



THE Courage TO SERVE

Interview with Prof Low Cheng Hock

Interview by Dr Ho Choon Kiat

Prof Low Cheng Hock graduated from the University of Singapore in 1968, followed by obtaining the Master of Medicine in Surgery in 1972. He began his surgical career in Changi Hospital before moving to Singapore General Hospital, and has been with Tan Tock Seng Hospital (TTSH) since 1982. Prof Low was also the President of SMA from 2001 to 2003, during which The Courage Fund was set up. Today, he continues to teach and work as Emeritus Consultant, General Surgery in TTSH. Prof Low also serves on the Board of The Courage Fund, as it continues to provide support and recognition to those afflicted by SARS, and now by COVID-19.

Living and serving actively

Dr Ho Choon Kiat (HCK): Hi Prof, what have you been up to since your last interview with *SMA News*?

Prof Low Cheng Hock (LCH): I've been working part-time for a couple of years. I now work about three and a half days a week in the hospital; this consists of two outpatient sessions, and teaching sessions for both National University of Singapore Yong Loo Lin School of Medicine and Lee Kong Chian School of Medicine. I also facilitate a number of training courses, such as "Risk Management", "Grief Management" and "7 Habits of Effective Living" in the hospital. Additionally, I also have one

session a week at the Ministry of Health, mainly in the finance department as a surgical MediSave medical advisor.

I am grateful to my bosses for having me at this stage of my life, such that I can continue to contribute in some way to the medical scene. It helps to keep my mind alert, my body active, and I can continue learning even from the younger ones. It is important to understand that we can contribute in different ways at each phase of our lives. In life, they say, "don't worry about growing old, worry about thinking old."

HCK: Given that your passion has always been about teaching, what percentage of your time is now spent on teaching?

LCH: I think at least 30 to 40% is spent on teaching, either teaching medical students and post-graduate students or facilitating hospital staff. I take the third year and final year students of both medical schools once a week, and I used to conduct the "7 Habits of Effective Living" course once a month before the COVID-19 situation.

HCK: For the post-graduates, do you still take the medical officers (MOs) and registrars?

LCH: Yes, I still take residents, mainly for tutorials. As you would know, we start at 7 am in the mornings.

At the moment unfortunately, most of these MO and resident training sessions

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are done via Zoom. We don't have much bedside teaching because of everything that's going on. At most, we would only take two or three students at one time by the bedside. Big group teachings by the bedside cannot be done now.

HCK: Do you still conduct weddings?

LCH: Yes, in the afternoons. Initially, solemnisations were all cancelled but now, small gatherings are possible. Because of COVID-19, we have cut down on requests and only allowed very small gatherings. We all have to wear masks during the ceremony, but when we are done with the solemnisation, we can let the couple pull down their masks to kiss each other. *[Everyone laughs]*

HCK: Prof, it sounds like you still have a pretty busy schedule.

LCH: Yes! I still do some volunteer work. Besides volunteering in St John, I also volunteer with some committees and in some homes. I am also on the board of Ang Mo Kio Hospital, and some other homes.

HCK: You say you are getting old, but I think you are still very young in spirit.

LCH: It's a very interesting life, and I must thank my bosses. Because they allowed me to go on part-time, I have the free time to do other things. Keep your mind active, otherwise your mind becomes lethargic.

HCK: Do you have any hobbies? What do you do in your free time?

LCH: I used to have a lot of hobbies. I liked running, swimming and cycling. In my younger days, I played all kinds of games. I'm a jack of all trades, master of none. During my school days, I also played table tennis for the school.

Nowadays, I try to walk at least two to three kilometres a day. That is actually very easy to achieve, because walking from one end of this hospital to the other is already half a kilometre. At home, I walk around my estate.

Learning from epidemics

HCK: COVID-19 has been the dominant news for the past six months, not just in Singapore but globally. I'm sure it has brought back some memories about SARS which was the last serious epidemic to hit Singapore. What do you remember of those days?

LCH: SARS was a very challenging time but our healthcare workers (HCWs) really stood up to the test. Not one single staff resigned. In that period, Tan Tock Seng Hospital (TTSH) was designated as the SARS hospital, so most, if not all, of the SARS patients were warded here. Other hospitals only had isolated cases.

The major difference between then and now is that the public was very scared of us HCWs during SARS. They did not like to go near doctors and nurses; if our nurses went out in their uniforms, the public avoided them. It was to the extent that Novena Square was empty, almost like a ghost town because nobody dared to come near TTSH. That

was when the mall started offering discounts to TTSH staff.

This time around, I sense that the public is more accepting and people are better educated. You go to Novena Square now and you can see HCWs in uniforms as well as members of the public. Somehow, the public is more accepting of medical workers and they're not so scared, although they do take precautions. On the other hand, we HCWs also avoided big gatherings or friends' gatherings, just to not make anyone uncomfortable. People have been very appreciative of the medical workers and this is something that I'm very happy about, that they're not as scared to talk to us. Whereas during SARS, they were very scared.

Most hospitals had their protocol then, but in terms of TTSH, we only admitted SARS and emergency cases. All elective cases were completely cancelled. The doctors were then designated to work in alternate teams; one group will take charge of the wards and two weeks later, the next team goes in. We took very good precautions and we wore N95 masks even when we went to the wards. Today, we don't wear N95 masks unless we are going into the acute ward or the infective ward. Just face masks would suffice for the general wards, but we would take all precautions donning our personal protective equipment when we visited acute wards.

During SARS, the infected numbers were smaller but it was more serious for those who got it. We lost quite a few people then, including doctors. This time round, we are lucky. I don't think we have lost any HCWs yet, hopefully not at all. But I know in some countries – China and America – they have lost some HCWs, we are very fortunate in Singapore. And we must not let our guard down.

HCK: You mentioned losing some doctors during SARS. I remember people like Dr Alexandre Chao, the cardiology MO, and a nursing officer during SARS. This time round, we have been able to avoid any fatalities in HCWs so far, either

because the disease is less fatal or the system in place is robust enough.

LCH: Our first loss during SARS was the young MO. And then we lost some nursing staff, Sister and some HCWs. It was very sad, because they were people whom we knew very well. Alex was actually here until the very end.

Both reasons you mentioned are probably true, but it is also because people are now more caring towards HCWs. Singaporeans on a whole are more caring now. It is not just the doctors, nurses and HCWs, but the non-HCWs who are also helping in the front line. The policemen, first aiders, food delivery workers, they are all front-line workers as well. They have all been very dedicated, and they are prepared to perform their duties despite knowing that there is a higher risk.

HCK: Seeing how HCWs have responded to this crisis, do you find this useful as a teaching material for the young doctors in the profession?

LCH: I think, for the young doctors, whether it's SARS or COVID-19, they must be prepared to come to the front and be prepared to work. Both times, then and now, not a single doctor or nurse resigned; not a single houseman said, "I don't want to do my housemanship." But for those who are coming into this profession, they must open their eyes and know that one never knows. You may have to face unexpected situations, sometimes risky situations, and you cannot just lay down your tools and run. Of course, we cannot say that for everybody, but I think most, if not all, of the HCWs and related workers have been quite courageous and supportive. They themselves work hard, and that is very important.

Setting up The Courage Fund

HCK: You mentioned the word "courageous", that brings us to The Courage Fund. The Courage Fund has again resurfaced now with COVID-19. I know that you were intimately involved in the setting up of the Fund. How did it come about?

LCH: When SARS first started, I was at the tail end of my term as SMA President, and somewhere towards the middle of SARS, we had a handover. But because of SARS, we did not have our Annual Dinner and could not have an official handover. We simply handed over the presidency to Dr Lee Pheng Soon.

Two groups of people started talking about the Fund initially. One was here in my own department. Dr Ho Choon Hou was a young MO then and he suggested that we do something for the healthcare victims, to which I said was a good idea. I spoke to SMA Council as well, and the Council was already thinking about it and was thus very supportive. The Government was also very supportive. When we spoke to the Ministry about it, they said to go ahead.

Credit must be given to SMA Council Member Dr Wong Chiang Yin, and Dr Ho Choon Hou along with his group of doctors and nurses. These people were the main initiators. They sat down and they planned how to go about it, and Chiang Yin launched it officially through the SMA. They along with Dr Lee Pheng Soon were all very active, with the support of the SMA full-time secretariat staff, in setting up the Fund. They worked very hard during that first few days, sending letters and talking to the benefactors, and the response was very good. The Singapore Nurses Association (SNA) also joined in with SMA, and the SMA SARS Relief Fund was born.

In less than a week, we raised about \$700,000. I must say that Singaporeans were very generous and supportive. And around that time, the two healthcare systems – SingHealth and National Healthcare Group (NHG) – were also thinking about raising funds and they approached me about combining our efforts. So the idea was then mooted, to get NHG, SingHealth, SMA, SNA and the Singapore Press Holdings to jointly form a new entity. We then had

our first meeting, which I represented SMA in and NHG took the lead on it. The SMA SARS Relief Fund was absorbed into this new Fund which was renamed The Courage Fund, to reflect the courage and sacrifices our HCWs demonstrated during the difficult and challenging times.

HCK: What was the objective of the Fund when it first started?

LCH: In the beginning, The Courage Fund was meant to just help those victims and their families financially. But in the months that followed, the committee sat down and thought about how we should use the Fund. Singaporeans were very generous and we began to collect donations into the millions. The committee, led by NHG Chairman Mr Michael Lim (followed by Mdm Kay Kuok who took over from him) then decided that we should expand the use to help the SARS victims, their families, and their children.

Especially for all the HCWs who died, like Alex and the Sister, their families were automatically given a promise that their children's education will be sponsored until tertiary level, either first



graduate degree or polytechnic diploma. And that is still ongoing until today. Most of their children have either finished or entered tertiary education, and all the money came from this Fund.

Secondly, the money was also used to finance infectious disease-related programmes, whether they were for conferences or to invite speakers. We also helped with some post-graduate studies.

The third thing that we expanded to was The Courage Fund Healthcare Humanity Awards. At first, it was only for HCWs; those who not only worked as a doctor or a nurse, but have done something special. We awarded to about 40 to 50 people in the first year, all of whom were nurses, doctors, HCWs and front-line workers that have taken extraordinary steps to serve the people. Some years later, we expanded the award to carers – people caring for sick people, and also volunteers. So today, this Humanity Award is given not only to HCWs, but also to carers and volunteers in healthcare service.

Stepping up in times of need

HCK: I'm not sure if you find it encouraging, but there's this initiative called the SG Healthcare Corps asking for volunteers to return and join the public service to combat COVID-19. Many ex-nurses and doctors in the private sector volunteered and came back to serve.

LCH: I think that's very good, because there's a lot of potential out there. Nurses who are semi-retired or doing part-time work and HCWs doing part-time, even those with nursing background who may have entered other fields, we must tap on their experiences and bring them back. Many have been very helpful in coming back, but more can do so. When it comes to such times, we should blur the line between public and private service. I also know of some young private GPs who volunteered to work in the dormitories and in the community care facility at Expo.

HCK: There are private specialists who signed up as well.

LCH: I think that is very good, because these are manpower and they are all prepared to help. There should be no distinction between public and private, everybody can help, and I like seeing that. Having said that, we have to extend it to normal circumstances as well and that is more challenging. I hope to see more partnership between the private and public sectors, to tap on the expertise in the private sector. There are so many infectious disease (ID) experts in the private sector, even beyond just ID, we should tap on them, so that we become a nation for healthcare, with everybody's help. The private sector doctors can come to hospitals to help in normal times as well. Whether it's public health specialists, or surgical specialists, or medical specialists, as long as these private practitioners have something to contribute, we should use them in the Government service. It makes lives more interesting, and it is also beneficial for doctors who teach and train, so it helps both ways. I hope to see more interaction and blurring of line between private and government sector. We don't have a perfect system yet, but I think we should emphasise on it.

HCK: Perhaps COVID-19 will be the catalyst for this kind of close partnership between private and public.

LCH: I agree, absolutely! SARS and COVID-19 will help us to blur the line, and as you mentioned, there are already many nurses and doctors helping in the dormitories and specialists helping in those centres, so why not? Expand that to normal times as well, so that the whole of Singapore can benefit. It's not about you or me, it's all of us together as healthcare service.

Parting words of wisdom

HCK: As someone who worked through the SARS crisis and now going through COVID-19, what parting words of wisdom do you have for doctors who are now facing COVID-19?

LCH: I must say, I am totally impressed and encouraged by our front-line workers

during this COVID-19. They have worked very, very hard and they bring back memories of those who sacrificed their time, sweat and lives during the SARS period.

Our HCWs and those front-line essential people are truly our heroes, I salute them. To our young doctors, nursing staff and all HCWs, these are my suggestions to them.

First, when you join healthcare professions, be prepared to face difficult times and challenges. You never know. This is not going to be our last epidemic; in the next 20 or 30 years, there may be some more to come – we cannot be sure. So, when you enter the profession, you must be prepared.

Second, healthcare is sometimes in a live danger zone. Even for this current period, every doctor, except old men like us, have been posted and rotated to the front line. Even surgeons and heads of departments have to do MO jobs and conduct screenings. I really salute them.

As I said, one of the best things in life is to be able to stoop down and lift people up. In the service of medicine, healthcare gives you that opportunity to be able to help people up. To the young doctors and nurses, I will tell them that it's better to serve than to be served, and it's more magnanimous to share than to keep. After all, the heart of medical education is the education of the heart. Knowledge makes you a doctor, but it's compassion and empathy practised through the SARS and COVID-19 period that makes you a healer.

HCK: Prof Low, thank you once again for sharing your insights with SMA News. ♦

Legend

1. Prof Low and Dr Ho pose for a shot during the interview
2. Prof Low and Dr Alexandre Chao (who sacrificed his life during SARS) with Dr Benjamin Chew, the first doctor to administer the injection of penicillin in Singapore
3. Prof Glen Tan, a head of department who, like many others, stepped in to help with MO work during these challenging times
4. Our doctors who continue to work in this challenging climate