

THE CASE FOR SAF REGULAR SURGICAL SPECIALISTS

One might question the rationale and value of having regular surgeons and anaesthetists in a small armed forces that does not have military hospitals, especially when we have a ready pool of National Servicemen (NSmen) surgeons and anaesthetists staffing wartime surgical units and volunteering for SAF missions.

Without detracting from the contributions of the NSmen, here are some strong and valid reasons for the SAF to have its own in-house surgical specialists.

DEVELOP NICHE SURGICAL SERVICES FOR SAF PERSONNEL

Myopia is a serious problem that affects 80% of the population. The SAF Vision Performance Centre offers photorefractive keratectomy for personnel who sign up for critical combat vocations such as fighter pilots, commandos, divers and submariners, whose myopia would have otherwise made them ineligible for recruitment. Without SAF's in-house ophthalmologists, it would not be possible to select, screen and follow-up on the patients involved and ensure that the servicemen are fit for their jobs.

SUPPORT SAF'S PEACETIME ROLES

The Republic of Singapore Navy has a world-class submarine support and rescue vessel — the *MV Swift Rescue*. It houses a mini-submarine that can dock with a sunken submarine to rescue its crew, a hyperbaric chamber complex and an intensive care facility. This ship was deployed twice in the last two years in search of downed commercial aircraft and

was successful in discovering the fuselage of one of them. In the event of a distressed submarine scenario in the region, the Navy would be able to mobilise and deploy a large medical team with expertise in critical care and diving and hyperbaric medicine, at short notice. This is where SAF anaesthetists serve an essential and crucial role in the care of casualties requiring intensive care.

MAINTAIN SURGICAL CAPABILITIES

War invokes images of blast injuries and mangled limbs, underscoring the importance of trauma surgery in the field or at sea. Maintaining an effective surgical wartime capability is a mammoth task even (or perhaps especially) in a country not at war. SAF surgeons and nurses take the lead in training our National Service units in trauma surgery and conducting research into new innovations in trauma care. They form the backbone of surgical teams that are deployed in response to natural disasters and as part of peacekeeping efforts.

On a personal note, the path to becoming a surgeon while being an SAF regular has taken longer than the "civilian" route. At times, the challenge of juggling military responsibilities while trying to "keep my hands wet" has had me rushing from a camp at one end of the country to an operating theatre at the other, and taking on extra on-call duties on weekends and public holidays. However, at the end of the day, it is satisfying to have fulfilled a personal ambition and to know that my skills will be of direct service to the SAF and the nation. ♦

PROFILE



TEXT BY

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LTC (Dr) Shalini Arulanandam was the first female to take up the Local Study Award (Medicine) in 1998. She joined the Navy as a medical officer in 2004 and completed her surgical training in otorhinolaryngology this year. She is currently on the Health Manpower Development Programme in London specialising in Airway and Voice.