

Interview with Dr Wonchat Subhachaturas

Dr Wonchat Subhachaturas graduated from Chulalongkorn University, Bangkok and did his postgraduate neurosurgical training in Dundee and London. Thereafter, he pursued an administrative career and obtained Certificates in Hospital Management, Project Management, Health Management for Executives, and Organisation Management for Executives, Bangkok Metropolitan Administration. Dr Subhachaturas has held a multitude of positions, including Director of Charoenkrung Pracharut Hospital and Deputy Permanent Secretary, Bangkok Metropolitan Administration.

Upon his retirement in 2000, Dr Subhachaturas has focused efforts in the Medical Association of Thailand, as well as in the regional and international arena. He is the President Elect of the Medical Association of Thailand, Chairperson of the Confederation of the Medical Associations in Asia and Oceania (CMAAO) Council, and the current President of the World Medical Association, 2010-2011.

SMA News congratulates Dr Wonchat Subhachaturas on his election, and takes the opportunity to ask him a few questions.



Dr Wonchat and his wife,
Prof Clinic Dr Prapaipan
Subhachaturas

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Published by the

Singapore Medical Association,
Level 2, Alumni Medical Centre,
2 College Road, Singapore 169850
Tel: 6223 1264
Fax: 6224 7827

Email: news@sma.org.sg
URL: <http://www.sma.org.sg>
SMA Reg. No.: ROS 198/59 TAP

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SMA: What are your fondest memories of medical school?

Dr Wonchat Subhachaturas – WS: Actually there are many, but the fondest of all was how medical school gave me the opportunity to learn and understand the body (anatomy), its functions (physiology), and when combined with the knowledge of diseases (pathology), gave the conclusion for diagnosis. Firstly, there is the differential diagnoses and by adding laboratory findings, we then come to the final diagnosis either by exclusion or inclusion. The treatment then follows the correct diagnosis. Sometimes, correct diagnosis cannot be clearly made and one is kept doubtful until proven at the operation table or even at the microscopic sections.

These are all challenging and fond memories of mine. I always feel great when my assessment was correct at the first diagnosis. Therefore, my impression is that in medical studies, basic sciences and clinical sciences cannot be separated because they always support each other.

SMA: What made you specialise in Neurosurgery, and if given a chance, would you still pick the same speciality?

WS: Actually, Neurosurgery is my life. In 1967, soon after my M.D. graduation and upon completion of my internship, I started working at the Central Hospital, one of the government hospitals in Bangkok. In those days, it belonged to the Bangkok municipality. At first, I planned to specialise as a reconstructive surgeon. However, the tide turned when I found a superb consultant, Professor Dr Sira Boonyaratavej, freshly returned from the UK with FRCS in Neurosurgery. He greatly impressed me and I was much inspired by him through his fluent approach, and his clear and thorough explanations on neurological and neurosurgical problems and findings. He was a Professor in Neurosurgery from Siriraj

Hospital (and later moved to Ramathibodi Hospital), and the one who made Neurology understandable for me.

Neurosurgery then replaced reconstructive surgery as my subject of interest. Since then, my entire life changed and with Prof Boonyaratavej's support, I did my postgraduate study in Neurosurgery in UK, in the Dundee Royal Infirmary in Scotland under Mr Joe Block (FRCS) and Mr Ivan Jacobson (FRCS). I later trained at Guy's, Maudsley and King's College Hospitals in London under Mr Peter Shurr (FRCS), Mr Murray Falconer (FRCS) and Mr Jeff Maccabe (FRCS). I also had the chance to attend the National Neurological Institute at Queen Square, London, which was a request of Prof Boonyaratavej. He wanted me to also be acquainted in Neurology, to guarantee that I would not do wrong by operating on inappropriate medical cases.

The healthcare system in Thailand is somewhat different, in that when you become more senior at work, you will have to choose whether to be in professional academia (which entails embarking on Professorship, usually for those who work in teaching bodies such as University hospitals) or to enter an administrative career, to be promoted as Head of Department, Director of Hospital or Director of Administration (this is usually undertaken by those in the government hospitals). I was included in the latter category and became the Head of Department, working up the ranks until I finally finished my official services as Deputy Permanent Secretary of the Bangkok Metropolitan Administration upon my retirement. The administrative path did not give me much time to practice Neurosurgery, apart from the extra hours after 4 pm and in the night when I continued my practice, but only by consultation.

It is a fact that Neurosurgery is unlike other surgical procedures because the cranium and the spine do not allow much room for expansion. Almost every postoperative neurosurgical case needs the ICU, close

observation care and neurological monitoring for signs of expanding lesions, possibly either from swelling or oozing. In this regard, Neurosurgery needs good teamwork, and a team that includes anaesthetists, nurses and sometimes physicians. Most important of all, neurosurgeons must always be available at all times – I was unable to work as much as I desired due to time constraints, otherwise negligence might have been encountered.

SMA: What were the events surrounding your medical career at the time that made you give up being a neurosurgeon, so as to dedicate efforts working towards doctors rights?

WS: Being a neurosurgeon is my pride and through this career I could help many people. But as I mentioned before, Neurosurgery does not only need brains, knowledge, skill and good hands. It also needs good teamwork and

cooperate in networking to share disease information among each other. This will lead to prompt and proper protection against the spreading of communicable diseases. Together with closer communication through meetings and discussions, we can learn from each other the trends and experiences of treatment or protective technology. I would therefore like to mention it here again: the world is waiting for the consolidation of health professionals to

One of my deepest memories is that of a patient with a large brain tumour. He was almost completely hemiplegic when he came to see me, but he walked back home after total removal was done. Luckily for him, it was a benign meningioma. Thereafter, he called me “Daddy” and told his wife and whole family to call me “Daddy” as well. But a tragedy could have happened: I was almost killed by my wife when she received a telephone call asking for “Daddy Wonchat” from a boy whom she did not recognise! Later, she found out that the boy was the son of my patient. Lucky me!



However, Neurosurgery in the Bangkok Metropolitan Hospital runs smoothly since we have enough neurosurgeons to replace me, and they are doing well without me.

SMA: What are your fondest and deepest memories in your medical career?

WS: There are many, especially when my surgical operations were successful and patients achieved good recovery and were able to go back home safely and then back to work, especially when without deficit.

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dedication of time to be close to the patients because of its delicacy. The city administration did not allow me much time to do as what I would have liked, and there have also been increasing numbers of law suits against doctors.

At my retired age, I think I can do better in the medical associations arena to encourage my younger fellows and alliances, so they can work securely and be protected under medical ethics. This is for the benefit of all medical and healthcare professions, which will reflect the effectiveness of healthcare for the population as a whole.

SMA: What is your agenda as President, World Medical Association (WMA)?

WS: On 14 October 2010, at the WMA General Assembly in Vancouver, Canada, I swore in as President of WMA. I told the attending members there that at present, the advanced technologies of transportation and communication are enabling diseases to cross borders from one country to another, and even from continent to continent within hours. I therefore suggested that every country should collaborate and

work against the spreading of diseases.

The different medical professions need to support each other, despite their differing backgrounds of religion, language or politics. I am trying my best under budget constraints, to communicate with more people through my travelling and e-mails.

SMA: You have been a long time office-holder in the Medical Associations of South East Asian Nations (MASEAN). Where do you think MASEAN should be heading?

WS: MASEAN at present is more of a collaborative effort, but still there are limitations amongst some member countries in communicating due to variable issues of budget and policy of the country. Establishment of the medical association in some of our member countries is not yet completely accomplished. However, my observation is that they are trying their best to cooperate. The strength of MASEAN is in its relatively similar culture, which leads to an easier path of mutual understanding. We may have some political conflicts from time to time, but if we take borderless medical collaboration

as a leading policy in Medicine, I think we can work together well. Primary healthcare and millennium development goals should be the most important targets of the region. The ASEAN community can be our tool in communication and also a source of support. Member countries with higher economic statuses can also contribute larger efforts towards the basic needs of the region.

SMA: How have the medical associations worldwide changed over the duration that you have been doing such activist work, and have you seen results? If so, what are the improvements that have taken place?

WS: It is too early to say if there has been anything changed at the world level since I took Presidency, but the job that WMA does is a continuous process to protect the medical profession from misconduct and political misjudging. Several statements have been proposed to protect the rights of the medical profession.

SMA: What is on your wish list to further strengthen Thailand's healthcare system?

WS: Healthcare in Thailand as well as elsewhere should cover both quantity and quality. This means that the total population of the country

must be able to access a standard healthcare no matter where and what their economic status is. Healthcare does not mean only the advanced medical and surgical treatments and technologies, or only having enough hospital beds for ill patients. It also covers health promotion, disease prevention and health support for children, the handicapped, the elderly and so on. Environment preservation and pollution control are also subjects in healthcare to be concerned about.

Inadequate proportion of healthcare providers to serve a growing population is one of the problems in many countries, and has to be solved. Health advocacy and training of the community to properly care for their own health, turn them into health messengers or even health counsellors may be one of the cheaper and more appropriate ways of practice. No doubt increasing the numbers of healthcare providers is essential, but ensuring the quality of the graduates is also a concern.

SMA: Going forth, what more do you hope to see? What are your fondest recollections and deepest regrets?

WS: I would be happy to see the increase and the strengthening of international communication on health systems. On a national level, I would love to see healthcare not being affected by the

decline of the economy at any time, because good health of the people is a fundamental driving force for economic recovery. At the same time, good primary healthcare will prevent unnecessary spending of the national budget.

My regrets are that in many countries, medical personnel and medical policies are under the influence of politicians, which results in non-independent decision making.

SMA: You have shared that you wish to go on more road trips around the region; what has been the most exciting road trip or holiday so far?

WS: I have not had time to do much of both yet. However, I did drive on holidays to some rural places for relaxation. I also visited hospitals in the remote areas of Thailand to promote the Smoking Cessation Programme, and to select the best practicing doctors for the Medical Association's awards.

Internationally, as President of WMA, I had a good time visiting and delivering speeches at the Taiwan Medical Association on their Doctor's Day, and the Hong Kong Medical Association on the occasion of its 90th Anniversary Celebration.

SMA: Thank you very much, Dr Wonchat.

SMA



Dr Masami Ishii (Japan Medical Association),
Dr Wonchat Subhachaturas, Dr Fachmi Idris
(Indonesian Medical Association)

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