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On holiday in Phuket, with his wife of 45 years

Interview with Prof Raj Mohan Nambiar

By Dr Toh Han Chong

Professor Nambiar began his surgical career at the Singapore General Hospital in 1964 and has been a practising surgeon in public hospitals for over 40 years. During his professsional career he served as Head of the Department of Surgery at the old Toa Payoh Hospital, and at the Singapore General Hospital for 20 years. He has been actively involved in teaching and training of postgraduates and held positions as Chairman, training committee in the Ministry of Health and the School of Postgraduate Medical Studies. Professor Nambiar has been a visiting Professor and examiner to several Universities and Royal Colleges of Surgeons, Council member of prestigious international surgical and cancer organisations, and editorial boards of international surgical and cancer journals. He has received numerous honorary fellowships, named lecturerships and special awards, and has published more than 80 scientific papers. Professor Nambiar has served as President of the Singapore Medical Council and has been Master, Academy of Medicine, Chairman, Singapore Cancer Society and President, Asian Surgical Association. He has also received National Awards such as the Public Administration Medal and the Public Service Star.

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

As surgical registrar at Connaught Hospital, London in early 1960s.

RN: I made up my mind to do postgraduate studies in Surgery soon after I had graduated from the Medical College. Having graduated in India, it would have been possible to do it in a University-based system in India but it meant waiting for many years and I was not interested. The Fellowship from UK (FRCS) had a higher standing compared to other qualifications and I was keen to do my training in England. The major problem was the finance.

I had already strained my parents financially for my studies. Once I had completed my housemanship, I had no wish to drain them anymore so I decided to work and make enough money for my passage to England and also get some clinical experience. At that time I had no idea of the training requirement for Fellowship, only rumours of how tough the exams and how low the pass rates were, especially for overseas graduates. I also heard that an attachment in the Department of Anatomy or Physiology for a year would help in the study of basic sciences.

I worked as a demonstrator in Anatomy for about 18 months before starting clinical work. It gave me an excellent opportunity to dissect every part of the human body, to learn and teach the students. I worked hard but it was a most useful experience which has stood me in good stead in surgery.

During the 1960s it was not difficult to get a hospital appointment in England, unless one was particular to be in London. My first job was as SHO (Senior House Officer) in Casualty and Orthopaedics at the Royal Hospital, Richmond in the outer London area. I soon learnt that if you did your first job well and obtained good recommendations, the next job was easier to get. It was hard work for six months but thoroughly enjoyable working in a culturally new but exciting environment and interacting with people from many parts of the world, learning surgical skills from reputed surgeons and improving communication skills. I was fortunate to have had kind and supportive consultants, friendly nursing staff to work with and I had a great time. I never felt that a half-day off once a week was an issue to me because I enjoyed my work.

THC: Do you have any strong memories of your days as a young surgeon?

RN: My first hospital experience in England left strong memories of two surgeons I worked under. One was Mr Harold Dodd, a pioneer in the varicose vein surgery. Together with Mr Cockett of St Thomas' Hospital he wrote the first classic textbook on varicose veins.

He was an excellent surgeon; clinically astute, dexterous, neat and systematic. He had a busy surgical practice at Harley Street, but always had time to teach and I learnt the basic techniques of surgery from him. I still remember and follow every step of the varicose vein operations in the way he did. He also made detailed notes of every operation and kept a file. He was way ahead of his time for log books! Since then I followed his practice and maintained a book of operations until I retired. I believe it is important for all surgeons to keep records of their clinical and operative work in order to review, reflect and study from their experiences.

The other person was an Orthopaedic Surgeon. He was a brilliant communicator, very popular with patients and had a thriving practice in Harley Street. He was always immaculately dressed in a three-piece suit and tie. In the clinic, he would greet every patient at the door and walk them in by calling their name. Within minutes of conversation the patient would be fully at ease and confident to agree to whatever advice or operation recommended. Although his clinical skills fell way short of his communication skills, he was so well liked that his patients trusted him completely. I learnt from him that good communication was more important to patients than clinical skills.

THC: Are there any other mentors in your journey as a surgeon?

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RN: There were two others in England that I must mention. At the Connaught Hospital, London, I was surgical registrar to Mr Thompson Fathi. He was an outstanding teacher and clinician. His teaching was so popular in London that the weekend clinical courses for Fellowship that the Hospital had every six months were always fully subscribed.

My next job as surgical registrar after I got my Fellowship was at the Royal Infirmary at Bolton, Lancashire. In this busy general hospital I was able to get considerable clinical and operative experience not only in general surgery and urology but also in vascular surgery. Vascular surgery in the early 60s was largely confined to teaching hospitals so it was a unique experience to be involved in developing this specialty in the hospital under Mr Michael Lentin. He was a most enthusiastic and patient surgeon and we spent many hours and late nights in re-exploration of thrombosed arteries after femoro-popleteal bypass operations. He remained a close friend of my family until his death a few years ago.

THC: Reflecting back, what has brought you the most satisfaction as a doctor and surgeon?

RN: Having been a doctor and surgeon for a long time and to have served so many people, to touch their lives, to restore their health and make them better is in itself most gratifying. I have indeed been fortunate.

As you know, when you do an operation, the results are almost immediate, particularly in emergency and trauma cases. It is not that you always get a good outcome after surgery but when patients recover and look better after surgery it is a great feeling. It is always a joy to see patients doing well and coming for follow-up after cancer operations ten or twenty years later. Now I have seen several patients who are cured after treatment for breast, colorectal or thyroid cancers.

The other most important source of satisfaction is in teaching. You see so many young people; students who are going to be doctors and doctors who are going to become specialists. I have interacted with them and helped in their learning for such a long time; almost forty years. That is very satisfying. Teaching is an integral part of a doctor and no responsible doctor or consultant should ever have an excuse for not teaching medical students and doctors.

Another cause for satisfaction is the friendship I have had with professionals from far and near. I think if it was not for institutional practice, I would not have had so many friends; surgeons, Professors, Presidents and Council Members from various Colleges in many countries, and be invited to give lectures at conferences and Universities. I think this is because when you have worked in a public hospital long enough, you have gained valuable experiences, documented your work, and been able to discuss ideas with other people who recognise you.

I have been very fortunate to have taken an active part in both professional and voluntary organisations both local and international settings: in the School of Postgraduate Medical Studies almost from its beginning, the Academy of Medicine and the Singapore Cancer Society for 20 and 25 years, the Association of Surgeons of Southeast Asia (Asian Surgical Association) from its start in 1976 and also two major international bodies, the International Union Against Cancer (UICC) and the International Surgical Society (SIS/SIC). All these have given me opportunities to help in promoting professional standards, postgraduate education and training, cancer control and health care. I believe that professionals in leadership positions must play their part in professional and voluntary organisations to improve the health of the society at large.

THC: What makes a great surgeon?

RN: I think the general understanding of the public is one who is a competent surgeon, highly skilled in his work and perhaps well respected in the community. My own perception is that a great surgeon should be first and foremost an excellent doctor with outstanding credibility in terms of his professional skill and competence. Great surgeons have been innovative; they have discovered things in the past that have enriched lives of people or changed the practice of surgery for the better. Many of them are also reputed scholars and teachers as well. Naturally such individuals are also recognised internationally for their contributions to society.

I have mentioned the characteristics of not just a good surgeon, but a great surgeon. Unfortunately, there are not many of them. *(Laughs)* One can train to be a good surgeon, but not a great surgeon.

THC: In the last thirty years, who would be considered a great surgeon internationally? Is Roy Calne a great surgeon?

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With mentors Dr Michael Lentin, England and Dr Yahya Cohen, Singapore during the Asian Congress of Surgery (as President).

RN: Sir Roy Calne fulfills the criteria for a great surgeon. He is well respected internationally and recognised as an authority and a pioneer transplant surgeon. He has been a great innovator in both the science and techniques of liver transplantation. His research on immuno-suppression has also changed the treatment of transplant patients. Above all he is a fascinating person, a sportsman, artist and a great individual.

THC: When you were a young boy, were you already interested in anatomy or good with your hands?

RN: Yes I was, I started having an attraction towards surgery in my high school – I was more interested in Biology than in Physics or Chemistry. I was good in my practical assignments in dissecting frogs and cockroaches and making beautiful drawings of the dissected specimens and marking the parts. I took particular care to do this, which impressed my tutors. When I entered medical school, I was confident in my Anatomy dissections and that further enhanced my ambition to be a surgeon.

THC: Professors Norman Browse and Professor Foong Weng Cheong were considered examiners whom students fear. What about you? Are you one of those examiners whom students fear?

RN: Unfortunately I have also heard that bad reputation in the old days as a stern examiner. I think one of the problems with us local examiners was that we did not use the courtesies and gentle language while examining. I think the general attitude during tutorials and examinations in those days was not cordial or pleasant for the students. And unfortunately teaching and examining were spontaneous activities and there were no guidelines or coaching for those involved. I am glad to say the teaching and examinations have changed a lot in the last ten years or so, now they don't think I am a fierce examiner at all. *(Laughs)*

In the early 90s, I remember when I was examining at the Fellowship examination in London, the College appointed an educationist to evaluate the oral examinations. He sat with us and was taking notes on our examination techniques and the candidates' response. Since then the College of Surgeons has had a structured examiners' course for all newly appointed examiners. We have also conducted such courses locally in order to improve the technique of examining.

THC: Surgical exams are tough, I can imagine. It is a very unforgiving field as one false cut may be fatal.

RN: Yes, the examinations are always tough for the candidates but the examiners need not make it worse. In an examination, you are actually testing knowledge and judgment, not so much skills; and you can still do that while being nice to a candidate. That, through oral examinations is what we are doing now, so candidates feel comfortable. Each question has three parts – the first is an introductory question which the majority of the candidates can answer, so the candidate can feel more at ease. The second is a more searching question that tests standard of knowledge. The third is more a default question that does not make the candidate feel rattled or distraught.

With former President Wee Kim Wee, as Master, Academy of Medicine.

THC: Can you pass your FRCS and still have terrible hands?

RN: Yes, you can pass the examination which does not test your manual dexterity. But one cannot become a good surgeon if you have terrible hands. Like everything else, it is possible to train and

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be able to do common things through repeated practice. Surgery is not just hands alone. Serious surgical errors are more often due to bad decisions than technical mishaps. A colleague of mine who had been trained partly as a surgeon used to remind surgical trainees that any monkey can be trained to do surgery, but only with brains can you do proper surgery. I think hands are important, but only those with intelligence and a proper attitude can be trained in surgery.

THC: Do you have any reflections from your term as Chairman of the SMC?

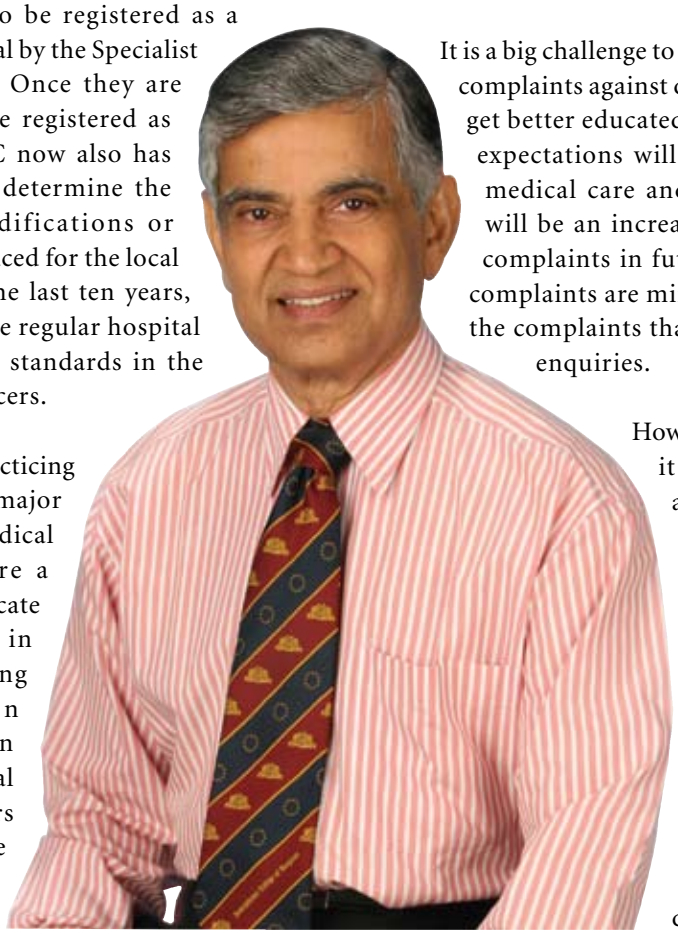
RN: I must say it has been a great privilege to serve in the Council for almost ten years. Since the Medical Registration Act in 1998, the functions of the SMC have expanded and I have seen a vast increase in all its activities. Firstly, to meet the much needed medical manpower; the number of doctors graduated locally and from overseas has increased significantly. From around 5000 doctors ten years ago we now have about 8000 so there are different types of registration. A lot of work has gone into defining the requirements and standards especially of doctors from other countries on conditional registration. The SMC maintains two registers – one is for all doctors, the other one is for specialists. There are many people outside our system seeking to be registered as a specialist after appraisal by the Specialist Accreditation Board. Once they are approved, they can be registered as a specialist. The SMC now also has the responsibility to determine the course and any modifications or improvements introduced for the local medical degrees. In the last ten years, the SMC has also made regular hospital inspections to ensure standards in the training of house officers.

The approval of the practicing certificate is another major role for SMC. All medical practitioners require a valid practicing certificate in order to practice in Singapore. Continuing medical education (CME) has been recognised as essential for practicing doctors and CME was made compulsory since 2003. Only if you complete the requirement of the CME points will you get a practicing license and certificate from the SMC.

The most important work of the SMC is related to determining and regulating the conduct and ethics of doctors. SMC has regularly updated the ethical guidelines and manages the complaints made against doctors. The number of complaints has been fairly stable for a long period of time, around 75 to 80 per year or ten to twelve per thousand doctors, but it seems to be on the increase in recent years.

THC: What challenges do you foresee SMC facing in the future?

RN: There are many challenges for the SMC. The first is regarding the responsibility to maintain the standards of medical practice and conduct of medical practitioners. There are many doctors who think that the SMC is too harsh on them. On the other hand the public generally sees the SMC as a body of doctors that makes decisions in favour of doctors. This is made worse by the long delay from the time a complaint is received till it is resolved. Currently it takes several months if not years and such a long delay can be misunderstood by the public. The whole process does require considerable time as it involves many parties and reports.



It is a big challenge to reduce the number of complaints against doctors. As the people get better educated and informed, their expectations will rise regarding their medical care and delivery and there will be an increase in the number of complaints in future. Majority of the complaints are minor, it is only 10% of the complaints that go through formal enquiries.

However, things that make it to formal enquiries are serious matters and I think that this reflects badly on our conduct and reputation as doctors. If a doctor is convicted of cheating, fraud or sexual assault, it is absolutely deplorable behaviour. Unfortunately you don't need a large

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number of errant doctors – out of the 10% who go through formal enquiry; all you need is one or two such cases a year. And once it gets into the newspaper, the public will remember it for a long time.

A major cause of complaints that are increasing in number is the inappropriate prescription of hypnotics and failure to follow the guidelines in the management of patients. This is not a problem that can be solved easily. In some developed countries doctors only prescribe but do not dispense; that is left to the pharmacists. Such a policy if implemented for controlled drugs or special situations will provide the necessary control of excessive or inappropriate usage.

Another challenge that I see for the future is the next phase of CME. We have to move on from recording of individual learning experience to showing better evidence of efforts to improved care and maintenance of professional competency. The problem lies in the methods that are used for assessment of competency. However, it is possible to introduce a staged approach starting with some of the well-defined tools such as peer reviews, medical record audits and patient satisfaction surveys.

Teaching is an integral part of a doctor and no responsible doctor or consultant should ever have an excuse for not teaching medical students and doctors.

THC: Will there be further empowerment to the SMC to act against bad behaviour?

RN: During the last few years the council has debated on several proposals for amendments to the MRA. The key points are to strengthen the professional regulation and streamline the disciplinary proceedings. Hopefully this will speed up the resolution of complaints. There will also be additional avenues to settle complaints in the form of reconciliation or mediation.

THC: How would you like to see the healthcare system improve or evolve?

RN: I think we can be proud of our health care system that is constantly being improved according to needs of our population. We have modern hospitals with excellent care facilities doing their best to improve the quality of service. We also have an equally good primary care system with well-run private clinics and government polyclinics. Perhaps we are not so well advanced in after-care and rehabilitation services and home care for patients with chronic diseases. I do not think we have a sufficient number of good nursing homes for the elderly and sick patients and modern facilities to care for them.

In spite of having a good health care finance arrangement in the form of the 3M (Medisave, Medishield and Medifund) there is no denying that many patients find health care expensive. Patients coming to hospitals and outpatients are now more concerned about cost when investigations and operations are recommended. I suspect there may be some people who do not even seek hospital treatment for fear of high cost. We know that the government is trying its best to make health care affordable to all and has increased their budget for health care. It would be ideal if we can evolve a system where patients can get medical care without unduly worrying about how to pay for it.

A major area for improvement that I see is regarding the chronic shortage of trained medical manpower in the public hospitals where most of the teaching, training and research are taking place. The scheme for recruiting suitable specialists and doctors from overseas can alleviate the problem to some extent but we need to find ways and means to retain well-qualified people in public service for long periods of time. The problem has been highlighted several times but there have been no solutions so far. Currently there is a great divide between the public and private services. I do not think that under the existing arrangement the visiting consultants in hospitals are able to make significant contributions. We have to design a better system to integrate the public and private sector services so that the available manpower in the country is fully utilised.

THC: Singapore has often been compared to Hong Kong where despite almost equivalent taxes, they are able to pay their doctors a higher wage, provide almost-free healthcare and sustain such strong clinical departments in Hong Kong University and Chinese University.

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In Beijing

RN: I believe they also have their share of problems; many staff from the public hospitals regularly leave for private practice because the grass is a lot greener on the other side. I understand that medical staff salaries in the universities and even in hospitals are two or three times higher. Of course the cost of living here may not be comparable to Hong Kong but in many reputed University departments of Hong Kong, many senior academic staff members have devoted their life to institutional and academic work. You cannot expect to build a department with good reputation if the best in the department use it only as a stepping stone to private practice. On the other hand, without some arrangement that guarantees financial security, it would be difficult to keep medical specialists in institutions for a long time. I understand that some reputed centres like the Mayo Clinic in the US have an arrangement where permanent staff are given financial security, so they can devote their time and energy to their work without worrying about how much they will earn from their patients.

THC: You have been around the world and seen many healthcare systems. What do you think are the strengths of the Singapore healthcare system?

RN: I think we have done very well and have got a very good health care system. Even in the early days, soon after our independence, we had a system that provided for the needs of the patients. Compared to today's standards it was far behind, but patients who needed hospital care had beds; those who required operations or medical treatment were not put on waiting lists. In fact there was no shortage of blood for operations or drugs for treatments, and all these for little or no fees charged. Since then, in the last 40 or more years the development in our health care system has kept pace with the rapid progress of the country itself. I remember specialisation and the postgraduate system started in the 70s, new departments and hospital expansions in the 80s and research facilities in the 90s. Now we have state of the art facilities for diagnosis and specialist treatment in hospitals, a network of good primary care facilities, excellent research facilities and a well established medical education and postgraduate training system. The overall standard of care is among the best in the region. Several countries have a comparatively good private set up but their public hospitals are ill-equipped and have poor quality or service. Our patients have easy access and choices in heath care.

THC: Are there any important influences in your life; perhaps role models or historical figures?

RN: The important influences in my early years were of course my parents. My father was a graduate studying in law school when he joined the Indian independence movement and later became a politician. As he did not work for many years, I saw tremendous hardship that my mother faced and so I grew up in a simple lifestyle with only bare essentials. My parents instilled in their children all the moral values like integrity, honesty and responsibility. In my later years it was my wife who provided me with much needed emotional support and love, and it made a big difference in my life and progress in my career.

While I was working in London, I was inspired by Professor Ian Aird who was the renowned author of the postgraduate text "Companion in Surgical Studies". He was the director at the Postgraduate Medical School at Hammersmith. He had promised me a senior registrar position under him after I completed two years as registrar at Bolton. Unfortunately before I completed my two years he died from unnatural causes so I changed plans and joined the medical service in Singapore.

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The next and most important influence was my early period at the General Hospital in the unit of the Senior Surgeon, Singapore under Mr Yahya Cohen. He was an outstanding clinician and teacher, a man with strong principles and also a strict disciplinarian. His surgical unit managed a variety of major surgical problems that would currently be recognised as separate specialties. That's where I gained excellent experience in paediatric, plastic and thoracic surgery and wide clinical experience in general surgery and urology. The department also had a reputation for teaching, academic activities and attracted regular overseas surgical visitors.

When Mr Cohen retired from SGH and went into private practice, I was posted to head the surgical department at Thompson Road Hospital (later known as Toa Payoh Hospital). On occasions when we met for a chat over a pint of beer at the Club he disclosed how unhappy he was in private practice. As a man used to having a large team with him in the public hospital, he was alone and miserable in private practice. He described that it was like in a jungle where animals do not respect each other!

For me personally, that was probably the best time to enter into private practice – there were not many surgeons in the private sector and I was at my peak. I probably would have done well financially but I felt I would be able to make greater contributions and achieve better satisfaction in public service. After all, you need satisfaction in what you do, and when I look back I can honestly say that I have been happy and satisfied.

THC: It is a complex world we live in now. What advice would you give your children as they live their lives and have their own children?

RN: I do not usually preach to my grown up children. In fact I do not remember my parents doing it to me ever since I finished school. Of course children need discipline and advice when they are growing up. I expect my children have seen how their parents lived their lives and uphold important moral values, and we expect them to follow the same. That's why I did not press them to become lawyers or doctors. I always told them that whatever they did, they should do it well and also encouraged them to think of moral values as much more important than money. Chasing money and forsaking all else was not going to bring them happiness.

So, I don't have a doctor in my family. My eldest is a pharmacist, the middle child is a political science graduate who teaches and my youngest works in corporate communications with a private company.

THC: What do you do to relax?

RN: Currently, I read a lot. I make use of my club's library which has a large collection of good books. The club is like a second home to me. One of the things I have missed in my life – as a result of my decision to become a doctor and surgeon – is that I did not have time to read much outside medicine. I have missed out on broad educational experience so I am now trying to catch up in those areas. I swim on and off and I also make use of the gym in the club. I used to play tennis but have stopped for a long time. I started playing golf about 10 years ago but it has now become very infrequent.

THC: Tell us something interesting that very few people know about you.

RN: I suppose nobody knows that I was captain of the football team during Medical School, but after I graduated never played again except several years later in ceremonial games once a year when I was in Toa Payoh Hospital. *(Laughs)*

I was interested in drawing and painting from young, but never had the chance to develop those skills. In the last few years I have dabbled in oil painting but have not taken it up seriously.

I have had an interesting experience when I set off for my studies to the UK in an Italian liner. When we arrived at Genoa, there were many passengers from India who were alleged to have false passports and going to the UK to seek employment so all passengers were stopped and held there for four days. It was the most harrowing experience because the shipping company refused to provide us with proper food and accommodation. I had only five pounds in my pocket! After the diplomatic channels starting working, all those with proper passports were allowed to proceed with their travel but those four days were the worst moments in my life; I was afraid that I would be sent back and all my dreams shattered! If I had believed in astrology, my journey to start a surgical career did not signal a good omen. However it turned out alright in the end!

THC: Thank you very much. ■