



# Reflections of a Military Doctor

Preparation of heli-medevac of a Timorese woman with post-partum haemorrhage.

By LTC(Dr) Gan Wee Hoe

When I confided in a few of my friends about my intention to write about my experiences on being a military doctor, they jokingly asked what qualified me to do so. After all, I am just shy of ten years in service, and going by my age, am not even halfway into a full military career track for an Officer in the Singapore Armed Forces (SAF). However, I deflected my “detractors” and gamely set about my task. I have only one mission in mind, which is to share my personal encounters on what many doctors pursuing the commonly-trodden path may not have had the opportunity to experience, and to provide my perspective on a calling that may, at times, be little understood and hence downplayed.

My reflections would not be complete without starting from the beginning. I have always wanted to be a doctor, to join the noble profession of caring for, helping the less fortunate and healing the sick. However, I never entertained the thought of doing so in military uniform.

To me, it was not so much a conflict of interests as what some philosophers would spend inordinate amounts of time arguing over – “Are you a doctor or a soldier first?” – but rather, a case of youthful ignorance. I was never a fan of classics like *M\*A\*S\*H*, and it just did not occur to me that both could possibly co-exist.

My first encounter with medicine and the military came about when recruiters visited the Officer Cadet School (OCS) to talk to potential medical school applicants about the SAF Local Study Award for Medicine<sup>1</sup>. The year was 1994, and I entered OCS after completing my Basic Military Training in a Singapore Armoured Regiment. I was in the middle of Tri-Service Term, the first of a three-phase training course<sup>2</sup> conducted over 10 months. The training was rigorous; necessary to build strength, perseverance and discipline in us as Officers-to-be. Tired as I was after training, I decided to attend the talk with a handful of others at the School’s auditorium in the evening. I wanted to devour anything and everything Medicine, so enthusiastic

was I in getting a place within the local university to pursue the course.

The recruiters were not themselves Medical Officers, but what they said immediately appealed to my sense of ambition, duty and adventure. They showcased the typical route of advancement for a Medical Officer in the military, the practice of Medicine in the field, and the interesting integration of staff functions such as medical support operations planning leading to the seamless execution of a medical mission. Having undergone a four-week clinical attachment at the National University Hospital prior to National Service enlistment, I knew this was radically different from what doctors in hospitals practise on a day-to-day basis. However, I found this refreshingly intriguing, as it would satisfy both the intellectual and adventurous sides of me. In our present context, the military medicine experience, apart from local applications, would also extend to peacekeeping, humanitarian assistance and disaster relief (HADR) operations overseas, and I had the opportunity to



1. United Nations Medal Presentation Ceremony in Timor Leste.



2. Interaction with local villagers after the clinic.

3. Conducting a socio-civic clinic in a small village at the outskirts of Dili (capital of Timor Leste).



participate in several of these missions later on in my career. In retrospect, I have come to appreciate them as useful platforms for defence diplomacy. As a military doctor, I also found fulfilment in the course of rendering medical aid to the sick and the displaced.

Academically, the notion of a dual specialty track – one military and the other mainstream clinical medicine – appealed to me as I relished the challenge of excelling in both fields. Before the talk ended, I was already convinced that this was the career path I wanted. However, the recruiters advised us to go back and discuss this over with our families and not make any hasty decisions. They also made it clear that we had to get a place in NUS Medicine on our own merit before being considered for the scholarship. The rest, as they say, was history.

A newly-minted scholarship-holder, I embarked on my medical studies in 1994. Medical school was both fun and hard work but I do not intend to

focus too much on my undergraduate university experience. Suffice to say it was enriching, and I benefited a great deal from my teachers and mentors, who had passed down their clinical knowledge and wisdom in decision-making. These proved invaluable when I had to deal with tricky and difficult situations when I eventually qualified as a doctor.

Even in school, I could not wait to graduate and start my medical career in the military. In choosing our electives in the fourth year, most of my classmates opted for clinical or research postings in local and overseas hospitals. For myself, I chose to do my elective at a local military medical institution after discussing with my mentor in the SAF Medical Corps. I did my

elective together with two other classmates in the Republic of Singapore Air Force Aeromedical Centre (ARMC), a regional centre of excellence in Aviation Medicine (AM). Like me, they were curious to find out what went on in the building known at that time to house the only high-performance human centrifuge in the region.

My elective in ARMC exposed me to the breadth of AM. I learnt that clinical medicine constituted only a component of the specialty, and even then, considerations in the management of aircrew had to take into account the physiological differences in the aviation environment that they work in (“the pilot’s office at 33,000 ft”). The other component was aviation physiology, which featured heavily in an AM specialist’s roles and responsibilities. ARMC housed equipment used for the training of aircrew against physiological threats such as high G-forces (gravitational forces), spatial disorientation, hypoxia and the perils of night vision limitations. My four weeks in ARMC gave me invaluable insights into AM and its vital role in improving

flight safety and combat performance of our military aviators, and proved to be pivotal in my decision to pursue my post-graduate training in this speciality upon graduation.

After successfully completing housemanship in 2000, I attended the Medical Officer Cadet Course. By then, I was firm on pursuing AM, and was happy to be offered the opportunity. In addition, I was also able to participate in joint missions, the “thing” that many of us joined the uniformed service for. In 2001, I was on the SAF medical team bound for East Timor as part of the United Nation’s (UN) transitional administration in the country following a referendum in 1999, which saw Indonesia relinquishing control of the territory.

East Timor, now known as Timor Leste, became the world’s youngest nation in May 2002. Singapore contributed towards this UN-led peacekeeping mission by sending SAF medical teams to staff the UN Military Hospital, a Level 3 medical facility<sup>3</sup> in Dili (capital of Timor Leste) between 1999 and 2002. This hospital had a multinational team comprising

military medical staff from Singapore, Australia, Egypt, and the hospital security force by Portuguese soldiers. Working alongside people of diverse cultural, racial and religious backgrounds is not something foreign to Singaporeans. We integrated very well with our fellow workers, living and working within the same hospital compound for the entire duration of our tour of duty. As a young doctor at that time, I got to practise both my professional craft and run the administrative functions of the primary and emergency healthcare sections of the hospital. Excelling in managerial and administrator roles was not to be taken for granted, and being in the right setting to hone these skills early definitely helped me take on bigger leadership responsibilities subsequently in my career.

I had the good fortune to go on my second UN mission two years later, in 2003. This time round, the location was in Suai, a district in the southwestern part of Timor Leste and near the border with Indonesia. I was the Aviation Medical Officer attached to the SAF helicopter detachment in Suai, and

stationed. I have since learnt that this is an important aspect of civil-military relations, a powerful tool that played a positive role in gaining the acceptance of the locals of the UN’s presence on their home soil in facilitating its socio-political transformation.

The Boxing Day Tsunami in 2004 was one of the deadliest natural disasters in recent history. On 26 December 2004, an earthquake measuring 9.0 on the Richter scale under the Indian Ocean generated the biggest tsunami the world had seen in the last 40 years. This calamity claimed the lives of more than 200,000 people in eight countries. Operation Flying Eagle was launched, the largest operation that the SAF has ever mounted, involving 1,500 personnel, 3 landing ship tanks, 12 helicopters and 8 transport aircrafts to Indonesia and Thailand<sup>4</sup>. Together with many of my fellow military doctors and senior medics, I was deployed to Indonesia. Operating out of three localities in Indonesia (Banda Aceh, Medan and Meulaboh), we rendered medical assistance to disaster victims and supported the many SAF personnel working tirelessly in the disaster relief efforts. In particular, the medical team in Banda Aceh, the city nearest the epicentre of the earthquake and therefore the hardest hit by the shock waves and tsunami, saw several hundred patients daily in their first few days of deployment. Such was the extent of damage to place and people that it will forever leave an indelible memory – of pain and suffering, but also of courage and strength.

My involvement in other HADR missions such as the Yogyakarta earthquake in 2006, and numerous



4 responsible for the primary healthcare of all detachment personnel and specialist AM consultations for aircrew. Apart from overseeing the management of field hygiene, vector (mosquito) control and healthcare services, I also helped to plan and run socio-civic missions in the form of mobile medical clinics to the villages deep in the mountains, near where our Singapore peacekeepers were



4. A SAF Medical Officer treating an elderly patient with forearm fracture during Nias Earthquake in 2005.

5. A young girl with crush injury to her hand being attended to by SAF Medical Officers.

6. In-flight monitoring of a casualty evacuated from disaster zone by an aeromedical evacuation team.



**7** 7. Aeromedical evacuation of a casualty from Banda Aceh during Boxing Day Tsunami 2004.

medical exercises locally and overseas taught me a great deal about the challenges in the delivery of timely and effective field medical support, and enabled me to reflect on how we can contribute in meaningful ways as a responsible member of the larger global community.

Many of my colleagues in the Medical Corps have gone for peacekeeping operations in even more austere environments such as Afghanistan and Iraq. Be it running a field hospital in Oruzgan province (Afghanistan) under the threat of rocket and Improvised Explosive Devices attacks by insurgents, to sailing the high seas of the Gulf of Aden to guard against piracy; everyone returned with invaluable lessons to share. These missions, though separated in place and time, strengthen the bond among military medical doctors and medics with unifying experiences that are unique to the Corps.

While medical missions and operations are exciting interludes, my primary work revolves around the practice of AM, for which I underwent specialist training in King's College London, Royal Air Force (UK) and locally in ARMC. AM is very much an integrative practice of physiology and medicine, and applied aviation physiology forms the basis of all the major training programmes we conduct in ARMC. Overall, through the various appointments I have held in the domains of Aviation Physiology Training and Clinical Aviation Medicine, I have been able to positively influence many aspects

of aircrew safety. The job fulfilment and satisfaction is unparalleled. I am privileged to have a "uniquely SAF" background with my position as a military doctor. I know some of my clinical colleagues view Military Medicine practitioners like myself as administrators more than doctors. However, my own experiences tell me this is far from true, and quite the opposite. The interesting admixture of preventive and interventional medicine, assessed by the medical risks and needs of our soldiers, sailors and airmen in their particular operating environments, continues to feature prominently in my career, as in those of my colleagues in the Medical Corps. On a macro scale, the ability to formulate and administrate policies and practices that directly influence the delivery of healthcare in our own domain of practice and target population makes up the other half of a good balance for a doctor-administrator, as I choose to see myself.

As I look back on my short nine and a half years as a military doctor, I know my experiences speak for themselves. Though this is not the conventional track for many in local practice, it is one which I have benefited greatly from and truly treasure. The broadened horizons have shaped my perspectives, and the challenges have stretched the envelope of my capabilities to greater heights. The coming years will present new and exciting frontiers, and I am looking forward to them with great expectation. To the occasional friend and even my parents who sometimes ask if I have second thoughts about my choice of practice in military medicine, my answer is a categorical "No". **SMA**



**The SAF Medical Corps' mission is to protect the health and optimise the combat performance of our soldiers in order to enhance the SAF's operational edge. Over the years, it has developed into a full-spectrum medical force that supports the SAF in its wide spectrum of operations. Its operational readiness is reflected in its ability to respond at short notice to any medical emergency and crisis. The Corps has deployed hundreds of medical personnel to crises and hot-spots all over the world, flying the Singapore flag high in many humanitarian assistance and disaster relief missions.**

#### References:

- 1 The scholarship has been re-named to the SAF Local Merit Scholarship (Medicine), with enhanced terms for scholarship holders.
- 2 OCS training has since been restructured to a Common Leadership Module, Service Term, Professional Term and Joint Term. Total duration of training is now 38 weeks.
- 3 UN Level 3 medical support comprises capabilities from triage, resuscitation and stabilisation, to diagnosis and treatment of serious diseases and life and limb-saving surgery. Such facilities will house diagnostic resources as well as specialist surgical and medical disciplines.
- 4 Data quoted from the Ministry of Defence publication: "Reaching Out – Operation Flying Eagle", 2005.



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