



**“The average teacher TELLS  
The good teacher EXPLAINS  
The better teacher DEMONSTRATES**

**The great teacher  
INSPIRES”**

## **Interview with Prof Low Cheng Hock**

Professor Low Cheng Hock is an eminent role model and educator, believing that medical students must surpass their predecessors.

Well-respected by his students, they have even created a Facebook fan page, “Low Cheng Hock is more than all right!”. He is currently Emeritus Consultant at Tan Tock Seng Hospital, as well as Past Associate Dean and Chairman, Medical Board. He volunteers as surgeon consultant to the SAF Medical Corps. In addition, he is also President, NHG College, and a Justice of Peace.



# SMA NEWS

VOLUME 42  
NO.06 JUNE 2010

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Published by the

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

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

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## SMA: Who were some of the surgeons who have inspired you?

LCH: A great man once said:

“The average teacher TELLS  
The good teacher EXPLAINS  
The better teacher DEMONSTRATES  
The great teacher INSPIRES.”

I was fortunate to have many inspiring teachers; each has taught me something special in their own way.

Prof Yeoh Ghim Seng symbolises the great Asian surgeon of the early days. I admired his confident hands that moved with beautiful dexterity. I could never get more than being a third assistant or a note-writer when he came back to operate as Visiting Consultant in Toa Payoh Hospital.

Mr Yahya Cohen was a very disciplined, demanding surgeon. To him, CME is “sacred”. He was known to be strict and stern, but there was a soft and kind-hearted side to him. I remember when my mother was operated on by him. He actually called me to the OT doorway to slowly explain what he had done. I was then only a medical student (students were generally scared of him).

Prof Nambiar was my boss when I was a MO in surgical training. He taught me the values of “total” surgical care. He is systematic, meticulous and caring. He is to me a teacher, a mentor, and today I am happy to call him my friend.

Mr J.E. Choo is a HOD who talks straight with few words. From him I learned to “say what you mean, mean what you say, but never say it meanly!”

Mr Tham Cheok Fai whom I had the “fortune” to assist on many occasions in marathon neurosurgical operations. He is a man who showed me how to be patient, careful and meticulous. He used to remove his own sutures for patients. His consent form is truly informed consent, running into several pages long. He is a man before his time.

Prof Abu Rauff is another of my heroes. He has bailed me out in difficult situations; in particular I remember a case of complicated stubborn oesophageal fistula, and it appeared simple to him. He is “my” surgeon, and he can say he has seen the “inside” of me.

Dr Earl Lu is a “gentleman” surgeon. He is truly an officer, a gentleman, an artist, and a surgeon above all; an artist-surgeon literally. I remember him teaching me how to do a haemorrhoidectomy without tears and pain.

Anthony Heng is a “young teacher”. His dissection and surgery is beautiful. He taught me my first hernia, appendix and so on.

There are many more surgeons and physicians who have inspired me in one way or another. These include Profs Bala, Pillay, SC Ong, Foong, Leong HS, and physicians Seah CS, Wong Hock Boon, Wong Heck Sing, Lim Pin, Chew Chin Hin, Teoh Hoon Cheow, Shanmugaratnam and many more. They have all taught me and played a part in shaping my life. To them, I am grateful.

## What advice do you have for the young registrar and MO in training now?

The thoughts I have for them are:

- (i) Acquire first a broad-based training, learn the basic surgical sciences well, and be strong in foundation, principles of surgery and patient care;
- (ii) Remember it is *Mr Adam* and *Mrs Patch* in Room 3 and 4, and *NOT* the gallstones and breast cancer;
- (iii) Technology and computers on wheels (COWS) have improved surgical technology and work flow, but remember that technology and computers must be your servant and NOT your master. Remember the patient for whom the “cow” was pushed;
- (iv) Humility is a humble pie but it is palatable. Try to learn from everyone – your teachers, colleagues, nurses, healthcare workers and patients. They have all taught me many useful lessons. The nursing staff shows you the way to total holistic care, the health attendant can adjust the table and OT light better than you, and patients have pointed to me how I can improve and manage them better. Emerson once said: “Every man that I meet is my superior, in some way in that I learn from him.” Never miss a chance to learn;



- (v) Uphold the surgical profession as a calling and not just a profession. Be ethical and professional in all your dealings;
- (vi) Surgery like good food must be enjoyed. Confucius put it: "Find a job you can enjoy doing and you'll never work a single day of your life."

## What do you think about the Residency Programme for Surgery?

I think the residency programme for surgery is good. It is structured, seamless, better monitored and supervised. However, I have a few concerns mainly in its implementation process.

Can we really train a young general surgeon in five years straight out of medical school? Surgery is not just textbook and study – it is "hands on". Nothing can replace clinical experience and exposure. In the old system, the doctor finishes as HO, then usually waits a year to obtain Basic Training (two years), then passes MRCS, then waits another year to Advanced Training (three years) and gets exited (three years). This is too long and

As a Justice of Peace, I am appointed as Deputy Registrar of marriages and I officiate marriages about two to four times a month. I do so mainly for hospital staff and friends, seldom for the general public as my schedule is tight. It is interesting and joyful to do this for the couples, especially if they are colleagues and friends.

However, my duties as JP goes beyond marriages; I serve as member of "Board of Visiting Justices" to prison service, sit on a review board, I do mediation duty at the Subordinate Courts, and sit on occasional disciplinary committees. My visits to the prison have taught me a lot. The prison officers are doing a fantastic job in rehabilitating our inmates. Sometimes, I see the inmates' social performances and they bring tears to my eyes. The prison officers are truly "Captains of Lives" – my experience at the mediation sessions have educated and humbled me. I feel that it is a truly educational and enlightening experience as a JP. Years ago, Dr Lee Suan Yew told me, "Volunteerism must be our way of life." Being JP is my tiny contribution in volunteerism.

## Remember it is *Mr Adam and Mrs Patch* in Room 3 and 4, and *NOT* the gallstones and breast cancer

time-consuming. We need to change.

I personally would have preferred to keep the housemanship. This transition year will help the new graduates to mature as a doctor (when you graduate, you are a green horn still at the bottom of the medical biological chain). The year will mature them and give them a chance to make a better-informed choice.

I also feel a little uncomfortable with having two systems running side-by-side. It adds a little more challenge to the MOs and staff in management.

Anyway, I am happy to note that the programmes director and people involved are very dynamic, proactive and committed. Their enthusiasm is admirable. I am confident they will iron out the difficulties and resolve the teething problems.

## How did you become a Justice of Peace (JP) and solemnise so many marriages?

Frankly I do not know. Some kind soul must have recommended me. I received an appointment letter; and I did not ask.

myself in learning to facilitate teaching these courses better. I would like to contribute in these areas, which can be usefully facilitated by clinicians.

Teaching and learning together with all the young ones is the best way to keep my mind alert and continue to learn and enrich my neuro receptors. One should never stop learning – somebody once said, "Life begins at sixty!"

## Do you see the same role for a generalist today, in the mould of the great general surgeon of old?

In the "good-bad" old days, general surgeons had to do literally everything. I remember having to do several craniotomies, cleft palates, many prostatectomies, the occasional thoracotomy and so on. The specialties of major disciplines of urology, thoracic surgery and so on are good and necessary. And now there is sub-specialisation like hepatobiliary, breast surgery and so on. This is necessary for advancement and hopefully there will be no "right" and "left" breast surgery. Progress and advancement is rapid – both with technology and surgical innovation thus one needs to specialise. I think in time, there will be no general surgeons and some call them the surgeons of "residual surgery".

However, I feel the training for all specialties in the first two years must be broad and general to give the necessary basic principals and practice to surgeons. General surgery as a specialty is probably going to be an "extinct species" but I hope that basic training in surgery will be reinforced and emphasised.

You need to know a little about everything before you begin to know "more and more about less and less."

## You were Master of Academy of Medicine; what do you consider your achievements during your tenure?

I served for several years in the council of Academy of Medicine before I became Master. I learnt a lot and during my tenure, the Colleges of the specialties (College of Surgeons, Pathologists and so on) were established.

Actually it was Prof Satku, the immediate past Master, who initiated the idea and I stepped into his shoes, which were a little too big for me. During my tenure, the concept of continuous medical education (CME) and professional

## Do you have any intention to retire?

Life is too interesting, challenging and stimulating to retire completely. Retire from surgery, yes. Retiring from service and other contributions, hopefully not.

In clinical work and practical surgery, I am gradually tailing off now. My department has been very kind to me. I stopped doing calls and endoscope duties, and have only one operating day a week to teach and assist the MOs and registrars. With long and difficult cases, I call upon my colleagues who are much better than me.

I can now move into a second "retirement" career. I do teaching more. Besides teaching undergraduates and postgraduate students (both tutorials and bedside discussions), I am now involved in teaching and facilitating other courses. I am a facilitator for courses like "Open disclosure (Risk Management)", communication courses, "7 Habits of Effective Living", and I also teach occasionally for clinician leadership sessions.

In the last two years I have attended about four to five courses to upgrade



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development was intensively discussed. CME and professional development is necessary to help us monitor ourselves. We need to engage all sectors like the government, public and private in this formulation of guidelines and policies. I am happy it has aroused a lot of interest and enthusiasm among our colleagues. Besides the daily business of running the Academy, during this period we also established many relationships and signed joint treaties and examination programmes with overseas colleges and institutions.

We must remember that in search of medical excellence the sky has no limits and in pursuing medical expertise, that medicine has no boundaries. We need to go beyond our shores.

**What do you think of the formation of the independent Colleges from the Chapters?**

The Academy of Medicine has mushroomed and grown. Specialists and subspecialisation need new identities. It was therefore necessary to form independent Colleges that can further their own subspecialties. The freedom and autonomy of Colleges and subspecialist Chapters will then allow much more flexibility and space to grow.

However as a family of specialists, the Academy is still very relevant and remains the co-ordinating and “mother” organisation. In good governance of training, examinations, continuous medical education programmes and professional development, and policies guiding practice of specialists, the Academy should be the co-ordinating body. Colleges should not fragment the family; the joints should not be dis-articulated from the main body. It should be one united family for the good of our specialty development and maintain a standard of practice to serve our patients better as well.

**What future role would you like to see for the AM?**

Firstly, the Academy must continue building a strong and relevant role in the training and accreditation of specialist training. We need to set the benchmark and standard, and win the trust of the profession and the public.

A sector of the Academy should be involved in the examination of all postgraduate students in Singapore. I hope to see the setting up of Examination Boards officially and ultimately Academy should be the examinations body.

The Academy has various arms in its organisation. Although as specialists, we often ask, “What can the Academy do for me? How can I benefit?” The Academy must be the main source of medical education and continuous upgrading programmes, as these make it easy for all its fellows. In time we hope to instill the culture of “Not what the Academy can do for me, but what can we do for the health and welfare of our patients through the Academy.”

**The surgeon's life is busy. What are your views on work-life balance and the impact on the family on becoming a surgeon?**

A surgeon's life is busy, but most

people's lives are busy. Today's young executive bankers, lawyers and so on all work very hard and late into the nights.

I guess one must learn how to manage one's time. It is more necessary, especially for the surgeon.

Prioritisation is important – time for work, for family and friends must be balanced. One must have even a few moments of personal quiet to think, ponder and recollect. And just to stare at the beautiful sunset and sunrise.

I see today there are many female surgeons who have successfully achieved satisfaction in work and family building, with some moments to spare. It is a challenge but then again, life is a challenge. Whatever profession you are in, you need to live a balanced life – physically, emotionally, psychologically and spiritually.

In parting, somebody once said, “No man is an island.” However, I feel every man is an island – an island of ignorance, separated by seas of misunderstanding. It is up to us to build bridges – bridges of understanding – across these islands. Doctors should be the lighthouses that provide the beam of light for us to see and build bridges, both for our patients and our people. **SMA**

