SMA news

For Doctors, For Patients

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Health Literacy in a Changing World

The Changing Science of **Health Communications**

The Dark Side of **Health Literacy**

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The Editors' Musings

DR TINA TAN

Editor

Dr Tan is a psychiatrist in private practice and an alumnus of Duke-NUS Medical School. She treats mental health conditions in all age groups but has a special interest in caring for the elderly. With a love for the written word, she makes time for reading, writing and self-publishing on top of caring for her patients and loved ones.

We have all asked "Dr Google" for advice before. I doubt there is anyone reading here who has not done so. It is quick, easy and readily available at our fingertips, especially now that Google can generate an "artificial intelligence (AI) overview" with links included. That being said, one pitfall is the staggeringly vast amount of information available – a balance must be achieved between patients (who have a right to empower themselves) and healthcare professionals (who would be considered domain experts).

This month, Dr Clive Tan and Dr Chie Zhi Ying share their perspectives on how doctors can work with patients on health literacy, even as we progress into a world with increasing reliance on AI as well as increasing amounts of misinformation. Similarly, Dr Miina Ohman and her team have written about the role of evidence-based lifestyle medicine and how it is more than just "common sense".

Meanwhile, Dr Ng Chee Kwan has stepped down after a three-year tenure as SMA President, with Dr Daniel Lee Hsien Chieh taking over the reins. Congratulations, Dr Lee!

DR CLIVE TAN

Guest Editor

Dr Tan is a public health specialist, Director of Medical Services for Home Team at Singapore's Ministry of Home Affairs, and President of Precision Public Health Asia Society. He works using a strong population health approach, with a focus on precision public health, digital health, integrated care and behavioural change. He is married with three children aged 14, 13 and 10.

New discoveries in health and healthcare are happening at a rapid pace, and keeping up with the science of medicine, doctoring and healing in the current day can be daunting. As health knowledge is increasingly democratised through the Internet and AI technology, the skill of health communication grows in complexity and importance as both a preventive and a remedy for misinformation. Doctors are valued by patients and the wider community as a stronghold of trust, knowledge and shared values – we need to work hard as a community and profession to keep that trust. In this issue, we feature several perspectives on health communications in the era of new discoveries and AI: snapshots of our thoughts in 2026 and a peek into the futures that we are tunnelling towards.

The Changing Science of Health Communications and Health Literacy – *How Do Doctors Keep Up?*

Text by Dr Clive Tan, Editorial Board member

Dr Tan is a public health specialist, Director of Medical Services for Home Team at Singapore's Ministry of Home Affairs, and President of Precision Public Health Asia Society. He works using a strong population health approach, with a focus on precision public health, digital health, integrated care and behavioural change. He is married with three children aged 14, 13 and 10.

My lived experience with health communications and behavioural change

Ten years ago, I started a journey to help people who smoked quit smoking. As a public health specialist, this was right down my alley.

The military has had an interesting tango with cigarettes – from depictions of smoking in World War II trenches as a form of relief to its association with masculinity and coming of age, and in Singapore – smoking in "yellow boxes" as a way to bond.

One of the things that I learnt early in the journey was this: while knowledge, attitudes and beliefs are important in helping us understand what is needed, it is not enough. Along the way, we discovered three things that worked – having someone who cares about you and your habit, being able to talk to someone about your habit, and having a clear mission and purpose for why one wants to quit the habit.

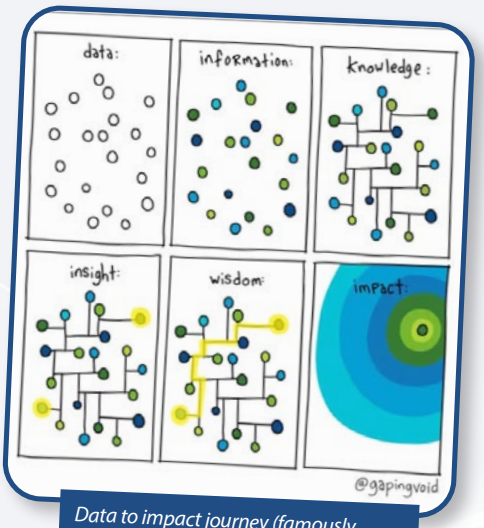
We knew what works. We did it, and it worked. But looking back, I would say that we had deftly stumbled upon the secrets of success without a full understanding of the science behind it. As it turns out, the discovery and the science were only just catching up.

The age of AI and the changing doctor-patient relationship

Today, we are facing an epidemic of information overload. The Internet has changed how we receive information. The great thinkers of our time have likened this to an era where we are "data rich, information poor". In short, information does not translate into insights, decisions and impact. The era of artificial intelligence (AI) has commenced, with more discoveries and breakthroughs expected in the future.

Looking at the spectrum of **"Data – Information – Knowledge – Insights – Wisdom"**, one can forecast that the use of AI will flood us with Data, Information and perhaps even Knowledge, but may whittle away at people's ability to form Insights and gain Wisdom.

Every doctor-colleague I meet today will have stories of patients who have been informed (or misinformed) by the Internet, often prefaced with "A little knowledge is a dangerous thing" before



Data to impact journey (famously known as Information vs Knowledge). Source: Gaping Void

segueing into their horror stories. I believe that a patient with no knowledge of his/her condition is also not ideal. The answer lies somewhere in-between – a patient who knows enough about his/her health condition and is humble enough to take the doctor's insights and wisdom into his/her decision-making framework.

Keeping up with the times – from knowledge-based care to relationship-based care

As doctors, we have to play our part too. The science of health communication is changing. What we learnt in medical school about health communication is important but is now incomplete as new science emerges. Let me elaborate.

Health communication has traditionally been one-way – we tell and we inform. Anyone reading this article will intuitively know that this approach works in some but not all situations. It is important to remember the following.

1. **Not all advice lands – context matters.**
   Often, advice fails because we may not be fully aware of the context. For example, is telling a diabetic patient to not eat white rice effective? It is medically correct (and what we have been taught). The patient may nod in reverence when he is in your consultation room, but as soon as he leaves your clinic and goes to the hawker centre, what healthy choices does he have? And what healthy choices can he afford?
2. **People do not care how much you know, until they know how much you care.**
   Healthier SG is trying to achieve this by encouraging patients to see a regular doctor. Relationships and trust take time to build. Patients take advice better when they feel that the doctor understands and hears them, and is able to give them advice that considers their personal values and situation. At the risk of sounding like doctors are going the way of banking, we must learn to be relationship managers. We have to know how to practise relationship-based care.
3. **Be realistic about what we can achieve so we can keep going.**
   I have learnt that even the best smoking cessation programmes in the world have a success rate of only one in eight. I have also learnt that many people who successfully quit smoking did not succeed on their first attempt; relapse is common and we just have to try again. Thus, health communication, like evangelism, is often more about the process than the outcome. You need to find the reason to keep going, learn from the process and not be too hard on yourself when your advice is not taken.

The health communications toolbox: what, when and how to use it

The science of health communication now includes dialogue and participation. In Singapore, terms like shared decision-making, co-design of health services, community engagement, and patient and public involvement are not unfamiliar. But these approaches take more time and resources.

In such situations, I like the use of complexity science. One way to frame and approach them is along the spectrum of **"Simple – Complicated – Complex"**, to decide when to use the more traditional "tell" form of health communication and when to adopt a personalised and adaptive approach.

Simple – A patient with an upper respiratory tract infection requires symptomatic relief and possibly antibiotics. In this case, we can be straightforward and simply inform the patient of the diagnosis and treatment plan. Being too long-winded may actually upset the patient, who may question why a simple consultation is being prolonged.

Complicated – A patient with a chronic condition, such as diabetes or eczema, requires changes in lifestyle and habits. Here, it is important to understand the patient as a person – his/her values, lifestyle and circumstances – in order to provide insights and advice that are personalised and suited to his/her context.

Complex – A patient with complicated chronic conditions may require end-stage care and end-of-life discussions. Doctors working in this space intuitively know they must spend more time understanding the patient and his/her family situation, as well as his/her values, priorities, preferences and wishes. The patient's narrative – his/her understanding of the illness, concerns and expectations of treatment and the future – is deeply personal. A strong rapport with the doctor enables the patient to be more receptive to the doctor's insights and advice. These conversations help to acknowledge, align and possibly converge the patient's and doctor's narratives, leading to a process of co-constructing meaning that respects patient values and choices. This process requires time and resources, so both parties must acknowledge this and manage their expectations.

"One-to-one" and "one-to-many" health communication

In the clinical setting, health communication usually takes place in a "one-to-one" context. Increasingly, doctors are asked to take on roles that require them to communicate with groups, such as giving public health talks, driving community care initiatives, or designing and fronting public communication during a pandemic

response. The "Simple – Complicated – Complex" framework can also be applied to public health communication. Understanding this framework helps explain why accurate health information may be rejected, while misinformation spreads more easily when it aligns with people's existing narratives.

Consider the "one-to-many" type of public health communications around topics such as smoking, vaping, asthma, reproductive health, birth control, diabetes, hypertension, dementia, depression, anxiety, autism, frailty and end-of-life care. These are not issues where we can simply "tell" people what to think or how to think. Depending on the setting, these topics may require space for dialogue, conversation and opportunities to converge on a shared narrative.

In ageing societies, public health advice regarding frailty and dementia may conflict with older adults' worldview and understanding of independence and dignity. In countries with low birth rates like Singapore, subsidies for assisted conception procedures are helpful, but more can be done to shape the narrative around women having babies later in life. Overly simplistic and uni-dimensional public health communications that fail to acknowledge the personal nature of such health decisions may not land well and may even backfire.

In 2012, the Health Promotion Board worked with Ogilvy Asia to create a powerful anti-smoking campaign that encompassed many of the principles outlined above for a deeply personal habit and choice. The "I Quit because…" campaign featured personal stories of individuals choosing to quit smoking as a personal choice, for reasons such as "I want to be a role model for my kids", "I wish to achieve my aspiration" or "My wife refused to kiss me".

In short, when health information and messaging clash with people's worldview, they are more likely to be rejected.

What this means for health literacy, the patient and the populace

Medical science is evolving so rapidly that it is understandable that doctors may feel overwhelmed. When doctors peg themselves primarily as knowledge workers, the expectation to keep up with the latest knowledge stacks up, and at some point, they may fall behind. Knowledge and information remain important, but with AI, medical knowledge is increasingly democratised.

A more reasonable and sustainable approach would be to balance the medical knowledge work **and** getting to know the patient that we are caring for better and in a more personal way. This way, our knowledge, insights and wisdom about our patients' health can be communicated in ways that are more acceptable and usable by our patients.

I am optimistic that overall health literacy for Singapore and our patients will improve over time. Information and knowledge are now more accessible, and there is a growing national narrative that "health is important as we get older together". However, to improve health communication – between doctors and patients, and between doctors and the populace – we will need to work at building shared narratives on health and finding shared meaning in living healthier lives together.

Disclaimer: No generative AI was used in any part of this creative and writing process. ◆

Further reading

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PHYSICIAN LEADERSHIP – *For* Doctors, *For* Patients

Text by Dr Daniel Lee Hsien Chieh

It is a profound honour to make this address for the first time as President of SMA. As of 31 December 2024, there were 17,582 registered doctors in Singapore, with 70% in the public sector and 30% in the private sector. Based on 2025 membership statistics, SMA has 13,638 Members across both sectors, representing about 78% of the medical profession.

As I step into this role, I am humbled by the trust of our Members and am acutely aware that we stand at a unique precipice in the history of our profession. While every generation of doctors may believe – rightly so – that they are living through transformative times, the shift we are witnessing today is not merely incremental; it is fundamental.

From dial-up to digital

We have been here before, though perhaps not at this velocity. Many of us will remember the early 1990s, when the "information superhighway" was a novelty spoken of in futuristic terms. Some may also recall the first time we saw a digital X-ray – the transition from physical films to near-instantaneous, high-resolution images.

Then came the adoption of electronic medical records and the National Electronic Health Record. These are not just faster ways to write notes or store data; they have fundamentally altered expectations and patient care by enabling critical aspects of a patient's medical history to follow him/her from the family physician's clinic in the community to the emergency room or specialist ward in an acute hospital. Technology has helped us move from silos to a more interconnected healthcare ecosystem for the benefit of patients. We may lament over keyboard fatigue or the temptation to focus on the computer screen rather than the patient before us during consultations. Nevertheless, we also recognise that these digital foundations, when harnessed well, offer tremendous opportunities for us to do better for the patients we serve.

The rise of agentic AI: more than just a better tool

Today, we are moving beyond the era of adopting digital tools into the age of artificial intelligence (AI). And let us be clear: AI today is not merely a tool; it is a revolution.

In the last century, AI was largely reactive, following the rules defined by humans. Since IBM's Deep Blue's defeat of then reigning world chess champion Garry Kasparov in 1997, the field has progressed far beyond "brute force" computation to learning-based neural networks. In this century, we are witnessing the birth of agentic AI. Unlike traditional software that requires a human to click every button, agentic systems are capable of autonomous

reasoning, planning and task execution to achieve goals. Without overstating it, this resembles a Cambrian explosion in machine capability.

The speed of this revolution is staggering. In the business world, AI proficiency is changing from a competitive advantage to a competitive necessity. McKinsey CEO Bob Sternfels says the firm now has about 25,000 AI agents integrated into its workforce, working alongside 35,000 human employees, transforming consulting by automating complex, multi-step tasks such as data analysis and document preparation. These AI agents perform work previously done by junior consultants, enabling faster and more efficient project delivery.

For healthcare institutions, lagging in validated AI adoption in the future could potentially translate into measurable gaps in diagnostic accuracy and patient outcomes. Some even fear that AI agents may eventually replace physicians. In 2024, Tsinghua University made headlines with the launch of the world's first AI hospital, Agent Hospital – a model that blends virtual AI agents, clinical care and real-world pilot deployment into one tightly integrated system.

How should human doctors – trained over years, if not decades, under warm-blooded mentors – respond to this revolution? We recall how generations of doctors before us navigated earlier technological revolutions, including the invention and subsequent mass adoption of digital connectivity tools such as e-mails, the World Wide Web and "Dr Google". Similarly, we are unlikely to resist, change or deflect the current wave of technological change.

Be that as it may, while AI can possibly process 10^{12} data points in seconds to suggest a diagnosis, it cannot hold a grieving mother's hand or convey genuine human empathy. It can calculate the probability of a surgical complication with precision, but it cannot finesse complicated family dynamics and the ethical nuances of end-of-life care.

As physician leaders, we must be able to adapt and adopt. We must lead and guide the integration of AI in healthcare, such as harnessing it to eliminate administrative burdens that contribute to physician burnout, enhance diagnostic accuracy to unprecedented levels and personalise treatment protocols over disease life-cycles through precision medicine. Our efforts in AI must enable us to return closer to the patient's bedside, focusing on the human and humanity at the heart of patient care.

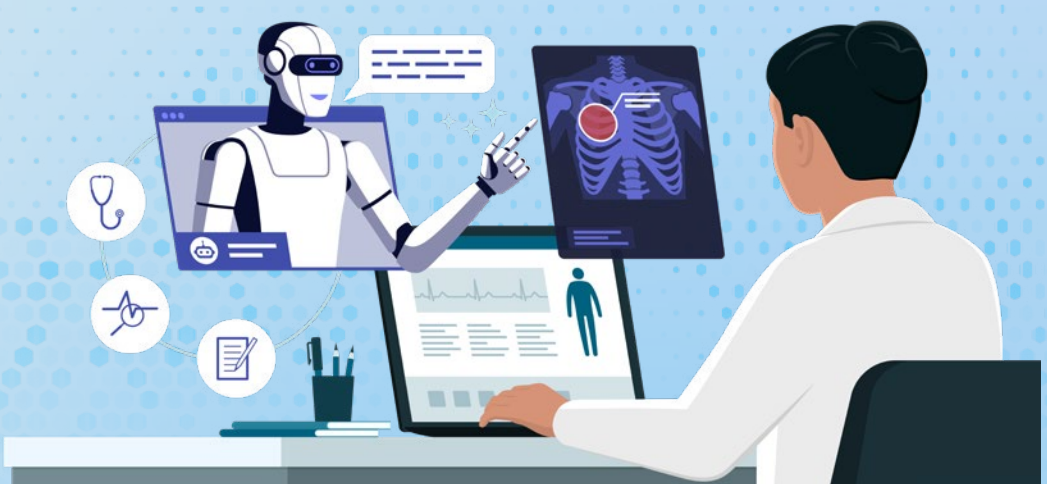
A call to leadership

The world of 2026 and beyond may demand a new kind of doctor – one who is technologically fluent yet humanistically grounded. I urge every member of the medical profession to take up the mantle of physician leadership in this new reality – we cannot remain passive observers; we must be its architects.

There is a sentiment circulating on the Internet: "I do not want AI to perform art and writing for me so that I can spend more time washing and folding laundry; I want AI to liberate me from the drudgery and mundane tasks so that I can have more time for creative pursuits such as art and writing!" So too is the corollary in healthcare. Surely our goal is not to automate the doctor out of the room, but to harness AI to bring the doctor back to the patient – like leveraging AI to seamlessly handle administrative or coordination tasks, so we can look our patients in the eye more often. AI may offer unrivalled intelligence, but as doctors, we bring intentionality, empathy and morality.

SMA's slogan, "For Doctors, For Patients", reflects our recognition that the doctor-patient relationship lies at the heart of any scientific revelation, technological innovation, policy decision and business practice that affects healthcare, as well as our commitment to protect this relationship. As we strategically harness AI technologies to advance the best interests of our patients, let us solidify trust in our profession and ensure that the human touch remains central to our practice, supported by the most powerful analytical tools ever created. ◆

Dr Lee is a public health specialist and Cluster CEO of St Andrew's Nursing Home, with seven homes across Singapore and four more in the pipeline. He started his medical career in internal medicine at Changi General Hospital and still sees patients regularly at St Andrew's Migrant Worker Medical Centre.



2026 SMA Annual General Meeting

Text by Lee Sze Yong, Manager, Council Support

Dr Daniel Lee Hsien Chieh was elected as SMA President during the SMA Annual General Meeting (AGM) held on 26 April 2026 in a hybrid format.

Outgoing President Dr Ng Chee Kwan started the proceedings by thanking Members for attending the AGM either in-person or via teleconference.

Outgoing Honorary Secretary Clinical Asst Prof Benny Loo Kai Guo highlighted the ground rules for the AGM and led the review of the 2025 AGM minutes. The minutes were confirmed and adopted, with a minor administrative amendment and no matters arising.

Members were referred to the SMA Annual Report 2025/2026 themed "A United Voice for the Profession", which was then adopted.

Having achieved quorum at the AGM, Members voted on nine proposed amendments to the constitution.

Voting was conducted using the Zoom poll function for both online and physical attendees, with physical voting slips as a backup for physical attendees who were unable to vote with Zoom.

All the amendments were passed with the required two-thirds majority. SMA has submitted the changes to the Registry of Societies for approval.

Members present also voted on a resolution submitted by a Member, Dr Glenn Siew, who proposed that SMA withdraw from the Multilateral Healthcare Insurance Committee. The resolution did not achieve the required 50% majority to pass.

A minute of silence was then observed in remembrance for SMA Members who have passed away since the 2025 AGM.

Next, Honorary Treasurer Dr Chie Zhi Ying presented the 2025 accounts for SMA Group (SMA and SMA Pte Ltd), highlighting an operating surplus of $873,902 before tax in 2025. She also shared that SMA Pte Ltd had acquired two office units at Paya Lebar Square.

Dr Chong Yeh Woei, Chairperson of the SMA Charity Fund (SMACF), then presented his report. SMACF awarded bursaries to 46 medical students in the academic year 2025/2026, disbursing a total of $276K.

Members present affirmed the SMA Council's proposal to elect Dr Ng Eng Hen as an SMA Honorary Member for 2026.

Elections for the SMA Council were then conducted. New Council member Dr Maksim Lai Wern Sheng, a GP in private practice, introduced himself and shared his commitment to serve members of the profession alongside fellow Council members.

The election for the executive committee was then conducted, after which the AGM was concluded. ◆

Legend

1. Standing (from left): Dr Maksim Lai Wern Sheng, Dr Calvin Tjio Kai En, Clinical Asst Prof Benny Loo Kai Guo, Dr Michael Lim Khong Jin, Dr Tina Tan Zhenwen, Dr Wong Chiang Yin, Dr Lee Yee Mun, A/Prof Anantham Devanand, Dr Toh Choon Lai

Sitting (from left): Adj A/Prof Ng Chew Lip, Dr Ng Chee Kwan, Dr Daniel Lee Hsien Chieh, Clinical Asst Prof Lim Kheng Choon, Dr Chie Zhi Ying, Adj Asst Prof Raj Kumar Menon

Not in picture: Dr Ivan Low Jinrong, Dr Tammy Chan Teng Mui, Dr Lee Pheng Soon, Adj Prof Tan Sze Wee, Dr Tan Yia Swam

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HIGHLIGHTS

From the Honorary Secretary

Report by Dr Ng Chew Lip

Dr Ng is an ENT consultant in public service. After a day of doctoring and cajoling the kids 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.

HIA implementation circular

The Ministry of Health has issued a circular providing an overview of the Health Information Act (HIA) on 6 March 2026, outlining the requirements, implementation timelines and support measures for clinic licensees.

The circular and its two annexes can be found at: https://bit.ly/40TiwPB.

Queries relating to this document may be addressed to HIA_Enquiries@moh.gov.sg.

The Prescription of the Future: Integrating Lifestyle Medicine into Singaporean Clinical Practice

Text by Dr Miina Öhman, Dr Leonard Leng, Dr Maleena Suppiah, Shrimathi Swaminathan and Dr Sundus Hussain-Morgan

In Singapore's restructured hospitals and private clinics, a familiar pattern persists: we treat the acute manifestations of chronic disease. We manage the HbA1c of 9.5%, the sudden ST-segment elevation myocardial infarction and stage IV renal failure. While the "Singapore Model" excels at crisis management, the ageing population and the ubiquity of the "three highs" (hypertension, hyperlipidaemia and hyperglycaemia) are exposing the cracks in this reactive, pill-first model.

Enter lifestyle medicine (LM). Once dismissed as "common sense", LM has emerged as a rigorous, evidence-based framework. It is no longer a luxury; it is the clinical backbone of the Healthier SG initiative and a vital tool for the sustainability of our healthcare system.

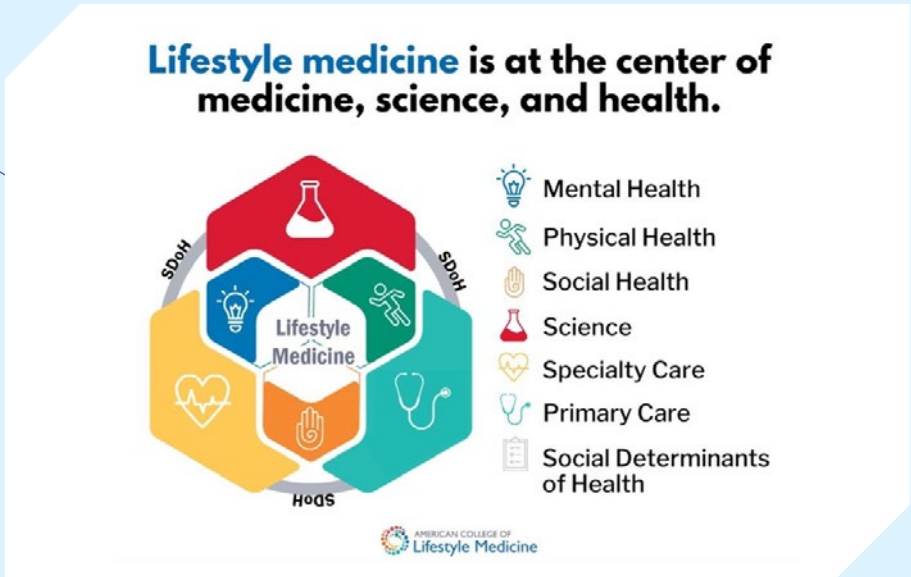
What is LM?

LM uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions. Unlike hurried "eat less, move more" advice, LM is a structured clinical framework centred on six pillars: whole-food, plant-predominant nutrition; regular physical activity; restorative sleep; stress management; avoidance of risky substances; and positive social connections.

The scientific basis for LM has strengthened substantially over recent decades. Large-scale epidemiological studies consistently demonstrate that adherence to multiple healthy lifestyle behaviours is associated with substantial reductions in the incidence of chronic disease and premature mortality. Interventional studies further support this causality. For example, the Diabetes Prevention Programme showed that intensive lifestyle intervention reduced the incidence of type 2 diabetes more effectively than pharmacological therapy.

Beyond prevention, clinical trials suggest that comprehensive lifestyle interventions can influence disease trajectories. In a landmark randomised controlled trial published in *JAMA*, intensive lifestyle changes were associated with regression of coronary atherosclerosis and fewer cardiac events over time. More recent work has extended these findings to other domains, including cognitive health. A 2024 randomised controlled trial demonstrated that a multimodal lifestyle intervention – combining whole food, plant-predominant diet, physical activity, stress management and social support – led to measurable improvements in cognition and function in patients with early Alzheimer's disease.

These findings highlight a central principle of LM: behavioural change can translate into measurable biological effects, even in established disease.



Beyond "lifestyle advice," lifestyle medicine serves as the evidence-based core that connects primary and specialty care to achieve sustainable health outcomes in an aging population.

Clinical relevance: why now?

For the Singaporean practitioner, LM is driven by three factors. First of these is the Healthier SG initiative. The Ministry of Health's transition of focus from "healthcare" to "health" requires doctors to move upstream. LM directly complements this strategy by providing the clinical concepts and practical tools necessary to implement prevention. By prescribing specific, evidence-based lifestyle "dosages" rather than offering vague advice, we can achieve outcomes that medication alone rarely reaches, such as the clinical remission of early-stage type 2 diabetes.

The second factor comprises polypharmacy and patient safety. With many elderly patients taking five to ten medications, LM offers a pathway to deprescribing. When a patient loses weight through nutritional intervention and improves insulin sensitivity through resistance training, his/her need for anti-hypertensives and oral hypoglycaemics drops. This reduces the pill burden and improves his/her quality of life.

The third factor driving LM is economic sustainability. National healthcare

expenditure is projected to hit $27 billion by 2030. Integrating LM reduces high-cost acute admissions and expensive complications like dialysis.

Benefits to practice: beyond the numbers

LM shifts the doctor-patient dynamic from the doctor as "fixer" to the patient as "driver." This can result in improved job satisfaction, as many doctors suffer from burnout because they feel like they are merely managing decline. Seeing a patient successfully reverse a chronic condition through lifestyle changes is one of the most rewarding experiences in medicine.

LM can also result in enhanced patient autonomy by empowering patients. When patients understand how sleep hygiene affects their blood pressure, they gain a sense of agency over their health that a prescription pad cannot provide.

The "elephant" in the consultation room

Despite its benefits, the path to integrating LM in Singapore is fraught with challenges, both for physicians and for society at large. One challenge is the time constraint. A standard ten-minute consultation is insufficient for deep-diving into habits and psychological barriers. Current billing structures often reward volume over value.

Another challenge is the cultural paradox. Singapore's "food paradise" often features fibre-deficient, refined carbohydrate staples like fried *kway teow*, *lor mee* or chicken rice. Overcoming the cultural perception of "deprivation" is a challenge, yet the local landscape offers powerful alternatives. Practitioners can guide patients toward fibre-rich options like thunder tea rice (*lei cha*), plant-based *yong tau foo* (with extra greens), or traditional Malay *ulam*.

A third challenge involves professional training gaps. Medical curricula traditionally favour pharmacology over exercise physiology or nutrition. Many doctors feel ill-equipped to prescribe specific strength-training programmes or nutrition interventions.

Lastly, the "quick fix" mentality also presents a challenge. Some patients may prefer metformin over a 30-minute walk. Shifting from passive treatment to active prevention requires a societal change that doctors cannot lead in isolation.

The way forward: a call to action

To evolve, we must focus on three areas.

Multidisciplinary teams

We must adopt "team-based care". Doctors provide medical oversight, while allied health professionals such as health coaches, psychologists and dieticians provide intensive behavioural support.

Advocacy for policy change

We must advocate for insurance and Government reimbursement of lifestyle interventions. A systemic approach coordinating community-based programmes, partnering with businesses, subsidising workplace wellness initiatives could further support long-term behavioural change.

Physician, heal thyself

We cannot authentically prescribe what we do not practise or understand. Credibility depends on integrating LM training (including nutrition, exercise, behavioural counselling) into medical school and residency, ensuring that physicians in all specialties are equipped to model healthy behaviours and apply self-care before guiding their patients.

Conclusion

Lifestyle medicine is not "soft" science; it is evidence-based care addressing the root causes of modern epidemics. For the Singaporean doctor, it is an opportunity to return to the heart of medicine: the holistic care of the human being. As global demand rises, integrating LM into clinical education, practice and policy may be the most impactful strategy of the coming decades. ◆

About us

The Singaporean Society of Lifestyle Medicine (SGLM) aims to advance LM through education, research and collaboration. Through webinars, case discussions, the "Walk with a Doc" initiative, and international certification via the International Board of Lifestyle Medicine (IBLM), SGLM champions evidence-based lifestyle medicine in clinical practice. SGLM organises the IBLM certification exam in Singapore for physicians and eligible healthcare professionals.

Dr Öhman, MD, PhD, DipIBLM, is a physician-scientist and the founding president of the Singaporean Society of Lifestyle Medicine. With over 25 years of research in cardiometabolic diseases, she translates the science of lifestyle medicine into clinical practice and education, advocating for its role as the foundation of healthcare in Singapore and internationally.

Dr Leng is a family physician in private practice. He believes in empowering patients to treat and prevent disease by adopting healthy habits and sustainable lifestyle changes for long-term wellness.

Dr Suppiah, a food scientist and well-being specialist, invites you to discover the science of living well at any age. As an energetic grandmother who "practises what she preaches", she empowers others to lead meaningful, vibrant lives through evidence-based nutrition, movement, connection and mental health support.

Shrimathi is a clinical psychologist in private practice with over 30 years of experience and DipIBLM certification. She integrates clinical psychology, sport and performance psychology and behavioural science with lifestyle medicine. She specialises in optimising mental health, physical well-being, and high performance for athletes and professionals.

Dr Hussain-Morgan is a family physician with over 25 years of clinical experience and a special interest in lifestyle medicine, women's health and health coaching. She embraces a holistic approach to wellness, focusing on partnering with patients to uncover the root causes of their health challenges and personalising treatments to patients' unique needs.

The Dark Side of Health Literacy: A Cautionary Tale on Supplement and Protein Misuse

Text by Dr Chie Zhi Ying, Deputy Editor

In this era of digitalisation and artificial intelligence (AI) technology, one can easily get extensive information on any subject within seconds with just the click of a button on your mobile phone, tablet or laptop. As a family physician seeing patients from all walks of life, I frequently get questions from two groups of patients on the subject of health supplements. The first group are the health-conscious patients who believe they have done their due diligence in researching the latest health fads, super foods or health supplements that could boost their health and well-being and want to gain my endorsement for them. The other group are those who are curious or confused by websites or advertisements marketing such products, or who were told by their well-meaning family members, relatives, friends and colleagues to try these products, but wanted to seek my opinion before doing so.

A typical patient I see in these scenarios is a young to middle-aged male patient, ranging from being a student pursing higher education to a well-educated, busy working professional. He takes pride in keeping himself physically fit and healthy, working out in the gym or doing high-intensity interval training sessions a few times a week. Based on his online sources, he adheres to a regimen of high-dose protein powders, creatine, energy drinks and a mix of vitamins and herbal supplements purchased online. He proudly shows me pictures of his supplements and explains to me in detail what their purported health benefits are. For instance, over-the-counter protein supplements are now widely marketed as boosts to bodybuilding, fitness, weight loss or vitality.

I frequently have to do an Internet search to understand what exactly the ingredients inside these products are, their doses and the sources where they were manufactured or purchased from, as well as the marketed health benefits before I can engage in any meaningful conversations with my patients.

When health literacy goes awry

According to the World Health Organization, health literacy means being able to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being. It means more than being able to access web sites, read pamphlets and follow prescribed health-seeking behaviours. It includes the ability to think critically about, as well as the ability to interact and express personal and societal needs for promoting health.

Health literacy is often championed as a cornerstone of modern healthcare, empowering patients to take ownership of their well-being, make informed decisions and engage meaningfully with healthcare professionals. Against the backdrop of the Healthier SG initiative, a super-aged population and rising prevalence of chronic diseases, preventive health as well as improving health literacy and education of our patients are key priorities in ensuring a healthy and active population.

Yet when health literacy is partial, misguided or influenced by unreliable sources, it can potentially lead to harm. Patients who believed they are making "informed" decisions may, in fact be navigating a fragmented ecosystem of social media advice, fitness influencers and, increasingly, AI-generated content. The result is a growing trend of over-the-counter supplement misuse, excessive protein consumption and self-directed health regimens that carry unintended consequences.

Such was the case for one of my patients who saw me for health screening and was found to have slight proteinuria with high normal creatinine (his previous laboratory test results last year were normal and much better) although he has normal fasting glucose, lipids and blood pressure. He was well and asymptomatic. He jogged half an hour a few times a week but otherwise did not take part in any other more rigorous physical activities that could have explained his symptoms and laboratory test results. He also had sufficient hydration.

When I asked him if he had taken any health supplements/powder/shakes, he shared with me excitedly about his daily intake of creatine supplements and protein shakes and told me that he read that they were essential for building muscle strength, mass and for body recovery. I took time to explain to him the possible causes of his abnormal test results and symptoms. When I saw that he understood the implications of his abnormal test results and was very concerned about his health, I took the opportunity to share with him that while it was good to see him actively reading up and taking steps to take care of his health, the ingredients in the health supplements he was taking, especially when taken excessively, could lead to the test results that he had. I was glad that he was receptive to my advice to stop all these supplements immediately.

The harms that these health supplements and proteins can cause are often subtle and frequently overlooked but clinically significant.They can cause liver and renal toxicity, excessive protein load on kidney resulting in proteinuria, drug interactions with chronic medications that patients are on and palpitations/arrhythmias from stimulants containing supplements for pre-workouts.

Given that my patient was young, generally well without major comorbidities and not excessively exercising, I reassured him that as long as he takes balanced and healthy meals, his body would have enough intake of essential nutrients such as proteins and vitamins. I introduced him to the Health Promotion Board's My Healthy Eating Plate concept, advised him on physical activity and sufficient intake of water, and arranged for a dietitian review and another appointment to see him some weeks later to monitor his results. When he returned some weeks later, his laboratory tests had normalised, much to our relief. I then recommended some credible sources to read up for his health and cautioned him on the dangers of unfiltered reading of online sources. Fully convinced that it was indeed the health supplements that resulted in his abnormal laboratory tests, he felt he learnt important lessons from this experience.

Unreliability of online information

So how did health literacy become misguided? Social media platforms, the Internet and AI have become major sources of health information. The content of such information is often simplified and catchy to ensure virality rather than accuracy, driven not by evidence but by anecdotes and influenced by commercial interests.

Although we have unprecedented access to a vast array of information and sources, patients can have limited ability to filter and judge the credibility of the sources. The context in which such products are marketed are not well understood or explained to the general public, and it is often challenging for a layperson to apply information to his/her own health when there is little or no consideration to individual risks, comorbidities or dosage limits. AI-generated advice can come across as authoritative, often confirming whatever the user poses to it while lacking consideration to individual risk profiles and comorbidities.

How should doctors respond?

As shared in the scenario earlier, the first step is to avoid being dismissive or confrontational. It is useful to acknowledge our patients' efforts to improve their health to maintain our rapport and trust with them. It is also important to have a curious mind to explore their ideas, concerns and expectations about their health and the role supplements play.

The second step is to reframe the consultation in a way that focuses on individualised advice regarding the risks and benefits of such products and how they might apply in the patient's context. Using objective laboratory results can help to illustrate your points on how taking such supplements can cause abnormal results, therefore making it more credible and persuasive to patients.

The third step is to educate patients on how to check for credible sources and guidelines, and to always be cautious about extreme claims. This would also be the time to give recommendations such as safe and adequate protein intakes, the indications for supplements if needed, and the emphasis on balanced and nutritious meals.

Conclusion

As doctors, we play the essential role of guiding and refining our patients' health literacy, correcting misinformation while empowering our patients to cautiously navigate the labyrinth of information sources they are exposed to. By demonstrating genuine curiosity, respect and concern for our patients, we can build trust and rapport and take the opportunity to encourage patients to take charge of their health with sensible application of evidence-based health practices for the betterment of their health. ◆

Dr Chie is a consultant family medicine specialist working in NHG Polyclinics. She also holds a Master of Public Health from the National University of Singapore and is a Fellow of the Royal Society for Public Health. She enjoys freelance writing and has written for Chinese dailies *Lianhe Zaobao*, *Shin Min Daily News* and health magazine *Health No. 1*.

Singapore Medical Association

For Doctors, For Patients

SMA ANNUAL GOLF TOURNAMENT 2026

THURSDAY, 23 JULY 2026
TANAH MERAH COUNTRY CLUB

Registration and lunch start from 11.30 am (Shotgun starts at 1.15 pm)

Calling all SMA Members! Join us at the 2026 SMA Annual Golf Tournament and look forward to a fun-filled day of golfing at Tanah Merah Country Club.

Play your best game and win exciting prizes. Don't miss out the chance of winning our lucky draw prizes too! You can also look forward to a sumptuous lunch and dinner.

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EVENT FULLY SUBSCRIBED

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SMA Member: **$200**
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Registration closes on 1 July 2026.

See you there!

Yours sincerely,

DR CHARLES TAN
Convenor, SMA Annual Golf Tournament 2026

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Beyond Grades: Insights from Top Universities

Text by Joanne Ng, Deputy Manager, Membership Services

SMA recently hosted a talk entitled "Unlock the Secrets of Top Overseas University Admissions" with FinGroup, and it was a huge success. Held on 1 April 2026 at the SMA office, the event drew 65 attendees, with spots filled within just four days.

The speaker, Lim Boon Tat, shared valuable insights on how top universities evaluate applicants beyond academic results. Topics covered included building a distinctive application narrative, developing intellectual depth, and showcasing leadership and impact. Boon Tat, a Public Service Commission scholar and an alumnus of University of Cambridge and Brown University, also shared his expertise in mentoring students on competitive academic pathways. The talk was followed by a lively question and answer session, with attendees eager to learn more about navigating the complex admissions landscape.

Many thanks to everyone who participated in this insightful session! We are glad to have provided a platform for SMA Members to gain a competitive edge in supporting their children's overseas university aspirations.

For those who missed the talk and wish to find out more, please write to joanneng@sma.org.sg. If you have not been receiving our email announcements and wish to receive updates from us, please write to sma@sma.org.sg.

Dr Chow U-Jin kicking off the session

Speaker Lim Boon Tat addressing the audience


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Once logged in, search LPA and proceed to complete the module. The Office of the Public Guardian (OPG) will be notified of your details.

(You will receive 1 MME point upon completion)

Donors can now make an online appointment directly with CIs through the Health Appointment System (HAS). Names of CIs will no longer be listed. Only the clinic name and details will be listed on the HAS.

For enquiries on LPA online accreditation, please email SMA at OPG_LPA@sma.org.sg.

Securing Your Legacy: LPA & ESTATE PLANNING TALKS FOR DOCTORS

Text by Joanne Ng, Deputy Manager, Membership Services

SMA hosted the Lasting Power of Attorney (LPA) and Estate Planning Talk for Doctors on 13 February 2026, which was well attended by over 50 participants. Due to popular demand, a rerun was further held on 6 March 2026, which also drew a strong turnout.

Conducted by FinGroup, a doctor-focused consultancy founded by a medical doctor, the talk provided a clear and practical walkthrough of LPA and its role in estate planning. Key takeaways included understanding LPAs, appointing donees, and the importance of integrating LPAs with wills, nominations and funding. Attendees also learned about the differences between LPA Form 1 and Form 2, and how to avoid common mistakes.

The Government has waived the LPA application fee for Singapore citizens indefinitely, making it a great opportunity for doctors to plan ahead. A highlight of the event was the offer of complimentary LPA certification for attendees and their immediate family, conducted by accredited certificate issuer Dr U-Jin Chow.

The talk emphasised that doctors should formalise who can decide for them if they lose mental capacity. SMA thanks FinGroup for leading the informative sessions and we look forward to future collaboration.

With estate planning being a crucial aspect of personal and professional life, we encourage doctors to take proactive steps in securing their legacy. The talks highlighted the importance of planning ahead and protecting loved ones. ◆

For Doctors, For Patients

Winners of the 2026 Renewal Exercise Lucky Draw

CONGRATULATIONS
TO OUR LUCKY WINNERS!

Our heartfelt thanks to all SMA Members for your continued support, which enables us to advocate for important issues in the medical profession.

We are pleased to announce the winners of our recent SMA membership renewal lucky draw. Each of the three winners will receive a 2D1N weekend staycation at Grand Copthorne Waterfront Hotel Singapore, inclusive of breakfast for two.

CONGRATULATIONS TO

Dr Yeo Hui Fang Charmian

Dr Huang Wenjie

Dr Lee Chun Haw

All winners have been notified separately.

Thank you to everyone who renewed their membership with us.
We look forward to continuing to serve you!

Experience the Healing Power of Sound: A Refreshing Workshop

Text by Joanne Ng, Deputy Manager, Membership Services

On 28 February 2026, SMA hosted a Sound Therapy and Sound Bath Workshop, where 12 participants immersed themselves in the therapeutic world of sound healing. Conducted by certified sound therapist Robin Liu, the self-funded event was a hit with attendees.

Robin Liu, a multi-certified therapist with expertise in yoga, meditation and life coaching, guided participants through the background of sound healing. The interactive session allowed attendees to explore an array of singing bowls – crystal and metal – each with its unique nuances, such as distinctive tones and vibes, that set them apart. Robin also showcased his rainstick, delighting participants with its soothing sounds.

The real magic happened during the sound bath session. Lying comfortably on yoga mats, participants closed their eyes and let the soothing sounds of singing bowls and a swing chime wash over them. The atmosphere was palpable, with some attendees drifting off into a peaceful slumber – soft snores were a testament to the session's effectiveness!

Post-session, everyone felt recharged and rejuvenated, as if they had had a refreshing rest. The workshop was a wonderful opportunity for participants to unwind and tap into the healing power of sound. Kudos to Robin Liu for sharing his expertise and for hosting this unique experience for SMA Members.

Interested in joining a future session? We are looking to start a new group with just ten pax! Drop an email to joanneng@sma.org.sg, and we will get it organised! ◆

Introducing the instruments used in the sound bath

Demonstrating the singing bowl for participants

Instructor Robin using a swing chime over participants

From Abroad to Home: Reflections of Overseas-Trained Doctors

Text by Dr Clarence Yen and Dr Teo Hooi Khee
Compiled by Singapore Medical Society of the United Kingdom 31st Committee

Dr Yen is a general surgery resident in National University Hospital. He loves spending time with his family, operating and teaching.

Dr Teo graduated from University College London (UCL) in 2012. She is a cardiologist practising at National Heart Centre Singapore and has a special interest in heart failure and cardiac devices. Her greatest challenge is finding endless ways to engage her boundlessly energetic young boys.

For many international medical graduates (IMGs), training overseas is a journey of personal growth and self-discovery. In this mini-interview, **Dr Clarence Yen (CY)** and **Dr Teo Hooi Khee (THK)** reflect on their formative years in the UK and their transition back to Singapore's healthcare system. From developing empathy through early patient encounters to adapting to new learning styles and navigating cultural differences, their experiences highlight a central theme: medicine is not just about knowledge, but adaptability, human connection and finding one's path in an ever-evolving landscape.

Looking back at your time in the UK, what stands out most vividly?

CY: That is a tough one – I have many fond memories, but Singapore Medical Society of the United Kingdom (SMSUK) events stood out for giving me a sense of "home away from home". The most memorable was a weekend in Brighton, which felt quintessentially British, with its seaside, fish and chips, and slower pace of life.

Professionally, what really stood out was my first year in the UK, where my clinical partner and I made weekly home visits to an elderly lady with colon cancer and a stoma. These visits imbued in me a strong sense of empathy and perspective, and became the motivation that carried me through my clinical years – a reminder that medicine is first about people.

Beyond the events and home visits, day-to-day moments like cooking my own meals, managing my schedule and navigating life abroad gave me a sense of what some might call "false independence" (because I was still supported by my parents financially). Nonetheless, my time abroad taught me about responsibility and resilience. Looking back, it was not just about studying medicine – growing up has made the journey all the more worthwhile.

What is something you learned in the UK that still shapes the way you practise medicine today?

THK: In the UK, self-directed learning was heavily emphasised. In the pre-

clinical years, lecture notes were often just sheets of "Aims and Objectives" – a notable shift from my experience in Singapore. I had to adopt a new learning style, which required me to source information independently. Though tedious, this approach fostered growth, developed critical thinking and encouraged a problem-solving mindset. Gradually, I shifted away from simply memorising facts and began asking "why" and "how".

Another aspect that struck me was how primary and tertiary care in the UK functions as a continuum, highlighting the merits of a dedicated primary care provider who knows the patient's full medical history and can make appropriate referrals after relevant tests.

CY: The biggest thing I carried home was resilience. Being in a different healthcare system forced me to adapt – it stretched me in a good way and gave me a broader, more global perspective on practising medicine.

I was also struck by the British style of patient communication, where seemingly small things, such as how you greet a patient, phrase questions or make them feel heard, were emphasised. That is something I strive to carry with me every day in Singapore, because it is such a simple yet powerful part of being a doctor. There were small details too – like using proper generic names for antibiotics instead of brand names, which we often do here. It seems minor, but it is a habit that has stayed with me.

But if I had to pick one defining experience, it would still be those weekly visits in my first year. The empathy I developed then carried me through medical school and continues to shape the way I practise today.

Coming home after years of training overseas can be both exciting and daunting. What were the biggest adjustments you made on returning to Singapore?

THK: Beyond the leap from being a medical student to a qualified doctor and the challenge of applying clinical knowledge, another hurdle was navigating the information technology (IT) systems here. Thankfully, I met some very helpful colleagues who have since become close friends!

Still, every challenge has a silver lining. These struggles inspired me to create a support group for UK-trained medical students. In 2015, with the support of Prof Phua Ghee Chee (then Internal Medicine Programme Director) and SMSUK, I spearheaded the first "On-Call Workshop" for incoming UK students starting their housemanship in Singapore. The inaugural event featured tutors from various clusters who introduced the Singapore IT system, note-taking for ward rounds and common house officer on-call scenarios. The workshop remains highly popular, with some participants now returning annually as volunteers.

Did you ever feel that there were gaps, be it in knowledge, culture or confidence, when you returned to Singapore? How did you bridge them?

CY: I think gaps are inevitable; even students from the same medical school have their own strengths and weaknesses. In the beginning, I struggled to follow conversations with Mandarin- or Hokkien-speaking aunties and uncles. Back then, I would just nod, smile and hope that they would not ask me anything too specific! *[laughs]* It gets better with time, though. My Mandarin is still a bit dodgy, but I can confidently say I now know at least half the body parts – so that is progress!

I think UK and Singapore patients are fundamentally not that different. Patients everywhere want a doctor who is confident, listens and genuinely cares. But I admit I felt an instant connection with my Singaporean '*ah mas*' (a term of endearment for elderly women) and uncles. There is just something about the shared cultural background – the unspoken understanding, the jokes, even the food references! So, weirdly enough, even though I trained in the UK, I feel like I can connect more naturally with patients here. It feels like coming home.

What is a typical week like for you? Do you think your IMG background has encouraged you to think differently about what a medical career can look like?

THK: I am lucky to have met many inspiring mentors. Interestingly, although I enjoyed orthopaedics the most in medical school, I found myself drawn to internal medicine after qualifying – particularly the "Sherlock Holmes" moments of working through complex cases and the "fist pump" elation when a diagnosis is confirmed! Honestly, I enjoyed all the specialties I rotated through, but the interesting mix of clinical and procedural work in cardiology eventually led me to commit to it.

Beyond that, I enjoy teaching because it allows me to keep learning, improve myself and see things from different perspectives. There is no "one-size-fits-all" approach to teaching. A good teacher is not a "know-it-all", but someone who can adapt to different learning styles and admit to not knowing the answer. It is perfectly fine to say, "That's a great question – I don't know, but I'll find out and get back to you."

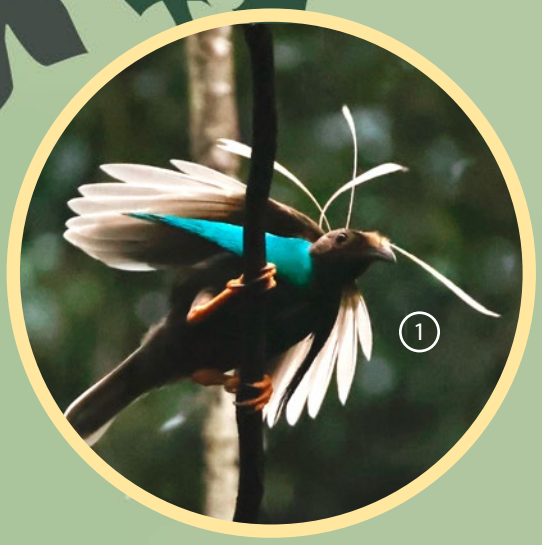
I think my IMG background prompted me to be more open-minded, think out of the box and pursue ideas I feel strongly about. This has allowed me to not only engage other IMGs but also initiate novel and meaningful projects.

If you could speak to your younger self back in the UK, what advice would you give them about preparing for the return journey and work life?

CY: Do not obsess over making the "perfect" choice – just make the best decision you can with what you know, commit fully to it and trust that the rest will figure itself out.

THK: Keep an open mind to the infinite possibilities ahead – what seems impossible may turn out to be the best path you can take for yourself. ◆

HALMAHERA Birding Adventure



Text by Dr Tan Su-Ming
Photos by Li Jiayu

I have never thought of myself as a serious birder, though I have enjoyed going birdwatching with other serious birdwatchers in Sungei Buloh. But when an invitation to birdwatch in the Northern Moluccas, Indonesia was extended to me in August 2025, I saw it as a chance for another novel adventure.

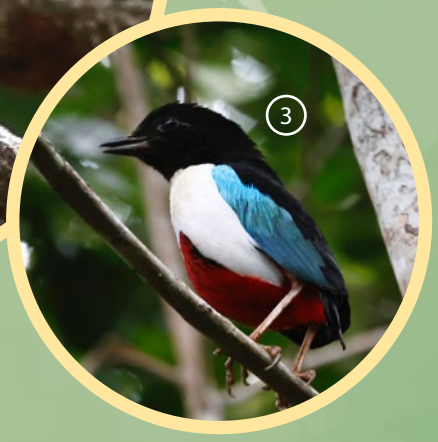
I boarded my Scoot flight with two serious birders and one birding enthusiast (with whom I have been on previous adventures) and headed to Ternate and Halmahera via Manado. How was one to pack for this trip? I was told to pack clothing in muted colours so as not to stand out like a beacon in the forests, and bring comfortable trekking shoes, lots of insect repellent and a good pair of binoculars.

My travel companions (who have since become my friends) had hired a guide and given him a list of birds we wished to see. I was impressed by how organised and efficient our guide was. We moved in a convoy of a few cars and stopped at forests, plantations, beaches, mangroves or along mountain roads, where the guide knew a particular bird frequented or resided. Sometimes we waited in the open; other times we hid in hides. The guide used a tiny boom box speaker to play the bird call of a particular species to attract it. I was struck by how surprisingly "compliant" the birds were, almost always responding by appearing.

If you are wondering what all the fuss and excitement over sighting these feathered creatures is about, imagine playing Pokemon Go and needing to capture these creatures for your codex. Birdwatching is kind of like that, except birders aim to sight lifers for our life list. Before this trip, a lifer to me meant a person serving a life sentence for a crime. In birdwatching, a lifer is a bird that you see for the first time in your life. It was quite a thrill to sight at least 50 lifers on this trip.

I discovered that there are many phone apps that can aid birdwatching, which I could download onto my phone. By specifying the region that I am birding in, the app narrows down the species most likely to be found there. Some apps help identify the bird from a photo I take or a recording of its call. Old-fashioned pen-and-notebook lists are no longer needed, as I can submit my sightings online and share them with the birding community using the app.

One of the most thrilling moments was sighting the Wallace's standardwing, a bird of paradise. This bird looks anything but "standard", but I learnt "standard" refers to a flag. The bird has two triangular, flag-like, iridescent metallic green wings that jut out from the sides of its neck, as well as four antennae-like feathers that float upwards from its back. We had to set off at 1 am in order to reach Aketajawe-Lolobata National Park by 4 am, and then trek another hour and a half to reach the three-storey-tall hide where we waited in the darkness for the bird to appear. It is hard to describe the thrill of hearing these birds calling from a distance, gradually drawing closer, until suddenly six or seven of these strange and beautiful creatures landed on tree branches about ten metres away, performing their strange mating dance and singing their hearts out to win the heart of a female standardwing. As soon



as it got light, they disappeared and the show was over. We then trekked through mud and streams back to our cars, elated.

Sometimes the guide would spot a bird in the distance and exclaim, "Look! Pacific baza!" and I would ask, "Where?" I marvelled at his skills in identifying birds, relying on his knowledge of their flight pattern, body and wing shape, call and preferred habitat. Often, I would confirm it by looking through my binoculars, amazed at his accuracy, when all I saw from afar was a blob.

Now that I am home, I feel the trip has made me more of a birder, even from my little porch at home. I can identify rose-ringed parakeets, hornbills or yellow-vented bulbuls by their call, and the blue-throated bee-eater perched on a lamp post by its shape and knowledge of its preferred spot. It is also fun to recognise a juvenile that has not yet developed all the colouring of the mature ornate sunbird. I suppose I might appear nerdy, but there is a newfound joy in the connection I feel with nature through birdwatching, along with a deeper awareness and appreciation of the natural world. ◆

Legend

1. *Wallace standardwing*
2. *Blue and white kingfisher*
3. *Ivory breasted pitta*
4. *Scarlet-breasted fruit dove*
5. *North Moluccan Pitta*
6. *Tea break by the roadside*
7. *In the hides of the Aketajawe-Lolobata National Park*

Dr Tan graduated from the National University of Singapore in 1990. She is married with a daughter.

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We're not about making a profit. We exist to support and protect our 350,000 members.

We don't have shareholders to answer to and create a profit for. We are owned by our members, and we exist for one reason – to support, protect and defend them when they need it most.

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*Non-mutual insurance companies only.

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