Crossing Continents

– Interview with A/Prof Mikael Hartman

Conducted by Dr Tan Yia Swam, Editor
Photos by National University Hospital

A/PROF MIKAEL HARTMAN makes up one half of two breast surgeons who motorbiked from Singapore to Sweden in March this year for a noble cause – to raise awareness for breast cancer. They conducted lectures, provided surgical demonstrations and participated in forums with collaborating institutions, en route to their final destination. A/Prof Hartman, along with his partner A/Prof Philip Iau, braved varying terrains, from steep slopes to treacherous traffic, throughout their journey. (Turn to page 9 to check out what A/Prof Iau has to say about their trip. For more information about The Long Ride, please visit http://www.longridess.com.)

However, this was not the first gamble that A/Prof Hartman has taken in his life so far. Back in 2009, A/Prof Hartman relocated to Singapore with his family. He is currently a senior consultant at National University Hospital (NUH) and an associate professor at the Saw Swee Hock School of Public Health (SSHSPH), National University of Singapore. The Swedish citizen, who also holds Singapore permanent residency, tells us what motivated him to move here.

Going across the globe

Dr Tan Yia Swam – TYS: Tell us more about your life before coming to Singapore.

A/Prof Mikael Hartman – MH: I was born and raised in Sweden. I completed my undergraduate studies in San Francisco, California, where I also met my wife. We then moved back to Sweden, where I subsequently did my medical school training at Karolinska Institute, trained as a general surgeon in Stockholm, and obtained my PhD back at Karolinska.

TYS: What brought you over to Singapore?

MH: Prof Chia Kee Seng, Dean of SSHSPH, was collaborating with my PhD supervisor. He invited me to come here, and after two to three years of corresponding by email, I was offered a position to do Surgery with Prof Lee Chuen Neng and research with Prof Chia Kee Seng. My family and I have never been to Singapore, so we thought, why not? It was tough in the beginning but we managed. Life is too short to stay at one place. If I were back in Stockholm at this moment, I would probably be doing vasectomies instead!

TYS: How would you compare your training back in Sweden to the one in Singapore?

MH: The training regime in both countries is very similar. Singaporean doctors are academically stronger because the training here is more detail focused, while Swedish doctors would take an approach that is slightly more holistic as their training is more pragmatic and systems based. However, the end result from each country's medical training system is similar.

I believe that the Swedish medical system as a whole is stronger than the Singaporean one, because the latter depends on individual doctors' performances. On the other hand, the Swedish system is structured such that even if there is a weak doctor, the system will still be able to maintain a high standard of patient care. The nurses in Sweden are highly trained and perform several tasks that are only expected from junior doctors here. Nonetheless, I think that the advanced practice nurses at NUH will take on these roles nicely. All in all, the Swedish system takes a more multidisciplinary approach, with lesser hierarchy when it comes down to making decisions as a group. I feel that Singapore is also moving in the same direction.

I've seen the local healthcare system change over the last five years that I've been here, especially in the way we train doctors. In my department, the Department of Surgery at NUH, there is no hierarchy with ideas, which is essential if we want to make Singapore the best medical hub. Medical students have new knowledge and perspectives, so we need to listen to them. They also have to learn to speak up when they think that there is new evidence to suggest their seniors are wrong. While these changes to communication style can be done in a culturally appropriate manner, having a level playing field is important for the profession.

TYS: Has there been any feedback or complaints from junior colleagues who are trying to pursue a career as a clinician-scientist in Singapore?

MH: Yes, absolutely. The current Singapore training system is designed to create good clinicians and not good clinician-scientists. To structure it differently from other systems, you need to allow flexibility in training. Training does not necessarily have to be four to five years; it could span seven years or more. This sort of agreement should be at the discretion of the head of department, who ought to be able to determine whether a particular clinician needs more time for scientific coursework and data collection or clinical training, to allow room for a well-trained clinician-scientist to grow.

In order to promote clinician-scientists, you also need to provide sufficient remuneration. If doctors invest all their free time on research and yet take a pay cut for it, they will probably have to face angry wives and husbands, and then being a clinician-scientist is no longer viable.

TYS: Do you feel that you had to prove yourself in Singapore, other than paper credentials, whether to your peers or bosses?

MH: No, I didn't feel the need to prove myself any more than another doctor has to when he shows up at a new institution in Sweden. People are always more observant of what you do when you are new in an organisation.

TYS: Do you think the Singapore Medical Council (SMC) should be more relaxed about the inclusion of doctors from other non-registrable institutions?

MH: I am not sure if I am at liberty to attest the quality of these institutions' training programmes, so I don't think I can answer that. However, it is important that doctors who are providing care in a country hold a very high standard. You won't be interested in the highest standard, but in providing a very high lowest standard instead. If you expect a certain level of medical care, you have to make sure that doctors trained in other institutions are competent enough, both in terms of medical knowledge and how to practise Medicine in a particular system. Therefore, I don't think SMC needs to change their acceptance criteria.

TYS: What should local-trained doctors do to help foreign-trained ones integrate better into our healthcare system?

MH: They should recognise that diversity is always beneficial. Tall, short, skinny, fat, smart, round – if you mix all of them together, the end result is always better than being homogeneous. One possible side effect from interacting with individuals from diverse backgrounds, a positive one for my children, is that they become colourblind. When I ask my children where their friend is from, they simply tell me, "I don't know, his name is John." The friend might be from Saudi Arabia or China, but they don't see that aspect at all.

TYS: In your opinion, what are the top Singlish phrases that overseas doctors should learn, to better communicate with the locals?

Top **The duo set off on their motorbikes for The Long Ride in March**

Bottom **A/Prof Hartman and A/Prof Iau (third and first from left) arrive at Karolinska Institute**

MH: The first thing they would have to learn is *lah* – I mean, that is a given, right? You would also have to learn *so how* (which means "now what?"); *chope* ("stop" or "hold on for a minute"); and then *kiasu* ("fear of losing out").

Raising awareness for breast cancer

TYS: Since October is breast cancer awareness month, tell us more about The Long Ride and what sparked the original idea for this biking adventure?

MH: I recognised quite early on that the disease presentation for breast cancer in Singapore was very different from Stockholm. Within my first six months here, I saw more breast cancer cases than in the past ten years at Karolinska. It does not have to be like that.

Singapore's gross domestic product is higher than Sweden's, so you would think that with economic growth, there would be greater awareness of the disease in society. But that was not the case. At the same time, breast cancer rates are going through the roof in Southeast Asia. Many countries are going to experience an increase in disease incidence without necessarily having the proper infrastructure to treat it.

These factors led to the idea of embarking on The Long Ride, where we would travel beyond the hospital to create awareness for breast cancer in our little way. It is unrealistic to think it will have a major impact, but we need to start with something small.

TYS: Were there any particular patients who stood out?

MH: There was a lady in Penang who was diagnosed with stage 4 breast cancer. After her diagnosis, her husband left her for unclear reasons, but it may have been because of the complexity of the treatment or the stigma. Nonetheless, she was a very strong woman who endured all the treatment by herself. She is now a proud survivor of breast cancer for two years, and an advocate for the disease in Penang.

Another memorable patient was a lady from Kunming (capital of Yunnan province in China). She had to travel for several days to get to the hospital. The greater Yunnan area is very rural, but she took the time and effort to visit us when we were there. These ladies have endured a lot of hardship, but they do not have to.

TYS: Are there any future plans to keep raising awareness for breast cancer?

MH: Yes, we have to continuously work to raise awareness. We will probably do a Long Ride 2 sometime in the future, when we are older but wiser.

Personally speaking

TYS: What do you love most about Singapore?

MH: I like the dynamic quality about the country, as it never rests. There is also an enormous will to keep improving, which is good for the country in general.

TYS: Who are your medical heroes, mentors or inspirations?

MH: For research, Hans-Olov Adami, who was Head of the Department of Epidemiology and Biostatistics at Karolinska, and subsequently became Head of the Harvard School of Public Health. He is an annoyingly smart guy, who is surgically trained and was involved in scientific research. He was Stockholm's version of Prof Abu Rauff – people who are very skilful with their hands. No matter what comes their way, they have a steady surgical approach: whether to touch or not, whether to operate or not. ■