

SMA NEWS



Dr Poh Soo Kai and members of the 50th SMA Council. Standing (L-R): Dr Bertha Woon, Dr Tammy Chan, Dr Tan Yia Swam, Dr Abdul Razakjr Omar, Prof Wong Tien Yin, Dr Ho KaiWei. Seated (L-R): A/P Chin Jing Jih, Dr Chong Yeh Woei, Dr Poh Soo Kai, Dr Wong Chiang Yin, Dr Lee Pheng Soon.

INTERVIEW WITH DR POH SOO KAI

Dr Poh Soo Kai was the first Honorary Secretary of the Singapore Medical Association (SMA) from 1959 to 1960. He returned to Singapore recently, after living in Canada for several years. After a chance visit to the SMA Secretariat, we managed to catch up with Dr Poh over dinner to learn more about the fledgling association when it had less than 100 members, the pressing issues then and how open heart surgery was performed in the early days.



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SMA: Can you tell us a bit about yourself?

PSK: I was born in 1932. My father was a businessman while my mother, who is Tan Kah Kee's daughter, was a housewife. I've got two brothers and three sisters. Soo Jin, the eldest, is a Queen's Scholar, a mathematician who became an engineer. Soo Chuan is a State Scholar, and he is still teaching in Tan Tock Seng Hospital's respiratory unit.

I studied medicine in the then-University of Malaya and was in the second batch. Mohamad Mahathir entered two years before me. Arthur Lim was in my year. He could not enter the university earlier because he was under-aged, so he went to Hong Kong first. He came back and joined in the second year.

I was married, but had no children from that marriage. I had a divorce after I was released from political detention.

SMA: Whereabouts in Canada were you?

PSK: Vancouver. The climate is nice and the cost of living is not higher than here. The food that you buy at the market is about the same price. Petrol is cheaper. It's much easier, life is slow. For retirees, it's first class. For young people, it's a bit difficult to get a job. But I came back to Singapore because my family members are here. I've been coming back for about two to three months every year, especially when it was winter in Canada. I decided to come back for good in February this year.

SMA: Were you practising in Canada?

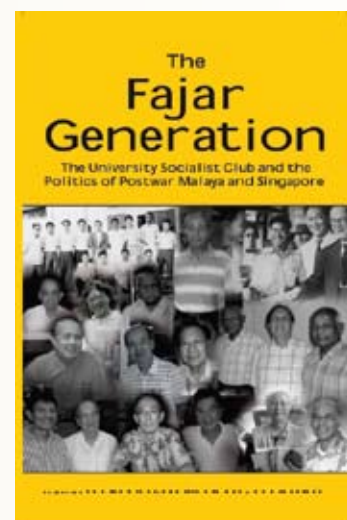
PSK: No, I retired in 1989. In Canada, it is not so simple for Singaporean graduates to practise. Canada has a quota system and they send you out of British Columbia and into Alberta or the rural areas. They also give priority to Irish and South African graduates; Singaporean

graduates are at the bottom of the list.

SMA: After such a long hiatus, was your first visit to the SMA's office a few months ago planned?

PSK: I happened to be at the Alumni Medical Centre and I didn't even know SMA was here. I never imagined SMA to have such a big office. It was Arthur Lim who brought me to your office and told me, "Soo Kai, I didn't know you were the founder and first secretary of the SMA! Your name is in the SMA Secretariat's conference room. I saw it and that's how I know."

I had come to the Alumni to book the Arthur Lim Auditorium for a book launch on 14 November 2009. It's a compilation of articles by former active members of the University Socialist Club (USC) recounting the events from around 1954 to the time when the USC was banned. We are writing not only the history of Singapore of that period but also the personalities



The Fajar Generation: By Poh Soo Kai, Tan Jing Quee and Koh Kay Yew

involved. The title is "The Fajar Generation – The University Socialist Club and the Politics of Postwar Malaya and Singapore". The book is 300-odd pages and the publisher is GerakBudaya in Malaysia. The print-

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Dr Poh Soo Kai, first Honorary Secretary of SMA.

run is about 1,000 copies. We financed the book ourselves on a shoestring budget. Thus there is absolutely no censorship.

SMA: You became the first Honorary Secretary of the SMA at 27. Who recruited you into the Council?

PSK: It was BR Sreenivasan, who later became Vice-Chancellor of the National University of Singapore. We had maybe less than 100 members; we were just starting as an association.

There were still many British doctors in Singapore then and they could be members of both the British Medical Association and SMA. In fact, I got my BMA membership but later gave it up. It is not of much use because you use it to practice in England.

SMA: Did you have regular meetings and how were they conducted?

PSK: Yes. But we had no office and no money; the secretary was the one who organised things. We held our meetings at the Alumni Association and used its address for our postal mail. Meetings were very simple as compared to now. Members were mostly from the same school, had similar values and were mostly

working in the government service. Privatisation of medical health was not on the radar screen. Leadership was much easier because of this and Sreenivasan was also very well-respected. So whatever he said goes and nobody questioned the old man. The other personalities were Gwee Ah Leng, Shanmugaratnam, Yahya Cohen, and Jack Ho, a radiologist in private practice, whose wife Sylvia Lee was a part-time anaesthetist and Lee Kong Chian's daughter. I was the youngest.

SMA: Did SMA organise social activities for members?

PSK: No. But you would find all the rowdy guys at the Alumni. There was a swimming pool and a bar – it was the most important room in the building because it made the most money. There were also three rooms for Malaysian doctors coming for the Alumni Association's meetings; it was cheaper to stay there than in hotels. Sreenivasan would go to the Alumni to drink his brandy.

SMA: What kind of issues concerned the first SMA Council?

PSK: We formed SMA to look after the interests of doctors as a profession. We had no legal power but our role was one of ethical and moral power and on that score, it was better. We tried to introduce group insurance, but mainly talked about ethics. The common point in our profession was ethics and morals, and you can't separate the two.

We were non-profit and although I can't say we were non-political, SMA was never a union like the BMA.

Sreenivasan had foresight and when he drafted the constitution, we agreed that the Editor of the SMA Newsletter was chosen by the committee and that the editorial was the opinion of the Editor, not the SMA. The rationale was that supposing the Editor said something which the

government didn't like, the SMA, as a separate entity, would not come to any conflict. If the SMA wanted to make a statement, the President would issue an official statement; otherwise it was the view of the Editor only.

This worked well, but later on during NK Yong's time, it didn't. The Editorial Board comprised Charles Ng (Editor), Leong Vie Chung and GK Ng. The government took offence to an editorial in the May/June 1980 issue of the SMA Newsletter, and Andrew Chew, who was the Director of Medical Services then, sent a letter to NK demanding an apology from SMA. NK obliged. But if you read the constitution, there's nothing for SMA to apologise. The entire editorial board resigned subsequently and a new one was appointed.

SMA: We always include a disclaimer in our publications; were there disclaimers then?

PSK: It was already in the constitution so there was no need for a disclaimer in the journal. The opinions in the publication have nothing to do with the SMA. I think it is important to preserve our reputation and keep SMA respectable and neutral.

SMA: What were the ethical issues discussed then?

PSK: Mostly the doctor-patient relationship. Private organisations came in much later. It was only later on that it got more complex, when you had to talk about politics.

SMA: Wasn't the government supportive of the doctor-patient relationship?

PSK: The government was only interested in having a healthcare system and that the people got enough cover. The doctor-patient relationship was left to us to protect. When we started, there was no privatisation and most doctors were government



servants. We only thought of patients and ethics then, but when you have a neo-liberal economic policy, there comes privatisation and commoditisation. The doctors put up a fight to maintain their moral integrity and ethical code but it's like being Sisyphus trying to push a rock up the mountain and it just rolls down every time.

The conglomerates think only of bottom lines. Big firms, insurance and drug companies you work with want

and you could certainly give it for years. But what if the patient comes back for it again? If Vitamin B is a food, then you have to ask yourself why the patient is not consuming enough. Those were the days – after the war – when questions about social medicine became important, and were part of our curriculum. Now, industrial medicine is more important.

SMA: Were you part of the Government Medical Officers'

here, you could be a specialist or anybody in the government service, and you would be on top of people like Sreenivasan. This was why our government doctors didn't want to specialise – a young fellow from London could just come in and become your superior! The *mat sallehs* were given higher posts than we were, such as the post of Director of Medical



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to have a say, and you become just an employee. You also start to have a closer working relationship with your laboratories and you only send patients to your own specialists. It becomes an entirely different world and if you walk that line, you have to face the problems – that's privatisation.

But if you only talk about ethics, it goes in one ear and out the other. What's more important are your clinical teachers who set good examples which you learn from, and you respect them for it.

We used to see beri-beri but not anymore today. We would see Bitot's spots in plantation estate workers from Malaya and we gave patients Vitamin B. So then you have to ask yourself: is Vitamin B a food or a drug? The right treatment was vitamin prescription

Union? What was it like then?

PSK: When the People's Action Party (PAP) came into power, they sliced our income. The average medical officer salary was about S\$1,000 to S\$1,100. It was cut to S\$900 without anyone being consulted – that was difficult to take. Housemen only got S\$400. We protested and formed the union. That was in 1959 or 1960, following the first cut.

SMA: Were there different pay schemes for local and foreign doctors?

PSK: Yes, when we were a colony, medical service consisted of a local service and a colonial service. If you were in colonial service, you joined in London. You might be a junior doctor who could be posted to any of the colonies. But when you came

Services. They were supposed to run the show.

Our local doctors had only a Licentiate in Medicine and Surgery (LMS) which took four years to study, instead of a full medical degree. The LMS was awarded by the King Edward VII College of Medicine which was not a university then. But after the war, because of the pressure for university status, Sir Alexander Carr-Saunders, who was Vice-Chancellor of the University of London then, was sent down here. So the University of Malaya was established in 1949 and the medical faculty was formed.

SMA: Do you have any memorable encounters in medicine?

PSK: When I was in surgery, we had a famous US cardiac surgeon, Ben

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Eiseman from Texas, Houston, teach us open heart surgery. There were four of us: NK Yong, myself, Professor Yeoh Ghim Seng and Yeoh Kian Seng. NK was very keen. We did not have money to buy defibrillators. So we got hold of Arthur Rajaratnam from the Physics Department, and Dr KB Chia; the two of them got together and built a defibrillator. It consisted of two metal or copper spoons which were autoclaved and then bandaged with wire.

When we performed open heart surgery, we stopped the blood flow, and cooled the patient down using hypothermia. We would bring an enamel bathtub up to the theatre, and put it next to the operating bed. George Tay would come in half an hour earlier to anaesthetise the patient, who would be put into the bathtub filled with ice to cool the body and slow the heart rate. The patient was not wrapped up as you wanted him to cool quick.

My job was to stand by with a scalpel. If there was trouble, I had to slice the fifth intercostal space so that we could go under the skin and apply the current directly. And it worked in front of your eyes; you could actually see the heart muscle defibrillating sometimes! It was caveman-like but our defibrillator did work. However, I never had a chance to go in as George was very good.

During the surgery, we would make a cut in the heart wall, put a syringe inside and take out the blood. We could see the chambers but we couldn't do the valves as we only had two minutes. I remember one patient with atrial septal defect (ASD). Professor Yeoh was very fast – he took a suture and sutured it, then he stopped and told me to have a look. This was my first time seeing a nice ASD. As I stepped back, NK on the opposite side

“When we started, there was no privatisation and most doctors were government servants. We only thought of patients and ethics then, but when you have a neo-liberal economic policy, there comes privatisation and commoditisation. The doctors put up a fight to maintain their moral integrity and ethical code but it's like being Sisyphus trying to push a rock up the mountain and it just rolls down every time.”

of the table decided to have a look as well. He moved his head forward just as Professor Yeoh resumed suturing and the needle went through NK's cap on its way up! But Professor Yeoh was very calm, and Sister Lau was very good – he threw the needle and forceps away immediately, changed to a new set and finished the suture in time. Throughout this, Professor Yeoh never said a word; he was very cool.

SMA: Do you have anything that you hope for us to continue?

PSK: I think you have done very well. Your situation is quite different from my time. You have a bigger and more diverse membership. The SMA today consists of people who are trained in different medical schools and possess different values. But you still need to get consensus and provide leadership. During my time, consensus was easier for the leadership. Also, with privatisation of healthcare and the government's reduced spending in healthcare, there will always be conflicts for doctors who want to provide good healthcare and those who want to make money.

A friend of mine is a local graduate with Edinburgh MRCP.

One day he chided his son, now a surgeon, “Medicine is not just about making money! Medicine is more than that. There is a moral side; you have to look after patients. If the patient has no money, do you treat?”

The younger generation is a bit different because once you have privatisation, you have corporations and doctors lose their autonomy because you can no longer work alone. This affects them psychologically. New doctors are trained with this in mind. I remember meeting Prof N Balachandran from Orthopaedics, who was together with me when I was doing surgery, several years later. He told me that his students were now his housemen, and they went off at 4 o'clock, because they counted by hours. I don't know how much of this was true but he was trying to tell me that things had changed.

I agree that the world is quite different now, especially if you stand on ethics. It's more complicated and that's why I don't envy you.

SMA: Thank you for granting us this interview, Dr Poh. We appreciate it. SMA