

SMA NEWS



Professorial surgical unit at Singapore General Hospital, April 1978. Dr Ong is seated, sixth from right

Interview with **Dr Ong Siew Chey**

By Dr Wong Chiang Yin

Dr Ong Siew Chey is a well known past Professor of Surgery at the University of Singapore, and has taught many prominent clinicians, such as Prof Abu Rauff and Prof Ng Han Seong. He obtained his M.D. in the University of Chicago, before training in Surgery at the State University of Iowa Hospitals. Dr Ong was a lecturer at the University of Singapore from 1962-1966. He was a senior lecturer at the University of Malaya from 1966-1971, where he was a pioneer in open-heart surgery. He left for private practice in 1978 and retired in 2006. Since his retirement, he has published *China Condensed: 5000 Years of History and Culture*, and *Tales from Old China – The Lighter Side of an Ancient Culture*.

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WCY: Can you tell us a bit about yourself?

OSC: My father was an immigrant from Fujian, China. He came to Malaya when he was 19. Eventually he went into tin mining. He put me through university, and I am forever grateful for that.

I was born in a small town called Sungei Siput, 18 miles from Ipoh. I attended a local Chinese primary school. The Japanese invasion of Malaya came in December 1941 at the end of my primary school, and I could not attend school for four years. I resumed my schooling after the war at Chung Ling High School of Penang, a Chinese-medium school.

I went overseas after Chung Ling, as I was not qualified to enter the University of Malaya in Singapore. I took the Cambridge certificate exams one year before finishing high school. We were very weak in oral English and practically all of us failed in oral English. I got a Grade I certificate but with a mere pass in English. The following year, I took English as a supplementary subject and obtained a distinction. What we did not know was that the University of Malaya would not accept two certificates; all the subjects must be in one certificate. There was nobody in our school to advise us on this regulation.

I started to look for other options. The alternative was to go to China for university, but I would not have been allowed to return to Malaysia after. Finally I decided to go to the US. It was not considered a suitable place for tertiary education in those days; there was strong prejudice against American education in Malaysia and American degrees were not recognised. I went to the University of California at Berkeley anyway.

WCY: What did you do in America after that?

OSC: I was supposed to spend three to four years on pre-medical curriculum in order to get a degree in science or arts. I was in a hurry; it was extremely expensive to study in the US so I only spent two years including summer sessions. And since I found a medical school that would take me, I just entered

the professional medical school without a Bachelor's degree. Some schools would not insist on the certificate, but others like Harvard and Johns Hopkins would.

I went to the University of Chicago, which was rated second to Harvard in medicine at the time. I spent five years there – four years in the medical school and one year in internship. I was trained in surgery mainly at the State University of Iowa Hospitals. I was certified as a surgeon by the American Board of Surgery in early 1962 and subsequently spent six months as a cardiovascular research fellow in Oklahoma testing a modified type of heart-lung machine.

WCY: With American degrees not recognised in Malaysia, how did you manage to register with the Malaysian Medical Council? Did you manage to find a job then?

OSC: A friend taught me how to get around the system. First, I had to take the Canadian Licentiate Exam. Having done that, I had to get a license in one of the four Canadian provinces which had reciprocity with the British Medical Council by a royal charter. After I passed the examinations, I wrote to all the four provinces for a license. Three of them required citizenship or residence in the province, except for Prince Edward Island – I didn't even know where that was! The authorities told me to send them \$80 for the license and that was how I got it.

With the license, I registered with the British Medical Council and later with the Malaysian Medical Council.

When I was trying to figure out what I could do in Malaysia, I wrote to the Director of Medical Services (DMS) in Kuala Lumpur to state my qualifications and request for a position in surgery. His reply was one line: "Application for a position must be made in person." I had no idea if there really was a position in the first place!

One day I happened to be reading a magazine and came across a write-up about a charity organisation called Care-Medico, which ran two hospitals – one in Africa and one in Kuala Lipis, Pahang.

FEATURE

I wrote to them asking if they needed a surgeon for Kuala Lipis and they replied positively. I went for an interview in New York in early 1962. They felt I was suitable for the position as I was a Malaysian, and said they would write to me in the next few months to finalise the details.

I waited for some time but there was no news so I telephoned Dr Comanduras, who was in charge of the organisation. He told me that he had made a trip to Malaysia in the interim and mentioned my appointment to the Ministry of Health. The DMS was very unhappy and said that I could directly work for Malaysia without unnecessarily going through a foreign organisation. My reply was that I tried but got nowhere. In the end, Care-Medico decided not to take me as it did not want to offend the Malaysian government.

WCY: You left for Singapore then?

OSC: I came to Singapore and called up the DMS. I told him about my qualifications and asked about a position in a surgical department. His reply was: "We have more surgeons than we will ever need in Singapore." Those were his exact words and I will never forget that. He told me I could apply as a medical officer with no choice of posting and I would most likely be sent to Woodbridge where there was a shortage of doctors.

At that time, I did not know a single soul in Singapore. I was lying in bed in a small hotel on a Sunday morning wondering what I should do when I thought of the University in Singapore. I looked up the telephone directory and found that the home number of the Dean of the Medical Faculty was listed! It was Dr T.J. Danaraj and I called him that morning. The timing was probably right as Prof Yeoh Ghim Seng was leaving, taking two other surgeons with him for private practice. Dr NK Yong was overseas on sabbatical leave and Surgical Unit A at SGH was going to be badly depleted in staff. Dr Danaraj asked me to see him on Monday morning. He offered me a one-year appointment to tide over their staffing problem, and that was how I entered the University as a temporary lecturer.

WCY: What was it like in Singapore?

OSC: In August 1962, I started as a lecturer, which is more or less like a Registrar. My monthly salary was \$820 without housing privilege because of my temporary status, and I had to pay \$300 a month to rent a room from the University. Later I was asked to apply for a regular appointment. At the interview, there was opposition from some members as I did not have FRCS. I was accepted anyway with the provision that my American higher surgical qualifications would not be recognised. I thought it was pointless to take the job and I refused to sign the contract.

About two to three weeks before the expiry of my temporary contract, the University informed me that my higher qualifications would be recognised. This meant an increase of \$120 per month in pay. It was a matter of principle and not the money I was after.

I worked under Prof Yeoh Ghim Seng for about three months before he left. The next surgical head was Laurence Tinckler from England, and K.T. Chan took over later.

The University of Malaya had a new medical school in Petaling Jaya. Danaraj was appointed Dean and given the responsibility of planning the University Hospital. NK Yong was appointed as the inaugural Professor of Surgery and as we started open-heart surgery using the heart-lung machine in Singapore, he asked me to join him in Malaysia. However, it took us three years before we were given the green light to start open-heart surgery there. I was with the University of Malaya for five years, from 1966 to 1971, as a senior lecturer. There were all sorts of problems and I was trying to read the future. At one time they told us to be prepared to teach in Malay when there were no Malay medical textbooks available. The trend of political and racial situations

was worrying and improvement seemed unlikely. I was exploring some possibilities in the US when it was suggested to me to try Singapore again. Eventually I went for an interview in Singapore and was offered Associate Professorship. It was mentioned to me that I might have to take charge of the department as Prof K.T. Chan was leaving for private practice. I wasn't keen on being Head but that's how I came back to Singapore.

In those days, the pay was very low. I was getting under \$2,000 a month and could ill-afford to buy a house. But I was quite happy; I like institutional practice and not private practice.

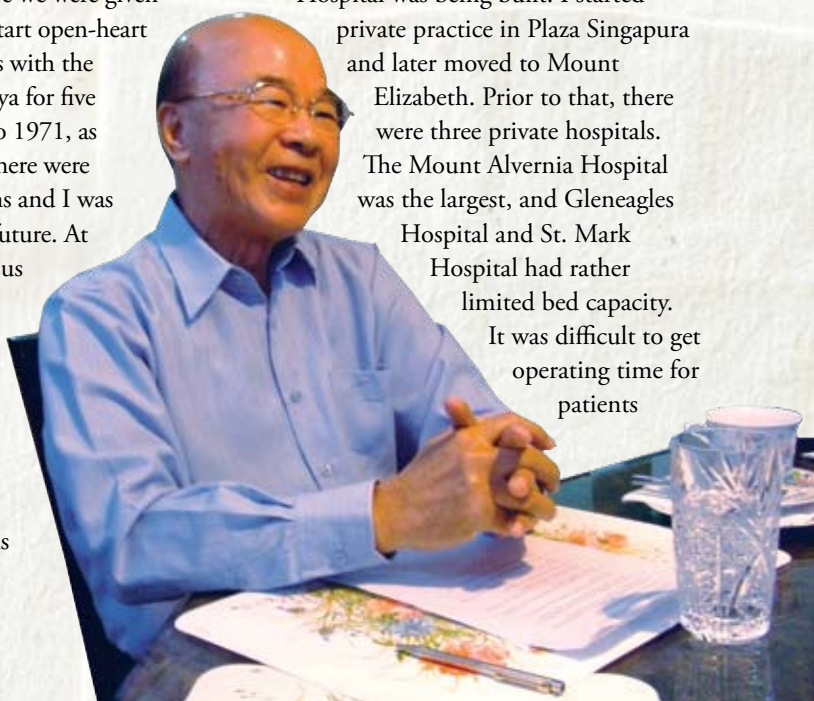
When I started work again in Singapore in 1971, I was a Malaysian on employment pass. Two years later I became a PR. To become a citizen, I needed to be a PR for 12 years even though the University wanted to sponsor me. At that time, the University of Singapore would not accept Malaysian students; the places were exclusively for Singaporeans. My children were in secondary school and I had to worry about their tertiary education very soon. With my pay, it was not possible to send them abroad. I talked to the Registrar of the University and asked whether my children would be entitled to some consideration if I continued to work for the University indefinitely.

The answer was "no", and because of this I had no choice but to leave.

It was 1978 when the Mount Elizabeth Hospital was being built. I started

private practice in Plaza Singapura and later moved to Mount Elizabeth. Prior to that, there were three private hospitals. The Mount Alvernia Hospital was the largest, and Gleneagles Hospital and St. Mark Hospital had rather limited bed capacity.

It was difficult to get operating time for patients



in those days. Most of us practiced solo. We were not good in forming groups perhaps because there was little sub-specialisation then.

WCY: As a Professor in the seventies, what is it like to reflect on what you went through in the sixties?

OSC: It was a time of change when we introduced the M.Med system as an entry qualification. We had not yet started on the exit qualifications and other programmes. A lot of people therefore tended to go overseas for further training.

WCY: Who were your role models?

OSC: There were a few, and some were non-surgeons whom I thought were very good. The best clinician I have come across was actually Prof Wong Hock Boon, a paediatrician. I thought he was very knowledgeable and clinically astute. Another was Prof Khoo Oon Teik, who was a good administrator of department. He has contributed a lot to medicine in Singapore. He pioneered renal dialysis and intensive care in Singapore and was the driving force behind kidney transplantation. He founded the National Kidney Foundation and I worked with him when I was sitting on the committee.

The surgeons at that time – when I first came to Singapore – suffered from the lack of systematic training. There was too much emphasis on technical and operative aspects and not so much on academic and scientific basis.

WCY: You have been through the residency programme. What do you think about it now that we are about to implement it?

OSC: At that time, the American programme was superior to the British training, which was unorganised and unstructured. Doctors aspiring to be surgeons sought a new posting every six months in different places, and it depended on the luck of the draw whether one would get adequate training. American training, on the other hand, was structured and provided trainees with progressive responsibility. It was very



Dr Ong Siew Chey, 3rd College of Surgeons Lecturer, at the College of Surgeons Dinner 2008.

intense. I think the length of training is not as significant as the intensity. It is the intensity of training and depth of exposure that matters more. Now, I am out of it and no longer familiar with the situations.

WCY: Towards the end of your career, you have probably met surgeons much younger than yourself. What is your general impression of them? Are they better than your generation at the same age?

OSC: To know a surgeon well, you really have to work with him. It is difficult to assess surgeons through casual acquaintance. The young surgeons today should be better. In fact, I feel that each succeeding generation of surgeons should surpass their predecessors. That is how progress is made. I am gratified to note that several surgeons formerly in my surgical unit but not necessarily trained by me, have excelled in their work. Of course, young surgeons today have the advantage of working in narrower fields.

WCY: Do you have the feeling that the general surgeon is gone?

OSC: Yes. One time in a coffee lounge in Mount Elizabeth, I felt disgusted when a very young surgeon said scornfully, "What is general surgery? It is so basic." General surgery is the hardest; it is the foundation of surgery, without which the surgeon may become a mere craftsman.

Surgeons of my generation were the last of the general surgeons who had to do everything from head to toe. Of

course, the Chinese have a saying: “博而不精”. The English equivalent is “Jack of all trades but master of none.” For sub-specialisation, the Chinese have another saying: “管中窥豹”, meaning that if you look at a leopard through a tube, all you see is one spot. General practice and sub-specialisation both have their good and bad points. There seems to be no perfect solution to our dilemma.

The main problem arises when patients have multi-organ conditions. When you have some six consultants coming in for one single case, disorganisation, conflict and confusion may be unavoidable. You need somebody with broad knowledge and experience in charge, someone who knows what is going on.

WCY: *China Condensed: 5000 Years of History and Culture* was written after you retired. How much time did you spend on it?

OSC: I did not work on the book consistently; sometimes I would leave it for a month or two. On and off, it took me a year and a half to gather the material. The reason why I wrote it is that through talking to my colleagues in the coffee lounge, I found that a lot of them would like to know something about China. It is difficult even for Chinese-educated people to plough through those thick books available. I then had the idea that I would write something simple one day, which would highlight the important facts about



Photo credit: College News, Ann R Coll Surg Engl 1977; 59(4): 353

Examiners in the Final MMed (Surgery) examination, August 1976. Dr Ong Siew Chey is seated second from right.

Chinese history and culture that people could read easily.

WCY: Out of the four great classical novels, which is your favourite? Who is your favourite character?

OSC: *Three Kingdoms* is my favourite. It is a fascinating book even though it is partially fictional. The mainstream version *Records of Three Kingdoms* by Chen Shou is factual but dry. I don't think anyone enjoys reading it.

Everyone worships Zhuge Liang who was without equal even though he failed in the end. Another way of looking at it is that he was not really *that* smart to finish the job.

WCY: Do you consider yourself a Confucianist?

OSC: I don't think so. I do not subscribe completely or exclusively to any school of Chinese philosophical thought. I am not a Confucianist, Daoist or Mo-ist and I am not an anglophile. However, I do subscribe to the Confucian teaching of “仁”, which teaches human virtues that are also known to many other cultures. Philosophical Daoism, which advocates “non-action” and non-interference may be rather impractical. To me, human beings are born with basic animal instincts and tend to fight for survival and personal gain by selfish means.

That cannot be changed because it is in our instincts. Without an effective legal system, society would be chaotic.

My feeling is that ideally we should absorb all the good points of different schools, including Western schools of thought, to form our core values.

WCY: The scientific approach is something that the Chinese are not very good at. It seems to have declined from the Ming dynasty.

OSC: I think the Imperial Examination system of China, which began in the sixth century and lasted till early 20th century, was responsible to a great extent for China's lag in science. The Examination's syllabus, which was confined to literature, poetry and other non-scientific subjects, led to the complete neglect of science. The Examination system had consumed the best brains of China for some 14 centuries. Among many scholars, abstract philosophical thinking held sway over realistic scientific thinking.

Another reason for lack of scientific approach in Chinese culture is probably inherent in the language itself. Old Chinese words and expressions tended to be inexact and ambiguous in meaning.

WCY: Some say surgeons never retire. What prompted you to retire and when do you think is a good or right time to do so?

OSC: I retired at the age of 74. I thought that was old enough. As a surgeon, you get called at all hours, day and night. As you get older, you do not take that too well. I finally decided that enough was enough and retired to do something else and enjoy myself.

During my 48 years in surgical training and working as a surgeon, my time was not my own. If I went overseas on a trip, I would not be enjoying myself. For example, I would be making phone calls from Vancouver to check on how my patients in the hospital were getting along. I finally decided to free myself of worries.

WCY: Do you have any regrets about retiring?

OSC: No, I don't think so. I can still work but enough is enough.

WCY: Any advice for people who want to be surgeons?

OSC: First of all, one must be willing to work hard. As I said, one's time is not one's own, but if you can take it, then it is ok.

WCY: A lot has been said about the need for good hands. Do you think hands are important?

OSC: There are people who are exceptionally good with their hands. They can do microsurgery and join tiny blood vessels

in mice. Most surgeons are just of average dexterity, and I think that is good enough.

Overemphasis on technique without knowing the principles is not good. I have worked with some who are technically minded – they can do very good work but perhaps the operation never should have been done. Some are obsessed with speed and would race against the clock. They are potentially dangerous.

WCY: Are any of your children in medicine?

OSC: My eldest son is a surgeon; he worked for the National University Hospital for two years but is now in the US. He attended medical school and underwent general surgical residency as well as subspecialty training in trauma and critical care in the US. My second son is an engineer in material sciences. My daughter is a lawyer.

WCY: What do you do in your free time?

OSC: I travel quite a bit. At home I do gardening. I also exercise by brisk walking and swimming. I read and do a bit of writing when I am in the mood. In addition, I attend both medical and non-medical talks. Last week I attended two. One was by the Nobel Prize Laureate Yang Zhen Ling, who gave a talk at the Nanyang Technological University. At the age of 88, he is looking younger these days.

The other talk was by Wang Meng, a prolific writer and one time Minister for Culture of China. He gave a talk at NUS, sponsored by the the China Society, on Chinese literature in the globalised world.

WCY: Who are some of your favourite authors?

OSC: At present, my favourite author is Yu Qiu Yu. He writes on the places he has visited in and outside China with respect to the culture and history. His recent book *Hidden China* is based on his travels to some obscure places in China. His style is to the point. I do not like to go through a heap of unnecessary words.

I just started on a book by a very popular author in Taiwan, Long Ying Tai. Her latest book is about the civil war in

China around 1949. Long Ying Tai has a Ph.D. and taught in several universities, including the University of Heidelberg in Germany and a university in New York.

WCY: There has been a lot of emphasis on bilingualism. What is bilingualism to you?

OSC: It is good to know more than one language. Many Europeans are multilingual, and I am quite impressed by that. Their languages are similar, but Chinese and English are diametrically opposite. For me, if I do not know Chinese at all, it would be easier for me to learn English. However, having learnt Chinese, I just cannot avoid mental translation when speaking English. It takes a long time to learn the English grammar and the English ways of expression.

WCY: Do you think in English or Mandarin?

OSC: I don't know what I think in anymore. In the old days I used to think in Mandarin and try to translate. My dreams used to be in Mandarin but one day I dreamt in English and woke up in sweat. Now either language just comes naturally.

I think we have to use a language often to develop the familiarity. Now, I have some trouble with my Mandarin when looking for correct expressions because I don't use the language often enough.

WCY: It's easier now with many Mandarin channels on cable television.

OSC: Yes, I subscribe to them and watch them quite frequently, but listening and speaking are not the same. I once attended a talk where three people stood up to ask questions. Two of them were obviously from China and rattled off in Mandarin very well. The third was from Singapore. He started in very good Mandarin but got stuck halfway, trying to look for appropriate expressions and words. It is very difficult to be effectively bilingual.

You need practice. When I was in pre-med, there was a rule at that time that one must take up a modern foreign language to qualify for medical school. Chinese was not counted. I tried French and got frightened away

– I could hardly pronounce English words and these French, I have no idea how they pronounce their words. So I took one and a half years of German instead and at that time I managed to learn to read scientific German even though I could not speak it. The grammatical rules of German are quite fixed and have fewer variations than in English. The purpose was to be trained to read scientific German.

Ever since I have not used German at all and it is now mostly gone. When I went to Germany, the only thing I could do in German was to buy ice cream!

WCY: So what would your advice be?

OSC: You have just got to use it. Another thing is to get students to read outside of their school texts. Without this, it is quite impossible to master the language. You need to be interested in what you read. To some extent, I think that to learn a language, you need to have some respect for the language first. Before, Mandarin was considered a peasant's language. With that prejudice already in your mind, it is very difficult to learn. In some families, I think this is the problem.

WCY: What about dialects?

OSC: I speak Hokkien and Cantonese. My children are not very good in Hokkien but they can still converse. However, I feel that the dialect spoken by the average Singaporean is usually at a very superficial and crude level, perhaps only good for marketing. Most dialect-speaking people in Singapore have difficulty with abstract terms.

I am pragmatic. I think there is no point in promoting dialects and we might just as well use Mandarin. Language is a tool and its main use is to help us communicate. Some people tend to be chauvinistic and claim, for example, that Hokkien was the official language of China during the Tang dynasty. It could be correct, but it is already history.

WCY: Thank you for your time, Dr Ong. It has been a most interesting interview. 