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ORAL MEDICINE

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Elective Report

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To understand the diseases/type of oral and maxillofacial surgery peculiar to Singapore and Asia.

Compare and contrast disease patterns and surgical techniques in UK versus Singapore and Asia.

Singapore is a very developed country. It is considered a first world country. Given a population of close to 6 million, there are a wide variety of oral and maxillofacial diseases and patterns that are seen in Singapore. By and large, the scope of work is very similar to that in the UK. I have noted that there was not so much oral and maxillofacial trauma compared to the UK. This could be due to the decrease use or more correctly, the abuse of alcohol. There was definitely a lesser number of patients admitted under oral and maxillofacial surgery that had facial fracture caused drunker brawls, fist fights or accidents (automobile related or otherwise) that has its root cause in alcohol. Most of the trauma cases are due to road traffic accident.

The surgical techniques were quite similar in Singapore and the UK. Perhaps the necessary changes are made due to the differences in the patients as there may be differences in patient expectations. 164

Learn about the organization and set-up of the oral and maxillofacial practice in Singapore, the patient profile and the working environment. This includes the operating theatres and how different or similar it is compared the UK.

Singapore is a strategic place to gain experience in any specialties during electives in medical school. The country witnesses the meeting of the ideas, opinions and problems of people from the East and the West. Being a first world country, it often plays host to some of the top minds in the medical field. Due to the poverty and different levels of health care in the neighboring countries, it has

many unique opportunities to offer the highest standard of care for these patients. This concept of 'importing' patients and providing work for the local healthcare community has evolved into a well oiled machinery that contributes significantly to the economy of the country and its Gross Domestic Product (GDP). In fact, the term medical tourism has slipped rather smoothly into the local vocabulary in recent years. It is a multi-million industry as along with the patients' arrival to the country and making use of the hospitals, the hotel, food and beverage, and tourism sectors of the country stand to benefit as well. Thus, it has become a focus of the present government to ensure that medical tourism really takes off in this country, and not lacking behind other ASEAN countries like Thailand – one of the biggest 'players' in medical tourism in this region of the world.

I was attached to a oral and maxillofacial practice in private practice in one of the most urbanized areas in Singapore. I have never visited a private practice in oral and maxillofacial surgery in the UK, so it is a little difficult for me to compare. However, I have experience with the setting of the clinic in an institutional practice, such as in the hospitals in the UK. In Singapore, the clinic comprises of a few surgeons and nurses. There is a minor operating theater and an outpatient clinic. The anaesthetist, if required, will be called in. He/She is also a private practitioner. Only sedation is being carried out in the clinic, utilizing the minor operating theater. If there are major surgeries to be carried out, it will be done in one of the a few fully equipped private hospitals in Singapore. The patients will be admitted there and taken care of by the same clinician as in the private practice. I understand that in the UK, the patients are all seen in NHS if they choose not to go to the private practice. The NHS system is free of charge, for almost all procedures, and thus there is not so much of a burden of cost on these patients. This is not the case in Singapore, be it in private practice or government hospitals. The patients have to pay for their own treatments, including investigations such as blood tests and radiographs. 457

To gain an insight about epidemiology and incidences of the disease profile relating to oral and maxillofacial surgery.

To learn more about the common chronic diseases in Asia relating to surgery (that are not covered in the MBBS syllabus).

Refine and learn new skills in communications, in particular, how the Asian patient differs from the Westerners; their needs and demands.

Discover the working environment in the hospital in Singapore and any differences or similarities compared to the UK.

During my five weeks with the practice, I have been exposed to a very complete and rewarding experience that has been worth every effort in coming from the United Kingdom. It offered a different patient profile that I have never quite come across during all these time in medical school in London. Initially, I was under the impression that it would not be too far removed from the East London patient type as they are all Asians. However, there were significant differences and the most interesting aspects were to see how the specialist surgeons handled the clinical scenarios. It was especially pertinent to the communications skills, bedside manners, interactions with fellow healthcare professionals. On the last point about interpersonal dynamics with other healthcare professionals, I have noted that the same level of mutual respect and cordialities were in place at the workplace. The allied healthcare staff worked at the highest levels of efficiencies and motivations.

As the surgeon that I was attached to, Dr. Winston Tan, is one of the most renowned oral and maxillofacial surgeon in country and globally, he has a large referral base and we see patients coming from as far as Russia. Many of these

patients, actually fly into the Singapore from nearby countries, such as Indonesia, and receive their treatment, before flying back to their home on the same evening. In order for this to happen smoothly, I was made aware of the intricate level of coordination between the medical personals involved, including those in Singapore and the host country. Sensitive and confidential medical information have to be transmitted seamlessly and timely for preparatory work in order to receive the patient, and be able to commence treatment on the patient immediately without delay. This involved a dedicated group of administrative and healthcare staff that worked cohesively and industriously, ensuring that even the finest details were put in order. I was definitely very impressed, especially with the highly computerized medical record keeping system that was paperless. The nurses and other support stuff were all well trained in information technology and very well versed in the use of the specialized computer software for each specific purpose. There was also a very high level of motivation and sense of purpose in the workflow that I have noticed which was certainly worth emulating in any clinical environment.

The clinician in charge of my elective, Dr. Winston Tan, was very kind to allow me to scrub in for almost all the surgeries he was performing. This included oral implants that can vary from a single implant placement to the very complex full mouth rehabilitation procedure not commonly done elsewhere. The procedures were not paid up by the government funds as for the National Health Service (NHS). Every patient has to pay for the health service that they received. Thus, in terms of communications skills, and pre-operation counseling, the financial aspects had to be clearly spelled out as well. This was done with the best possible manners and eloquence that was a learning experience by itself for me.

There was now an additional task of justifying the charges to the patient on top of convincing the patient that the procedures were necessary for the treatment of the disease. 537

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