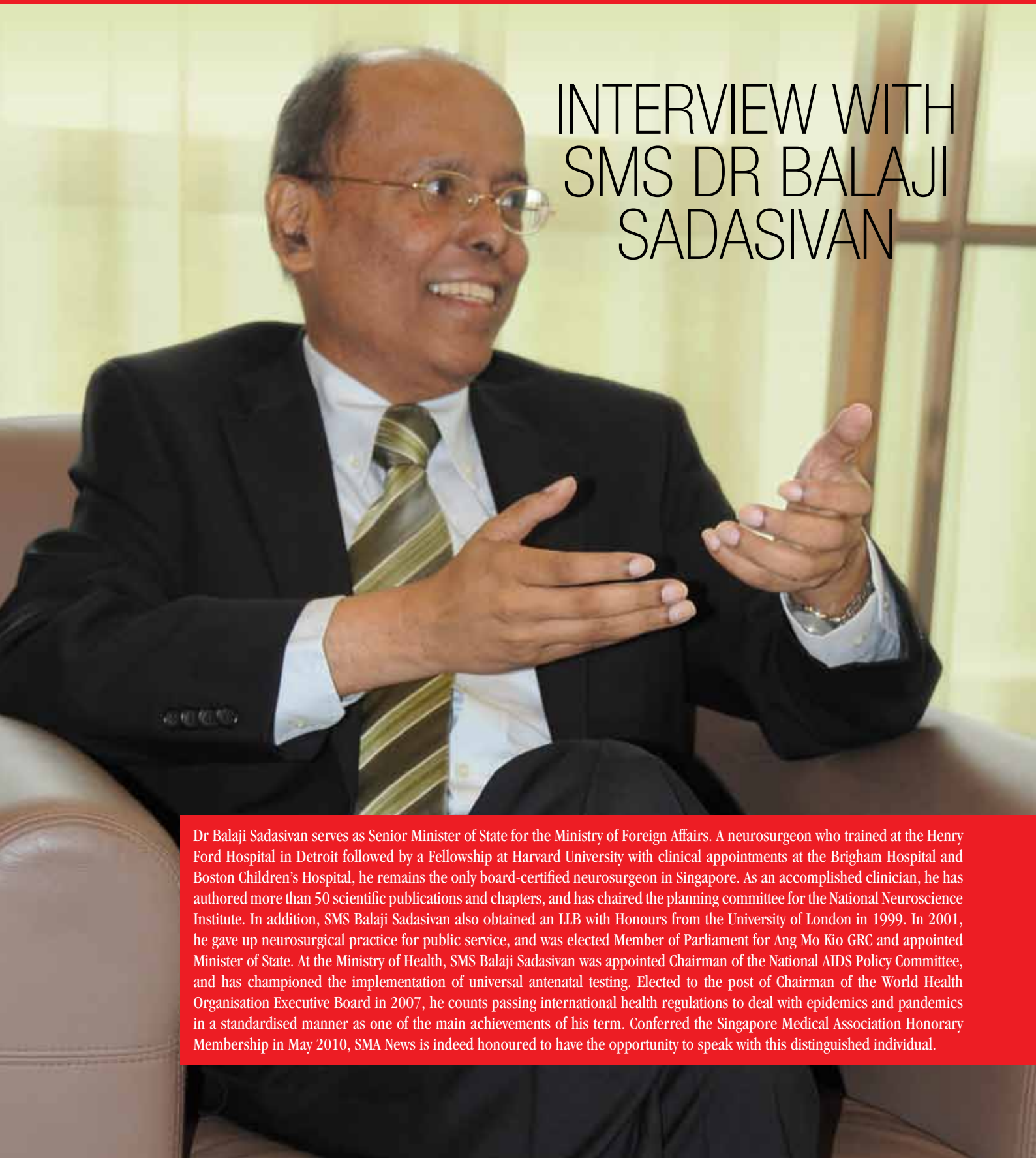


SMA NEWS



VOLUME 42 No.08 AUGUST 2010
MICA (P) 103/02/2010

INTERVIEW WITH SMS DR BALAJI SADASIVAN



Dr Balaji Sadasivan serves as Senior Minister of State for the Ministry of Foreign Affairs. A neurosurgeon who trained at the Henry Ford Hospital in Detroit followed by a Fellowship at Harvard University with clinical appointments at the Brigham Hospital and Boston Children's Hospital, he remains the only board-certified neurosurgeon in Singapore. As an accomplished clinician, he has authored more than 50 scientific publications and chapters, and has chaired the planning committee for the National Neuroscience Institute. In addition, SMS Balaji Sadasivan also obtained an LLB with Honours from the University of London in 1999. In 2001, he gave up neurosurgical practice for public service, and was elected Member of Parliament for Ang Mo Kio GRC and appointed Minister of State. At the Ministry of Health, SMS Balaji Sadasivan was appointed Chairman of the National AIDS Policy Committee, and has championed the implementation of universal antenatal testing. Elected to the post of Chairman of the World Health Organisation Executive Board in 2007, he counts passing international health regulations to deal with epidemics and pandemics in a standardised manner as one of the main achievements of his term. Conferred the Singapore Medical Association Honorary Membership in May 2010, SMA News is indeed honoured to have the opportunity to speak with this distinguished individual.

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Published by the

Singapore Medical Association,
Level 2, Alumni Medial Centre,
2 College Road, Singapore 169850
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Email: news@sma.org.sg
URL: <http://www.sma.org.sg>
SMA Reg. No.: ROS 198/59 TAP

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INTERVIEW WITH SMS DR BALAJI SADASIVAN

DR TOH HAN CHONG - THC: You had a very productive, colourful and memorable time in medical school. What were your fondest memories?

SMS DR BALAJI SADASIVAN - SMS: I met my wife when I was 20 years old; she was 19 then. We spent a lot of time studying in the library together, walking about in the vicinity, drinking tea at Ah Leng's and meeting at Houseman's Canteen. Those are the memories that really endure, and are my fondest ones.

THC: Were you involved in many hostel activities like the Playhouse?

SMS: Yes, I participated in the annual plays at King Edward VII Hall for three years. I had a small part in my first year, in a play called *Salome* by Oscar Wilde. In the second year, I had a small part in *The Importance of Being Earnest*. In my third year, we had three short plays: a comedy, a musical and a tragedy. The tragedy was called *Welcome to Andromeda* and I played the lead role.

THC: Who were the usual suspects in these leadership roles in hostel activities such as Playhouse?

SMS: One of the plays was directed by Jennifer Lee (former CEO of KKH). The last play was directed by my wife and that was how I met her.

THC: We've posed this question to Tun Dr Mahathir as well: in those early years, did you see any inkling of political interest, and did leadership positions then lead you to politics?

SMS: When my batch entered the University, we were immediately politicised because that was the year Tan Wah Piow was arrested. The student union organised protests against the arrest. I was in my first year of medical school, and we were all very upset with the government crackdown on the University Student Union leadership. So we organised boycotts of classes and protested against the government.

DR WONG CHIANG YIN - WCY: You were actually at a separate campus, at the Sepoy Lines away from the University, and you could still feel the unrest?





sector, versus the problem we have retaining people? Some feel that the bond is indentured labour and therefore administrators will not treat people properly.

SMS: I think that the intentions and objectives of the bond in 1979 had nothing to do with the training of the doctor; it was implemented to deal with a manpower shortage. Our public hospitals do treat their doctors well.

THC: There is always a cliché that when you ask a five-year-old kid what he wants to be,

Thoughts on leaving neurosurgery -

I enjoyed neurosurgery till the day I left the field. But going into politics has exposed me to a whole new set of experiences which I would not have had if I remained a neurosurgeon. I find politics meaningful. The satisfaction is equal to my missing out on being a neurosurgeon, so I don't have any regrets. I'm happy I had the opportunity to be in a totally different but equally meaningful career in the later part of my life.

SMS: Yes, we were all caught up in the protests. In my second year, because I was elected into the Student Union, I spent considerable time at Bukit Timah campus although the medical

classes were at Sepoy Lines. The hub of activity was at the union house. The next year, my third year, the government decided to abolish the Student Union. In the third year, we started our clinical attachments and I had no time for the new student body that the University had created. I focused my attention on my medical studies.

THC: This was in the 70s, in the time of the Vietnam War and people in the US were activist-minded.

SMS: The crackdown on the University students occurred in 1974. In general, students then were more politically aware of issues. That was the mood of the day. Although the students in general were against the government crackdown, there was a diversity of views. Some, like me, were influenced by Western concepts of freedom of speech. Some students worshipped Chairman Mao and saw the student protest as an extension of the Cultural Revolution in China. They would form cell groups for collective political education.

WCY: What are your thoughts on the bond issue in your final year? In those days, housemanship was part of the bond.

SMS: Because medical education was highly subsidised by the taxpayer, the public supported the government's plan to bond

medical students. The reason for the acute shortage of doctors in 1978/1979 was that the University had discouraged Singaporeans from entering medical school and wanted students to enrol into the engineering faculty. As a result, Malaysians often formed 70% of the class. A large majority of the Malaysians went back after several years and this led to the acute shortage. My year's intake reversed the trend and my class had 70–80% Singaporeans but we had not entered the workforce yet.

WCY: Was it also compounded by the opening of the new Singapore General Hospital (SGH) at that time?

SMS: I don't think so. We decided that we were unlikely to convince the government not to implement the bond. Our goal was to work for favourable terms. Under the initial terms, a female doctor who wanted to take a year off to have a child wouldn't be able to do so without paying a huge sum of money. We went to Dr Toh Chin Chye and argued our case for better terms, and he agreed; I think he thought our arguments were reasonable. We shook hands and the bond issue was settled.

DR CHONG YEH WOEI - CYW: Looking back at the legacy of this bond over the decades, what are your thoughts on it enabling doctors to learn more things before leaving for the private

he will answer, "brain surgeon". In your case, when did you know you wanted to be a neurosurgeon?

SMS: At the end of my second year, I wrote an essay for an international contest organised by the World Health Organisation (WHO) on the environment. The WHO awarded me a prize for the essay; I was to go to Japan to attend a seminar and workshop at Minamata.

Minamata is the site of a mercury poisoning disaster. The inorganic mercury caused neurological deficits which was termed Minamata disease. A factory that used inorganic mercury as a catalyst in its process released the mercury into Minamata Bay and it entered the food cycle. Fish started dying and as a result of the mercury moving up the food chain, birds and cats died, and finally humans started falling ill.

Inorganic mercury poisoning affects the central nervous system. At Minamata fishing village, there were hundreds of patients with Minamata disease. We visited them and the neurologists would show us the neurological signs. It was like an intensive course on neurological examination and localisation of lesions of the nervous system. Out of this experience, I learnt three things: I became very confident of doing a neurological examination, which many medical students are afraid of. Second, I realised how important it



is to preserve our environment. Third, I had an insight into Japanese culture because the Japanese response to the disaster was quite different from how a European or Western society would react. There was a tremendous sense of social responsibility from the business community about the disaster and they voluntarily took responsibility to look after the patients. I have great respect for Japanese society and the feeling of social responsibility that exists in Japanese individuals, executives and companies.

When I came back, I thought I would do neurology. At that time, there was very little medical treatment for neurological diseases. I wanted to do something hands on. I was not sure if neurosurgery worked. Neurosurgery in those days had a very high mortality.

As a houseman, I looked after a case where a man fell off a five-storey building. He came to SGH and I monitored him and clinically localised a blood clot on one side of the brain. CTscans were not available then. I called my registrar and senior registrar and they took him to theatre. The patient recovered and was discharged from the hospital. I was convinced after that surgery that neurosurgery had a future.

Neurosurgery was not very popular and the reigning philosophy in those days was that you must become a general surgeon before doing a specialty. I finished National Service before applying for traineeship and knew I had a very good chance of getting a traineeship because I had already passed the Part I surgical exam. We were asked to make two choices in application forms but I filled in only one – neurosurgery. When I went for the interview with Dr Andrew Chew, the then-Director of Medical Services, he asked why I had only one choice listed. I replied that I was determined to do neurosurgery. Dr

Andrew Chew sent me to Dr Tham Cheok Fai, and I began my training.

THC: You remain the only Board-certified neurosurgeon in Singapore. What are your impressions of your training in the US as a resident and fellow?

SMS: The residents work far, far harder than the trainees in Singapore. You work from about 6 in the morning to 10 at night. I would be on call every third night and just lived my life in neurosurgery. There are so many conferences and discussions that if you survived your residency, you would know everything that you needed to know. That is why Board exams in the US are not a big deal – how can you possibly not pass the Board exam or find it difficult, if for the past five years, you have been living the specialty?

In terms of attitude, the US surgeons see surgery as a science. When I was training and working in Singapore, we always talked about “gifted hands” and hoped that we had the “right hands”. In the US, surgical technique is a science. The US is a very questioning society – they question everything and they encourage everyone to do the same. They don’t laugh at “stupid” questions. When you give a wrong answer, it is not something to be embarrassed about. It is an opportunity to learn. And if you think of a bright idea, you can mention it and the Professor may even be enlightened by it. Knowledge is not hierarchical in the US.

THC: Do you miss neurosurgery?

SMS: I enjoyed neurosurgery till the day I left the field. But going into politics has exposed me to a whole new set of experiences

which I would not have had if I remained a neurosurgeon. I find politics meaningful. The satisfaction is equal to my missing out on being a neurosurgeon, so I don’t have any regrets. I’m happy I had the opportunity to be in a totally different but equally meaningful career in the later part of my life.

THC: There was a law degree that came into the picture – how did that happen?

SMS: I could not understand some of the legal decisions reported in the newspaper.

I thought there would be some benefit if a doctor could understand the legal issues behind the ethics of our profession. I figured the easiest way to understand the law was to sign up for the law exam. Studying law taught me a few things. First, law itself is a great profession – it is an incredible human innovation to create a system to deal with dispute resolution. Second, the law uses English words in a precise and well defined manner. Understanding law teaches you the discipline of using words correctly. Third, I found that when lawyers analyse any issue that requires resolution or an explanation, they break it down into very clear sub-parts and analyse it in a disciplined manner. They don’t jump from one argument to another; this is a useful skill to develop. I think these are the three things I learnt.

WCY: When you were asked to enter politics, what was your reaction?

SMS: I was called to tea – I am not sure why and who put up my name – but I was quite happy because this was an opportunity for me to express my views on Singapore and how we should build our future. I met with Lim Swee

Say, Teo Chee Hean, Lee Boon Yang, and in July 2001, I had tea with Deputy Prime Minister Lee Hsien Loong. Later, I met PM and the cabinet. I was asked to consider going down to attend grassroots events. After the election on a Monday in November, I had an appointment with the PM and that very morning, I saw the headlines in *The Straits Times* saying something along the lines that if you are asked to join the government, it is hoped you will not say no. So I discussed the issue with my wife. When PM asked me to join the government, I said yes. It was not that difficult a decision for me. This country has been very good to me. My parents migrated here and because of their decision, I had opportunities that I would never have had, had they remained in India or migrated elsewhere. When I had benefited so much from Singapore and I was asked to join the government in public service, I could not say no.

THC: What were the high and low points in politics?

SMS: Politics is not like medicine; the latter is a very individual thing, especially surgery. There is personal satisfaction because it is largely a one-on-one relationship. In politics and the government, you are part of the team and if there is a high point, it is because your team has done well. If there is a low point, it is because the team did not.

A high point, to me, was the day when the WHO took us off the SARS list. I think SARS was an unexpected challenge; we were ground zero and our management of the crisis was quite extraordinary. The Ministry of Health (MOH), the nurses, housemen, medical officers, consultants, paramedical staff and the whole of Singapore society did an exemplary job; the GPs in the community continued operating despite the fact that they were at risk. I was in Geneva and presented all the data to the WHO; WHO had their own observers in Singapore to verify our data.

Subsequently, they took us off the list. That was a high point. I felt that the Ministry and Singapore had done well managing the crisis.

The low point continues to be low. I am Chairman of the National AIDS Policy Committee and the medical profession has handled the HIV epidemic badly. We could have done better. It's not to say that we don't have fantastic dedicated doctors fighting HIV — Dr Leo Yee Sin and Dr Roy Chan are doctors whom I have tremendous respect and admiration for. But from a policy point of view and as a profession, we have done

badly. Take for example the issue of informing spouses. The legislation was passed in 1999 but was only implemented in 2005.

The impact of HIV is felt many years down the road. Once the numbers go up, you can't bring it down until a generation of sufferers die from HIV. Getting out of a HIV epidemic is not easy. In worst-case scenarios like in Africa, more than 25% of the adult population is infected and life expectancy has dropped from 60 to below 50. There is a huge economic burden imposed on many African countries by HIV. Many doctors say that it is not their field and are unconcerned. But if the number of HIV patients is allowed to grow, HIV will suck money from every other medical specialty and the overall healthcare services of the country will suffer.

Another example of the profession failing the community is with regard to mother-to-child transmission. The means of stopping this was well established in 1996/1997. It was only in 2005 that action was taken to test mothers and now we have a 99% testing rate. There was a 10-year period where children were born with HIV when it could have been prevented, if the medical profession had been more proactive. I feel sad that we as a profession let down these children.

MOH has made the US Centres for Disease Control and Prevention (CDC) guidelines of 2006 the standard of care but the implementation of the standards has been cavalier in the public hospitals. What the CEOs, Chairmen of the Medical Boards and the consultants do not realise is that they

related. This is the case in the Gulf of Mexico oil disaster. It is important for the regulator to keep an administrative distance, so that their regulatory duty will override any other interest they may have. In the health area, there are many situations where the regulator and the regulated work closely. However, the regulator should always be conscious that his first duty is to the public.

WCY: What was your experience in WHO like?

SMS: I was on the executive board for three years, and chaired it for one year. It was during the immediate post-SARS period. I think the main thing we achieved was to pass the international health regulations so that there is a standardised way of dealing with epidemics and pandemics. One of the key features of the international health regulations is that the WHO can investigate a problem in any country, even if that country's health authorities deny that there is a problem.

That is a major concession by all countries because it means that all countries are willing to accept a caveat on their sovereignty.

THC: Being a patient, how does that affect you, looking from the other side of the fence?

SMS: I've looked after cancer patients. But you really understand what it means to have cancer only when you are on the other side, lying in bed and listening to your doctor. There are three things that I realised. First, when you get diagnosed, there is a tremendous amount of information to process.

When asked about the high and low points in politics -
Politics is not like medicine; the latter is a very individual thing, especially surgery. There is personal satisfaction because it is largely a one-on-one relationship. In politics and the government, you are part of the team and if there is a high point, it is because your team has done well.

may be accumulating both civil and criminal liability for their actions, which may haunt them for decades.

THC: Are there any stressors of ministerial responsibilities that keep you up at night?

SMS: I don't think there is anything particular that keeps me up at night; I sleep well. But if you ask what I am worried about, I worry about moral hazard. Many disasters occur because the regulator and the regulated are too closely

I am a doctor, my wife is also a doctor, and it is not a problem for us to analyse the information. Patients without a medical background often face information overload. Doctors should help families and patients to deal with the information and make decisions.

Second, cancer treatment can be very, very expensive. This is something our health system will have to deal with. It is not surprising if some patients have to sell their house. We have a very good 3M system and must protect and enhance it to meet this challenge of expensive

On Singapore's healthcare system -

We have a very good 3M system and must protect and enhance it to meet this challenge of expensive medicines; I don't think there is a better health system anywhere else in the world but we have to continuously tweak our system to manage changes in medical practice.

medicines; I don't think there is a better health system anywhere else in the world but we have to continuously tweak our system to manage changes in medical practice.

Third, when people fall ill, it often comes as a double whammy because on one hand you have to deal with the illness and expenses, and on the other hand, you can't work. I was fortunate that I was able to tolerate my treatment quite well, and am able to continue working.

THC: What are some of the major influences on your life?

SMS: On the medical side, I was taught to treat every patient with dignity by Dr Tham. Dr James Ausman taught me the scientific approach to medicine and Dr Black in Boston taught me how important the doctor's duty in the patient-

doctor relationship is. One must protect the patient and his interest.

In politics, there is no doubt that Minister Mentor Lee Kuan Yew is the greatest teacher. His understanding of politics and government is more than just theory or ideology; it's practical. His understanding of society is acute and he is the greatest mentor of politics I know.

THC: Are any of your children doctors or lawyers?

SMS: No, they are not.

WCY: What are your hobbies?

SMS: I like to read all sorts of books – fiction, history, politics, work-related books and magazines. Recent books I have read that are work-related include Tom Plate's book on

Lee Kuan Yew, *Conversations with Lee Kuan Yew*; and Gareth Evan's report on nuclear disarmament.

Politics-wise, I just finished a book called *Barrack Obama: Speeches 2002 - 2006*. For history, I had been to Greece recently so I was reading *Herodotus*. On fiction, there was a write-up on a Swedish writer, Stieg Larsson. He wrote *The Girl with the Dragon Tattoo* – I haven't watched the movie but I've read the book, it is the first of a trilogy.

These are the books that I have read over the last month. I read about 2-3 hours every day. I just enjoy reading. Besides all this I also read the local newspapers, *Wall Street Journal*, *The Economist* and so on.

THC: Thank you. That was a very good interview.
SMA



SMS Dr Balaji Sadasivan being presented the Singapore Medical Association Honorary Membership by Dr Chong Yeh Woei