

Response by the Representative of Inductees, Academy of Medicine, Singapore at the 2003 Annual Induction Ceremony – A New Era of Clinician Scientists

I Lim,¹FAMS

President Nathan; Director of Medical Services, Professor Tan Chorh Chuan; Master of the Academy, Professor Satku; Members of the Council; Fellow Inductees; Ladies and Gentlemen,

It is indeed a pleasure for me to be formally joining the ranks of the Academy this evening, and an even greater one to be delivering this Reply on behalf of my fellow inductees.

Traditionally, this Reply is begun with a quote from the Hippocratic oath. I choose one by Robert F Kennedy in a speech made in Cape Town, South Africa, in 1966, reportedly of an ancient Chinese Curse:

“May you live in interesting times”

This supposedly Chinese saying is actually unrecognisable translated back into Chinese, and the closest proverb to it is possibly

“It is better to be a dog in a peaceful time than to be a man in a chaotic period”

This levity aside, it must be said that we are living in interesting times indeed.

To me and the many clinicians engaged in research as well as the training of both undergraduates and postgraduates, this new millennium has been a period of great and rapid change. The driving force behind this is two-fold:

- To ensure that the physician of tomorrow possesses the highest clinical and academic standards, and
- To gear up the medical profession to face what our country sees as the great, glittering, medical and economic hope for the future: Biosciences.

Indeed, for the latter, we have witnessed in June this year, the establishment of a memorandum of understanding on the formation of a Graduate Medical School between Duke University and what will be the Outram Campus of the NUS.

2003 has also seen the speedy despatch of the first group of A*STAR medical scholars to pursue research experience overseas, concurrent with their specialty training. What is truly wonderful is that these scholars will return protected to spend 50% of their time engaged in research, at least for 2 years, and still get paid for it!

Both these thrusts have a common uniting purpose: the formal grooming of a new and customised breed of doctors –

the crucial link between laboratory and the clinic – the Clinician Scientist.

Such clinicians can equal, if not surpass, the finest scientific minds for one crucial reason: their ability to see and understand the clinical problem, and to formulate reasoned scientific investigations, hopefully to arrive at viable solutions, to these clinical questions.

A firm handle on the scientific method also allows the bridging of the gap between raw statistics and their clinical application in this era of evidence based medicine, allowing more critical analysis of scientific and, indeed, clinical data.

In this respect, we are actually decades behind the big boys in America and in Europe; certainly, the American Society for Clinical Investigation was established specifically for this purpose in 1908, nearly a century ago.

The good news is that we embark on this enterprise at a time when knowledge resource is speedily obtainable, and the country is pouring in a substantial part of its gross domestic product into this venture.

Interestingly, this also appears to be a time when all around the world, and especially in the United States, in the face of Managed Health Care, that the impetus to follow this path is actually waning for a variety of reasons.

What might be the limiting factor for Singapore? It is software. Manpower.

Laboratories, equipment and even people can be bought, but ultimately, if we plan to grow a sturdy forest of teakwood, we have to start with the careful planting and cultivation of selected seedlings. At this point in time, the ground is right, or at least, one hopes, will not be utilised too quickly for landfill.

Like it or not, we are also living in a time of great economic turmoil, brought about by evil words as ‘SARS’, right up there next to ‘Terrorism’. Although the economic situation fluctuates from week to week, it is my earnest hope that it will not adversely affect all these saplings, especially when they have been planted on so much good soil.

How might this all apply to the Academy, especially for the new inductees, at this, the starting mark of their careers as specialists?

I believe that the upcoming formation of Colleges for the Medical and Surgical specialties can only encourage and facilitate this in-depth scientific inquiry, in addition to its primary roles of specialty certification and accreditation.

¹ Assistant Professor, Department of Surgery, National University of Singapore
Associate Consultant, Department of Surgery, National University Hospital

As for this new batch of inductees, they will be the leaders of tomorrow, and their understanding and support for this enterprise today can only pay healthy dividends for scientific clinical research in the future.

The basis of our training in clinical examination: Inspection, Palpation, Percussion, Auscultation is but an exercise in interpretive observation to allow us to arrive at a diagnosis.

The time has come for us to take that bigger leap to discover the alphabet of disease, to work out its vocabulary, and ultimately, to learn a completely new language.

The end result? Translational research. New ways of looking at the illnesses that we see daily and consider routine. Improved

treatment strategies. The betterment of the health of the people in our country and, certainly, around the world.

As Julius Caesar said as he crossed the Rubicon with his armies into Rome to meet Pompey,

“Alea Jacta Est”.

The die is cast.

This exciting future is today.

I thank you.