SMA news

For Doctors, For Patients

VOL. 58 NO. 8 | AUGUST 2026 | MDDI (P) 057/04/2026

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The Hobbit Meets **Darth Vader**

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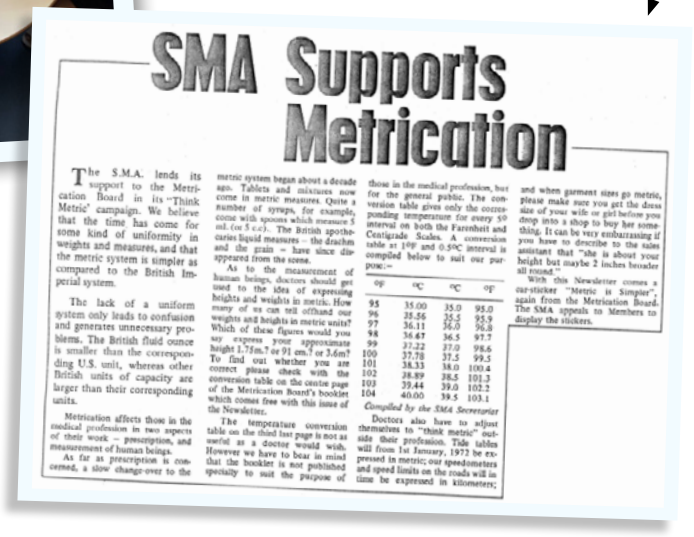

SMA Supports Metrication

The S.M.A. lends its support to the Metrication Board in its "Think Metric" campaign. We believe that the time has come for some kind of uniformity in weights and measures, and that the metric system is simpler as compared to the British Imperial system.

The lack of a uniform system only leads to confusion and generates unnecessary problems. The British fluid ounce is smaller than the corresponding U.S. unit, whereas other British units of capacity are larger than their corresponding units.

Metrication affects those in the medical profession in two aspects of their work – prescription, and measurement of human beings.

As far as prescription is concerned, a slow change-over to the metric system began about a decade ago. Tablets and mixtures now come in metric measures. Quite a number of syrups, for example, come with spoons which measure 5 ml. (or 5 c.c.). The British apothecaries liquid measures – the drachm and the grain – have since disappeared from the scene.

As to the measurement of human beings, doctors should get used to the idea of expressing heights and weights in metric. How many of us can tell offhand our weights and heights in metric units? Which of these figures would you say express your approximate height 1.75m.? or 91 cm.? or 3.6m? To find out whether you are correct please check with the conversion table on the centre page of the Metrication Board's booklet which comes free with this issue of the Newsletter.

The temperature conversion table on the third last page is not as useful as a doctor would wish. However we have to bear in mind that the booklet is not published specially to suit the purpose of those in the medical profession, but for the general public. The conversion table gives only the corresponding temperature for every 50 interval on both the Farenheit and Centigrade Scales. A conversion table at 1°F and 0.5°C interval is compiled below to suit our purpose:–

°F	°C	°C	°F
95	35.00	35.0	95.0
96	35.56	35.5	95.9
97	36.11	36.0	96.8
98	36.67	36.5	97.7
99	37.22	37.0	98.6
100	37.78	37.5	99.5
101	38.33	38.0	100.4
102	38.89	38.5	101.3
103	39.44	39.0	102.2
104	40.00	39.5	103.1

Compiled by the SMA Secretariat

Doctors also have to adjust themselves to "think metric" outside their profession. Tide tables will from 1st January, 1972 be expressed in metric; our speedometers and speed limits on the roads will in time be expressed in kilometers; and when garment sizes go metric, please make sure you get the dress size of your wife or girl before you drop into a shop to buy her something. It can be very embarrassing if you have to describe to the sales assistant that "she is about your height but maybe 2 inches broader all round."

With this Newsletter comes a car-sticker "Metric is Simpler", again from the Metrication Board. The SMA appeals to Members to display the stickers.

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.

Did you know that the very first issue of *SMA News* was published 60 years ago in 1966? This means the newsletter can be considered to be celebrating its "Diamond Jubilee" this year.

To commemorate the occasion, our August and September issues will feature a unique spectrum of articles that showcase both the history of our publication and how it has evolved with time. Why two issues? Well, we simply could not pack everything into one.

In sifting through the treasure trove that is 60 years of past articles, our team has dug up quite a few hidden gems. Past issues featured a different range of things compared to what we have these days. From marriage and promotion announcements to a range of historically hot-button issues such as glue-sniffing, heroin addiction and the problem of brain drain (in the context of medical education); from drugs ads for Flagyl and Lexotan (yes, as in, the benzodiazepine) to a lively exchange between SMA and the then Minister for Health on the Abortion Bill (among other things).

All of these issues are publicly available in our online archives, which means that you, the reader, can trawl through snippets of history of our local medical landscape and read about the goings-on of some of the more well-known names in our community from back in the day. Alas, there are gaps in issues from those very early times, so if anyone happens to find a missing piece to add to our collection in your home (or that of your parents' or grandparents'), do send it along to us.

To save the reader the trouble of having to go through the online archives, we have reprinted a mere handful of these articles to whet the appetites of the more intrepid treasure hunters. Notably, in this issue's selection, we have reprinted an article each by two of our past anonymous writers, Garfield and Hobbit. Not to worry, more will be featured in our September issue.

Despite this being our Diamond Jubilee, I would like to think that we are still diamonds in the making. Though the newsletter has changed in its appearance, and the people helming it are certainly not the same as the originals, one thing is certain – our goal remains the same: for doctors, for patients.

DR TOH HAN CHONG

Guest Editor

Dr Toh is a senior consultant medical oncologist and Deputy CEO (Strategic Partnerships) at the National Cancer Centre Singapore. He was a former Editor of *SMA News*. In his free time, Dr Toh enjoys eating durians and ice cream, reading, writing, rowing and watching films. Thankfully, the latter four are not fattening.

SMA News was born as a humble two-pager in August 1966, a year after Singapore's independence. Its first Editor was Prof Arthur Lim, a trailblazing giant of ophthalmology who truly elevated Singapore's ophthalmology to a world-beating global reputation.

In this commemorative issue, we showcase a number of historical articles, one of which is from the front page of the March/April 1979 issue. The then Editor was Prof Charles Ng, one of our pre-eminent senior obstetrician-gynaecologists, and that issue's front-page headline was a proposal for more structured newsletter contents moving forward, including a column for exchange and a mart to buy and sell goods, as well as a guest column that invited non-medical opinion makers to discuss topics like banking, taxes, stocks and shares and

the property market. Also proposed were a ladies' column for issues dedicated to women doctors, a literary column for doctor-writers and poets – Anton Chekhov, John Keats, Arthur Conan Doyle, Somerset Maugham, Lu Xun, Han Suyin and Khaled Hosseini were all medical doctors – a humour section containing even cartoons, and the eponymous travelogue. Today in the era of the Internet, social media, online shopping and artificial intelligence, that 1979 issue now appears quaint and archaic but certainly not irrelevant.

As *SMA News* Editor from 2004 to 2014, I saw how the power of the written word became a voice for the medical profession, embodying our slogan "For Doctors, For Patients". *SMA News* charted the odyssey of Singapore medicine, which has grown and transformed over the years and is highly regarded today for its world-class healthcare standards and delivery. Through the tumultuous years of pandemics like cholera and tuberculosis, from the corporatisation of public healthcare and restructuring of Government hospitals, to the battle cries and battle stations against the two modern pandemics of SARS and COVID-19, the heated debate on Guidelines on Fees and the initially hesitant introduction of residency training, *SMA News* grew into a sounding board, a soapbox for discourse and an invaluable document.

Another article we revisit in this issue is by regular *SMA News* columnist Garfield, the pseudonym of a gentle, beloved family physician who, alas, passed away too young from cancer. Garfield lamented the slow creep of defensive medicine, alluding to the erosion of beneficence, the physician's intuition and personal touch, clinical acumen and the sacred doctor-patient relationship, and warned of the slippery slope towards rising healthcare costs – all of which could do the patient more harm than good.

Also in this issue is a classic article by the Hobbit. It was published during my time as Editor in 2006, so I know this satirical piece well. Many a time, I have had to carefully read and reread the often hot potato, hard truth and sometimes irreverent submissions from the Hobbit. I have often found myself verbally mud-wrestling with the Hobbit's passionate words, which admittedly come from a place of speaking up on behalf of the Singapore medical profession when he/she/it/they felt it was under siege. For sure, the Hobbit pens in a wry, witty erudite style peppered with unique humour, commonly spiced up with saucy sarcasm. For example, in "The Hobbit Meets Darth Vader", the Hobbit howls at the many struggles faced by GPs and how aesthetic medicine had become an alluring, addictive alternative avenue. This was 25 years ago.

I reminded the Hobbit that while anonymity affords a braver, bolder voice, the Editor would ultimately bear the consequences of any backlash. Anonymity in media is not new. I am a big fan of *The Economist*, where no article has a writer byline. Instead, it has anonymous writers such as Ashoka, Bagehot, Chaguan, Banyan Tree, Lexington and Schumpeter.

The next 60 years of medicine are hard to predict but will surely be beyond exciting. It will be a brave, new and hopefully better world for healthcare, the medical profession and mankind. ◆

Evolution of our newsletter's masthead over the years

ABOUT YOUR NEWSLETTER

SMA News began in 1966 as the _Medical Newsletter_, a brief publication ran to report on news and events without comment. Over the years, the newsletter grew and came to embrace a wider function, now featuring submissions of many varieties, from serious discussions on medical ethics to light-hearted travelogues, in addition to conveying the Association's stances on the pertinent issues of the day.

As a special Feature commemorating our 60th anniversary, _SMA News_ dives into the past to spotlight several articles published at various points throughout our history. These glimpses into the past show us how much may have changed and how much may have stayed the same, but the newsletter has always remained committed to being by doctors, for doctors. The following article was first published in the March/April 1979 issue.

The Editorial Committee has proposed the following format for the SMA Newsletter. The regular columns which we shall publish are:

1. Editorial and News from the Council of the SMA.

2. Topical articles of the medical scene in Singapore and medico-politics, if any.

3. Letters to the Editor.

4. Medical Mandarin.

In response to the demands at the last AGM, the following additional regular columns have been added:

5. A personal column – we invite our readers to send us details of special occasions of joys or sorrows for announcement in the SMA Newsletter, such as weddings, wedding anniversaries, engagements, births or deaths.

6. Column on exchange and mart – this is a new column to act as a service to our readers. We invite readers to send in details of anything they wish to sell or exchange or buy from fellow readers, such as houses, cars, clinics, antiques, hi fi, etc.

7. Affiliated Societies news column – this column is for all our affiliated societies to announce future functions of their respective societies and any news regarding office bearers, etc.

8. Honours column – in the past the SMA Newsletter has only published news about doctors being promoted or obtaining higher qualifications. We hope to increase this news coverage to include congratulations on awards other than medical, and also elections to office in service clubs, community service, etc. Please let us have news of yourself or your friends or colleagues if such honours are bestowed on them.

9. "May & September" – this column is to introduce our potential colleagues and to give them space in the Newsletter to air their views and also to announce any news regarding the Medical Society of the University of Singapore. We hope our young friends and colleagues will rise to the challenge. As a contra we shall invite medical colleagues who have retired to give us their views and any anecdotical stories in their years of practice as a doctor. This will balance the views of our young members.

10. Guest column – from time to time we shall ask non-medical people to write in this Guest column on topics which we think will be of general interest to our profession, such as investments in stocks and shares and banking, property market, taxation, management, etc.

11. From time to time we shall also publish an interview column called the SMA Editorial Committee interviews… Here, we hope to interview eminent personalities in the Singapore scene, both medical and non-medical, on topics pertaining to our profession.

12. For the first time, the SMA Newsletter Editorial Committee has a lady; we have great pleasure to have Dr. Jenny Lee to be representing the ladies on our Editorial Committee. She has very kindly agreed to edit the ladies section of the Newsletter, so all you lady doctors please contact her if you have any news, views or articles of interest for both sexes for publication in our Newsletter.

13. We know that our doctors are more than just technologically competent professionals, many have aspired and attained great literary talents. Dr. Leong Vie Chung has

very kindly agreed to edit the literary section of the Newsletter – we hope that all the aspiring writers, poets, etc., amongst you will send your contributions to him for publication. We also request for volunteers from you to review books for this section. We shall be writing to the publishers of local books to send their new publications to our literary editor for book review. Please contact Dr. Leong if you wish to offer your services as a reviewer.

14. Hobbies – under this column we shall publish articles on how you should spend your leisure. Many doctors are great motoring enthusiasts, hi fi enthusiasts or photography enthusiasts, including those who collect stamps, etc. We hope to get experts from our profession to run articles on these topics. For the motoring section we have enlisted 3 able doctors who have experience in writing in the popular press on reviews of motor cars and car accessories. We intend to do a similar review or tests of cars and car accessories for our doctors.

Hi fi is a great talking point among our colleagues and also many of us spend a lot of money investing in very expensive audio equipment. We have managed to get one expert in this field from our profession to write reviews of this interesting hobby. For those who are interested in photography, they have not been forgotten.

At this point, the Editorial Committee would welcome contributors from amongst our readers who are experts in hobbies such as stamp collecting, coins collecting, antiques, etc., to contribute articles for us.

15. Travel column – a lot of us travel for pleasure or in the course of our work, to all parts of the world. Therefore a travel section is most appropriate and we hope to solicit articles from you about your experiences in your travels especially on tips and advice to your colleagues on how to get about in the rest of the world.

Finally, "all work and no play makes Jack a dull boy". We do not intend to run a newsletter only for information and heavy reading. A humour column and perhaps cartoon strip would bring light relief after a heavy day's work. We shall persuade some of our past contributors on this topic to revive this and to provide us cartoons or cartoon strips. Those of you who have jokes to tell provided they are not slanderous or unprintable, please send them to us so that we can all share in the humour.

WE NEED YOUR HELP.

Letter to President of SMA by A Patient on "Upgraded Practice"

In commemoration of *SMA News*' 60th anniversary, we peer into the past to showcase some of our older articles and their contributors. Among the many who have given the newsletter their love and passion over the years, the late Dr Chan Kah Poon (1943–2005), also known by his pseudonym Garfield, stands out as one of our most prolific and iconic contributors. Dr Chan served on the *SMA News* Editorial Board from 1987 to 2005 and shared many tongue-in-cheek essays and reflective poetry about what he saw of life as a doctor and a citizen. The following article by Garfield was first published in the March 2001 issue of *SMA News*.

Text by Garfield

DEAR PRESIDENT OF THE SMA,

I am writing to you about my GP. This is not a complaint against him. But as President of the SMA of which I assume my GP is a member, I thought that you or some of your committee members may like to have a word with him, regarding his recent attitude and practice, which I as his patient, have found different from before and rather disturbing.

To start with, I shall acquaint you with some background information. I have been his patient for more than 10 years. My wife and child are also his patients. I have to see him quite often because I suffer from migraine. Our relationship in the past had always been cordial. There were no problems between us.

However things have not been the same in the past few months. I detected a certain change in the manner in which he treats me, which may have affected his other patients as well. It isn't easy for me to describe this change. Perhaps I'll relate to you what happened during my last visit to him. I can still remember the occasion clearly.

"Good morning doctor and Happy New Year," I greeted him. "You are Mr. Amos Lim, I presume," he replied, "I

wouldn't know how good this morning is until lunch and how happy the New Year is until next January." The doctor is technically right of course but is this a nice way to answer a patient? And what is this "Amos Lim, I presume," business? I have been his patient for donkey years. "Don't you recognise me?" I asked him. He said he thought so but he must make sure because nothing can be taken for granted. Doctors cannot make mistakes, he added.

I told him that he must be kidding, as doctors are also human and all human beings make mistakes. I am a social worker and I know a thing or two about human failings. Human beings are not perfect, only God is. He had to agree and said somewhat contemptuously that soldiers, economists, politicians and bishops all make mistakes that have resulted in the exile, killing, starving to death and burning at the stakes of innocent people. The difference with doctors, he said, is that the public is unforgiving. They expect doctors to be infallible and if anything goes wrong, the fault finding begins. Maybe doctors are easy prey, he opined.

I said that it is not true and that those people he mentioned will ultimately be judged by history. "Bah!" he said, "after they are gone or have disappeared." Doctors, I suppose, sometimes get up from the wrong side of their beds too and can be cranky and irrational. Just to please him, Mr. President, I promised to ponder over what he said.

Since he was in such a touchy mood I thought I had better leave. I said, "Doctor, please prescribe my usual cafergot, stementil and propanolol and I'll be on my way. You have other patients waiting. Also, can I have more of these medicines, my attacks are getting worse and occur with greater frequency recently." He looked at me and said "Mr. Lim, I can't do that." "Why not?" I asked him, "and I prefer to be called Amos or Almost, the nickname you gave me." "I can't do that either, Mr. Lim. My old ways are the wrong ways. Our relationship is a formal one and I must address you correctly, otherwise I can be accused of impropriety," he said.

He really must have had a screwed-up weekend. "Call me whatever you like – Boss, Patient, Customer, Your Excellency, Your Majesty, just prescribe the medicines and I'll be gone," I told him. "Mr. Lim, as I have mentioned just now, I can't," he replied. "Are you angry or upset with me for reasons that I am not aware of?" I asked him. "Would I dare to be angry or be upset with you or with any other patients? The courts take a very serious view of improper behaviour nowadays, especially those relating to rage," he replied. "Why are you making life difficult for me then?" I asked him. "Mr. Lim," he said, "I am sorry if you feel this way. Let me explain. Didn't you say just now that your headache is becoming more severe and frequent? In which case there is a change in its characteristics and I have to reassess your case and not just simply repeat your medication."

I told him not to worry and that I was just going through a period when the headaches were more pronounced. He said he wasn't taking any chances and that a reassessment was mandatory, otherwise he would be blamed for being negligent. I assured him that I wouldn't blame him but he said I couldn't speak for my wife, my son, my relatives, my insurers, my lawyers, my friends and other doctors and that if I did not agree to be reassessed, he wouldn't accept me as his patient anymore. He looked as if he meant it. I capitulated.

The next fifteen minutes or so he spent asking me all sorts of questions, including some on my libido, which I found totally irrelevant and if not for the fact that I was having a headache, might have found amusing. Then he started knocking, poking and scratching me with his instruments, tortured me by shining a powerful light into my eyes, made me wrestle with him, perform acrobatics, walk with my eyes shut and stand on one leg, all this while my headache and nausea were getting worse. When he had finally finished, I asked him what did he find? He asked me not to be impatient as he had to record his findings first.

From what I saw written, we had certainly wasted time. There was a long list of "Nothing abnormal detected". I was about to tell him that when I saw him write "PR down going". I had been very patient but I lost my cool when I saw that. "Hey," I said, "what do you mean by my public relationship is going down. I am a social worker you know." He said PR is plantar reflex. I told him I am a human, not a plant. He then had to explain to me the test and more time was wasted.

After waiting many more minutes for him to complete his notes, I asked, "Are you satisfied now?" "Not quite," he replied. "Are you serious?" I asked him. "Don't I look serious," (in fact he looked dead serious) he said, "Mr. Lim, a medical consultation can have two parts, clinical and laboratory. I have only completed the former. You need some more tests. The most important is the MRI." "What is that?" I enquired. "It's currently the mother of all X-rays. A high-tech procedure to find out whether there is anything inside your head that shouldn't be there. When it is done, both of us will sleep better."

That was the last straw. "I am not having that done, even if it's free," I told him, "Give me my medicines and I'm off." He looked at me for a while and said, "OK, if that is your wish but please sign here to confirm your decision, I need to keep a record." He then added, "Mr. Lim, you are a very understanding patient and I really appreciate it. However, not every patient is like you. I have to protect myself. Believe me, it is not funny, in fact it is a nightmare to be involved in a legal dispute with a patient. You even end up as a news item in a bulletin board on the Internet."

Mr. President, Sir, I would appreciate it very much if you can find out what is happening to my GP. He used to be a cheerful and optimistic doctor but now he has become morose and pessimistic. Personally I don't like his new style and I have a feeling that he doesn't like it too. I want a confident doctor, not one who is timid and defensive and also one who treats the patient and not the disease alone. Wayward doctors are a different matter.

One other thing, his charges for my consultation have more than doubled. I asked his nurses the reason for the increase. They told me that it is for "upgraded services". I wonder. ◆

Best regards,

Yours sincerely,
Amos Lim

c.c. to the GP

Will The Medical Profession Lose Its Soul?

— Delivered by Dr Yong Nen Khiong

The commercialisation of medicine is neither a new phenomenon nor a fresh concern. In 1989, outgoing SMA President Dr Yong Nen Khiong delivered the following speech on the industrialisation of medicine, which was first published in the May 1989 issue of *SMA News*, then known as the *Singapore Medical Association Newsletter*.

At the Singapore Medical Association's Annual Dinner on 16 April 1989, Dr Yong Nen Khiong, the outgoing President delivered his valedictory address the second time. His message provides food for thought to the medical profession. He perceives the loss of control of health care as "industrialisation" of medicine makes inroads into health care, as the grave challenge and dilemma facing the profession in Singapore. He said:

"The practice of medicine is no longer the sole prerogative of the traditional practitioner, honourable, dedicated, totally professional committed and greatly respected. Into the arena of medicine has moved governmental authorities, business entrepreneurs, pharmaceutical companies, accountants, hospital companies, and high tech. Small wonder that health care is now termed the Health Industry, with the word Industry in big bold capitals.

Medicine is big business and mega-bucks, to coin a trendy word. The solo doctor is fast becoming an anachronism, a museum relic of bygone days.

Numerous issues have been thrown up by this transformation, issues such as health screening businesses, health-maintenance organisations, hotel-hospital packages offering complete health screening at competitive rates, restructuring of the public hospitals, itinerant surgeons ("have scalpel, will travel"), and many more.

The first major challenge the profession has to face is to accept that control of health care has now slipped out of the hands of the profession. It would be wholly unrealistic to believe that we are still in charge. We would be kidding ourselves. The financiers, the entrepreneurs, the businessman, the bureaucrats and the politicians and other shadow-players have taken over.

Who is to blame? No one and everyone. It is a part of the times we live in, and this in itself is a reflection of the changing values of society and professions. I am reminded of a popular song "Money makes the world go round", a song I know will be familiar to most of you. That is what it is all about, the rank and almost obscene commercialisation of medicine.

The profession sadly has not gone untarnished in this radical shakeup of health care. At a recent Meeting at the Ministry of Health, when I raised my eyebrows over the statement that pharmacists needed to be business entrepreneurs as well as professionals, the retort I received from the pharmacist was "Aren't you also an entrepreneur?" That, distinguished guests, ladies and gentlemen, is indicative of how we are viewed.

When the reality is viewed in its starkness, the dilemma the profession is faced with is this: Do we go along with the so-called main stream, or do we stand firm and hold fast to our Hippocratic oath and our ancient code of ethics? The pressures on the profession are enormous, and come from all directions, not the least from the community itself. The Office of Fair Trade Practice in the United Kingdom is applying pressure on the legal, dental and medical professions to change their stand on advertising, pressure that is being strongly resisted by the British Medical Association. Similar pressure may well be brought to bear on us here.

What shall be our stand, what shall be our response? That I believe to be the most important issue at stake, the most fundamental of the principles on which we lay claim to be professionals. There are those who will argue cogently that times have changed and that our ancient ethical code must be adjusted to meet modern times. "The public has the right to be informed" is the argument advanced by both medical and lay public alike.

Or should not this be the time when it is most necessary that in the face of all and any pressures, the profession stands firm and defend its honour, independence and integrity. These are old-fashioned words, some would say for old-fashioned times. Each of us will have to search our own consciences, the profession will have to search its collective conscience. I know what my answer is, but it may not be the answer for everyone.

Whatever our answers, individually and collectively, I would be bold enough to say, that if we sell out, it we were to compromise and acquiesce, that day will the humanity go out of medicine, and the medical profession will lose its soul." ◆

Committing to a Purpose

Larger Than Ourselves

Text by Dr Daniel Lee Hsien Chieh

Dear friends and colleagues,

When we first took the Hippocratic Oath, we stepped into a profession that is deeply personal and profoundly social. Amid our busyness today, we sometimes forget that the ecosystem in which we practise – comprising an intricate balance of regulatory, societal and commercial milieux – is not maintained on autopilot. It requires a collective voice, a shared shield and a concerted vision to move in a direction that improves the practice environment for the true benefit of our patients. In this column, I want to speak directly to why SMA membership should be more than an optional line item on your annual checklist – a bedrock that fuels our professional sustenance.

The soul of our fraternity

Formed in 1959 and founded on the principles of service, integrity and fellowship, SMA is a non-governmental organisation and stands as the largest professional body representing doctors in Singapore. Our mission is to promote the medical and allied sciences, to safeguard the honour and interests of the medical profession, and to serve as a bridge between doctors, patients and the state. SMA advocates for the profession's interests, publishes the peer-reviewed *Singapore Medical Journal* and manages the dedicated SMA Centre for Medical Ethics and Professionalism (SMA CMEP).

We do not just speak for one segment of medicine. We are an inclusive home for the entire fraternity – across sectors, both public and private; across specialisations, representing both specialists and non-specialists; across generations, amplifying the voices of our most junior doctors to the most senior in the profession. Based on latest statistics, SMA has over 14,000 Members. When SMA speaks, it is with the mandate of the majority of the entire medical profession in Singapore.

The power of collective strength

SMA is not a trade union. However, there are times when SMA fulfils union-like functions by stepping into spaces where an individual doctor, acting alone, simply cannot effect systemic change. In an asymmetrical negotiation with institutional systems, regulatory shifts or commercial forces, a lone practitioner can sometimes be vulnerable. What may be impossible for one doctor could be achievable through the solidarity of a credible voice. Examples where SMA can provide collective strength and wisdom include, but are not limited to, the following:

(a) **Advocacy and negotiation:** SMA represents Members in national workgroups and advises on national healthcare policies, including consultations with governmental and statutory bodies. SMA is represented in the Singapore Medical Council and the Ministry of Health's (MOH) Multilateral Healthcare Insurance Committee.

(b) **Doctors-in-Training (DIT):** The SMA DIT Committee is dedicated to representing and advocating for junior doctors, addressing their working conditions, appropriate training and psychological wellbeing.

(c) **Professional support:** SMA protects Members' professional interests and provides resources concerning medical ethics and professional indemnity coverage.

Beyond tangibles: the ideological value

It is common for some to view professional membership through the lens of a tangible "return on investment" of the annual fee. SMA Members do enjoy practical benefits such as access to Member events, educational seminars and platforms for continuing medical education (CME) points, operational discounts and lifestyle perks. Yet it is crucial we do not miss the importance of membership in fostering community, shaping policies and mentoring future generations. This issue celebrates the 60th anniversary of the newsletter. Let me take this opportunity to remember and honour some notable work done by the SMA Council and Members who stepped up to fight battles on all our behalf. Much of this work went on quietly, year after year, behind closed doors, and it is timely to bring these to light.

Fair compensation for junior doctors

In the 1990s, the SMA Medical Officer (MO) Committee actively lobbied for call allowances for junior doctors. Because of that historical intervention, house officers were paid for overnight calls for the first time in Singapore's history and MOs managed to secure better call allowance structures henceforth.

Anchoring medical ethics – SMA CMEP

21 years ago, under the leadership of the late A/Prof Cheong Pak Yean and Prof Goh Lee Gan, SMA CMEP was established to teach medical ethics and champion ethical thinking. This institution has been an anchor for medical ethics education, preparing generations of doctors since 2006 to lead clinical teams

with independent medical and ethical decision-making skills through the Advanced Specialist Training Ethics course. SMA CMEP also offers modules in medical ethics and professionalism, enabling doctors to meet mandatory medical ethics CME regulatory requirements.

SMA Charity Fund

The SMA Charity Fund (SMACF) was established in 2013 to support and raise funds for needy medical students. Initiated during Dr Wong Chiang Yin's term as SMA President, it is an independent charity arm and Institution of a Public Character which ensures that no student is denied the chance to become a medical practitioner purely due to financial hardship. SMACF endeavours to develop a compassionate medical profession that contributes towards better healthcare in Singapore.

Standing tall during the SARS crisis and COVID-19 pandemic

When the SARS outbreak struck in 2003, the private sector was acutely vulnerable. At the onset, there was no national stockpile of personal protective equipment or N95 masks and none were available for sale. SMA worked closely with Singapore Health Services to secure and distribute N95 masks to private practitioners. Simultaneously, we established a relief fund to financially assist doctors and clinics that suffered devastating losses during the outbreak.

During the epidemic phase of the COVID-19 pandemic, SMA helped distribute free hand sanitisers provided by Temasek Foundation as well as batches of N95 and surgical masks from MOH stockpiles.

Elevating healthcare standards

SMA developed and pioneered the Clinic Assistant Course to formalise training for frontline healthcare clinic staff. Driven by the foresight of leaders like A/Prof Cheong Pak Yean and Dr Tan Kok Soo, this curriculum was eventually recognised, formalised and taken over by the Institute of Technical Education.

Guidelines on Fees

When MediSave usage was expanded to private hospital use, MOH requested for SMA to develop the Guidelines on Fees (GOF) as a reference framework. From 1987 to 2007, the GOF served as a vital anchor, keeping medical prices in check and protecting patients from asymmetric pricing.

In 2007, following legal advice that the GOF could contravene Section 34 of the newly enacted Competition Act, SMA withdrew the GOF in compliance with the law and held a press conference regarding this matter, acting with transparency and accountability.

A quarter century of medical defence resilience

In 1999, when the Medical Defence Union transitioned its Singapore portfolio to the Medical Protection Society (MPS), SMA recognised that doctors needed a choice in indemnity providers. Then President Prof Goh Lee Gan took the initiative to invite Australia's United Medical Protection (UMP) to be the second provider. Unfortunately, when UMP unexpectedly went into provisional liquidation in 2002, approximately 1,800 Singapore doctors were suddenly left without malpractice cover. The SMA Council moved swiftly behind the scenes, negotiating with MPS to offer membership inclusive of "nose cover" for affected doctors, while coordinating with NTUC Income to provide alternative medical indemnity insurance. This protective framework has been reinforced recently by the launch of the Marsh-Medefend scheme for private sector practitioners. This safety net is the result of SMA negotiating arrangements, building trust and sustaining valued global contacts for over a quarter of a century.

Beyond insurance policies, when an SMA Member faces the often long and lonely period of a regulatory disciplinary process, he/she does not walk alone. Today, any Member needing emergency advice, a second opinion on medical defence strategy or simply an empathetic colleague to walk beside him/her can always approach the SMA Council. There will always be a Council member prepared to assist.

The road ahead: a call to solidarity

Friends and colleagues, we are currently practising in one of the most volatile eras of modern medicine. We are actively navigating an evolving legal climate, complex regulatory frameworks, high health information protection and cybersecurity expectations. A delicate balance must be struck between practising professionally and ethically to safeguard patient interests amid rising practice costs and a complex health insurance setup. There is also the pervasive, systemic threat of professional burnout affecting doctors across all levels, especially our junior colleagues who need the support of mentors and role models among us.

We cannot effectively address these emerging challenges as isolated individuals in a piecemeal fashion. If we do not speak with one voice, others will write the rules of our practice for us.

I call upon each of us to rise and be counted as SMA Members. If you are a Member, do involve yourselves with our committees and interest groups. If your colleagues have not yet joined, please urge them to do so and join hands with this fraternity to help us address what a doctor cannot do alone. Let us commit to a purpose larger than ourselves – together, we will certainly be greater than the sum of what we can achieve alone. Thank you for your support. ◆

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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.

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21st MASEAN Conference

Text by Denise Tan, Deputy Manager, International Relations and Dr Maxz Ho

The 21st Medical Association of Southeast Asian Nations (MASEAN) Conference, graciously hosted by the Philippine Medical Association (PMA), was held from 3 to 6 May 2026 at the Modala Beach Resort on Panglao Island, the Philippines. This year's theme is "A Regional Commitment to Physician Well-Being and Climate-Conscious Health Systems in Southeast Asia".

The event was held in conjunction with the International Seminar for Authors of Medical Journals from MASEAN Countries, organised by PMA and the MASEAN Group of Journals (GOJ).

The SMA delegation comprised:

- Adj A/Prof Ng Chew Lip, SMA Honorary Secretary; Secretary General of MASEAN;
- Dr Tammy Chan Teng Mui, SMA Council member; MASEAN treasurer;
- Prof Mahesh Choolani, Advisory Panel of Past Chairpersons, MASEAN GOJ;
- Dr Michael Lim Khong Jin, SMA Council member;
- Dr Maxz Ho, Secretary, MASEAN Junior Doctors Network (JDN);
- Dr Christina Png, MASEAN JDN member; and
- Ms Krysania Tan, Ms Denise Tan and Mr Spencer Soh, SMA Secretariat.

MASEAN GOJ

The MASEAN GOJ convened its annual Seminar for Authors, Editors and Reviewers of Medical Journals from MASEAN Countries on 3 May under the theme "Climate Science and Research Literacy". Chaired by A/Prof Maria Christina H Ventura, the seminar brought together medical editors, researchers and healthcare professionals to explore the critical intersection between climate change and health. The programme featured four sessions covering climate science for medical professionals, the health impacts of climate change, pathways to net-zero carbon and medical advocacy as well as research and publication practices in climate-related health topics.

This hybrid seminar highlighted the growing responsibility of the medical and scientific community in addressing climate change through evidence-based research, advocacy and scholarly communication. Participants gained valuable insights into the latest climate science, emerging health challenges and the important role that medical journals play in advancing research literacy and disseminating knowledge to support informed policy and healthcare practice across the region.

As part of its advocacy efforts, a research forum was held on 4 May at Governor Celestino Gallares Memorial Medical Center to support researchers in their publication journey. Prof Maria Minerva P Calimag and Prof Jose Florencio Lapena Jr delivered lectures on research publication, followed by afternoon workshops led by MASEAN GOJ members in their respective fields of expertise. This initiative also helped offset the carbon footprint associated with holding the MASEAN meeting in Bohol this year.

MASEAN JDN

On 4 May, the MASEAN JDN convened for its third in-person meeting since its inauguration in 2024, chaired by Dr Marla Mae Callariga (incoming MASEAN chairperson) and Dr Maxz Ho (Secretary, MASEAN). This year's meeting marked a significant milestone with several key highlights.

First, the participation of junior doctors from the Philippines, Myanmar and Timor-Leste brought the total representation to eight JDNs across the ASEAN region. The expanded participation reflects MASEAN JDN's efforts to strengthen regional collaboration and advocacy for junior doctors within ASEAN. Second, MASEAN JDN invited the World Medical Association (WMA) JDN to the business meeting. WMA JDN's participation facilitated cross-learning and meaningful exchange of perspectives between junior doctors in ASEAN and the wider international medical community. Third, the Indonesian Medical Association and Medical Association of Thailand (MAT) presented scientific posters examining the prevalence and contributory factors of mental health concerns. These discussions prompted broader exchanges on workplace culture, psychological safety and mental well-being across junior doctors in ASEAN. Collectively, the meeting reaffirmed MASEAN JDN's shared commitment to fostering a safe and conducive training environment for junior doctors.

Installation of the new MASEAN Chairperson

The meeting opened with remarks by Dr Azizan Binti Abdul Aziz of the Malaysian Medical Association, who welcomed delegates, thanked the PMA for hosting the conference and expressed appreciation to MASEAN member associations for their support during her two-year tenure as Chairperson. She then formally handed over the chairmanship to Dr Hector M Santos Jr of the PMA.

Following the ceremonial presentation of the MASEAN gold medallion, Dr Hector M Santos Jr officially assumed the role of Chairperson. The opening ceremony also included the Dr MK Rajakumar Memorial Oration, delivered by Dr Maria Minerva P Calimag. The oration honoured the legacy of Dr MK Rajakumar and recognised his significant contributions to the medical profession and the advancement of regional collaboration within MASEAN.

Induction of new MASEAN member

A significant milestone of the conference was the induction of the Association of Medical Doctors of Timor-Leste (AMTL) as a new member of MASEAN. The incoming Chairperson, outgoing Chairperson and Secretary General of MASEAN formally welcomed the AMTL delegation and officiated the induction ceremony. As a symbolic gesture marking Timor-Leste's entry into the MASEAN family, the AMTL delegates raised the national flag of Timor-Leste alongside those of the existing MASEAN member associations.

Scientific Symposium

The Scientific Symposium addressed contemporary challenges affecting physician wellbeing and professional resilience. Dr Robert D Buenaventura of the PMA opened the session with a presentation on the early detection of suicidal risk among health professionals, highlighting the importance of recognising subtle warning signs and fostering supportive workplace environments.

Dr Michael Lim Khong Jin subsequently discussed strategies for maintaining mental health when facing professional complaints, offering practical perspectives on coping with stress and preserving professional confidence. The symposium concluded with a presentation by A/Prof Rattapon Thuangtong of the MAT, who shared insights on physician well-being and the development of climate-conscious health systems in Thailand, underscoring the interconnectedness of healthcare sustainability, environmental responsibility and healthcare worker welfare.

Next MASEAN meeting

We extend our deepest appreciation to PMA for their warm hospitality and we look forward to the 22nd MASEAN Mid-Term meeting, which will be hosted by the Vietnam Medical Association in Da Nang, Vietnam in May 2027. ◆

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Dr Ho is an Air Force medical officer and will commence his A&E residency training in 2027. He is currently vice chairperson of the SMA Doctors-in-Training Committee and serves as the secretary for the Medical Association of South East Asian Nations Junior Doctors Network. He believes that every junior doctor we invest in today becomes the mentor someone else needs tomorrow.

Legend

1. Induction of new MASEAN member, the Association of Medical Doctors of Timor-Leste

2. Members of MASEAN Junior Doctors Network

HONOURING EXCELLENCE

The 67th SMA Council warmly congratulates our Members who are recipients of the National Day Award 2026.

The Meritorious Service Medal

Prof Chee Yam Cheng
President
Singapore Medical Council

The Public Service Star

Dr Ong Hang Shyan, PBM
Chairman
Ci Yuan CCMC

The Public Administration Medal (Silver)

Dr Ho Kaiwei
Deputy Secretary (Services)
Ministry of Health

A/Prof Ruban Poopalalingam
Group Chairman
Medical Board
SingHealth

A/Prof Au Wing Lok
Chief Executive Officer
National Neuroscience Institute

The Public Administration Medal (Bronze)

Prof Mahesh A Choolani
Head
Department of Obstetrics & Gynaecology
Yong Loo Lin School of Medicine

Adj A/Prof Sujith Indeewara Wijerathne
Head & Senior Consultant
Division of General Surgery
Alexandra Hospital

Adj A/Prof Peng Li Lee
Senior Consultant
Department of Emergency Medicine
National University Hospital

Adj A/Prof Tay Wey Tut Noel Stanley
Vice Chairman
Medical Board (Clinical Education)
Senior Consultant
Respiratory Medicine
Ng Teng Fong General Hospital

Adj A/Prof Fareed Husain Yusuf Kagda
Group Chief
Orthopaedic Surgery
NUHS
Head & Senior Consultant
Orthopaedic Surgery
Ng Teng Fong General Hospital

Adj A/Prof Ong Jia Yuan Jonathan
Senior Consultant
Neurology
Tengah General and Community Hospital
National University Hospital

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Assistant Chairman
Medical Board (Clinical)
CMB Office
Institute of Mental Health

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Divisional Chairman (Surgery)
General Surgery
Tan Tock Seng Hospital

Adj Asst Prof Ang Hou
Divisional Chairman (Ambulatory & Diagnostic Medicine)
Emergency Medicine
Tan Tock Seng Hospital

Dr Lee Jer En
Deputy Divisional Chairperson
Head
Rehabilitation Medicine
Division of Integrated & Continuing Care
Woodlands Hospital

Dr Tan Cher Heng
Chief Operating Officer
Woodlands Hospital

Dr Mah Chou Liang
Head & Senior Consultant
Anaesthesia and Surgical Intensive Care
Changi General Hospital

Dr Chang Ngai Kin, Christopher
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Care & Health Integration
Changi General Hospital

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Lead
Clinical Core
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National Cancer Centre Singapore

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National Cancer Centre Singapore

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National Heart Centre Singapore

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National Heart Centre Singapore

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Chairman
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A/Prof Chuah Thuan Heng Charles
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Singapore General Hospital

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Division of Pathology
Singapore General Hospital

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Senior Consultant
Chief Risk Officer
SingHealth Polyclinics

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Regional Clinical Services (North East)
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Clinical Services
SingHealth Polyclinics

Clin A/Prof Ho Chih Wei Sally
Senior Consultant
Education
SingHealth Polyclinics

The Commendation Medal

Dr Premila Hirubalan
Director
Youth Preventive Health Service
Health Promotion Board

The Public Service Medal

Dr Ho Kok Tong
Patron
Kebun Baru CCMC

Prof John Lim Chien Wei
Chairperson
Consortium for Clinical Research and Innovation Singapore Board

The Long Service Medal

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Assistant Chief Executive Office
National University Health System

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Senior Consultant
Department of Urology
Sengkang General Hospital

Dr Chan Kim Poh
Senior Consultant
Department of Emergency Medicine
Sengkang General Hospital

Dr Doctor Nausheen Edwin
Senior Consultant
Department of Emergency Medicine
Sengkang General Hospital

The Long Service Medal (Military)
SLTC(NS)(DR) Marcus Tan Chiang Lee
Singapore Armed Forces

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

HIGHLIGHTS

From the Honorary Secretary

Report by Adj A/Prof Ng Chew Lip

Adj A/Prof 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.

ACE Clinical Guidelines – allergic rhinitis, URTI, low back pain

The Agency for Care Effectiveness (ACE) issued three ACE Clinical Guidelines across May and June 2026, covering rhinitis, upper respiratory tract infections (URTIs) and low back pain.

The three guidelines can be found in full at the following links:

- Allergic rhinitis: https://bit.ly/44rxf6b.
- URTI: https://bit.ly/45Kq6hI.
- Low back pain: https://bit.ly/4w6AtIr. ◆

IS YOUR PRACTISING CERTIFICATE (PC) EXPIRING AT THE END OF 2026?

SINGAPORE MEDICAL COUNCIL DEADLINES FOR COMPLETING MME/CME REQUIREMENTS AND RENEWING YOUR PC:

1) Doctors under Employer Pays on Behalf (EPOB) scheme: **By 15 October**
2) All other doctors: **By 3 December** (to avoid late fees).

STILL SHORT OF MME/CME POINTS?

1) Attend SMA's MME/CME events; or
2) Complete SMA's online MME/CME learning modules at your own pace.

SCAN QR code for more details.
Email cme@sma.org.sg if you need assistance.

IT'S ALMOST SEPTEMBER.
DON'T WAIT UNTIL THE LAST MINUTE.

The Hobbit Meets Darth Vader

(With apologies to JRR Tolkien and George Lucas, this article is pure satire at best, bad humour at worst.)

As part of our exploration of the newsletter's history, we shine a spotlight on the Hobbit, a prolific and iconic contributor to *SMA News*, whose satirical pieces have brought readers much laughter and cutting insight over the years. The following article by the Hobbit was first published in the October 2006 issue of *SMA News*. The Hobbit and more of her recent musings can be found at: https://hobbitsma.blog.

It is a dimly lit chamber. One can barely make out the forbidding silhouette of the Dark Lord of the Sith seated in the centre of the room. But even in shadows and shades, he is unmistakable – the cadence of mechanical and air sounds reminiscent of a badly tuned refurbished second-hand ventilator on SIMV setting punctuates the cold air while blue and red lights on his chest repeatedly blink to a hypnotic effect like one of those cheap toys sold in HDB town centre shops. You know this is NOT Toys R Us. This is Darth Vader, AKA Anakin Skywalker, the Dark Lord of the Sith – the guy with more midi-chlorians than Chewbacca has lice.

A door slides open and light is thrown into the room momentarily. The helmet and body armour of the Sith Lord shimmers and coruscates with evil glee in this photon bath. A three-foot high humanoid figure is ushered in by an accompanying stormtrooper.

The trembling stormtrooper bows and pronounces: "Lord Vader, may I present the Hobbit from Middle Earth? He seeks an audience with Lord Vader."

Hobbit: "Greetings, Lord Vader."

DV: "Spare me the pleasantries. Arise, my friend." *(And waves the stormtrooper away.)*

Hobbit: "I am standing, my Lord."

DV: "Oh. My apologies, Halfling, I did not realise how short you are. It is these blasted infra-red goggles I have been wearing ever since I got ambushed by Obiwan on Mustafar. If you had more hair, I would have thought you were one of those pesky Ewoks."

Hobbit: "I am most honoured to be able to seek your wisdom and counsel in a most troubling matter."

DV: "Speak freely, my friend. I can sense that the Force is strong with you."

Hobbit: "I have a practice in my shire back in Middle Earth. Recently, life has been getting tougher. Since the defeat of Sauron, there are less and less folks joining the army. More and more are becoming healers. Also, with peace, there is more and more migration: elvish, gnomish, dwarvish and even human healers have come to set up healing shops in our hobbit shires. What is more, the King of Gondor, in a bid to earn the adulation of the various races of Middle Earth, has set up "poly-heal" centres to cater to all and sundry, offering healing for less than what my friend Gimli charges for a haircut. Oh yes, I forgot to tell you, my dwarf friend Gimli is now a boss who owns a chain of barber shops offering cheap haircuts. He earns more than I! There is no way I can compete with these poly-heal centres – well-equipped, splendidly appointed and staffed with orc-healers approved by Lord Gandalf himself!"

DV: "Gandalf is using orc-healers? I thought he hated orcs?"

Hobbit: "Lord Gandalf has changed somewhat, I am afraid. *(Sighs.)* He is now a little like his old master Saruman the White. Once in power, he is also dabbling into some of the Dark Arts. He claims that the orc-healers are only in Middle Earth temporarily at his behest to address the healer-shortage. But there is no healer-shortage and he keeps renewing the orcs' healer licences! What's more, he has said that to address the healer-shortage in our big General Temples, he may consider bringing in troll-healers or outsourcing healing to Numenor-healers who also have clairvoyance abilities! As you know, orcs and trolls can survive on the minimal of comforts, unlike us fun-loving hobbits. Even my dear friend Samwise Gamgee is worried that his bandage company will have to compete with cheap foreign imports soon." (*Sighs again.)*

DV: "I see. The situation is grim indeed. Of what assistance can I or the Empire be?"

Hobbit: "Thank you for your offer, Lord Vader. *(Looks sheepish.)* I understand that the Sith Order is well-versed with a certain skill that I wish to acquire – the Sith Art of Aesthetics."

DV: "Ah, you wish to join our Order and acquire aesthetics: the skill of eternal youth. My predecessors – Darth Plagueis the Wise and Darth Sidious – are well-versed in this skill indeed. I am but an apprentice."

Hobbit: "You are too humble, my Lord. As you know, only the elves are truly immortal and most of them have sailed for the Undying Lands, like my dear friend Legolas. The rest: humans, hobbits and so on, they all grow frail and old. Although death is inevitable, many, especially the females, want to look young and beautiful for as long as possible. But to be honest, even Queen "Arwen" Tyler is spotting a wrinkle here

and there after she gave up her elven heritage. I heard the Sith's skills with the lightsabre is essential in aesthetics."

DV: "That is correct. If only you knew the power of the Dark Side. Power is the key to enlightenment in the Dark Side and skills with the lightsabre is our hallmark of power. We have many lightsabres in the Sith armoury. These include:

- Pulsed Light Lightsabre;
- Diode Lightsabre;
- ND Yag Lightsabre;
- Alexandrite & Q-Switched Lightsabre;
- Pulsed Dye Lightsabre;
- Optical & RF Lightsabre;
- Ebrium Lightsabre;
- CO2 Lightsabre;
- Ruby Lightsabre and
- Holmium Lightsabre.

But that is not all there is to being an Aesthetic Sith Lord. Indeed, even a few of the accursed Jedi are quite adept with the lightsabre.

Of course, when this battle-station is fully operational, it will be the ultimate light-based weapon yet: it will de-pigment and resurface entire star systems!" *(Evil mechanical laughter reverberates through the room.)*

Hobbit: "I have also heard of the Sith Mind Control Techniques."

DV: "Yes, yes. You have done your research, my dear little friend. Sith Mind Control Techniques have enabled us to rule the galaxy for millennia. In time, you will call me Master, and I will complete your training. You will learn to insinuate fears and implant thoughts of insecurity in feeble minds. You will exploit these weaklings and they will in turn use your aesthetic services. When you master Sith Mind Control, even a 22-year-old girl will begin to see wrinkles and creases on her face and a middle-aged executive with a BMI of 18 will feel fat. We prey on their fears, vanities and insecurities."

Hobbit: "Wow. And how about skin peels?"

DV: "*Bah!* Skin peels are out. Look at Yoda and Obiwan. Fat load of good skin peels did for them! Look at them in Episodes IV and V – creases and furrows everywhere! Lightsabres, my little friend, are the way to go, and of course, sometimes, I must admit, though not as artistic and elegant as a lightsabre, a good blaster helps. *(Whips out a mean-looking Mesotherapy Gun.)* Why do you think Han Solo gets the chick and not my wimpy son, Luke?"

Hobbit: "Point taken, your Lordship. How about spas? Do you think there is a place for them in the Sith armamentarium? Is there evidence that spa medicine works?"

DV: "The Force is strong with you, Hobbit, but you are not a Jedi yet.

As I have said to one confused admiral in Episode V when I was going after the Millennium Falcon, "Asteroids do not concern me, admiral. I want that ship." We do not really care about evidence. Whatever the people want and are willing to pay an arm and a leg for, we give. Building an Empire needs cash, Halfling. Mustafar may sell everything 24/7, including plans for the Death Star, but building a Battle Station such as this still needs cold, hard cash. And no one is immune to beauty. Frankly, if Eowyn looked less frumpish, maybe she will be Queen of Gondor instead of "Arwen" Tyler. But I must admit, after her makeover, she still managed to marry Eomer and be Queen of Rohan – not too bad, issues of consanguinity notwithstanding.

You want evidence? Speak to Jar Jar Binks."

Hobbit: "And anti-ageing. How is the Sith approach different from the Jedi?"

DV: "Yoda claimed to be 900-years-old and Obiwan was pretty nifty on his feet when he fought me in Episode IV. But let's face it: no one really knows how old Yoda is. If you live in a swamp and chew on nothing but sticks, one year will seem like 900 years. Obiwan lived in a cave in the middle of a desert for 20 years! It is not about how long you actually live, Halfling, it is the lifestyle that matters. Here, we give the wealthy Coruscants pills and fluids to consume, baths to soak and creams to dab. We tell them they are detoxifying agents and antioxidants and they feel wonderful."

Hobbit: "And they work?"

DV: "You are not getting the point, dude. I find your lack of faith in the Dark Side disturbing. The rich and powerful want good care and they think they know what is good care but actually they do not. Look at my ex-wife Padme. Who would think that as an ex-Queen of Planet Naboo and a prominent Galactic Senator that she would get a lousy ultrasound scan during her pregnancy? Heck, she had bad care and she did not know it. If she did, I would have long known that I am a father of twins and not wait until the end of Episode VI. *&^%$#@! Lousy Coruscant gynaecologist.

And do you know why she died? Did you see what crap obstetric care they gave Padme at the end of Episode III? That lousy parallel-import medi-robot performed a NVD for twins and did not even put her legs in the lithotomy position! Nin Naboo eh *&^%$#@!." *(The rest are expletives of a Tatooine dialect strangely reminiscent of Hokkien.)*

Hobbit: "My apologies, Lord Vader. One last point: I understand that the Stewards of Gondor and White Council of Rivendell are planning to curb the practice of aesthetics even before they are further entrenched in Middle Earth. Do you think there is a possibility that aesthetics will be run aground?"

DV: "You worry too much. Learn from the Sith. The Old Republic Senate was also like this. But bureaucrats are the same everywhere, whether in Middle Earth or Coruscant. They are content with the trappings of their high office and are unwilling to take a position, lithotomy or otherwise. Here in the Old Republic, the various bureaucracy and Senate formed a Committee on Aesthetic Medicine. My spies tell me the Committee's report was completed months ago but till now, nothing has been announced. They neither have the courage or wisdom to take a position and go forward. They have been made pliant by the comforts given by the Trade Federation. Even on a simple and clear-cut thing such as Mesotherapy *(waves his Mesotherapy Gun around purposefully)*, they do not take a position. Aesthetics is unstoppable.

The Force is with the Dark Side, Hobbit." ◆

From One Island to Another: New Beginnings

Text by Lye Ting Yin

Every year, members of the Singapore Medical Society of the United Kingdom (SMSUK) journey the thousands of miles that separate Singapore and the British Isles to pursue their medical and dental education. The arrival of summer in the UK, with its sweltering heat and unrelenting sun, signalled the end of yet another academic year: a year where SMSUK members lived their lives far away from home and developed their routines, all while grappling with the rigours of medical education. This summer break is a reprieve from the intense studying of the harsher, colder months, allowing us to consolidate the lessons and experiences from the past semester.

In this month's edition of Letters from the UK, Jhun Kai looks back on his first year as a medical student in King's College London, reflecting upon how he found community and a second home in London, and the lessons that he will carry with him into the future.

Lye Ting is a second-year medical student at Bart's and the London School of Medicine and is editor of the 32nd SMSUK executive committee.

Photo: Jhun Kai Leong

Chinese New Year hotpot with Singaporean medical students from King's College London

Photo: SMSUK

SMSUK members posing for a group photo outside the Museum of Natural History, Vienna

Text by Jhun Kai Leong

As my first academic year away from home comes to an end, I find myself reflecting on the past nine months and how much I have developed, both as a medical student and as a person. Moving from Singapore to London to study medicine at King's College London was daunting. I was leaving behind friends, family and the familiarity of home to step into an entirely new environment. However, I did not expect how quickly I managed to find a sense of home in the UK.

Building a support network

One of the things that surprised me most was the strength of the Singaporean community within King's Medicine. We found each other quickly, introducing ourselves as early as the very first lecture. We bonded quickly, because we shared the common experience of moving thousands of miles across the world to study medicine. There was something reassuring about knowing that there were familiar faces around from the very beginning. Within the first few weeks, we were already organising hotpot gatherings and mahjong sessions. These activities brought a sense of familiarity amid the uncertainties of living in a new country. They helped transform what initially felt foreign into something comfortable and welcoming. Being away from my family and long-time friends was undoubtedly the hardest adjustment, but the friendships I formed with fellow Singaporean medical students made the transition significantly easier. We became close remarkably quickly, supporting one another through the challenges and excitement of starting medical school abroad.

Another highlight of the year was travelling around Europe. While every trip was memorable, my favourite was the SMSUK weekend trip to Vienna, Austria. While Vienna was beautiful, what I appreciated most was how I grew closer to my friends from King's while also forging new friendships with my fellow medical students from across the UK. What I remember most were the nights back at our accommodation. Despite having full days of sightseeing ahead, many of us stayed up far later than we should have, gathered around tables playing card games and chatting into the early hours of the morning. Those late-night card game sessions became some of my most memorable moments of the trip. It is hence comforting to say that some of my fondest memories from this year come not from lecture theatres or study sessions but from these simple moments of connection and camaraderie.

Lessons to carry home

One of my most profound memories was during the second week of medical school, when I had my first cadaveric dissection. Walking into the dissection room for the first time was a surreal experience. Before we began, the chaplain spoke about the significance of the donated bodies and held a moment of silence to honour the individuals who had made this extraordinary gift to our medical education. That moment left a lasting impression on me. I saw the immense trust that society places on healthcare professionals, reminding me that studying medicine is both a privilege and a responsibility. That day, I was immensely grateful to be a medical student.

Looking back, perhaps the most important lesson I have learned is the value of having a strong support network. Moving to an unfamiliar country has taught me that the people around you can profoundly shape your experience. A supportive group of friends can make challenges more manageable and successes more meaningful. The friendships and relationships I have built over the past nine months have not only helped me adapt to life in the UK but have also enriched my university experience in ways I could never have anticipated. My experiences have reinforced my belief that success in medicine is not solely about academic achievement; it is also about learning to support, collaborate with and care for those around you.

For anyone embarking on their medical journey in the UK for the first time, my advice is simple: make friends and invest in your community. Take the initiative to interact with your peers, especially fellow medical students. The people you meet during medical school will become your support system throughout your years in the UK. Many of them will stay with you beyond medical school, to be your future colleagues or even as lifelong friends. While academic success is important, the relationships you build along the way will shape both your personal growth and your future career in medicine.

As I look ahead to the years to come, I am grateful not only for the knowledge I have gained but also for the people who have made this journey so meaningful. These nine months have taught me that while moving away from home can be challenging, a strong community has the power to turn an unfamiliar place into a home away from home. ◆

Jhun Kai is a second-year medical student at King's College London.

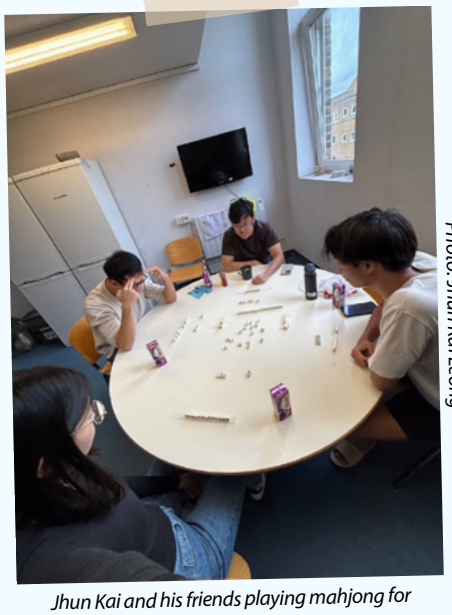


Photo: Jhun Kai Leong

Jhun Kai and his friends playing mahjong for the first time in London

Recognise. Respond. Refer.

Enabling Timely Mental Health Support through Healthier SG

by the Agency for Integrated Care (AIC)

Over the years, national efforts such as the ***National Mental Health and Well-being Strategy*** and the ***Community Mental Health Masterplan*** have progressively strengthened mental health services across primary, tertiary, community and long-term care settings.

Building on these efforts, Healthier SG further supports the integration of mental health into primary care through the introduction of care protocols that guide early identification, risk stratification and management.

Structured Guidance under Healthier SG

The Healthier SG care protocols for Generalised Anxiety Disorder (GAD) and Major Depressive Disorder (MDD) provide general practitioners (GPs) with a structured, evidence-based framework to support decision-making across the care journey. These include:

- screening patients,
- assessing symptom severity and determining appropriate management, and
- identifying when referral or co-management is needed for patients enrolled in Healthier SG.

In primary care, symptoms may not always present as overt mental health concerns. Patients may instead report non-specific symptoms such as fatigue, palpitations, poor sleep, reduced concentration, pain, loss of appetite or difficulty managing daily self-care.

In such cases, the protocols help GPs determine whether further assessment is warranted. Standardised screening and assessment tools support clinical judgement and should be interpreted alongside the patient's functional impact, risk factors, comorbidities and social circumstances.

Connecting patients to community support

Since August 2024, AIC has paired each Healthier SG GP clinic with a nearby Community Intervention Team (COMIT) to strengthen care beyond the clinic and improve access to community mental health resources.

COMITs provide assessment, counselling, psychotherapy, case management, psychoeducation and caregiver support for persons aged 18 and above with mental health needs.

For patients requiring more specialised input, GPs can tap on existing specialist consultation and referral pathways. These include case discussion with the Assessment and Shared Care Teams (ASCAT), who can advise on further referral to hospital psychiatric services where clinically indicated.

By bringing together clinical guidance, community referral options and support resources, the protocols help GPs translate early recognition into timely interventions. This enables patients with GAD and MDD to be supported earlier, closer to home and at the level of care most appropriate to their needs.

For more information, GPs may access the GAD and MDD care protocols on Primary Care Pages, refer to the Community Mental Health Resource Kit for GPs, and explore available mental health training and case discussion platforms.

Referral pathways and contacts

GPs may use the following pathways and contacts to guide patients and caregivers to appropriate support, based on clinical need, urgency and patient preference.

NEED	RESOURCE / PATHWAY	NOTES
Patients with mild to moderate mental health needs, with or without complex needs	COMIT	Provides assessment, counselling, psychotherapy, psychosocial intervention, case management, psychoeducation and caregiver support. Services are fully government-funded and free of charge to patients.
Complex cases requiring specialised input	Mental Health (MH) trainings and case discussion with ASCAT	Supports GPs through MH trainings and case discussions to strengthen assessment, management and referral decisions.
Patients with acute exacerbation and/or severe symptoms, need specialist assessment, or are in an immediate safety or medical emergency	Hospital / Emergency Services	Refer based on severity, risk, clinical judgement and protocol guidance.

Crisis support, helplines and community mental health resources

NEED	RESOURCE	CONTACT
Round-the-clock support for mental health	National mindline	• Call 1771; or • Text message via WhatsApp at 6669 1771; or • Online webchat at https://mindline.sg/fsmh
Emotional crisis support	Samaritans of Singapore	• Call 1767; or • Text message via WhatsApp at 9151 1767; or • Email pat@sos.org.sg
Medical transport for mental health patients	Ambulance services	• Call 1777; or • Refer to https://go.gov.sg/pao
Mental health resources for self-care and supporting others	Top 5 Mental Health Resources	https://for.sg/aic-mhtop5

Quick access to mental health resources:

MDD Care Protocol

GAD Care Protocol

Community Mental Health Resource Kit for GPs

More Than a Doctor

Text by Dr Sneha Sharma

Illustration by Dr Kevin Loy

In Singapore's highly competitive medical space, there is often little room to make mistakes or be anything other than your "perfect" self. This is especially true in the intimidating world of residency where residents are judged not just on medical knowledge but also on how they dress, how they speak and their overall collegiality. A seemingly small misstep – such as speaking to a senior doctor in the wrong tone or blurting out an incorrect answer to what is deemed a "simple" question – can put one's reputation at risk both during specialist training and beyond. This constant pressure to be "perfect" is where resident and junior doctor burnout begins.

Like many doctors, I recently experienced professional disappointment myself. What stayed with me was not the outcome but the way my mind responded to it. The vicious cycle of self-analysis, replaying conversations and wondering what could have been done differently often weighs one down even more than the initial incident. Despite investing several thousand hours in residency and beyond, the thought that "*you are still not good enough*" continues to replay in one's mind.

The phrase "not good enough" is something many residents and junior doctors feel on a weekly basis. Medicine is a field where perfectionism is valued above all else – leaving little room for doctors to acknowledge their own insecurities.

It is important therefore to reclaim ourselves and to realise that medicine is but one small part of our life. Perhaps the trick is not to be "good enough" for this vast field of medicine but to be a kind and reflective human being who is "good enough" to yourself and to whoever walks through your door on any given day.

I will end this piece with a simple question – who are we outside of being doctors? ◆

Dr Sneha is a family physician at Ang Mo Kio Polyclinic. She graduated from Duke-NUS Medical School in 2020 and completed her family medicine residency and Master of Medicine (Family Medicine) in 2025. Outside of medicine, she enjoys performing Bollywood dance and writing short stories.

60 Years of Assorted Curiosities

SMA NEWS 60TH ANNIVERSARY REPRINT SMA NEWS 60TH ANNIVERSARY

In addition to serious medical and academic topics, *SMA News* has always held space for content of a more light-hearted nature as well. As part of our commemoration of the newsletter's 60 years, we have thus curated a wide selection of past snippets, ranging from medical humour columns to travel advertisements, to share with readers a peek into the ever-changing cultural zeitgeist of our long history. ◆

Advertising for antihistamines in 1996

Humour Column

Dr. Vincent G.K. Ng

My class-mate, Ong Bong Chong, hails from a kampong in Ulu Tangkak. He was invited to his first Western meal at the Hilton Hotel.

After the main course, the captain asked: "Would you like a sweet, Sir?" "Yes, Hacks please," replied Ong Bong Chong.

•

A passing American tourist saw a Sikh lying on his Charpoy. His curiosity was stirred.

"Are you relaxing?" the tourist asked.

"No Sir, I'm Balwant Singh" was the reply.

•

Dr Lim had a most unusual request one day from a patient.

"Doc, can you give me some pills to make me smart." he said.

"Sure, take these pills three times a day and you will get smart." replied Dr Lim.

Some days later, the patient came back. "Doc, I'm still not smart."

"Take more of these pills," said Dr Lim,

Some time later again. The patient came back and said, "Doc, are you sure you are not giving me a placebo?"

"Ah, now you are smarter," was the rejoinder.

Light laughter from the July/August 1979 issue

Airline advertisement promoting exotic destinations in 1988

SAFETY FIRST!

(from Medical News)

As if mini-skirts were not enough, these luminous garters have been designed by Major Frederick Cook, Bournemouth's road safety officer, so that shapely legs -- and the girls above -- can be seen by motorists in the dark.

Fashion and road safety intersected in 1969 with this advertisement for luminous garters

SMA Supports Metrication

The S.M.A. lends its support to the Metrication Board in its "Think Metric' campaign. We believe that the time has come for some kind of uniformity in weights and measures, and that the metric system is simpler as compared to the British Imperial system.

The lack of a uniform system only leads to confusion and generates unnecessary problems. The British fluid ounce is smaller than the corresponding U.S. unit, whereas other British units of capacity are larger than their corresponding units.

Metrication affects those in the medical profession in two aspects of their work – prescription, and measurement of human beings.

As far as prescription is concerned, a slow change-over to the metric system began about a decade ago. Tablets and mixtures now come in metric measures. Quite a number of syrups, for example, come with spoons which measure 5 ml. (or 5 c.c.). The British apothecaries liquid measures – the drachm and the grain – have since disappeared from the scene.

As to the measurement of human beings, doctors should get used to the idea of expressing heights and weights in metric. How many of us can tell offhand our weights and heights in metric units? Which of these figures would you say express your approximate height 1.75m.? or 91 cm.? or 3.6m? To find out whether you are correct please check with the conversion table on the centre page of the Metrication Board's booklet which comes free with this issue of the Newsletter.

The temperature conversion table on the third last page is not as useful as a doctor would wish. However we have to bear in mind that the booklet is not published specially to suit the purpose of those in the medical profession, but for the general public. The conversion table gives only the corresponding temperature for every 5° interval on both the Farenheit and Centigrade Scales. A conversion table at 1°F and 0.5°C interval is compiled below to suit our purpose:–

°F	°C	°C	°F
95	35.00	35.0	95.0
96	35.56	35.5	95.9
97	36.11	36.0	96.8
98	36.67	36.5	97.7
99	37.22	37.0	98.6
100	37.78	37.5	99.5
101	38.33	38.0	100.4
102	38.89	38.5	101.3
103	39.44	39.0	102.2
104	40.00	39.5	103.1

Compiled by the SMA Secretariat

Doctors also have to adjust themselves to "think metric" outside their profession. Tide tables will from 1st January, 1972 be expressed in metric; our speedometers and speed limits on the roads will in time be expressed in kilometers; and when garment sizes go metric, please make sure you get the dress size of your wife or girl before you drop into a shop to buy her something. It can be very embarrassing if you have to describe to the sales assistant that "she is about your height but maybe 2 inches broader all round."

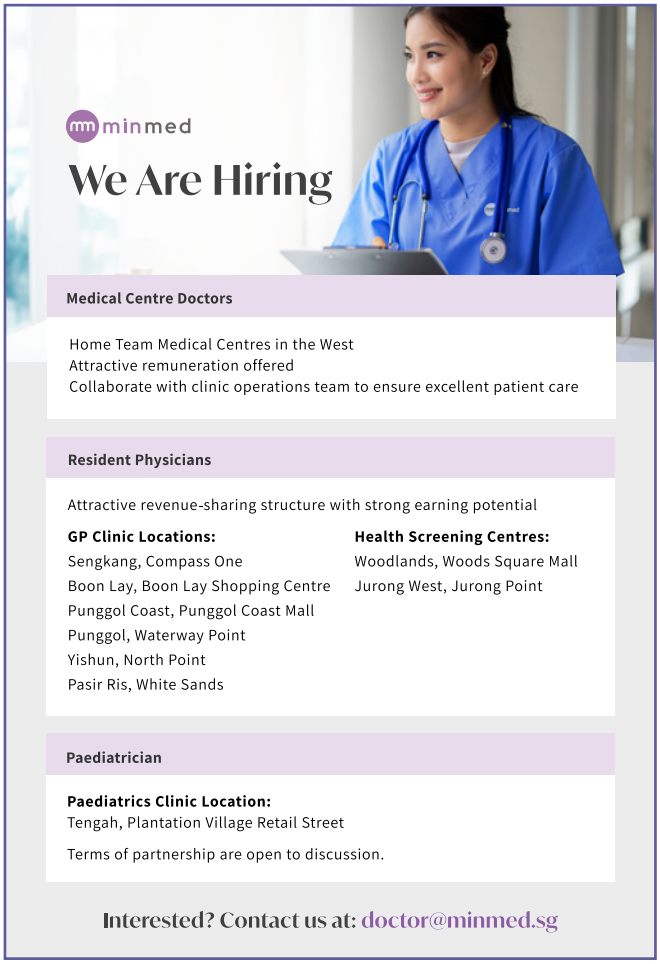
With this Newsletter comes a car-sticker "Metric is Simpler", again from the Metrication Board. The SMA appeals to Members to display the stickers.

Nationwide adoption of the metric system was no easy feat in the 1970s!

• SALE/RENTAL/TAKEOVER •

Singapore Clinic Matters Services: Singapore's pioneer clinic brokers and clinic succession planners. We buy and sell medical practices and premises. We also specialize in Legacy & Estate Planning for doctors and clinic owners. Yein – 9671 9602. https://singaporeclinicmatters.com.

Mount Elizabeth Medical Centre, Orchard, clinic room available for rent. Area 105 sqft. Co-sharing of common space including waiting area and counter, procedure room, pantry and powder room. Ample storage space. Rental $8,000; negotiable. Enquire at 6734 8588, 9382 8897.



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SMJ Editorial Fellowship 2027

The *Singapore Medical Journal* (*SMJ*) Editorial Fellowship offers early clinician researchers hands-on experience in publishing and editorial work. Fellows learn about study design, data validity, novelty and impact, while reviewing manuscripts under expert mentorship. They also gain the opportunity to co-author an editorial or commentary, building skills and exposure early in their academic journey.

Who should apply?

The fellowship is open to Singapore-based early clinician researchers from all medical disciplines who are currently in Residency/Senior Residency training, or who are no more than two years from completion of Residency/Senior Residency. The candidate should have a keen interest in research and some research experience, including having published at least one original research article as a first author.

What is the duration?

The fellowship is a one-year programme from 1 January to 31 December 2027. (Majority of the programme and mentorship will be remote/online.)

How to apply?

To apply, send an email to the Editor-in-Chief at smj@sma.org.sg along with the following:

- An updated CV
- A cover letter of no more than 500 words describing your interest in the fellowship, its potential impact on your career, and what you hope to gain from it
- A letter of recommendation from your programme director, supervisor or a senior faculty member

When is the deadline?

Application opens on 1 September and closes on 31 October 2026. Successful applicants will be notified via email by end November 2026.

Application opens from 1 September to 31 October 2026

For more information: https://www.ovid.com/jnls/smj smj@sma.org.sg