



Interview With N K Yong

By Dr Toh Han Chong, SMA News Editor

An SMA Honorary Member, Dr N K Yong began his career as a cardiothoracic surgeon in 1962, when he was selected to train in the United States in cardiac surgery. Upon his return to Singapore as Senior Lecturer in the Department of Surgery, he enlisted the help of his colleagues in the Department of Surgery and Surgical Unit A of the General Hospital and founded the first cardiac surgery team.

In January 1965, Dr Yong and his team successfully performed the first open-heart surgery on a young female with an ostium primum defect; a milestone in Singapore's medical history. In January 1966, he was appointed Foundation

Professor of Surgery, and Chairman of Department in the new Faculty of Medicine in the University of Malaya, where he remained until March 1976. He was the Edwin Tooth Visiting Professor of Surgery, Royal Brisbane Hospital, Brisbane, in 1973, and Visiting Lecturer in the Oklahoma University School of Medicine, Duke University School of Medicine and the Pittsburg University School of Medicine in 1974. He resigned from the Chair of Surgery in the University of Malaya in March 1976 to take up the appointment of Director of Postgraduate Medical Education in the Royal Brisbane Hospital, Brisbane, Australia, for a year. In June 1977, Dr Yong finally returned to Singapore and into private surgical practice.

He was elected President of the SMA in 1980–1981, 1982–1985, and from 1984–1986, a total period of six years. From 1984 to 1986 he was also concurrently President of the Medical Association of South-East Asian Nations and President of the Commonwealth Medical Association.

Dr Yong began his foray into wines in late 1982, which was later to lead to his election as Chairman of the Council of Management of the International Wine and Food Society (IWFS) in 1992 for a four-year term. For his services to the Society he was awarded the International Wine and Food Society's André Simon Silver Medal in 1989, and the Andre Simon Gold Medal in 1998. In 2003, the Lifetime Achievement Award was conferred on him by the World Gourmet Summit Singapore. For his services to French wine the French Government conferred on him the award of "Officier de l'Ordre du Mérite Agricole" in 1989, and in 2004 he received the award of "Officier de l'Ordre National du Mérite" from the President of France.

To date, Dr Yong remains deeply involved in both local and international wine circles. He is Wine Consultant to Resorts World Sentosa, Singapore, Wine Columnist for the Business Times, Singapore, Wine Consultant to World Gourmet Summit Singapore since 2001, Wine Consultant to Gourmet Abu Dhabi 2009, and continues as a member of the International Food and Wine Society Tanglin Branch, Singapore.

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THC: Can you tell us about your formative years as a young doctor?

NKY: There was really nothing unusual. After completing my housemanship, I went to see Professor E. C. Mekie, Professor of Surgery at that time, and told him I would like to be a surgeon, and asked if he would take me in as a Medical Officer for training. He seemed to think I could be a good surgeon and agreed, so I had a place in Surgical 'A' unit after my housemanship.

THC: What made you specialise in surgery?

NKY: When I was a clinical student, I had at first wanted to be a physician; in particular a neurologist. I had been fascinated and very impressed by Professor Gordon Ransome who was a brilliant neurologist.

After my graduation, I applied for the Queen's Scholarship to go to London and train as a physician. At that time in 1952, Singapore was still under British colonial rule. I was not awarded the scholarship so I decided to change to surgery.

I realised that a good neurologist could make a brilliant diagnosis but at that time one could do little in the way of effective treatment with many neurological diseases. That seemed to me an exercise in frustration and futility.

Surgery appealed to me because the power to cure was, in many cases, in your hands. After you made the diagnosis, you proceeded to plan the treatment, and in most cases this would cure the patient. Direct, prompt and effective action – that appealed to me. I also enjoyed the teamwork and the camaraderie. You worked as a team with your assistant, your anaesthetist and your scrub nurse. In medicine, you work alone!

THC: As a medical student, were you good in anatomy? Can you tell us the process that led to the first open-heart surgery in Singapore?

NKY: I passed my anatomy with distinction.

The first open-heart operation was done under general hypothermia by a Dr Ben Eiseman, China Medical Board Visiting Professor, who spent the spring of 1961 with the Department training us to perform these open-heart operations. Following his visit, I was selected by Professor Yeoh Ghim Seng to train in open-heart surgery in the United States on a China Medical Board Fellowship for a year from



With malice toward none;
with charity for all.

Abraham Lincoln, 4 March 1865

mid-1962 to mid-1963. I spent the twelve months in Professor Ben Eiseman's Department of Surgery in the University of Kentucky, training under Dr Frank Spencer, a brilliant young cardiac surgeon from Johns Hopkins.

We did not have neurosurgery or pediatric surgery in those days, cardiac surgery was the first. I came back from the United States in 1963 and started training the team for open-heart surgery in 1965; basically from scratch. We trained by practising open-heart surgery on experimental animals (dogs) for a whole year. We did not have an animal operating theatre or laboratory in the faculty so to find the space we needed, I went around all the departments in the faculty and the only one that offered me space was the Pharmacology Department. We had no dogs so I approached the animal infirmary in Kampong Java Road and they very kindly agreed to help me. So every Friday they would anaesthetise one dog and bleed three to four more for donor blood to prime the heart-lung machine. I recruited the three laboratory technicians in the Department of Surgery to operate the heart-lung machine and the monitoring equipment. For the surgical team I roped in Dr Ong Siew Chey and Dr Foong Weng Cheong as my surgical assistants and Operating Theatre Sister Seow. Ong, Foong and myself would quickly finish our rounds on Friday mornings and then proceed to the Pharmacology Department to start our experimental open-heart surgery.

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THC: How did you get funding support to kick start the cardiac surgery programme?

NKY: Neither the Ministry of Health nor the University had any funds for the open-heart programme. Our equipment like the heart-lung machine was donated by China Medical Board. I raised funds by getting the Lions Club to run a raffle.

THC: What did you do after establishing the cardiac surgery programme in Singapore?

NKY: I had great difficulty in getting permission to use the GH theatres for my open-heart operations. Both my chief, Professor Lawrence Tinckler and the Senior Surgeon Mr Yahya Cohen refused me permission to use my GH theatre time for open-heart surgery. I was told to take the open-heart programme to Tan Tock Seng Hospital. I was finally allowed to continue in General Hospital after the then Minister of Health Mr Yong Nyuk Lin found out from the WHO Visiting Professor of Cardiology, Professor Sujoy B. Roy that I was being blocked. He sent down a note to the MS of G.H. that I was to be left alone to continue in G.H.

THC: Do you think this has to do with your forthright surgical temperament?

NKY: There is some truth in this; I do not stand fools lightly and am quite outspoken.

THC: Can you share with us some memorable moments in your career as a surgeon?

NKY: There were many, of course. Some were very exciting ones and some were very sad ones, such as when you lose a patient. There are two that easily come to mind.

On 19 January 1965 we did our first clinical open-heart operation in Singapore with the assistance of Dr Dwight McGoon of the Mayo Clinic. We had selected what had been diagnosed by my cardiologist colleague a young woman with an atrial septal defect, secundum type. When we opened the heart we found it was an ostium primum – there was no septum between left and right atria at all! With Dwight's help I stitched in a patch without any mishap. After we had closed the chest of the patient, I stood in the quiet theatre – we were all silent. We had done our first open-heart operation and the pump team had performed flawlessly for 100 minutes on their own. We had trained them well.

The patient sailed through without any post-operation complications.

The second occasion was some 40 years ago in the University Hospital in Kuala Lumpur where I was then the Professor of Surgery. A patient had been brought in one morning, into the Hospital badly burnt (90% surface area) from an explosion in the oil refinery where he was working. We knew he could not survive. As Head of Department it was my job to speak to the wife to prepare her for the sad news. It was heartbreaking. She said as she wept, "He left for work this morning without saying goodbye because we had quarreled the previous night." Her anguish was intense because they had not parted that morning in love but in anger.

THC: Who were some of the mentors who have inspired you in surgery?

NKY: My first boss of course – Professor Eric Meckie. What I remembered most was that he did not care whether the patient could pay or not. As a student I used to assist him in his clinic for private patients and witnessed how he dealt with them. Whether the patient could pay or not had no bearing on how he treated them. Eric Mekie retired with very little in his pension fund. I had a huge respect for him.

My other mentor was Professor Ben Eisenman, Head of Surgery in the University of Kentucky's Medical School. He took me in for training in cardiac surgery under Professor Frank Spencer, who was then on his staff roll. Although Frank was impressive, (he was my immediate boss and the one



Dr NK Yong received the SMA Honorary Membership from Prof Low Cheng Hock during the SMA Annual Dinner on 27 April 2002.

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who trained me), it was Ben who made the greatest impact on me in the way he ran his department and treated his junior staff.

He was very egalitarian; even the most junior of his staff could question or dispute him as long as they could substantiate their arguments. He also never bothered whether patients could pay or not; he treated them first.

What impressed me most about these two mentors was that the patient's welfare came first. Money never entered the picture, the patient came first.

THC: What has brought you the most satisfaction in your professional journey?

NKY: The training of surgeons and the guiding of young minds. These are the only permanent things one can leave behind. To leave the world a better place than when you entered it brings the most satisfaction.

THC: Can you share with us your memories and wisdoms from being President of the SMA?

NKY: That is not easy. I was proud and honoured by my election as President. It was a huge responsibility. I tried to set an independent course for SMA. My stance was simple – governments set courses and policies which they consider best for the community. I saw my job as President to speak out if I thought and felt that the integrity of the profession was being affected or involved in a detrimental way. It was not a popular stance.

As for wisdoms, I learnt that you could not be a successful General if you did not have an army behind you.

THC: What were some of the most challenging issues facing SMA and Medicine in Singapore during your term of office?

NKY: Those were frustrating years.

There were several things I wanted to push through; the issue of consultation fees, for example. In the old days, there were no pharmacies so doctors could dispense as well as prescribe, for the convenience of the patients. I pushed for separation of consultation fees from the cost of the prescribed drugs so that patients could be free to purchase their drugs at the pharmacy of their choice. This was hugely unpopular with the general practitioners and the physicians for obvious reasons. That resolution never got passed.

To see a World in
a grain of sand,
And a Heaven in
a wild flower,
Hold Infinity in the palm
of your hand,
And Eternity in an hour.

William Blake, "Auguries of Innocence"

By and large we did our best to support and work cooperatively with the Government. There were however, occasions when we did feel that the policies being promulgated or pursued were not in the interests of neither the patients nor the medical profession or reflected on the competence of the profession. I then felt it was the Association's duty to bring this to the attention of the relevant authorities. This was not always well received. There was always dialogue but this was not always successful.

For instance, we felt very strongly that there was a need for an official register of specialists with the conditions for registration as a specialist openly and completely spelt out. We pressed strongly for an official authorised register to be set up but during my Presidential terms this was never granted.

THC: How do you think the SMA can continue to be relevant and effective in the Singapore medical community?

NKY: That is a good question. The SMA can only be relevant if it is seen to speak with an independent voice, and concerns itself with issues of national health interest. We should be conspicuous in our efforts to protect the interests and welfare of our patients. We should speak up – in the press, in our newsletter – when we witness trends, incidents and deeds which are essentially designed to benefit the bank account of the doctors affected.

How can the medical community regard the SMA as relevant when it sees the rampant advertising, over-charging and practices that have nothing to do with health or prevention of illnesses? What about aesthetic medicine? When specialists cross boundaries into the field of aesthetic medicine, can you expect patients or medical colleagues to respect them?

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We have sacrificed ethics and our principles on the altar of Mammon. We are in danger of losing the respect of the community – are we still regarded as honest healthcare professionals or are we viewed as simply journeymen? What we have out there is rank commercialism and stark greed.

THC: Medicine practiced in the 50s and 60s must have been very different and less transactional. How was health financing structured then?

NKY: It was simple and uncomplicated in those days. Patients who could not pay were admitted into the third class wards and treated for free. Even open-heart surgery was free.

Doctors of my generation were brought up on and practised according to the Hippocratic Oath. We could not have our names or photographs ever appear in the newspapers. You would be called up immediately by the SMC to answer a charge of advertising. From what is going on in the media and especially on the internet, it looks like advertising is allowed! There were no private specialists, only general practitioners or family doctors. Professor Yeoh Ghim Seng was the first surgeon in private practice when he resigned in 1962. Even when I returned to Singapore from Australia in the 70s, it was still very gentlemanly.

THC: If you had a magic wand to choose three things to change regarding Singapore's current healthcare system, what would you decide to change?

NKY: I would certainly

1. Take a long hard look at the way the ethical code is being observed
2. Look at private hospital practices, especially the hospital charges and fees
3. Look closely at private specialist fees

Unfortunately, free enterprise and the free market basis of capitalism are not immune to the influence of greed and selfishness. We are seeing that now in spades in the collapse of the economy and the financial services. There is a danger that we will see it in the health-care industry too.

THC: If you had to comment on the strengths of the Singapore healthcare system, what would they be?

NKY: We do have a high standard of medical practice, and with more research now being encouraged, we are developing a good research environment.

If you wish success
in life, make perseverance
your bosom friend,
experience your wise
counselor, caution your
older brother, and
hope your guardian genius.

Joseph Addison

Here, our C class patients are relatively well taken care of. My only concern is that for expensive procedures and drugs, there is a huge disparity between the rich and the poor. Many of the specialised procedures, surgical and medical, and the specialised drugs for chemotherapy for example, are hugely expensive. If you are rich and can afford them you may be able to live. If you cannot afford them you die.

THC: What makes a great surgeon?

NKY: Your heart must be in it. To live fully, you must have passion burning in you – and that applies particularly if you want to excel at anything you choose to do. And you must care about people as well. Attribute-wise, one must have a cool head, a capacity for logical thinking, great courage, natural leadership and of course good manual dexterity.

THC: What advice would you give to a young surgeon starting out in his or her career?

NKY: Be fully prepared to work, like you have never worked before. Professor E. Mekie told me, "Hard work never killed anyone."

THC: Can you share with us who are some of the important influences on your life?

NKY: My father first and foremost. He was my role model in how he lived and how he treated people; he was a good Christian and a pillar of the Church. I learnt the Christian value system from him – through example with him as my role model, to show compassion and charity towards your fellow human beings.

My teachers in medical school, in particular my Professor of Surgery and first boss, Professor D. E.

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C. Mekié. He was a gruff disciplinarian with a heart of gold – patients came first.

My boss in the US as well, Dr Ben Eiseman, Professor and Chairman, Department of Surgery in the University of Kentucky. He had a very sharp mind and a way of thinking outside of the box, a man for whom patients came first. I learnt to how to lead from him.

THC: What advice would you give to your children on living their lives?

NKY: All my three daughters had their tertiary education in England. The eldest is now a doctor in London, the second is in the English Department of the University of Singapore, and the third works in the financial industry in London. My son is an architect working in the US.

I would leave them these quotations to remember:

“This above all, to thine ownself be true and it follows as the night the day thou canst be false to any man.” Hamlet, Shakespeare.

“And now abideth faith, hope, charity, these three; but the greatest of these is charity (love).” Corinthians 13:13

And again, to live fully and with fulfillment, with a passion burning inside you.

THC: Your position in the wine world is legendary, how did your initial interest and now haloed status as a leading wine connoisseur begin?

NKY: After qualifying in 1952, my social activities expanded including occasionally dining out. In those days it was fashionable to dine in European restaurants such as those in Seaview Hotel and Prince’s Restaurant. Wine was a normal part of those dinners and so I decided that I had better know something about wines so that I would know how to order wines for dinner. Thus began my wine hobby.

THC: Most people would have just stopped there, but you have taken your interest to the highest levels!

NKY: I have a very curious mind and a propensity to pursue my interests in great depth. So it was natural to make wine the focus of further study. I found it fascinating and it became a full-time hobby which has come in very useful during my retirement period. Wine is both a sensory and an

intellectual challenge, and is rather like medicine – there is always something new to learn. You never stop learning – and you can learn from any wine and wine maker.

My wine hobby keeps me busy; I travel a lot and go to France every year. Wine countries are my favourite holiday destinations. My winemaking friends are the most honest and most generous people, and I count them amongst my best friends. I also have a small wine business, we import and distribute and this keeps me busy.

THC: Singapore seems to be a trendy place for wine collection; there is a growing number of people who are collecting. Your thoughts?

NKY: It has become fashionable to claim that you have a “cellar” – it seems to be a status symbol! I do not see what there is about wine that should make you feel superior to others. Wine is a drink basically to wash your food down and to quench your thirst with. Except that it tastes better than water and has the added advantage that the alcohol content, in moderation induces a feeling of well-being and makes you take a more charitable and benign view of the world!

THC: If you could only bring three bottles of wine to a desert island with a wine cellar, which three wines would you bring?

NKY: This is a tough one. I would bring a truly great vintage port, like the Quinta do Noval 1931, a great old champagne, and an old burgundy.

THC: Can you share with us something interesting few people know about Dr NK Yong?

NKY: This is tough. I am a generally straightforward person, often shooting my mouth off, especially when you get me on my hobby horses. I do not suffer fools gladly.

On 28 November last year, I developed an acute dissecting aneurysm of the descending thoracic aorta and had to have an aortic stent inserted to patch the internal tear and protect the thoracic aorta.

The other good thing that came out of this episode was that I stopped smoking!

THC: This sounds like the experience the late pioneer cardiac surgeon Dr Michael DeBakey recounted, where he also diagnosed his own aortic dissection. Thank you very much for sharing your insights and wisdom with us. ■