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Interview with

PROFESSOR SIR ARULKUMARAN

By Dr Toh Han Chong, Editor

Professor Sir Sabaratnam Arulkumaran graduated from the University of Ceylon in 1972 and joined NUS as a lecturer in 1982. He later became Professor and Head of the Department of Obstetrics and Gynaecology in 1995-1997, before taking up the position of Foundation Professor at Derby, University of Nottingham and Non-Executive Director of the Southern Derbyshire Acute Hospital NHS Trust. Thereafter, Prof Sir Arulkumaran was appointed Professor and Head of Obstetrics and Gynaecology at St George's University of London in 2001, and President of the Royal College of Obstetrics Gynaecologists in 2007.

Prof Sir Arulkumaran served on the executive board of the International Federation of Gynaecology and Obstetrics, first as Treasurer and later as Secretary General, from 1994 to 2006. He is also Honorary Fellow of several national postgraduate colleges, and has been Editor-In-Chief of Best Practices & Research in Clinical Obstetrics and Gynaecology since 1998. In addition, he has published 26 books as author or editor and 240 indexed articles and over 150 book chapters. Prof Sir Arulkumaran was honoured in this year's Queen's Birthday Honour's List and has been appointed a Knight Bachelor for his services to medicine. Prof Sir Arulkumaran was in Singapore recently as the NHG Overseas Visiting Expert, and also delivered the 6th College of Obstetricians and Gynaecologists' Lecture, speaking on "Improving Quality and Safety by Governance and Revalidation".

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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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My Singapore experience was very useful, especially that gained from Kandang Kerbau Hospital (KKH) with 24,000 deliveries. This background stood me in good stead, as compared to other candidates from other hospitals that dealt with 3,000 to 4,000 deliveries.



THC: You were the Head of the Department of O&G in NUH in 1997; what compelled you to leave for the United Kingdom then?

SA: It was essentially for family reasons. I am originally from Sri Lanka and came to Singapore in 1982 because I had heard much about the academic activities here, through Prof Kanagasuntheram, a Professor of Anatomy at the National University of Singapore. I worked for 15 years in Singapore, and spent some months overseas doing research in the US, Sweden and France.

Later on, my eldest daughter decided to study Medicine in the UK after her two scholarship years at the Red Cross Nordic United World College. My parents, who were in Jaffna, felt it was unsafe to live there because of the fighting in their area. They came to live with me in 1986 and stayed for three years before moving to London, where my youngest brother's wife was expecting her first baby. My brother, who was affected by the situation in Jaffna, left for the UK in 1978 and settled there. Thereafter, my elder son decided that he wanted to join his sister in the UK

in 1997; both of whom are qualified as doctors. My youngest son too wanted to move as he missed his siblings; he is now 18 and will attend Cambridge University next year. As for my wife, her sister was already living in London as she studied medicine in Leeds.

At that point in time, I felt that both my wife and I could not see our children or parents very often. Even in Singapore, my youngest son would be asleep when I left or returned home from work. Professor Lim Pin was very kind and suggested that I take sabbatical leave. On the other hand, the University of Nottingham had been offering me a position there. Given that the rest of my immediate family was over in the UK, I then decided that it was time to move. The Dean from the medical school there was putting together a new medical school in Derby, and knew about my situation. Thus, he offered me a joint appointment as Foundation Professor, as well as non-Executive Director of the trust for two hospitals. My job, along with the other four Non-Executive Directors, was to merge two hospitals into one, plan a

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new hospital building, and start new research laboratories and programmes. I found this challenging. I was there for four years, before being offered the post of Professor and Head of Obstetrics & Gynaecology at St George's – I was invited to apply for the job as was the case with Nottingham!

Family-wise, it was better for us. My father passed away before we relocated and my mother was alone. Following the move, my wife could be close to her parents and sister while I could be close to my mother and brother.

THC: It must be tremendous to have achieved so much during your career in the UK.

SA: I was lucky – when challenges came my way, I was able to demonstrate that I could perform; for example, I could set up research laboratories and initiate teaching programmes. I was asked to reorganise departments at St George's Hospital, where they had one subspecialty programme. I helped to set up two more programmes, our delivery rates increased from 3500 to 5200, and where we used to have six consultants, we now have 16. I was asked to reorganise Northwick Park maternity services, which was under special measures for poor performance. I did so and introduced a maternity dashboard as a tool to monitor clinical governance and performance. Later, I wrote the Royal College Guidelines and now a large number of maternity departments across the UK use it; the Department of Health is now introducing this tool with adaptations to different disciplines. Subsequently, when I became President of the Royal College, we introduced service standards in Obstetrics and Gynaecology which helped to improve quality and safety.



NUHS Grand Rounds

Left to Right: Prof Chong YS, NE Leta Loh, Prof Lim Pin, Prof Yong EL, Prof Sir S Arul, Prof John Wong, NM Pua SK, SNM Lim PI & ADoN Chan YS. (Photo credit: NUH O&G Unit)

THC: Congratulations upon the conferment of your knighthood, can you tell us more about the occasion?

SA: This happened on 12 June 2009. Every honour's list has two or three doctors who are knighted. Eight committees nominate names for the honours – history, literature, sports, medicine and so on – and will recommend a list of names to a higher committee, which will decide whether to confer the Knight Bachelor, Dame, Commander of the British Empire (CBE), Order of the British Empire (OBE) or Member of the Order of the British Empire (MBE). There are other categories as well.

When I received the letter one month before the ceremony, I thought it might have been a mistake but I was delighted! The *London Gazette* was very kind to describe me as “the most forward-thinking medical leader in this country” in their website; I think it must be in reference to my work on the clinical dashboard, standards and other areas of work both national and international.

Others who were knighted come from various disciplines, and include Nicholas Faldo for his services to golf, Andrew Cash, a Chief Executive of Sheffield Teaching Hospitals, NHS Foundation Trust, Hugh Taylor, Permanent Secretary for Health and many others. Being conferred as Knight or Dame is the highest award, followed by CBE, OBE and MBE.

THC: Can you tell us about the major influences in your life?

SA: Skills-wise, I have Dr Ganesan and late Dr Ashley Dassenaik from Sri Lanka to thank, as they trained me well in Obstetrics and Gynaecology, especially the surgical aspects. Prof SS Ratnam was also a major influence, as he gave me the opportunity to work in labour wards as well as in research. He advised me not to leave for private medicine! Professors Lim Pin and Edward Tock supported me in the background, and Prof Ratnam strongly encouraged me to work regionally and beyond, as working through national and regional organisations can help make a change

in women's health. With this in mind, I served as Treasurer for the International Federation of Gynaecology & Obstetrics for six years and later served as Secretary General for three years.

I remember then-Minister of Health, Mr George Yeo, who once gave a fantastic lecture while attending a dinner hosted by Alexandra Hospital. His speech was about how one should exercise and keep healthy, given that illnesses increase correspondingly with one's age. He mentioned an anecdote: There are three stages that every human being goes through; young age, middle age and old age. Because God is fair, humans will be endowed any two of the following at any stage; energy, time and money. At a young age, one will have energy and time but no money. Upon reaching middle age, one will have money and energy but no time. Lastly, at old age, one will have time and money but no energy! Energy in turn will translate to health and happiness. He was making a point that although we are not able to control the transition from young to middle age, we can control, to a certain extent, the transition from middle to old age.

I was moved by what Minister George Yeo said, as I was in my late 40s then, and had just received the invitation from the University of Nottingham. Given my impending transition from middle to old age, I wondered if I should start to make time for my family. With that, I decided to enjoy life more, and possibly take up golf in the UK. However, I got busier and busier after my move. Minister George Yeo is a man with a great philosophical mind, and I have not met him since the dinner. Despite this, I will always remember his strong message.

THC: Was it difficult to integrate into English society at the peak of your career?

SA: I did not find it difficult, although there were some suspicions about my capabilities initially. As time went on



What stifles people from research is the greater workload, lack of enthusiasm, and perceived lack of reward.

I was able to build trust and respect. I made it a point to read widely and make notes about what or what not to say when I attended the hospital management board meetings. To me, the key was to make constructive comments and not to criticise people or to be too controversial. Consensus also has to be taken from the rest because once you oppose someone's view, be it a good or bad idea, some difficulty in integration will result. One

has to show interest in the organisation and follow the due process; while I was invited to apply for jobs in the UK, I also went through an interview process at St George's because that was the formal thing to do.

My Singapore experience was very useful, especially that gained from Kandang Kerbau Hospital (KKH) with 24,000 deliveries. This background stood me in good stead, as compared to other candidates from other hospitals that dealt with 3,000 to 4,000 deliveries. The Dean from Nottingham would also have done his own assessments on how I ran a department in Singapore, and found me a useful addition. I don't think he would have based his invitation only on what he heard from others, but he would have assessed my performance in Singapore. The fact that I worked in KKH and NUH must have influenced them. In this way, Singapore gave me the real start to my career in the UK.

THC: What did you miss most about Singapore when you left?

SA: I missed the university department as a whole, as I was close to each staff member. In some way, I am who I am because of Singapore. When I first came, I had just completed my six years in Sri Lanka and four years in the UK; I did not have a single indexed published paper at that time. I started out with research and collaborated with many colleagues and looked after many staff, their relatives and friends clinically. 15 years is a long time in one's life, and I certainly miss the relationships built within the department and between staff in NUH. It is less so in England, where one usually gets on with his or her own work.

I miss the social aspects too; my friends are here, the climate is good

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and Singapore is a nice place to live. Healthcare is available immediately when one needs it, although one must be prepared to spend some money. Supposing an elective surgery is needed, it can be performed in short notice unlike the lengthy waiting list in the UK.

Of course, all these form one side of the equation. Living with my family is the other side – one does get more philosophical with age, and I did not know how much time we could still spend together as a family.

THC: What do you enjoy most about British society?

SA: Like Singapore, the UK is an honest and straightforward society where due recognition and promotions were given. The British system embraces equality and diversity and rewards one's performance. I never dreamt that I would be recruited as Professor and Head of a major teaching hospital in London. In the Council of the Royal College of Obstetrics and Gynaecology, there are 35 Council Members who vote and elect a President. Only two members are of ethnic minority, and I am the

second non-Caucasian to be elected as President; I was Vice President for two years prior to being elected as President.

In all, I must say that talent and hard work is recognised. The British system has provided me with many opportunities and honest appraisal.

THC: There is always tension between building upon research and generating revenue for the clinical department. This has confused many doctors in Singapore – in any academic department, should one focus on generating revenue or driving research and innovation?

SA: Research is a tough area. In comparison, we are all trained to do clinical work – we go through selection to enter a certain speciality, we become qualified and later gain experience; and it becomes a habit. When it comes to research, there are several stumbling blocks. Firstly, research ideas have to be generated, which means that one has to read widely, formulate an idea, produce a research proposal and apply for a grant. Thereafter, one will have to drive the research for which you first require



Clinical teaching session (Photo credit: NUH O&G Unit)

the co-operation everybody else, before the results are out. It is a very long journey and one also has to think about the returns.

If we have a cohort of 200 students, only a small proportion will have the energy, enthusiasm and ideas to enter research. Humans are typically returns-driven; a successful researcher will become world-renown but research requires commitment and great sacrifice, both from oneself and one's social life. In research, a self-selection takes place so it is hard to expect everyone to do it.

In England, there is a Medical Excellence Award, with many different components – for example teaching, research, contributions to clinical service and so on. Those who have contributed immensely to research will be recognised with a merit award early on. One could argue that those who perform research can be promoted on the academic side. The financial reward for a clinician outside of an academic setting is high.



Welcome Dinner with NUHS O&G Team (Front row L-R): Prof Yong EL, Prof Sir S Arul, Prof Mary Rauff, (Back row L-R): Dr Anita K, Prof Mahesh C, Dr Su LL, Prof A Biswas, Dr Chua TM, Dr Vanaja K, Prof Yeoh KG & Prof Chong YS (Photo credit: NUH O&G Unit)

What stifles people from research is the greater workload, lack of enthusiasm, and perceived lack of reward.

THC: Under Professor Ratnam and yourself, the NUH O&G unit was quickly gaining international prominence. What do you feel are the challenges of sustaining such an academic reputation in Singapore?

SA: The system of healthcare and the proportion of subsidised and private patients have changed. Doctors also have a drive to earn more today because of the escalating house prices. Less clinical research will take place because it takes more time and patience; more laboratory-based research will occur as it can be more easily accomplished. Results in laboratory-based research are less variable, and one can also collaborate with other scientists.

Even in the UK, less people are willing to do clinical research, but each university has to accomplish a certain amount of research to justify its existence, and also to get extra funds. One way that we are trying to overcome the problem – despite not having much major research or funding – is by paying and giving time to juniors to research in areas such as molecular biology or genetics. These juniors will return with a strong background in basic sciences, and will be able to combine both disciplines as a clinician-scientist. It will no doubt be a sacrifice of 3 to 4 years to do a PhD, but this aids in learning different methodologies and building strong friendship and collaboration for inter-department work.

We should implement a similar scheme in Singapore, to encourage basic research. By building a strong foundation, we can try to generate ideas based on the research that is being

done. As a clinician, I would have no idea what is being done by scientists. Unless I understand or work across both disciplines, I will not be able to find an application for their findings.



Today, families can have two or three children if they are able to afford it but somehow, this generation is more concerned with giving the best to their child. It is not that people no longer want to have children, but that they are mindful of the added expenses. We must acknowledge that our perception of the meaning of life has changed.



THC: Given the low birth rate in Singapore today, some have criticised the previous “Two is Enough” policy. What are your thoughts?

SA: In my view, the government implemented sensible policies throughout. When the “Two is Enough” policy was announced, we did not have the same socio-economic climate as we do now. Much money was spent by the government to ensure that Singaporeans live well. HDB flats were available at highly subsidised rates while water and electricity was available cheaply then. All these helped to drive down infectious disease rates, and the public health agenda was strongly driven. With the amount of spending on infrastructure in those days, I feel that it was the right policy at the time

as expenditure should be in congruence with the amount of earnings.

Of course, human behaviour is harder to predict. Today, families can have two or three children if they are able to afford it but somehow, this generation is more concerned with giving the best to their child. It is not that people no longer want to have children, but that they are mindful of the added expenses.

Singapore’s aging population is a cause for concern; and immigration will have to be controlled to some extent. One must also be mindful of the ethnic and professional distribution – these complexities must be looked into so as to formulate successful policies. The government has done all this and introduced many incentives. We must acknowledge that our perception of the meaning of life has changed.

THC: With private medicine being attractive in Singapore, and with falling birthrates, what is the future of obstetric practice in the public sector?

SA: When I started working in Singapore in 1982, the birth rates were high and the clinical material was in abundance. The proportion of subsidised patients as compared to private patients has reversed from today’s situation; 70–80% were subsidised then while now, the private patients in the public sector approximate 70–80%. Rewards were present then, but not substantial. The fee structures have been revised since. In those days, delivery fees were in the range of \$100 to \$200 but have risen to about \$500 to \$800 now. With these fee revisions, it has made private medicine more attractive.

Perhaps more importantly, most of us would like to own a house and given the very high prices here, a clinician who has the opportunity to earn extra income

would go ahead to do so to make ends meet. If one sticks to only research, he or she will likely be living in a HDB flat as compared to another who sees more private patients.

THC: Do you think the National Health Service (NHS) will survive in its current form?

SA: The politicians will try to sustain the NHS because of the national insurance that people pay, despite the insufficient funds. The main issue here is the salaries of each individual – doctors are extremely well paid even if they do not agree with this. 10 to 15 years ago, the British Medical Association negotiated a successful contract for doctors, and work hours have shrunk from 60 hours a week to the present 48 hours with a good salary.

In this way, sustainability of the NHS depends on how the salary structure will be adjusted in the long run. With modern technology available in most hospitals in the UK, a fairly reasonable standard of healthcare is accessible. Whether there are adequate funds to provide health services is the major question. A sensible government will try to shift some of these patients to the private sector, but it is quite difficult to accomplish this in the UK. Singapore has done well here because the price of treatments in the public and private sectors do not differ too drastically – except in the subsidised cases – thus providing care for those who cannot afford it.

I am not certain if the NHS will fail, but I am sure the politicians will try their best to keep it going; especially with election pledges being made with regards to taxes and health!

THC: If you were the Health Minister and had to adopt a healthcare system, would you choose the American or British NHS system?

SA: I am inclined towards the British NHS system, as there is a stronger focus on looking after the poorer patients and basic human



Simulation-based training on obstetric emergencies and assisted deliveries (Photo credit: NUH O&G Unit)

rights towards being able to provide treatment to patients regardless of cost. Of course, funding has to be sourced and private wards are brought in, but these are not too different from the general wards in the UK. Whether one is able to afford treatment should not be an issue. Singapore's model needs to be emulated here – where one can afford it, one can choose to stay in a one-bed ward as compared to a six-bed ward; this will help to generate income.

THC: Moving forward, what are the exciting frontiers in O&G?

SA: The newer areas include pre-natal diagnosis through circulating free DNA. For example, screening for Down's syndrome will involve nuchal scans or an amniocentesis. The downfall is that some cases are missed, or that some good fetuses are lost.

If the technique of cell-free DNA of the fetus in the maternal blood can be perfected, we will be able to accurately spot Down's syndrome. Prof Dennis Loh from the Chinese University of Hong Kong is doing pioneering work on free DNA. If this is successful, it will form a major change. I hope Singapore will be part of this research exercise.

Much work is also being done on embryonic stem cells, but the application of these stem cells is still lacking – do we need embryonic stem cells when adult stem cells are available and can be modified? This area will generate research. On the medication front, there have been concerns about hormone replacement therapy resulting in higher incidences of resultant deep vein thrombosis, and newer compounds need to be investigated.

THC: How do you spend a typical weekend in London?

SA: Most of my weekends are spent at the hospital or working at home. I run the hospital department as Head and all major decisions are made by me as President at the College – This means large volumes of correspondence. The College has a moderate budget of about 12 million pounds and 124 staff. To make decisions I have to be knowledgeable about what goes on. Reading meeting minutes and chairing



Prof Sir S Arul and NUHS O&G team (Photo credit: NUH O&G Unit)

several committees does take up a lot of time!

I may go out with friends once every few months but otherwise, I read and write in the day – I edit many books and have completed 26 books over the last 27 years. The latest book to be released this year is titled *“Good Practice in Labour and Delivery”* by Cambridge University Press. I read several manuscripts at home, as Editor-in-Chief of *“Best Practice & Research: Clinical Obstetrics & Gynaecology”*.

Having said that, I like to join my family for the main meals – weekends are typically filled up with academic work or attending to family matters.

THC: Is golf your means of recreation?

SA: No – I do not play golf although I initially thought I would have time for it. I used to be Captain of the basketball team in university, but



Philosophy helps me to understand that there will always be small obstacles and one must consider them as the pinpricks of life, and get on with higher things that need to be achieved.



now I mostly listen to music or read philosophy-related books.

Current books that I am reading include the Bhagavad Gita and stories by Swami Ramakrishna; these help to stimulate thinking. Philosophy helps me to understand that there will always be small obstacles and one must consider them as the pinpricks of life, and get on with higher things that need to be achieved.

I also tend to read books to inspire myself. For example, I am reading *“Great Speeches”* by Martin Luther King, Jr. and several others, and *“Courage: Eight Portraits”* by

Gordon Brown. To him, courage means pursuing one’s chosen course despite obstacles, and ultimately achieving better life for everyone. I am also reading about the triumphs and difficulties faced by Nelson Mandela, and about Carlos Goshn, who could not speak Japanese but managed to turn Nissan and Renault around and became a global business icon. Most of us may not be able to achieve what these people have done, but we should try to achieve whatever we can.

THC: Thank you for your insightful answers. SMA