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By Dr Toh Han Chong, Editor

2010 is notable for many big healthcare stories – the historic United States healthcare reform a.k.a. *Obamacare*, Professor Robert Edwards winning the Nobel Prize for Medicine for pioneering in vitro fertilisation, the launch of the first clinical trial using human embryonic stem cells to repair nerve damage, the tarnishing of diabetes drug Avandia, and HIV and cancer vaccines hitting prime time. In the season finale of *Grey's Anatomy*, many healthcare workers at Seattle General Hospital were shot by a patient's aggrieved husband, a chilling reminder of America's liberal gun laws. On a lighter note, a recently published study in the December 2010 issue of the *British Medical Journal* revealed that surgeons are significantly the fastest parker of cars in the medical profession, followed by anaesthetists, with physicians coming in last, irrespective of gender. The unrivalled speed that consultant surgeons took to cross the hospital car park barrier and park their cars suggests a zippy dexterity and exceptional personality trait. The authors suggested that this "barrier method" of assessing the car parking skills of the various medical specialties may be useful in guiding the career choices of junior doctors. However, this Belfast study did not take into account the type of car the surgeons drove in relation to physicians.

In Singapore, there was expansion of step down care and increased hospital capacity. Medical education also hit the limelight in 2010, with the painful birth of the local residency programme. One camp felt that with generations of high quality doctors being produced through an internationally-recognised, deep-rooted, well-hewn, tough-as-oak hard knocks British-style training system, why shake the tree? The opposing school opined that the number of medical specialists produced in this unforgiving Darwinian system is less seamless, less structured and more inefficient. But the devil is in the details, and not as easy as transplanting Universal Studios into Sentosa. Grafting the American residency programme onto Singapore medical soil has been challenging.

A book that generated buzz in 2010 was *The Spirit Level: Why More Equal Societies Almost Always Do Better* by Richard Wilkinson and Kate Pickett. The crux of this book is that widening societal inequality is responsible for a significant belly full of problems including increased physical and mental illness, drug abuse, obesity, childhood diseases, teenage pregnancies, violence, the erosion of social trust and a whole bunch of other vital outcomes. The prestigious journal *Nature*, the *New York Times* and the *New Statesman* have all praised this book. Conversely, the *Daily Telegraph*, the *Wall Street Journal* and some academics have questioned the authors' scientific methods and conclusions, one critique being that the authors have confused correlation with causality. In Singapore, policy wonks and general readers have also given their

own thumbs up and thumbs down on this book. From post-2008 toxic-unemployment United States to the sizzling volatile income gap-widening China to wage stagnation-pained Singapore, the rising economic inequality and its negative impact concerns many countries. In health and biology, the invisible hand of homeostasis regulates body harmony. Not too hot and not too cold. Too much or too little of a good thing like haemoglobin can cause a person to go into the thick and thin of a dizzy spell, and cause a stroke even. Too high or too low blood pressure with a collapsing pulse puts a serious strain on the heart, and too much or too little of bodily hormones like thyroxine and corticosteroids cause cranky illnesses. Hyperkalemia or hypokalemia, hyperglycemia or hypoglycemia, diarrhoea or constipation and other physiological extremes harm the human body. Centuries of tried and tested remedies and medicines, and sound scientific and clinical studies have all made us live healthier and longer lives. Similarly, democratic governments constantly seek out better ways to improve the body politic, one hopes. As one august politician once said, it's not what's left or right, it's what works for the country that matters.

So what does 2011 hold for healthcare and Medicine? To much anticipation, the first batch of Duke-NUS Graduate Medical School students will graduate and enter the battlefields of the hospital wards just as the inception of a third medical school begins. Integration of medical care and re-clustering of primary, secondary and tertiary medical centres will further coalesce. Healthcare IT might see more intuitive Facebook and Twitter-like functions. Consumer genomics such as direct-to-consumer gene testing is poised to provide individuals with an explosion of gene data that proposes to predict anything from manic-depression, cancer, hypertension, good looks to relationship compatibility. The FDA is keeping a beady eye on some such opportunistic companies peddling gobbledygook with a lack of validity. However, this should not distract from personalised medicine that will help optimise treatment for individuals.

Even with recent breakthroughs in diagnostic blood testing for Alzheimer's disease, dementia will continue to place large global burdens on the lives of patients, their families and societies. Strong science and clinical research are reporting that those who have a better night's sleep are less likely to develop dementia than those who don't. On the excellent website *TED – Ideas Worth Spreading*, Ariana Huffington and Jessa Gamble both sing the praises of getting enough sleep.

In this New Year, let us resolve to get enough sleep when the day's and night's work is done. **SMA**