


SMA NEWS



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A portrait of Dr. Tan Lai Yong, a man with short dark hair and glasses, wearing a red checkered shirt. He is smiling and has his hands clasped in front of him. The background is a warm, orange-toned gradient.

A Life Less Ordinary

Interview with
Dr Tan Lai Yong

A Life Less Ordinary

Dr Tan Lai Yong graduated from the National University of Singapore (NUS) in 1985. In 1996, he moved to Yunnan, China with his family, where he ran a village doctors training programme and worked with disabled people. Later, he taught at Kunming Medical University, and also led medical work in Bless China International, a non-governmental organisation based in Yunnan. After 15 years in Yunnan, the Tans finally returned to Singapore last year.

Dr Tan, who will be conferred the SMA Lectureship at the upcoming SMA Lecture next month (see pages 12 and 13), says that it is an honour to be selected to speak at the event, and declares that it will be the most non-academic lecture ever. He also says that Medicine is a science and an art, and hopes to use his experiences to describe its more human side.

The accidental doctor

SMA: Could we know what led you to Medicine?

Dr Tan Lai Yong – TLY: I came into medical school very unexpectedly. I came from a neighbourhood school, Siglap Secondary. After my “A” Levels at Temasek Junior College, I entered Officer Cadet School and signed on in the army as a full time infantry soldier. I thought that I had failed my “A” Levels, as I had never performed well in school. When the “A” Level results came out, everyone was surprised!

I applied for medical school partly because my platoon mate, Tan Mann Hong, also did so. We were from the same primary school, Mountbatten English School, which is no longer around. He went to Raffles Institution because he did well. But we ended up in the same platoon, and even had the same “A” Level scores. As I had never considered going to university, I didn’t know where the universities were in Singapore. So he suggested that we apply for medical school together.

Another challenge at that time was money. I was the youngest of seven children, and my father was the driver of a pirate taxi. After I got into medical school, I told my mother, who was scrubbing clothes at that moment. She stopped washing and replied, “This is very good, but you should know something – I don’t need to go to the market or wedding dinners to tell people I have a son who is a doctor. I don’t need the ‘face’; you’re my son and always will be my son. I am all right with whatever you study.” She obviously knew that I had always struggled academically, so she said, “If you think medical school will be very stressful, you don’t have to do it for my sake, but you are free to do it for yours. Anyway, we don’t have the money.” I took that as very liberating and very encouraging. So I applied for bursaries and the

Public Service Commission (PSC) gave me one. Later, I told my mother that I had money to study and she said, go.

I really enjoyed medical school as I considered it a gift and privilege. I met medical students who were nudged into medical school by parents who were much more educated than mine. My mother had given me the freedom to enter medical school, and I really appreciated that all the more throughout my years there.

SMA: So you then delisted yourself as a regular from the army to enter medical school?

TLY: It was very strange. When my own platoon officers saw my results, they asked, “Do you want to do something about your application to become an infantry foot soldier?” They allowed me to go back to the Officers’ Personnel Centre (OPC) to appeal. The OPC staff was very sympathetic and asked me, “Why did you sign this contract in the first place?” I replied, “I thought I’d failed my ‘A’ Levels!” He asked me what university course I was applying for, and I told him. He said that they would see what could be done, and asked me what would happen if they couldn’t do anything. I told him that I didn’t have any money to pay the damages, so I guess I would have to follow the contract! And they actually waived it. Just like that.

SMA: That was a nice gesture on their part. So who were your inspirations in Medicine?

TLY: I had many inspirations. I think that the NUS medical faculty is one of the highest ranking because we had such dedicated teachers. One such example is Prof Balasubramaniam, the father figure of Orthopaedics at National University Hospital (NUH). He was full of wisdom. Once a vagrant, who had hip surgery done, developed a bad and chronic infection. It was a mess and he became a long staying patient. One day, while Dr Vivian Balakrishnan and I were on a ward round, Prof Bala came in. He took out \$10, gave it to us, and said, “Son, buy a pot of honey.” We were puzzled. He could be quite fierce. “Take half the honey and feed it to this man. And the other half, clean his wound. Don’t you know? Honey is a hyperosmolar. It’s a good dressing. This is very basic surgery, boys. This man is malnourished, very thin and not going to get well. You guys keep giving him IV cephalosporins. But he actually needs nutrition and a clean wound.”

SMA: So after medical school, you felt the call to serve overseas? Was that



after your housemanship?

TIY: No, even as a medical student, I attended talks by surgeons Dr Andrew Ng and Dr Tan Teng Kok. They showed slides of what they did in Africa. I remember Dr Tan Teng Kok talking about a bomb explosion which resulted in over 200 casualties. Drs Bobby and Ivy Sng also shared about how they worked among tea plantation workers in Cameron Highlands.

And I thought, wow, when I become a doctor, doing this is something so worthwhile. So I visited a hospital in Manorom, Thailand, which had a leprosy project. Also, during university vacations, I'd take a train up to Bangkok or a bus up to Hat Yai and go on to Chiang Rai to visit some drug rehab centres.

Taking the plunge

SMA: So once you served out your bond, you left for Yunnan? Was there a flash point where you felt that this was your calling or had you been preparing for this for quite some time?

TIY: Actually, I paid off the last six months of my bond. By then, my wife Lay Chin and I were getting a bit edgy and felt it was time to go. We could work in a mission hospital, the Red Cross, the World Health Organization, or perhaps teach Medicine in a small university in a developing country. Those were some options that we were exploring.

SMA: And when you finally packed your bags and arrived in Yunnan, was it what you expected? Were you prepared for what was to come?

TIY: It was quite different. The pioneering doctors who went out to volunteer overseas were first line doctors, like surgeon Dr Andrew Ng doing surgery. By the time I was gearing up to go, I talked to community development experts and World Vision people; they told me about training the trainers. So we sort of shifted a bit: we decided to look for places where I could use my skills as a doctor and my wife could use her skills as an accountant, and we would train locals and equip them with the necessary skills, so that when we left, there would be a base remaining.

SMA: How did your wife feel about all this?

TIY: From day one of our courtship, I knew her as someone who was ready and willing to go and work in a developing country someday. So we planned our finances and training around that. As she was brighter – she was from Hwa Chong Junior College – she was offered a PhD scholarship with very generous terms at that time: study in the US for five years and get paid to do your PhD. She went to the University of Michigan, Ann Arbor to do her masters but did not go on to complete her PhD.

After one year, I flew over and proposed to her, "Let's get married and then go." We didn't want to wait too long anyway. By the time she finished

her bond, I would be doing something else here. I was an Anaesthesiology trainee, and I loved it. At that time, if you were a non-trainee, you would not get priority for exams or leave. But if you became a trainee, then your bond would be extended. My bond was already eight years, and if I extended this bond, I would never get out of Singapore. So I told my wife that somewhere we just had to stop, and with our professional skills, we could look for a developing country and plunge ourselves into work. And so, after two years at Michigan, my wife completed her masters and came back.

SMA: But you started working in a rural setting first and not at a university?

TYL: We got married, waited a few years and left in 1996. We went down to Xishuangbanna, a small Thai-speaking town, in the southern tip of

We stayed there for four years. During that time, we worked with the Xishuangbanna Health Bureau. We hosted the village doctors training programme in the hospital and the government would get the students. The students were practising village doctors but they did not have formal training previously. Our training programme was residential and lasted ten weeks. It was a hands-on course and the students would be posted to clinical postings within government hospitals. At night, we would work through the cases. During the weekends, we would bring the students to the markets to run open air clinics.

We had this culmination exercise where three or four students were grouped together to form a make believe clinic. The students were semi-literate, so their exam was to see if they were able to come up with a management plan, prescription plus nursing for each patient. So they all set up their “clinics” and wrote out their inventory – we asked them to

Dr Tan Lai Yong (first from right) with his village doctor trainees in Xishuangbanna, 1996



Village doctors training programme in Sanchun



Granny in Mi Le



Ethnic Lisu children playing by the riverside



Lay Chin and Amber planting saplings

Yunnan. The name Xishuangbanna means “12 rice growing areas”. I told my wife that this place was like Muar or Air Hitam 30 years ago: oil palms, rickshaws and five main roads in the town, and rolling hills in a subtropical area. We envisaged that we would work about three to five years there. At that time, our daughter was a year old.

I think my daughter enjoyed living there the most. In Xishuangbanna, we lived in a rented *danwei*, a work unit, the Chinese concept of a commune, located in a huge and beautiful fruit orchard. People worked and lived there. As they were developing the tourism industry there, within the orchard they built replica homes of the minority Akha, Dai, and other groups. There were elephants, snake farms and all sorts of ethnic displays inside. Tourists would come and visit this “nationality park”. And every day, my daughter would go and play inside. Those were her childhood days.

imagine that if they had 750 renminbi, what would they buy and stock? They spent the night designing their clinic.

The next day, there were six little clinics and I got some students to act as patients. For example, one had “urinary tract infection”. Through the role play, the students took patient history, made a diagnosis and then gave a treatment plan. The students would go, “I want to treat her with Bactrim! I want to treat her with ampicillin!” So I said, “Do you have the ‘stock?’” And they did, so I asked them how much it cost and how much they would charge the patient.

At that time, the government in Xishuangbanna was still a conservative communist one. I would say, “When you run this clinic, one aim is to make money, but you must make it honestly.” They couldn’t use terms like “we are here to make money”, even though that was what they were doing. They would say, “We are here to serve the people.” I said, “No, no,

we are here to make money, so what is your cost, what is your profit, how much did it cost to take a bus to town to buy medicines?" And they had some tensions with that in the beginning. But I told them, "Your clinic must be sustainable, so you must make some money!"

A government official would usually introduce me like this: "This is Dr Tan, sent by his church in Singapore to work with the poor in Xishuangbanna, in the true spirit of communism." They could combine everything together in one sentence!

SMA: They didn't have problems with the fact that you were a religious person?

TYL: It wasn't so much an issue because in Yunnan, religion and faith is part and parcel of life. It was quite clear what I could and couldn't do, like in Singapore, I don't stand up in class or go to the hospital to tell people about the Bible. It was really about trust. After a while, they were very open, and just said, "Well, this is our country, and we have laws." And I said, "Yes, well, if there's one thing good about Singaporeans, we are quite good at obeying laws."

Moving on, branching out

SMA: So after spending four years training doctors in Xishuangbanna, how did you decide to relocate?

TYL: One reason was that this programme became popular in other places. Officials from other prefectures visited our training programme. I received invitations to run training programmes in their districts. So I was travelling quite a bit, and it made sense to move out to Kunming (the capital of Yunnan) which is in a central location.

Actually, we thought that we would return to Singapore when our daughter reached Primary 1, because Xishuangbanna didn't really have a suitable school. Someone suggested that we send her to a school in Kunming. We found a very good school in Kunming for her, a local Chinese school.

The third reason was SARS in 2003. As I left Xishuangbanna wondering what to do, Kunming Medical University was also exploring this whole idea of "community". Crunch time came during SARS when they found that the university's Public Health department didn't have a clinical doctor with experience in the community. They had toxicologists, epidemiologists and PhDs in all sorts of things, but they were not clinicians.

SMA: So you became part of the university staff?

TYL: Yes, and they gave me a lot of freedom. We went around training village doctors as well as hospital doctors, going to Nujiang, Dali, Honghe and Shangri-La.

SMA: There's an actual place called Shangri-La?

TYL: You take the road up and cross a mountain about 4000 m high. Once you've crossed it, the trees and architecture are completely different. It's like crossing into alpine country. There are pine forests, yaks, potato fields and lovely lakes. There are snowcapped mountains on your left and right. It's the homeland of the Tibetans.

SMA: It must be very rewarding for you to work in public healthcare, and the doctors training programme must have really blossomed during your time there. Did you see healthcare growing while you were in Yunnan?

TYL: Most of the healthcare growth was due to the government. They pumped in money, building hospitals and sending people for training. We were like a small local catalyst.

Healthcare there is like cooking. Everybody cooks. Some cooks have PhDs, and some were taught by their fathers. Some cook dangerously and some cook hygienically. When I encountered all the village doctors, they were already doctoring, so we thought, could we do it cleaner, safer, better and cheaper?

As the years went by, the patterns of diseases changed. Now our training programme has been reduced from ten weeks to three to four days due to increased literacy, and the two main things we teach are hypertension and diabetes. And that's why the new Singapore doctors, like Dr Loh Cheng and Dr Soh Ling Ling, are so good when they go over, because they're from a polyclinic background. They do disease management very well.

SMA: Were you guys affected by the earthquakes?

TYL: Earthquakes in Yunnan is flavour of the month! It's earthquake country. We kept an emergency pack, which also evolved. In the beginning, it contained milk powder, milk bottles, gas cookers, water and cash. As the kids grew up, we changed to combat rations.

The most memorable moments

SMA: You must have a lot of memories of Yunnan. What were your most challenging times there?

TYL: In the early years, it was adjustment. I had almost non-functional Chinese. During my first trip to China, I drank this soup, called *li tang*, somewhere. I thought the soup was very nice, so two days later, I went back and ordered *li tang* again. But I got a different soup! I thought they were trying to cheat me, so I asked them, "How come it's different?" They laughed and said, "Of course it's different, it means 'soup of the day', what do you think?"

So while I was learning to cope with Chinese, I relied on my wife a

lot, as she is more fluent in it. As G K Chesterton said, “A woman uses her intelligence to find reasons to support her intuition.” My wife is somewhat like that. She knows intuitively and then explains what she knows with facts. I am blessed to have a highly intelligent lady who was willing and committed to go with me to work with the poor.

During our first few years there, we were basically working out our commitment. We wanted to work with the poor, but we also wanted to place our agenda a bit lower. We needed to get to know the community and find out what their needs and resources were, before we came up with all sorts of plans. Learning was tough. As Singaporeans, we are so efficient at doing things. We had to shift to a lower gear and pull the handbrake, and acknowledge that the people have a long history and have their own ways of solving their own problems.

One memorable lesson occurred when I was walking in the hills with this Akha village doctor. He was 27, had barely six years of primary education, and saw 20 to 30 patients a day. We were walking in the hills when I asked him about this wonderful malaria medicine called *qinghao* (artemisia). He grabbed a bunch of grass from the roadside and replied, “Yes! Here! *Qinghao!*” I thought that this guy didn’t know what he was talking about. He replied, “*Dao chu dou you* (it’s everywhere!)” Apparently, it is like a weed or grass and grows everywhere. He explained that his father, who had taught him Medicine, had told him how much *qinghao* to pluck, how much to boil, and how much to give a patient with this fever to get rid of it. And I was thinking, my, this is really relearning!

Another challenge was learning to drive in the mountains. I drove a truck, and when some bridges were down, I had to cross rivers at the fords (the shallowest parts of the rivers). If you misjudge the ford and go one m left or right, the ford is no longer there! Sometimes I thought I was driving towards a ford, but I was one m off, so I got stuck in the deep water. The villagers would come and laugh, then gather some tractors to pull me out. Then I would look at the river. It looked the same to me! I said, “But yesterday everybody crossed here!” “No,” the villagers replied, “there!” There were no signs saying “cross here”, but everyone knew where to cross. So you had to ask people where the fords were.

SMA: How about the real moments of exhilaration during your time there?

TYL: I was called to see this boy with tuberculosis (TB). I went there at night. I thought he was dying, and even his parents had given up hope. I thought perhaps he also had a chest infection. So I asked him to continue his TB drugs and just gave him some ampicillin. The next time I went there, he was sitting outside the house sunning himself. His father was very thankful. A month or two later, we went back, and he was gone! So we were a bit scared and asked his family, “Where’s your son?” “Oh, he’s hunting birds in the mountains!” His family wanted to go and call

him, but I told them not to. The fact that he could be out hunting meant that he was all right.

Also memorable was using Singaporean resources to treat problems. Dr K C Tan, Dr Foo Chee Liam and a team from Singapore General Hospital would come to Yunnan twice a year to operate on cleft palates. There was also a team from NUH who did cataracts. These guys are great – they came on their own money. I would do this mega pre-operation list of patients scattered over an area of a few hundred km. Three months before the teams came, we would have to boost the patients’ health – we would give them vitamins and so on. We didn’t want things like their blood count to be too low, or we could not do stuff like give blood transfusions to correct anaemia.

I got to see the fruits of the teams’ labour, because three months after they left, I would visit the patients, and they would be so thankful.

I remember this boy, about three or four years old, with a cleft palate. While taking his pre-op history, I asked his mother what his problem was. She replied, “The problem? My son has no friends! When he goes to school, people disturb him!”

The boy had his cleft palate repaired beautifully and went home. A couple of months later, I did a follow up. I asked his mother about his post-op results, and she said, “My son has friends!” So that was very touching.

We worked with disabled children or youth, and I organised picnics and outings for them as they rarely had the opportunity to go out. Once we went to a park, and played a game: pick something in the park and talk about how it represents your life. Yunnan is flower country: their parks are full of flowers which grow wild, like magnolias, azaleas and camellias.

This girl, with severe kyphosis and deformed arms, picked up some grass. I asked her why, and she said, “We disabled people are like the grass, people come and step on us all the time, and don’t notice us.” I felt very sad for her. She continued, “Dr Tan, don’t be sad. Since I understood that God loves me, let me ask you a question: this park has so many flowers, but do you think it could be beautiful if the ground was bare?” I replied that the park would not be beautiful; it was only beautiful because it had grass. She concluded, “Yes, so that’s okay, I am all right with being grass.”

So it was very encouraging to work with people who faced tremendous odds, and that was a deep lesson for me.

SMA: You received the China National Day Friendship Award for Foreign Experts from Chinese Premier Wen Jiabao in 2004. Tell us about that.

TYL: During China’s National Day, the government gave out awards to foreign experts who served in China. It was a high honour. They flew us to Beijing. On our first trip to the Renmin Dahuitang (Great Hall of the People), we had a police escort, but were 30 to 45 minutes late, due to

traffic jams. The police cars had their sirens blaring but nothing could move. The Vice Premier of China and one thousand people were waiting for us!

The next day, we were told that a VVIP was going to meet us. No names were mentioned but it seemed that everybody else knew it was Premier Wen. So they made sure we were very early – we were three hours early. This time, with double police escorts, who cleared the roads for us! Some of the other award recipients' families asked my wife and daughter, "Your father came to receive an award?" Most of the other recipients were rather senior people, and we were relatively young. My wife said, "Not my father – her father, my husband!"

Coming home

SMA: Could you share with us why you finally left Yunnan and how you felt?

TYL: The work had changed. When you go into lifestyle diseases, you need stronger protocols, and more contextualised and technical language. The new team of doctors – Singaporeans, Chinese and Americans – were better skilled and they took over the work.

But the Chinese, due to their culture, would still come to me: "Could you help this little girl to get her surgery done first?" I said, "I am no longer in charge, Dr Loh Cheng has taken over." But they would sometimes reply, "But your country's not like *that*. Surely you are still in charge."

Some local officials also said, "Surely you have some influence?" I answered, "I have influence, but technically, it is a clinical decision." They didn't understand that, and thought that everything was an administrative decision. If you told them that this patient would go last because of hepatitis B, they would reply that this patient was so-and-so's friend. But I would say that because of his hepatitis B, he must go last, or we would spend two hours cleaning the operating theatre! In their minds, admin decisions supersede clinical ones, but in our minds, clinical decisions supersede admin ones. That was a different way of working.

Also, wherever you spend your formative teenage years would be the country of your heart. So I thought my kids should come back and enjoy Singapore schools. My daughter was just working too hard in her school in China. She was going to school from 7 in the morning to 8 at night, six days a week, and no co-curricular activities. Their two-month vacation was shortened to ten days, and the school held the exams after the ten days. She

enjoyed it, but I felt this shouldn't be a teenager's life. As a father, I did not have the heart to see her work so hard. So we came back last year. We miss cycling, having relaxed family dinners, playing with fireworks, and having fun picnics by icy cold creeks back in Yunnan.

SMA: What are you currently doing?

TYL: Currently, I am a happy full time student at the NUS Lee Kuan Yew School of Public Policy, on a scholarship to do a masters in Public Administration. They have very interesting modules, like sustainability and race relations. The class is fascinating; 60 students from 25 countries. I've already sounded out some of them: that in five or six years' time, I will be looking to run a clinic on a small island, preferably one with no cold winters.

SMA: How would you like to be remembered?

TYL: As a person with a smile in my heart and on my face, the husband of my dear wife, and the fun and funny father to my two teenage kids, who chooses to walk them to the bus stop daily and wave them onto the bus, rather than drive them to school. I think they learn a little bit more about the goodness of life that way. Whenever I saw a farmer boy in Yunnan digging or carrying wood, I thought, I could have been him! It was just so very fortunate that I was born in Singapore. I am a HDB heartland boy given an opportunity to become a doctor by the grace of God. **SMA**



The Tans bidding a fond farewell to Yunnan