praise it for its many physical and mental health benefits. Here, two doctors share their respective journeys into dance, and how it has benefitted them in more ways than they had first expected.

Text and photos by Dr Deva Priya Appan

Dr Priya is an associate consultant with the Department of Child and Adolescent Psychiatry at the Institute of Mental Health. She aims to raise awareness about the experiences of individuals with mental health disorders and reduce the stigma surrounding mental illness through dance. She strongly believes that clinicians should care humanely for vulnerable populations, and that humanities education is essential to developing empathy.



Bharatanatyam is a 2000-year-old South Indian classical dance form whose style is noted for its intricate footwork and sophisticated vocabulary of sign language (using hand gestures) or Abhinaya (using the eyes and facial muscles) to portray emotions and tell stories. Having started the art form as a young child, it has been a part of my life for much longer than medicine. However, it had started out

as a hobby and gradually evolved into a serious passion over the years.

I have not quite understood why I persisted with those hours of practice and physical labour. It might be due to the encouragement of my dance teachers or possibly because I felt like I belonged. Perhaps that was why I continued to pursue dance even when I moved to Australia for medical school.



Medicine and dance collide

It was just a matter of time before these two worlds of mine intersected. While studying a female character for a dance performance, I realised she had low mood with poor appetite and she experienced hopelessness about her situation. The climax of the dance scene was a suicide attempt. Understanding depression and having interacted with depressed patients eased me into the role with conviction. This was when the thought of portraying mental health issues through Bharatanatyam entered my mind.

Midway through my training in psychiatry, I was fortunate enough to have been approached to perform the role of a young woman with schizophrenia in a dance production titled *Finding Dignity*. Again, this was an opportunity to use dance as a medium to raise awareness of mental health issues.

The concern I had about an authentic portrayal of the character brought me back to the patient's bedside. I found myself spending more time with my patients and listening to their stories, something that I had somewhat drifted away from. I learnt that common themes underlie the unique experiences of different patients. For example, they felt bouts of anxiety, anger and fear during their psychotic experiences.

In the process, the challenge was to stay true to patients' lived experiences while portraying them through facial expressions and movements rather than speech. I was worried that it would misrepresent the character if it was not

done sensitively. While in character, I had a glimpse of the stigma my patients face on a day-to-day basis. It was unsettling and a revelation to the doctor in me. This production also helped me to recognise my own emotions and develop self-awareness.

A more recent dance production, *Agathi* (translated as refugee) explores the struggles of a refugee's migration journey. It sensitised me to their experiences of loss, loneliness and anguish, and the resilience and strength that emerges from it. This experience gave me a humanistic perspective of their plight and helped visualise concepts of trauma and resilience.

The ancient Sanskrit treatise on performing arts, the *Natyashastra*, says, "Yatho hasta thatho drishti, yatho drishti thatho manah, yatho manah thatho bhaava, yatho bhaava thatho rasa". It means "Where the hands (*hasta*) go, the eyes (*drishti*) will follow; where the eyes go, the mind (*manah*) will follow; where the mind goes, there is an expression of inner feeling (*bhaava*) and where there is *bhaava*, mood or sentiment (*rasa*) is evoked." Each time I perform Abhinaya, the realisations within me help me delve more deeply into myself and express myself better to attain the mood that I hope touches the audience.

Looking back

Dance has gifted me with numerous benefits over the years. It has been an effective stress buster for me. The intense and complete focus that I need to draw on during a dance class after a long



day's work makes me forget my other stressors. By applying myself gainfully in dance, I feel relaxed, and it helps me unwind as I navigate my job and family life. Bharatanatyam had also imparted essential life skills such as discipline, multi-tasking, working within a group, finding cohesiveness and advanced planning, all of which are valuable skills to have in medicine!

The practice of medicine is challenging and it can be draining both physically and emotionally, especially in these times. Over time, our compassion and empathy can erode. Dance has helped me remain balanced and stay connected to my patients. Time is precious, but I find it essential to find a passion and nurture it. It is even better if that passion can help us stay on the path we have chosen to help and heal others.

Legend

1. Playing a character with psychosis in the production, *Finding Dignity*
2. In the role of a refugee in *Agathi*

Text and photos by Dr Mary Yang

Dr Yang is an obstetrician and gynaecologist in the private sector. She is passionate about ballroom dancing. She is also a competitor in Latin American dancing.



I spent almost half a century of my life being academically inclined. In school, I liked and did better in science subjects. I was never sporty and had not learnt any dance forms until the good old age of 51. Yet now, ten years on, I have grown so passionate about dancing that I cannot imagine a life without it.

Picking up dance

My husband, Dr Tan Yong Seng, was a past chairman of the Active Ageing

Council, and dancing was one of the activities encouraged as part of the wellness programme for seniors. He needed a dance partner to be involved in the programme himself and that was how I began my journey in dancing. My first experience was with seniors at Whampoa Community Club. I may have operative surgical skills, but remembering to shift weight from my right leg to my left while coordinating my upper body

movements and changing directions was more difficult than performing surgery. With persistence, it became easier as muscle memory set in.

We then decided to take lessons from professional dance teachers. Our goal then was to be able to get on the floor and dance the ten different genres of the International Ballroom Style (waltz, tango, foxtrot, quickstep, Viennese waltz, cha-cha, samba, rhumba, jive and paso doble); it took us about five years to achieve that. Plato, the Athenian philosopher, once said that music “gives soul to the universe, wings to the mind, flight to the imagination, and charm and gaiety to life”. It is truly the joy of moving to great music that has kept my husband dancing with me all these years.

After dancing socially for five years, I felt that I needed to set another goal for myself. That was when I decided to compete. In dance competitions, it is possible for a student to compete with a teacher as partner. I have been fortunate to be able to find suitable professional teachers, allowing me to compete in this pro-am category in many parts of the world. It is the best kind of holiday. You start with a dance camp to learn new

knowledge, followed by the exhilarating experience of a competition. Some of the big competitions held in historic venues like the Blackpool Winter Gardens are seen as the “Olympics of the dance world” and I have been lucky to experience them personally. I compete with this motto in mind: “I do not try to dance better than anyone else, I only try to dance better than myself.”

Competitive dancing is not a cheap hobby though. You pay for the lessons even when you are training. Taking private lessons from world class teachers across the globe before COVID-19 times were expensive. Those glamorous competition costumes decorated with crystals are costly as well, but designing your own costume can be fun. Whether you do it socially or competitively, you need to commit time for the lessons and practice sessions. You also need to take into account the time spent for massages and physiotherapy sessions to get your body repaired before training again. Some feel that dancing is in every way a sport. The official name for competitive dancing is dancesport, but despite efforts, it has yet to be included in the Olympics. Others including myself still believe that dance is an art form and should not be considered a sport.



All things good

There are multiple health benefits of dancing. It can help people of all ages stay physically and mentally fit. It improves your cardiovascular fitness and endurance level, increases your muscular strength and tone, helps in your agility, flexibility and coordination, improves posture, balance and spatial awareness, helps in preventing osteoporosis and improves mental functioning. Just like many sports, it is also good for character building. You need determination to learn to perform a figure perfectly. You also need to be in sync with your dance partner and have to learn teamwork. Without self-confidence, you will not be able to perform in front of many judges who are scrutinising you. If you dance socially, it can improve your social skills and lift your mood.

So, my dear doctor colleagues, I hope that some of you might become curious about dancing and will give it a try. I was fortunate enough to discover the magic of dancing. I was not born with an innate talent in dancing, but with passion one can reap its benefits. As Martha Graham says: “Nobody cares if you can’t dance well. Just get up and dance. Great dancers are great because of their passion.” ♦

Legend

1. Competition in Florida
2. Dancing is great as a couple activity
3. Dancing like no one is watching



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OneCare Medical is a Primary Care Group whose mission is to provide quality and affordable acute and chronic care in the Community. Our patients are residents that live around our heartland clinics, encompassing the whole family - from babies to the elderly.

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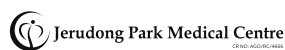
Requirements

- Fully registered with SMC

Benefits

- To be part of a close knit team of GPs and FPs providing peer support and learning opportunities
- Fixed base and performance-related salary components
- Working hours are flexible
- We also welcome candidates looking for atypical working schedules such as evenings and weekends, which would be remunerated attractively

Please contact Dr Kenneth Koh for more information.
drkennethkoh@onecaremedical.com.sg
www.onecaremedical.com.sg



Jerudong Park Medical Centre (JPMC) is a private specialist hospital in Brunei Darussalam. It is one of the first private hospitals in Brunei to be awarded with the Joint Commission International Award. JCI is one of the world's most prestigious bodies that provides International Healthcare accreditation to hospitals. The accreditation is a symbol of quality that reflects the organisation's commitment in providing the best care for patients that adheres to the best business practice.

JPMC seeks for fun, dynamic, focused, and enthusiastic individuals to join our team as:

EMBRYOLOGIST

Job Advertisement Code - JPMC/SMA/EB/50/MAY21

Educational Requirements and Experience

- Bachelor in Biomedical Science / Biology and Certification in clinical embryology
- Post-graduation in clinical embryology/reproductive science
- Experienced at least 5 years in embryology work
- Trained in embryo biopsy

Specialized Knowledge

- Preserve eggs, sperms and embryos
- laboratory skills; time line study, embryo scope, embryo biopsy, Blastocyst culture
- Effective problem-solving and analytical skills
- Meticulous documentation and record keeping
- Ability to adapt to new technologies and techniques

SPECIALIST IN i. RADIOLOGY ii. ANESTHESIA

Job Advertisement Code (Specialist in Radiology) - JPMC/SMA/SR/50/MAY21

Job Advertisement Code (Specialist in Anesthesia) - JPMC/SMA/SA/50/MAY21

Educational Requirements and Experience

- Possess a Primary Medical Degree, MBBS or equivalent, recognized by the Brunei Medical Board
- Post graduate qualification in the relevant specialty applied i.e Master's Degree and / or passing Part 1 and Part 2 Membership qualification of the Royal Colleges of the United Kingdom in the relevant field
- At least ten (10) years Clinical Experience Post Registration
- Currently working in a job relevant to the post applied as stated above
- Work experience in Internal Medicine, Medical Oncology and / or Radiotherapy units will be applicable

Interested applicant may submit the following documents:

- Detailed CV
- Scanned copies of certificates
- A copy of current practicing medical certificates
- A copy of specialist registrar certification

Only shortlisted candidates will be contacted for an interview session.

Please send CV and relevant documents to the following address: careers@jpmcbrunei.com with the job advertisement code as the subject of the email

For more information, please visit our website at www.jpmcbrunei.com

Jerudong Park Medical Centre jpmcbrunei.com Jerudong Park Medical Centre, Jerudong B63122 Brunei Darussalam



PANTAI JERUDONG
SPECIALIST CENTRE

Pantai Jerudong Specialist Centre (PJSC) is a growing healthcare specialist centre consisting of 3 centres namely The Brunei Cancer Centre (TBCC), Brunei neuroscience Stroke and Rehabilitation Centre (BNSRSC) and Maxillofacial, Facial Plastic and Reconstructive Surgery Centre (MFPSC). We provide quality tailored medical and rehabilitative treatment to patients with cancer, stroke and other neurological problems within the country, around and beyond the region.

We welcome applicants to join our energetic team of healthcare administration support and medical professionals in an effort to expand our operations.

1. Specialist in Neurology, Stroke and ICU

Educational Requirements:

- Possess a Primary Medical Degree, MBBS or equivalent, recognized by the Brunei Medical Board.
- Post graduate qualification in the relevant specialty applied, i.e Master's Degree and / or passing Part 1 and Part 2 Membership qualification of the Royal Colleges of the United Kingdom in the relevant field.

Experience:

- Senior Specialist with at least ten (10) years Clinical Experience Post Registration.
- Specialist with at least five (5) years of experience.
- Currently working in a job relevant to the post applied as stated above.

2. Specialist in Palliative Care

Educational Requirements:

- Possess a Primary Medical Degree, MBBS or equivalent, recognized by the Brunei Medical Board.
- Full MRCP membership is preferable.
- CCT in Palliative Care is preferable or its equivalent.
- Published research work in the field applied for is preferable.

Experience:

- At least 3-5 years clinical experience as an associate Consultant/Consultant in Palliative Care Medicine.
- Currently working in a job relevant to the post applied as stated above.

3. Specialist in Rehabilitation Medicine

Educational Requirements:

- Possess a Primary Medical Degree, MBBS or equivalent, recognized by the Brunei Medical Board.
- Post graduate qualification in the relevant specialty applied, i.e Master's Degree and / or passing Part 1 and Part 2 Membership qualification of the Royal Colleges of the United Kingdom in the relevant field.

Experience:

- At least ten (10) years Clinical Experience Post Registration.
- Currently working in a job relevant to the post applied as stated above.

4. Senior Neuro Psychology

Educational Requirements and Experience

- Undergraduate Degree in Psychology.
- Preferable of minimum of 5 years Postgraduate clinical training and experience.
- Postgraduate training in Neuropsychology is essential.
- Eligible for registration with the Allied Health Council of Brunei Darussalam.
- Experience with assessment and treatment of patients with neurological disorders is essential.

Interested applicant may submit the following documents:

- Detailed CV
 - Scanned copies of certificates
 - A copy of current practicing medical certificates
 - A copy of specialist registrar certification
- Only shortlisted candidates will be contacted for an interview session
- Please send CV and relevant documents to the following address recruit@pjscbrunei.com or visit our website at www.pjscbrunei.com/career

Please be reminded to include the job advertisement code on the subject of the email at:

PJSC/SMA/SNSR/32/MAY21	Specialist in Neurology, Stroke and Rehabilitation
PJSC/SMA/SNP/32/MAY21	Specialist in Neuro Psychologist
PJSC/SMA/SRM/32/MAY21	Specialist in Rehabilitation Medicine
PJSC/SMA/PC/32/MAY21	Specialist in Palliative Care

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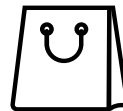
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