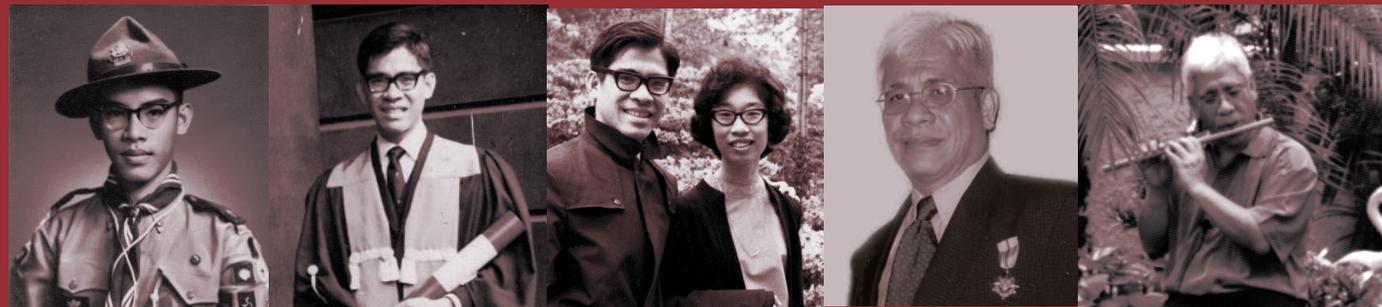


中庸之道

A Philosophy
of Balance

A Tribute to Professor Foo Keong Tatt



A Publication of the Singapore Urological Association



This book is about an extra-ordinary person. Professor Foo Keong Tatt would have been considered very special, with the achievement in establishing urology in Singapore and in personally training and inspiring several generations of urologists, but there is something extra special. That is encapsulated in the title of this book: the philosophy of balance. Like Confucius who first wrote and practiced the philosophy of 中庸之道 (Zhong Yong Zhi Dao), Prof Foo has walked his talk and personified the art. This book is a salute from all of us who have gained from this inspiring extraordinary individual. It is by no means the synopsis of this wonderful experience but more an introduction to a growing phenomena that is very much evolving perpetually. It is an invitation to come and experience the peace and tranquility that is Prof Foo's philosophy.



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The middle road that is 中庸 (Zhong Yong) is not about sitting on the fence; not about being indecisive. It is about the most appropriate choice; the choice made after careful considerations from all angles; some may say the natural, non-combative way that is very much Prof Foo's trade mark. The motto 庸 (Yong) means mediocre literally but used together with 中 (Zhong) is far from being an nondescript, non achieving middle grade. In fact to walk the middle road is to avoid short cuts; to avoid heroic superhuman acts and to avoid taking unnecessary risks; it is to keep plugging slowly toward one's goals tirelessly and with steadfast determination. It may appear ordinary but as Prof Foo has shown repeatedly it

may be the most sustainable approach. The slow and steady eventually wins the race.

This book is thus a salute from all of us who have gained from this inspiring extraordinary individual. It is by no means the synopsis of this wonderful experience but more an introduction to a growing phenomena that is very much evolving perpetually. It is an invitation to come and experience the peace and tranquility that is Prof Foo's philosophy.

*Dr Christopher Cheng
Student of Prof Foo*

FOREWORD



“ In fact to walk the middle road is to avoid short cuts; to avoid heroic superhuman acts and to avoid taking unnecessary risks; it is to keep plugging slowly toward one’s goals tirelessly and with steadfast determination. ”

INTRODUCTION



Though preventing and minimising medical, legal and patients' complaints is one of the reasons to improve doctor-patient relationship, it is not the fundamental issue. The fundamental issue is in our core values and core purpose as a doctor or health care worker.

If you subscribed to the core purpose and core values of your chosen profession, then you will have satisfaction in you work, and there will be minimal complaints.



Above: Professor Foo with his parents at the Penang Hill Railway Station
Left: As a young houseofficer, he managed to strike rapport with his patients and colleagues

It has been a wonderfully touching experience to be involved in the preparation of this book. Beginning from the day the idea of this was mooted, which was at the emotionally charged Handover of Headship ceremony, from Professor Foo to Dr Christopher Cheng. Our project involved archiving of documents, speeches and photographs, contacting and corresponding with many colleagues and friends who wished to contribute to our book, and being invited home to spend a day with Professor Foo and his family, being shown family albums, memoirs, listening to recollections of highlights in their lives, his melodic flute in the serenity of his garden. We felt privileged to have such an intimate insight to his life.

The more we read about Professor Foo's ideas and practices, his philosophy regarding patient care and seeing it applied daily at work in the hospital, and at home, I became all the more enriched and touched to have had the opportunity to train from so great a person.

With this book, we hope to portray a glimpse into the multifaceted person who is Professor Foo. We received contributions from many, describing him in his role as a family person, a mentor, head of department, as a teacher and trainer, as a good doctor and surgeon, plus his role in the development of Urology here in Singapore, regionally and internationally.

We sought leading contributors from the many who had been in close contact with him, with the intention to highlight the many interests, and roles he performed so well. With this ideal, we have put together a book with a series of essays, all so beautifully and sincerely penned that the editorial team felt it best they should all be reproduced in whole, unedited. Together with lots of rare photographs, an "in-person" interview and words of wisdom from Professor himself, we hope to have achieved our aim, which is to celebrate the great person we so fondly hail as "Father of Urology".

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“*In the practice of medicine, we must always remember our core purpose, which is to improve the care of our patients. We do not just treat patients, but we care. To care, we need to have compassion. We do not just care but must strive to improve on the care. And to improve on that care, we need to do research, and teach the next generation of doctors to be better than us.*”



Above: Farewell party for houseofficers at the Penang General Hospital



From Trainee to Trainer :

A Philosophical Review

This is a philosophical review of my experience from 1965 to the present, a period spanning 37 years, from housemanship in Penang, to being a medical officer in Kota Bahru, Kelantan, surgical trainee in University Hospital in Kuala Lumpur, registrar in the various hospitals in the United Kingdom, surgical lecturer at the University, Associate Professor and Head of the Department of Urology, Singapore General Hospital and currently as Associate Dean, National University of Singapore, at Singapore General Hospital.

Housemanship

I would like to share with you my experiences, especially the many lessons I learned, so that this may serve as a guide to our younger and future generations in our Urological fraternity.

I did my first medical posting under Dr. Devaraj in Penang General Hospital. The first lesson I learnt from him, a wise Physician, was that “when in doubt, give the benefit of the doubt to the patient.” This has been a sound advice. There had been many instances when I was glad I followed the advice and the occasions when I regretted that I did not.



Left: Prof Foo, the Surgical houseofficer, in front of the operating theatre
Above: Group photo of all the houseofficers in Penang General Hospital

In clinical practice, one is seldom 100% sure of our diagnosis, and the outcome of treatment. Usually 80% is my favourite cut off point.

We did not realise this when we first graduated from medical school full of confidence, with the new knowledge just recently acquired, like the green horn who does not recognise the tiger. In those days, there was a shortage of medical officers in Penang and we had to run the Accident and Emergency Unit as well.

We were too confident of our diagnosis and used to discharge patients home even though some of them begged for admission. We mellowed subsequently when we realised the many mistakes we made, patients with abdominal colic being readmitted as appendicitis and children with gastro-enteritis being readmitted with dehydration and shock.

In more recent times, I remember a fifty year old male lawyer from Sabah, who was referred for right ureteric colic. His intravenous urogram showed an opacity 1 cm in diameter over the sacro iliac joint suggestive of a ureteric stone. The right kidney was hydronephrotic but the contrast did not flow down to this opacity. We did not have the technique of ureteroscopy at that time and he was already on the table for open ureterolithotomy. The opacity was most likely a stone but there was still some doubt. Remembering the advice, a retrograde pyelogram was performed before the exploration and the opacity was found to be outside the ureter. It was a bone island. The patient had probably already passed out his stone unknowingly, and there was residual hydronephrosis. I would have been in real trouble if I had performed the exploration for the suspected ureteric stone without confirming it on the retrograde pyelogram.

In other words, one should be as thorough as possible in our diagnosis, especially if we are going to subject the patient to an invasive treatment. There should be no short cuts. When there is some doubt, even though you may be 95% sure, it is better to give the benefit of the doubt to the patient especially if he is going for surgical treatment. In this situation, you need to be almost 100% sure.

The other lesson I learnt during Housemanship was how to speak a few words of Tamil. Dr. Devaraj used to communicate in Tamil with many of the Indian patients in the wards. Knowing how to speak the language or dialect of our patients helps to break the ice and put our patients at ease.

When I was in China a few years ago, I heard of a patient who wrote to the press about the four encounters he feared most when consulting his doctors (almost all of these doctors were in institutional practice). Top most was a doctor who was cold. He never smiled and sat there like a judge pronouncing judgement. The second was the doctor who was always in a hurry, and before the patient had completed his story, he was given the prescription and shown the door. The third was the doctor who did not pay attention to what the patient was saying and the patient was not sure whether he had got his complaint through to the doctor. The fourth fear was that of unnecessary investigations and operations. What was relevant in China, is relevant to our patients here as well. Patients' fears and anxieties are universal.

Right: Prof Foo first delivery in the obstetric ward in Kota Bahru Hospital, 1966







We can allay their fears by speaking to them in their own dialect even though it is only in a few words. Very often the patient will reply back in his linguo and if you get totally confused, just have a good laugh, or return a sheepish smile and call for your interpreter. Everyone will then be at ease.

Be patient even if you are in a hurry. That may be the reason why a sick person is called a patient. You need to be patient with your patients! To you, it may be a minor problem but from their perspective, it is a major and even life threatening concern. Therefore, we need time to listen and explain to our patients before writing the prescription or listing them for any procedure. One complaint was from the parents of a 20 year-old girl. They were very unhappy because they had waited for more than two hours, seen in less than 5 minutes by a Registrar, and given a prescription for abdominal pain. Even though the patient had been investigated quite thoroughly with an IVU and pelvic ultrasound to rule out urological and gynaecological pathologies, we need to spend time in explaining this to the patient and her relatives, and outline the future plan to them.

My first surgical posting was with Mr. Peter Vanniasingham in Penang. He was a disciplinarian and a very good surgeon. He encouraged me to take up surgery. I learned how to do a circumcision from him. We were allowed only one catgut suture and no more. This simple operation, I found out

later, has so many variations that no two surgeons at the Institute of Urology in London did it the same way. As the saying goes, there are more ways to skin a cat than you think. Talking about cats, Deng Xiao Peng once said, “whether the cat is black or white, it does not matter, as long as it catches mice.” I am still doing circumcision the way I learned it and have not changed because the outcome is satisfactory. One advice to our young registrars is that as they mature and travel, they will see many new ways of doing things, but they must be discriminative, and remember that what is more important is the outcome. “New” does not necessarily mean “Better”. A more recent example was visual laser ablation of the prostate (VLAP), which though new, was not necessarily better than the good old TURP. So, do not be in too much hurry to adopt something new. Study the rationale and the outcome before you change. There are more new ways and technologies, which are rejected eventually than the ones, which subsequently prove to be truly progressive such as Extra-corporeal Shock Wave Lithotripsy (ESWL) and endoscopy of the upper urinary tract in the past decade.

Another example is continent diversion following removal of the bladder. We had never been convinced that it was practical proposition for patients in this region, and we were not enthusiastic about the procedure. However, when the substitute bladder was simplified and introduced by the group in Germany using a segment of ileum to replace the bladder and

good results were reported, we adopted that method as early as 1990 with encouraging results, bringing much benefit to our patients.

Medical Officer in Kota Bahru

After Housemanship, I bought a new car for six thousand dollars, yes, only six thousand dollars then, (about 10 times our salary then) and drove all the way down south to Kuala Lumpur, across the Peninsular to the East and up the coast north to Kota Bahru, the capital of the state of Kelantan. I was prepared to do "National Service" for my country, and was prepared to do any posting. Apparently the medical officer in surgery then was allergic to the surgical glove and had to be posted out and I was asked to replace him. I still remember my first day when I was introduced to my boss, Mr. Mohan Lai. He was doing a below-knee amputation for squamous cell carcinoma of the leg. That was a common condition then in Kelantan from neglected chronic ulcers. General surgery was truly general; we were involved in every surgical speciality except for eye and occasionally covered the obstetrician as well as in doing Caesarean sections when he was out of town.

The first bladder stone I removed was from a 10 year-old boy, not an old man with prostatic obstruction as we see nowadays. Primary bladder stone was common among children in less developed parts of the world due to poor nutrition. On the other hand, the first cleft-lip I repaired was in an elderly Malay lady who had lost all her teeth. The reason why she submitted

herself to surgery was for religious reasons, to prevent saliva from dripping out when she bent down to pray since she became edentulous. That made my task easier, as she was not really bothered about the cosmetic aspect!

In general the patients in the East Coast then were very reluctant to have surgery except in an emergency. Even then, they sometimes refused and were prepared to accept their fate. I remember the night I was called to see a young boy with airway obstruction due to diphtheria. He was already suffocating and we were pleading with his father to allow us to bring him to the theatre to do a tracheotomy. The father refused. When the boy started to gasp, we had no choice but to push the father aside, rush for the instrument, and perform the tracheotomy in the ward, without his consent. Luckily, he survived and we were not sued for assault!

There are many rules, regulations in life, and in our clinical practice, the many guidelines. But there is always the exception, and one should not follow strictly or blindly. However, at the junior level, you are strongly advised to follow the guidelines. Only when you are more mature can you afford to bend the rules. For the senior staff, it is important for them to remember that they are there not just to ensure that the juniors follow the guidelines, but also to waive the guidelines or bend the rule when the need arises. In fact, I consider the latter a more important duty and what he is being paid for! With proper guidelines and responsible staff, you really



Above: Prof Foo's first car as a medical officer, costing a princely sum of six thousand dollars
Below: Flooding was common at the Kota Bahru Hospital
Spread: A ward round with the Sultan of Kelantan in 1966





do not need to be around except to see to the exceptions. You are there for the juniors to consult when the particular patient does not fit into the guideline, or when the situation warrants a change of the rule.

Surgical Trainee in Kuala Lumpur

I was fortunate to join the surgical team at the University Hospital in Kuala Lumpur soon after it was established as the teaching Hospital of the new Faculty of Medicine, University of Malaya in the early sixties. The team, led by Prof. N K Yong was cohesive and academic. I am grateful to their guidance. I learnt not only surgical skills but also how to work as a team. There was good teamwork among the staff, each complementing the other and not competing with each other. There were the X-ray conferences, grand ward rounds and the departmental meetings. Patients for surgery were properly vetted and there was much discussion and intra-departmental referral. Prof Yong looked after his staff well. He had a wide international network of contacts. Through that, he was able to get me a job in London, United Kingdom when the time came for me to move on.

Registrar in U.K

I worked as a Resident Surgical Officer (RSO) at the London Chest Hospital for six months and subsequently moved on to the Borders in Scotland

Left: Prof Foo joined Prof NK Yong's surgical team at the University Hospital in Kuala Lumpur, Malaysia where he learnt not only surgical skill but also teamwork



as a Surgical Registrar at Peel Hospital in Galashiels. The Scottish countryside was beautiful, especially with the daffodils in spring.

Peel Hospital was a small General Hospital with about 200 beds. I worked for two general surgeons who had their own special interests. One, Mr. Frank was interested in thyroid and breast surgery, and during his free time, he would go up to the hills, up and down the valley, to hunt. The other, Mr. Thompson, was interested in Urology and he would

go down to the nearby river Tweed to fish! I learnt transvesical prostatectomy from Mr. Thompson and saw him perform the occasional transurethral surgery using the cold punch. There was no resectoscope like what we have nowadays, and the view was poor. I had only occasional glimpses of what was happening. I did not foresee then that with the invention of the Hopkin's lens and the improvement in the diathermy machine in the next few years, transurethral surgery would rapidly replace open surgery for the lower urinary tract.

The pace at the hospital was not very busy. The junior doctors had their quarters at Peel House which was a big hunting lodge previously belonging to an aristocrat. As Registrar, I was the most senior of the junior doctors and had a big room to myself. I took the opportunity to study for the Final FRCS examination and passed. I still remember the congratulatory telegram I received from my former boss, Professor Yong.

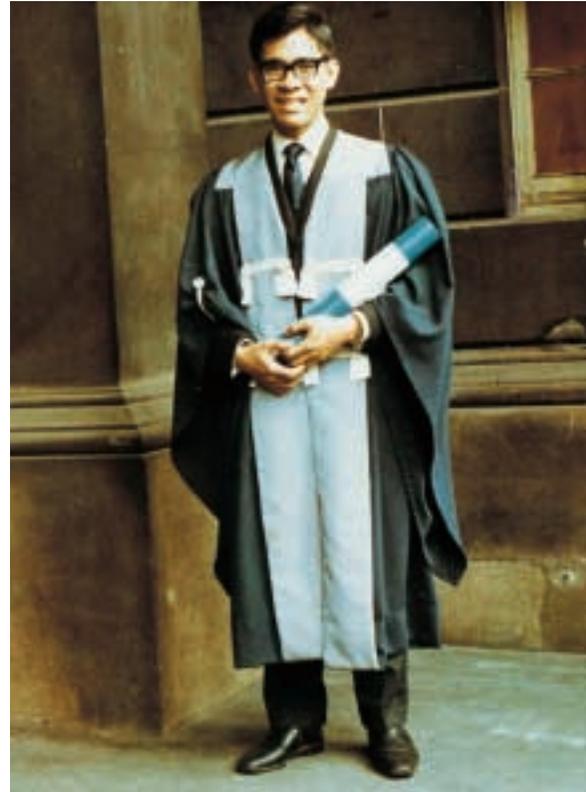
**Inset: Staff photo at Peel Hospital, Galashiels, Scotland where Prof Foo learnt his open prostatectomy
Spread: Prof Foo's first job was a Resident Surgical Officer at the London Chest Hospital**

Lectureship at the University of Singapore

It was a great relief to have passed the FRCS examination, and with that diploma, I joined the University Department of Surgery in Singapore in 1972. Prof. S C Ong was Head of the Department then. I learnt much, especially in the pre and post-operative care of patients. One important lesson from him was the constant reminder to be “on step ahead of the complications in surgery”, and not one step behind, or your patients may end up, one step beyond!

For our young members, this is good advice. Always think ahead and take action. For example, in patients with pyonephrosis, drain the kidney under antibiotic cover before the patient develops septicaemia. Remove the obstructing prostate before it causes hydronephrosis. However, do not make it an excuse to remove it too early though. The advice is one step ahead and not two! Prostate patients with symptoms without persistent residual urine do not need drastic action; they can be treated with watchful waiting or medication. To help us to decide when to take action at the right time, I learnt another important lesson from Professor W.C Foong who took over the Headship of the Department after Prof. Ong. That was to be familiar with the pathophysiology and natural history of the diseases we are treating. That was his favourite theme for students in the written and the oral examinations.

As students, you may not appreciate this basic truth, but as you become more experienced, you will realise that you cannot practise good, rational clinical medicine without a good understanding of the pathophysiology and natural history of diseases. One good example is our understanding of urinary tract infections.



Above: Prof Foo at the diploma presentation ceremony in the Royal College of Surgeons, Edinburgh

We used to think that the introduction of organisms into the urinary tract was more important than host resistance, as the cause of urinary infection. Because of this wrong concept, when I first joined the University Department of Surgery in 1972, we used to catheterise patients with acute retention of urine in the

operating room under sterile conditions for fear of introducing a few organisms into the urinary tract. Imagine those poor patients who were in agony from acute retention, waiting to go to the operating theatre which was often occupied with other emergencies. Now, we understand that it is host resistance, which is more important, and not the other way around. Introduction of a few organisms really does not matter, it is more important to keep the bladder empty to avoid infections. Therefore, patients are now relieved of their agony as soon as they arrive at the Accident and Emergency Department.

For children with neurogenic bladders, the story is sadder. Many had urinary diversion done for their inability to empty their bladders with poor long-term results. The solution now is clean intermittent self-catheterisation and many patients who had been diverted before are now advised to have another major procedure to undivert their urinary tract and to start self-catheterisation.

Recently, I learnt that our concept of cancer is also changing in a similar fashion. We used to or still believe that cancer cells are more important than host resistance in the cause of the disease. That is the reason why we devote much effort to eliminate cancer cells with our surgery, radiotherapy and chemotherapy, ignoring the other aspect of improving host resistance. A few cancer cells circulating in the body may not be



significant. As in infection, host resistance may be more important in preventing the development of cancer. The way we treat cancer may change drastically in future with this new concept. Improving the host resistance or immune system of the body with management of stress, exercise, and diet, are just as important in our management of cancer. This line of management is without all the unpleasant side effects!.

Specialising in Urology

After 4 years as a lecturer, the time came for me to specialise. Prof. Ong encouraged me to take up Urology as there was a need then for more surgeons to be able to do transurethral work. At that time in 1976, the late Dr. N.E Wong was the only trained Urologist in Singapore, and Dr. Jimmy Beng was away in Australia undergoing training. I was awarded the Smith and Nephew

Fellowship and went on sabbatical leave to the Institute of Urology in London.

I learnt a lot of theory at the Institute of Urology. However, after 3 months, I became restless, as I could not get hands-on experience in transurethral surgery. Not being a full member of the team, I often ended up being the second or third assistant if I had the chance to scrub-up. The Institute had

Spread: Department photo with the University Department of Surgery in Singapore General Hospital





Spread : TURP in the late 1970s. Note the method of irrigation used

their surgical trainees to teach, and in those days, there was no video. We had to peep now and then to see what was happening. Very often we saw only blood!

So, I went to see the Dean of the Institute, Mr. Innes Williams, a foremost paediatric urologist, who understood my problem, and he was very kind in arranging for me to go to the New Addenbrooke Hospital in Cambridge to learn Transurethral surgery from Mr. Robert Whitaker. Cambridge was ideal for me and I achieved my objective of learning how to do a proper Transurethral resection of the Prostate under his guidance. Mr. Whitaker had a surgical registrar who was interested only in open surgery and not in transurethral surgery while my interest was the other way round. So we complemented each other and could work in harmony. Mr. Whitaker was very friendly, approachable, and he was a great teacher. I had a memorable and enjoyable six months posting there.

Complementing and not competing with each other was an important lesson I learnt. At the Institute of Urology, I was competing with the other surgical residents to learn transurethral surgery, and I could not progress. When I returned to the University Department of Surgery Dr. Jimmy Beng and I complemented each other in trying to establish transurethral surgery in the treatment of our patients with lower urinary tract problems. One of his landmark paper was the comparison of one hundred cases of transurethral

resection of the prostate (TURP) versus open prostatectomy. He proved that TURP was far superior. This new procedure took time to get established and we needed to collect data to support it. I helped to further the cause of transurethral surgery by publishing my first 169 cases, looking mainly at the complications. The paper, "Aspects of Transurethral Resection of the prostate for obstructing benign adenoma" was published in the Singapore Medical Journal in 1980.

We showed that TURP was safe even in our hands, and at that time we were juniors in the Department! Blood transfusion rate was 44% instead of 96% for open surgery and patients could go home in 5 days instead of 10. The mortality rate was about 1% and the permanent incontinence rate was less than 1%. By the 1980's, TURP was well established as the procedure of choice for treating obstructing prostates.

The University Department of Surgery in the Singapore General Hospital was also called the "A" unit for short. All the members would work together as a team. Dr. Jimmy Beng left the Department for private practice in 1978. Fortunately he was soon replaced by Dr. K H Tung and Dr. E C Tan. With Tung and EC we worked as a team and helped establish Urology as a specialty in Singapore.

We used to spend many weekends together going through case notes to write retrospective reviews

on various subjects. One earlier paper was on the clinical presentation and epidemiology of stone diseases. We studied the whole subject together and each of us would write on different aspects. In subsequent years when stone treatment became a hot topic, we helped to introduce the new techniques in Singapore and published our papers which were accepted internationally. EC Tan presented our first paper internationally at the AUA meeting in Boston in 1988 on the comparative studies of ESWL by Donier HM3, Edap LT-01 and Sonolith 2000. One of the urologists there, whom we did not even know before, was so impressed that he invited us out for lunch, and wanted to know more about Singapore.

Tung presented our paper on In-situ ESWL for upper ureteric stones at the 8th World Congress of Endourology in Kyoto. These papers were subsequently published in the Journal of Urology. I wrote about Transurethral ultrasound lithotripsy for ureteric stones under direct vision, and in a subsequent paper, on laser lithotripsy. Both papers were published in the Annals of the academy of Singapore.

On the subject of bladder tumours, which was and still is of special interest in the Department, Tung wrote on superficial bladder tumours, EC on muscle invasive bladder tumours whilst I was responsible for carcinoma in situ. All these papers were presented in local and regional meetings and subsequently published.





Spread: Some of the pioneers in Singapore Urology
– Dr Tung KH, Prof Foo KT and Dr EC Tan

A little bit of competition is good. It keeps us on our toes, but too much rivalry leads to disunity. We were fortunate to have a good team with our work complementing each other. There was harmony and we could progress rapidly up to today. Each of us now has a responsible role to play in the government, university as well as the private hospitals.

Qualities of a Clinical Teacher

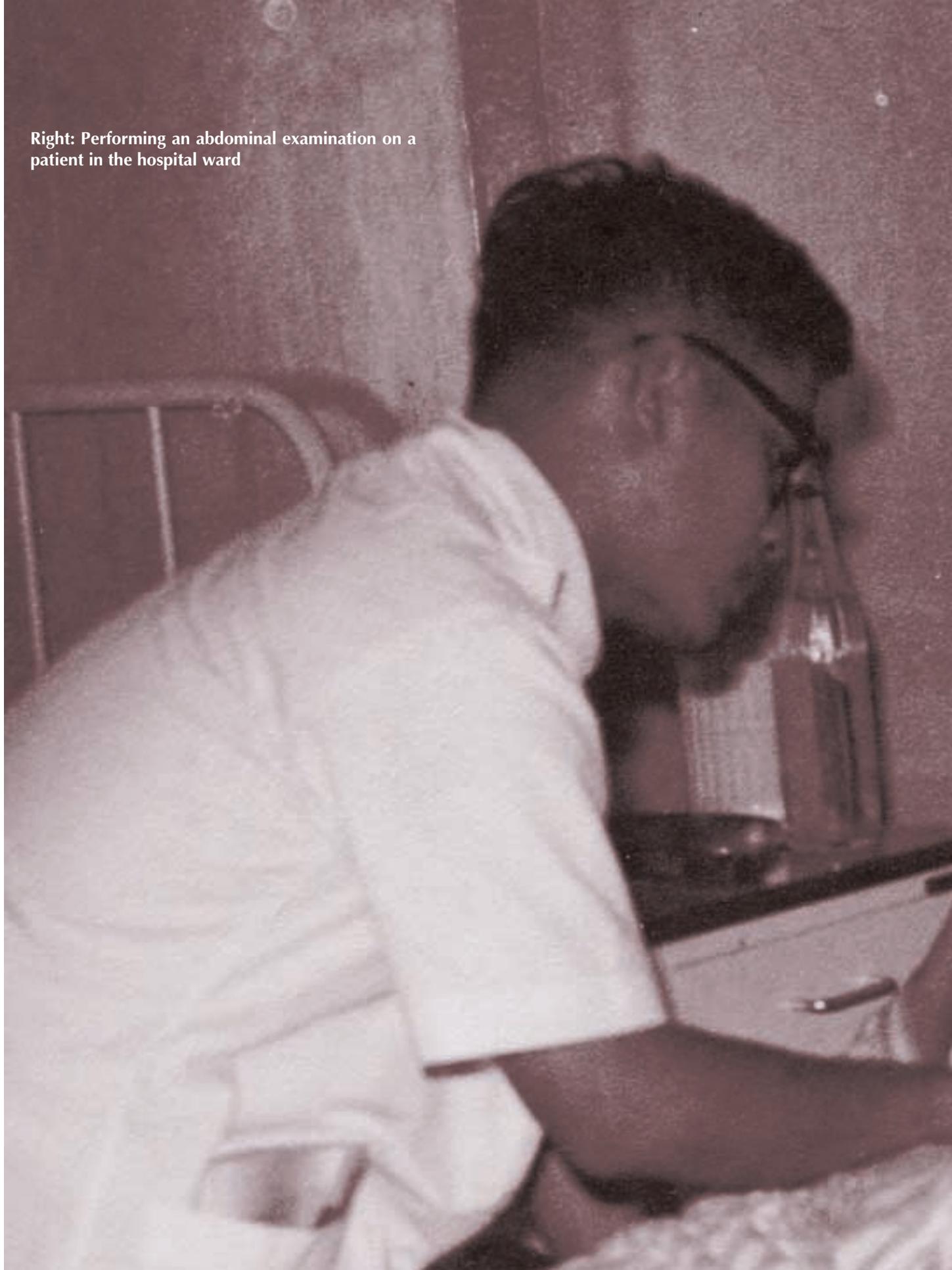
Gradually, I evolved from trainee to being a trainer in clinical practice, and learnt to be patient and calm. As trainer, our patience must have been tested many a time by trainees who do not follow our instructions, or who do things their own way. It is difficult to remain calm when they create false passages for you to follow! However, when you look back over the long years of practice, remembering what mistakes you made when you were a trainee, it helps to calm you down.

I remember one busy minor list when the turn over rate was fast. An old man who spoke only Hockchew (which no one understood), came for oesophageal dilation but had his urethra dilated instead!

We need to constantly remind ourselves that in clinical practice, we are in “tiger country” and have to be vigilant. As the Chinese saying goes, if you go up the mountain often enough, you will eventually meet the tiger.

I first saw this saying in the Chinese newspaper, put up by a Chinese Sinseh advertising his

Right: Performing an abdominal examination on a patient in the hospital ward







Above : Prof Foo enjoying an underwater “Kodak” moment with his registrars
Bottom left: Having a game of tug-of-war at the beach
Bottom right: The young and the young-at-heart



expertise in treating sexually transmitted diseases! Nevertheless, it is appropriate to warn our younger colleagues about the tiger in our daily practice, as in pleasure seeking, and it is important for them to know what to do when they see one!

Over the years, it is gratifying to see young Registrars slowly developing and maturing into Consultants in their own right, and becoming eventually better in some aspects of clinical work than you, the trainer. This is the way it should be, if not, there is no progress. I was told by my teacher that if your students are not better than you eventually, then you are not a good teacher! The challenge to you now, my younger colleagues, is to make your trainees better than you are!

After I returned from sabbatical leave, having specialised in Urology, my former teachers would refer patients to me for transurethral surgery. Now, I am referring the more specialised cases, such as percutaneous renal surgery and radical prostatectomy, to my younger colleagues. When there is someone around who can do the job better, then you should refer the patient to him, irrespective of how you are remunerated. I have gone through so many changes of the way we are remunerated that I have lost track. Anyway, it does not matter. Remuneration should not be a factor in our consideration in the management of patients, though cost should be.

CONCLUSION

In 1996 in Beijing, I attended a talk given by Prof. Wu Jieping, the foremost Urologist in

China, at the 5th National convention of the Chinese Urological Society. Prof Wu emphasised on six Chinese characters, arranged differently to form three phrases with subtle meaning relating to how we should treat our patients. These six characters are: 一切为了病人,
为了病人一切,
为了一切病人。

This can be translated as “Everything we do should be for the sake of the patient, and we should look after the patient as a whole”. And the last phrase is more for the Ministry of Health which states that “it should look after all the patients”.

In other words, patients come first in whatever we do. I cannot tell you why we exist. What is the purpose of life, that is for you to find out individually. But I can say that we exist as clinicians because of our patients. Without patients we do not exist. In my younger days, I used to wonder why my Consultant always thanked someone for referring patients to him, giving him more work and problems. I thought the person who was referring the case should thank him! Without patients, the hospital will close. When there is a conflict of interests between others and the patient, if we remember our patient first, we will not be wrong. Sometimes in training our juniors, it is difficult to achieve the right balance. When do you allow him to carry on with the procedure and when do you take over? Does the trainee or the patient come first? The trainee must understand that patients must come first.

What we learn in clinical practice can well be applied in our daily living. In life, as in clinical practice, there are ups and downs. We gain some and we lose some; the important thing to know is that we have done our best, with good intention. At a meditation course, our teacher stated that the main objective of the course is to make us more calm, without major swings in our emotions. Whatever the external factors, praise or blame, good or bad news, one's mood should not be affected and eventually you would achieve inner peace and equanimity.

I would like to end by sharing with you, a saying by Lao Zi, the founder of Taoist philosophy: To be contented is to be rich. Rich, not in terms of money or material things, but in terms of peace, tranquility and happiness or bliss. In this way, you may live longer too. It was reported in the press, about research done by a Doctor in China, who took the blood from a person who was happy and injected it into the mice and they appeared happy. Then, he took blood from a person who was angry and agitated and did the same. The mice died!

So do not get angry. If you understand that the world is not perfect, you will learn to be more tolerant and less likely to be angry and stress.

Special Note

This article is based on the Inaugural Singapore Urological Association Lecture given by Professor Foo on 25 January 1997.

“New is not necessarily Better. In our quest for new technology, we must be wary of the many false prophets. Sometimes they may take a while to reveal their true identities. However, if we go back to our fundamentals, apply the principles of pathophysiology and natural history of diseases, and remember that patients’ welfare comes first, we should not be too far wrong in our choice.”

Paradigm Shifts in Medicine — My Perception

K. T. Foo

29 April 1998



Above: Some of the pioneers of Singapore Urology –
Dr Jimmy Beng, Prof Foo, Dr EC tan, Dr Peter Lim. Dr Stephen Lim (front row)



A Role Model For The Rest Of Us

Professor Foo Keong Tatt is aptly called the “Father of Urology” in Singapore. As the first Head of SGH’s Dept of Urology established in 1988, he was instrumental in initiating the development of this subspecialty to the excellent level that it is today.



Spread : Enjoying the camaraderie at the department Junk Cruise

*Professor Ong Yong Yau
Chief Executive Officer
Singapore General Hospital*



The department has the distinction of being the “Mecca” of Urology in our part of the world. Prof Foo has trained numerous urological trainees in TURP and other techniques.

Besides his contribution in developing urology, Prof Foo has shown special interest in the area of teaching and is currently our Associate Dean. He is a great believer that treating “disease is only the Science of Medicine, while managing the patient as a whole; body, mind and spirit is the Art of Medicine”. He is a man full of compassion and with a ‘heart of gold’. He once said “we not only treat patients but we care and strive to improve on care”. He is in many ways a

perfectionist and his work absolutely meticulous. To him doing the best for the patient is of paramount importance. Whether it is treating the common man or the highest in the land he carries out his duties with the same degree of concern and care. He is always thorough in his work especially with regard to diagnosis and to evaluating newer technologies.

His illustrious career spans 32 years and he had the opportunity of training under well known surgeons. He is a philosopher in many ways. He once said “we exist as clinicians because of our patients”.

So we have a role model that is extremely rare in today’s clinical practice for us to emulate.

“Disease is only the Science of Medicine, while managing the patient as a whole; body, mind and spirit is the Art of Medicine.”

Dr David Consigliere
President
Singapore Urological Association
Senior consultant,
Department of Urology,
National University Hospital



Professor Foo, The Philosopher

Having distilled the wisdom of Chinese scholars and his teachers, Professor Foo applies his own brand of philosophy to clinical practice and to running the department. All his trainees and patients have benefited from his approach. The urological community has also gained from his balance perspective in its development. Dr David Consigliere, Senior Consultant, has accurately summed this up in this article.

Introduction

It is a great honour for me to be invited to contribute a chapter to this literary endeavour on the biography of Foo Keong Tatt. Urologists of my generation or thereabouts would have come into contact with Prof Foo as a medical student, house officer, medical officer or trainee. I am privileged to have experienced Prof Foo as a medical student, house officer and medical officer in the then surgery 'A' unit of the Singapore General Hospital, as a registrar attached to the Department of Urology, SGH, and in later years as a colleague in the urology fraternity and the Singapore Urological Association.

It is no easy task to address the topic of "Prof Foo the philosopher". Different authors would employ different styles, so I choose to proffer a series of insights, professional and personal, into the man, which hopefully will provide a glimpse of his philosophies of life, work and persona. Several of these are derived from what he has said or written, and from sayings as well as advice of others that have influenced him and shaped his thinking in his clinical practice.

Putting the Patient First

This is probably Prof Foo's central theme and core philosophy. He has often espoused that patients come first whatever we do. "We exist as clinicians because of our patients" He quoted from a lecture given by a foremost Chinese urologist

emphasizing 6 Chinese characters arranged to form 3 phrases, which after translation, read as "Everything we do should be for the sake of the patient, and we should look after the patient as a whole." When Prof Foo is supervising a registrar doing a transurethral procedure, he occasionally has to decide whether he should be allowed to carry on or if he (Prof.) should take over, i.e. does the trainee or the patient come first? If there is any doubt, the needs of the patient take precedence over those of training.

“*Everything we do should be for the sake of the patient, and we should look after the patient as a whole.*”

Prof Foo also believes that you need to be patient with your patients, even if you are in a hurry. "That may be the reason why a sick person is called a patient." To us doctors, it may be a minor problem, but from the patient's perspective it may be a major or even life-threatening concern. A good example is Prof Foo's now 'legendary' urology outpatient clinic sessions. No doubt he has at least two medical officers helping him and he moves from room to room, but he always will make the time to listen to his patient's concerns and explain their treatment to them.

Another dictum that served him well during his housemanship years was learnt from his physician mentor who taught him when he was working in Penang: "when in doubt, give the benefit of the doubt to the patient".

Practice Pearls

Recounting his early days when, fresh out from medical school, armed with newly acquired knowledge and full of confidence, one can be like "the green horn that does not recognize the tiger." He teaches that overconfidence can lead to mistakes being made. Following on from this, one should be as thorough as possible in making a diagnosis, especially if we are going to subject the patient to an invasive treatment. There should be no short cuts; and if there is any doubt, then it is better to give the benefit of the doubt to the patient.

Prof Foo cherishes a collection of Chinese sayings and often uses them to illustrate a point or a philosophy. In urologic surgery there are many techniques of performing a specific procedure, the applicable English proverb being "there are many ways to skin a cat." For the Chinese equivalent, Prof borrows a quote from Deng XiaoPeng: "whether the cat is black or white it does not matter, as long as it catches mice." The advice to young registrars is that as they mature urologically, they will learn many new ways of doing things, not all of which are necessarily more effective.

Left : A young Prof Foo playing the flute



Left : Deep in thought at Macritchie Park

‘New’ does not always equal ‘better.’ They must be discerning, and realize the importance of the outcome, above all else.

Two important lessons in surgery that he learnt and likes to pass on are as follows. One is the constant reminder to be one step ahead of the complications in surgery, and not one step behind, or “your patient may end up one step beyond.” Timely intervention before an anticipated adverse event occurs is needed. To help decide the right time to take action, comes the second lesson - always be familiar with the pathophysiology and natural history of the diseases we are treating.

Collegiality and Team Philosophy

“Complementing and not competing with each other” is a very important lesson that has shaped Prof Foo’s philosophy, which he has carried through from his earlier days to the present. He recounts how he and another urologist in surgery A unit complemented each other in trying to establish transurethral surgery as a better option compared with open prostatectomy. When this urologist left for private practice, two younger urologists joined the department and working together as a team, contributed towards the development of urology as a specialty in Singapore. Much time was spent reviewing patients’ data, studying the subject, presenting

or publishing the data, with each urologist able to focus and report on a different aspect. A little competition is good to keep us on our toes, but too much rivalry leads to disunity, Prof believes. With harmony, rapid progress is possible and Prof has demonstrated this in his department even up to today. Members of the team trained in various subspecialty areas develop their strength in these areas, aided by intra-departmental inter-referral of patients.

Part of Prof’s vision for urology in Singapore is that different institutions should complement and not compete (unhealthily) with each other. Each particular hospital can possess strength in a specific urologic subspecialty or two and develop it accordingly, with the other units recognizing this. Prof also says, “Each of us has a responsible role to play in the government, university as well as private hospitals.”

Responsibility in getting the job done is another insight into Prof Foo the philosopher. When the department gets a new crop of medical officers, Prof prefers to have just enough or even less rather than an excess. Fewer bodies doing the same work will mean all will take responsibility to get the job done. He quotes a Chinese saying which I

have not heard personally, the gist of it is: one man went up the hill daily to fetch a bucket of water. When there were two men going up they decided to string a pole across their shoulders & hang the bucket in the middle. When there were three men going up the hill, they argued and could not decide who would bring the bucket down and so the water never got transported.

Maturing as a Trainer and Teacher

Evolving gradually from being a trainee to a trainer in clinical practice, Prof Foo has some good advice on the qualities of a clinical teacher. At the junior level, one is urged to follow the many guidelines in clinical practice. With maturity comes the ability to bend the rules and to recognize exceptions, hence for senior staff they should not just be there to ensure trainees follow all the guidelines, but especially to be there when the need arises to waive guidelines or bend rules, when the particular patient does not conform to the expected scenario.

“If you go up to the mountain often enough, you will meet the tiger.” It is appropriate to warn our younger colleagues about the tiger in our daily practice, lest they do not know what to do when they come across one.

Seeing how, after returning from sabbatical urology training, his former teachers referred patients to him for transurethral surgery, Prof now refers his patients who need certain specialised procedures to his younger colleagues. On seeing

young registrars maturing into consultants in their own right and becoming better in some clinical aspects than him, the trainer, his guiding philosophy has been that this is the way to progress. “If your students are not better than you eventually, then you are not a good teacher,” as another of his teachers told him. Unselfishness has always been one of his many virtues and he never lets remuneration become an overriding consideration in the patient equation. “When there is someone around who can do the job better, then you should refer the patient to him, irrespective of how you are remunerated.” It does not matter, because, “remuneration should not be a factor to consider in our management of patients, though cost should be, nowadays.”

Holistic Medicine

A more recent subject in his clinical philosophy revolves around holistic medicine, approaching patients as a whole, not just the body but also the mind and spirit. Mainstream western medicine concentrates on attacking and conquering the disease (e.g. killing cancer cells) instead of focusing on the other side of the equation, i.e. increasing host resistance and improving the chances of preventing the cancer. He urges the incorporation of alternative medical practices, and attention to diet, exercise and meditation, in the management of our patients.

Philosophy of Life?

Prof has often been one to find the middle ground in any dispute. He tries to see both sides and

understand the other person’s perspective. He always tries to get people to work together for the common good. He teaches that one should learn to roll with the punch, move back while absorbing the energy, then move forward again, stronger and resilient, maintaining dignity and respect; all quite similar to a tai chi manoeuvre. Humility is not weakness.

What is learnt in clinical practice can well be applied to daily living. There will be ups and downs. “The important thing is to know that we have done our best, and whatever we do, whatever the outcome, our intention is good. Whatever the external factors, praise or blame, good or bad news, one’s mood should not be affected and eventually you will achieve inner peace and equanimity.” Another saying, by Lao Zi, the founder of Taoist philosophy that Prof Foo quotes: “To be contented is to be rich. Rich, not in terms of money or material things, but in terms of peace, tranquility and happiness or bliss. In this way you may live longer too.”

Conclusion

Foo Keong Tatt, Teacher, Trainer, Mentor, ‘See-Foo’, Philosopher, Colleague, Friend. This small effort and tribute is dedicated to the father of urology in Singapore in gratitude and appreciation of the immense ways in which I have benefited in knowing, learning from and interacting with this person of greatness.

Dr Tung Kean Hin
Senior Consultant Urologist
Gleneagles Medical Centre



Dedication To Patient Care



I had the good fortune to work under Prof Foo for many years in the University Department of Surgery, Singapore General Hospital and in National University Hospital. I was inspired by him to take up urology. He is a patient teacher and shares his knowledge and surgical skills freely and willingly. He is kind not only to staff but also to his patients and he always emphasizes treating the patient holistically.

I remember an incident when I first started out doing TURP on my own and encountered a complication which I subsequently reported to him. He did not take me to task but told me gently that there is a Chinese saying that if you go up the mountain often enough, you will meet the tiger.

Urology is what it is today in Singapore largely because of Prof Foo's devotion to the specialty. He fought hard for it to be a separate discipline from general surgery. He persevered and succeeded.

Prof Foo has been a good friend and mentor. He is generous and magnanimous. Besides devoting himself to the development of urology, he has many other interests, like painting, music and travelling.

At the end of his career, I am filled with joy to see that he has achieved what he laboured for. He is indeed the Father of Urology in Singapore and has trained many generations of urologists.

Words cannot fully express one's gratitude and privilege to have worked with such a man.

Dr Tan Eng Choon
Senior consultant urologist
Mount Elizabeth Medical Centre



A Wise Teacher And A Good Friend

I have known Professor Foo for the past twenty-five years. We first met when he was a lecturer and I was a houseman in the University Department of Surgery, Singapore General Hospital.

At a time when general surgery was still the norm, he saw the need to develop urology as a specialty so that patients could receive the best care from well-trained surgeons. This vision has motivated him to work beyond his day-to-day clinical practice in trying to convince the university and hospital the necessity to establish urology as a specialty. The task he faced was onerous and resistance was great. There were occasions when he had to dip into his own funds to buy instruments for better patient care. As a result of his perseverance and determination through many years of hard work and coupled with the rapid

development of urology in the eighties, he succeeded in establishing the first Department of Urology in Singapore General Hospital in 1988.

He encouraged me to take up urology when I completed my fellowship in surgery. I had a very enjoyable time while training under him in my early urological career. We became colleagues after I completed my training in urology and started work in the University Department of Surgery. We started doing clinical research on various aspects of urology such as stones disease, benign prostatic hyperplasia and uro-oncology. Together with other members of the team, we published substantial articles on these subjects under his guidance. We have worked closely in both the department and Singapore Urological Association for the last eighteen years. Over these years, I have known him as a teacher, mentor, colleague and now as a close friend.

The impression Prof. Foo gives to most people is that of a very approachable and friendly person with a kind heart. Those of us who had the privilege of working with him always remember him as a very helpful teacher who is generous in imparting his knowledge and skills and often allows us to participate actively during operations. He is also very hospitable and very often we are invited to his house for functions especially when there are foreign guests in town.

Although he is fully dedicated to the cause of urology, Prof. Foo is also a devoted husband and caring father. Travelling, snorkelling, Taiji, ballroom dancing are some of the varied activities he indulged in with his very supportive wife, Sek Yuen, an equally competent gynaecologist. Having a young and energetic son, he keeps fit by being actively involved in activities like playing table tennis and organizing scout camps during the school holidays. Besides urology, his own talents include drawing & painting, singing & playing musical instruments like the Chinese flute.

Although very advanced in his knowledge of science and medicine, he is very traditional in his thinking and beliefs. Always putting others before self, he practises what he preaches. A sincere and humble man, he is well-liked by all who knows him. He treats both dignitaries and common folks whole-heartedly in the same manner with no discrimination. Through all his struggles and toil,

a smile has never left his face and he always has a kind word to say about everyone. Prof. Foo is indeed a doctor who has much to inspire in each of us and one whom we do well to emulate.

There are four areas in which he has contributed very significantly towards the development of urology in Singapore. Firstly, the establishment of urology as a specialty in Singapore. Following the establishment of the first department, we now have either divisions or departments of urology in all the major hospitals. Secondly, he has trained a team of urologists who continues his good work and are now serving actively in various hospitals. Thirdly, he founded the Singapore Urological Association and was its first president in 1986. The Singapore Urological Association has been very active in organizing many urological activities and has helped in promoting the development of urology both in Singapore and in the region. The Association has organized many successful regional and international meetings over the past sixteen years. Fourthly, as a result of his concerted efforts in teaching, training and continued research, urology in Singapore has blossomed under his leadership. He has helped to put Singapore on the map of urology in Asia and the world.

Some important lessons I have learnt from him are his dedication and love of urology. He once told me that if he could start all over again, he would still choose to do urology. He is a team

player and always put patient interest above self. I remembered after my return from Mayo clinic in 1984 he used to send me his cases of complicated staghorn stones for percutaneous nephrolithotripsy. He is still referring his patients to his younger colleagues with other subspecialty interests as he always believes in giving the best care to his patients. However, he also emphasizes and teaches the importance of total care of patients instead of compartmentalization of disease.

As a clinician, he is well respected amongst all his colleagues as a man of great integrity. It is not uncommon to find him seeking a second opinion for his patients if he believed it is to the patient's advantage. As a urological surgeon, he is careful and skillful in his surgery. He always emphasizes patient's safety above all other interests. His common advice to his younger colleagues is to know the natural history of disease and the treatment we provide must not cause more suffering than the disease itself.

The standard and quality of urological care of patients in Singapore have improved tremendously over the last three decades. Although we may take this for granted, we owe a great deal to his vision and hard work in the early days in making this possible today. His great personality and wisdom in urology will continue to inspire generation of urologists to come.

Dr Christopher Cheng
Head
Department of Urology
Singapore General Hospital



A Mentor To All Of Us

1st April 2001 was the big day for Dr Christopher Cheng, when the responsibility of the Headship of Urology, at the Singapore General Hospital, was passed on to him by Professor Foo. The occasion was emotionally charged, with the Conference Room in the Urology Centre sardine-packed with all Department of Urology staff. Professor took the floor and told us all the pride he felt in having such a great bunch of staff around him, all working towards better urological care. Fighting the emotions that welled up in him, he described how he had watched Christopher Cheng grow under his wing, and even surpassed his master. All were teary-eyed. Christopher Cheng most graciously accepted the post, and promised to keep the ship sailing with himself as the captain, and all of us as his loyal crew. The flame of Urology at the Singapore General Hospital was passed on to the next generation, the dedication unwavering, the commitment unsinkable.

Prof Foo has been a mentor to a whole generation of urologists. This account of Prof Foo as our mentor may serve as a guide to all aspiring mentors inside and outside urology. While the story draws mainly from my personal experience dating back to the early eighties, there are references to events concerning others who also consider Prof Foo their mentor.

The very mention of a mentor conjures up images of a guru with immense wisdom, guiding and inspiring the disciples towards ultimate enlightenment. A mentor is more than a teacher; an instructor; a trainer. A mentor should be a tutor, a counselor, an inspiration. In my opinion, Prof Foo is all these and more.

As a teacher trainer, Prof Foo is selfless. He imparts his new found knowledge of Urology without hesitation and reservation. While the Kungfu master high up in the Shaolin temple may save a few crucial tricks for a rainy day, I have not seen Prof Foo asking the trainees to leave the operating theatre just before he executes his secrete moves. On the contrary, Prof Foo loves to share his finer points in TURP, from the rhythmic movement of the loop to the bladder neck preserving techniques. He is like a master sculptor passionately shaping the prostate

into a art piece. The whole experience of the mesmerizing movement accompanied by Prof Foo's favourite classical music often proves too overwhelming for the trainees who have not grasped the finer points of the technique. To the nodding heads, Prof Foo would say 'go and do a few more TURPs and come back and watch me do another one, you would appreciate more'. That has proved to be the most effective of

'Just right' is what the mentor teaches and it applies to every aspect of urology if not every aspect of life. As surgeons, we often have to make snap decisions without the luxury of time to deliberate, research on rare events and the benefit of hindsight. How to make the 'just right' decision would take a lifetime of experience to accomplish. Prof Foo's simple answer to that question is truly sentinel, "If in doubt, give the benefit of doubt to our patients". In other words, put ourselves into the shoes of our patients, be our patients best advocate. This philosophy also guides us in our dealings with others including colleagues and friends. Prof Foo always emphasizes the strengths of the individual rather than the weakness. He has always given the benefit of doubt when someone makes a mistake. In this regard, Prof Foo is more than a teacher in urology, he is also a teacher of life.

As a trainer, Prof Foo is persistent. Teaching us TURP in the days without video was a tiresome affair. He had to either endure the heavy weight of the articulated arm viewer and the diminished vision of the beam splitter or he had to sit through the horror of letting us operate on his patients without a means of really knowing what is being resected. As trainers today we have the luxury of a video monitor and we appreciate the sacrifice Prof Foo must have made those days.



Above : Dr Chris Cheng handing over the raincheque to Prof Foo

training programs. After overcoming the initial apprehension with the first few TURPs, many fresh trainees would become overly aggressive hoping to resect more tissue only to result in disastrous perforations. To this, Prof Foo would say 'at first you resect too little, patients cannot pass, then you resect too much, patients cannot hold, finally you learn to resect just enough and everyone is happy.

I vividly remember many late evenings slowing grinding at someone's prostate with Prof Foo sitting behind me and anaesthetists pacing up and down impatiently. In his open operations, there is always something for everyone to do, a bowel anastomosis here, a bit of dissection there. Coming from other departments where we were human robot retractors, it was definitely a refreshing change and it has since been the department's tradition.

As a guide and tutor, Prof Foo has shaped the career development of many urologists. He has struggled through it all himself. From the basic amenities in provisional hospitals in his early years to the resistance to have urology as an independent specialty later on; from the frustrating time of doing unrewarding work as a fellow in London to eventually having to buy his own equipment to start the TURP service back home, he has travelled the rough and windy road. This has given him the wisdom to guide the next generation. When I asked for his advice regarding the need for urologists to participate in renal transplants, I was told that transplant surgery may be the best way a mainly endoscopic training program provides exposure to open abdominal surgery. Today, renal harvesting remains one of the best opportunities to familiarize oneself with the retroperitoneum. To others completing their training and maturing into full-fledged urologists, Prof Foo has guided them into fulfilling careers. Many of them have set up successful practices either alone or with large group practices. Even

emigration to neighbouring countries is not considered a loss but merely a seeding in rich soil to spread the benefit of good quality urology. Prof Foo also acts as a guide to the regional Urology development. Through the office of the Asian School of Urology and Urological Association of Asia, he has identified TURP and endourology as the two techniques most beneficial to countries beginning to develop urology. This has no doubt broadened the appeal of urology and helped spread the benefit of basic cost effective urology to a much wider audience.

As a coach and counselor, the mentor has to look beyond mere transfer of knowledge and building of technical competence. Prof Foo has succeeded in nurturing the other more important aspects of the art of medicine. Prof Foo has always emphasized 'high-touch' medicine instead of 'high-tech' medicine. To the budding urologists

venturing into risky situations, either in terms of difficult clinical decisions or personal dilemmas, Prof Foo is the most reliable source of confidence and counsel. There are always opportunities to discuss and when the push comes to shove, he has never shied away from stepping in. There was an incident where one of our patients sustained an intraoperative myocardial infarction. Prof was actually in another theatre, but he came over without hesitation and spoke with the huge gathering of family members. Often, the mere presence of such a senior fatherly figure calms everyone down.

Thus as a mentor to all of us, Prof Foo has inspired us to strive to become better urologists and better persons. To that end we are still trying. In addition, we also have to learn to become effective mentors for the next generation.





“ *While the Kungfu master high up in the Shaolin temple may save a few crucial tricks for a rainy day, I have not seen Prof Foo ask the trainees to leave the operating theatre just before he executes his secrete moves.* ”

Left : Home-cooked dinners with colleagues and friends translate into a relaxed atmosphere for engaging discussions. The photo shows Dr and Mrs Horst Zincke enjoying their meal with his hosts, Dr Tung KH, Prof Foo and Dr Chris Cheng
Spread: Water Lily photographed by Prof Foo as a medical student

*A/Prof Li Man Kay
Head, Department of Urology, National University Hospital.
Head, Renal Transplant Team, Ministry of Health.
Immediate Past President, Singapore Urological Association 1999-2001*



A Friend Indeed

Associate Professor Li Man Kay can be counted as one of the pioneers of Urology in Singapore. We are privileged to read his humble account of the early days of the Urology Department and we can be sure that he played no small role in the dramatic advance of Urology in Singapore.

Being a fitness and sports enthusiast, Professor Li has all along been attentive to the physical well-being of his department staff and regularly organises long runs to whip us all into shape! It was on such a run to Mount Faber from the Singapore General Hospital that the idea of developing a Urology Centre was first conceived.



I first met Dr Foo in 1986 in one of the urology workshops organized by the Singapore Urological Association. He was the founder President at that time. I was so impressed by his sincerity and hospitality that we soon became good friends. Through him I was able to know the rest of the urologists and more about Singapore. I was invited to visit the Department. He also asked me to join him to further develop the Department of Urology,

which was started in 1988. He took me personally to the Director of Medical Services, Dr. Kwa Soon Bee for an interview and I was offered a consultant post. In December 1989

I joined the Department of Urology in Singapore General Hospital. This has opened up another great chapter of my life and I am most grateful for this opportunity, for his guidance and advice. At the beginning there were three consultants: Dr KT Foo together with the late Dr. Rehkraj and Dr Chang Wei Yee who soon left for private practice.

Then Dr Raymond Wujanto from Manchester joined the Department. We were rather short in the early days, but we strived on and worked hard.

During the following years Dr Foo gave me a lot of encouragement and support. We acquired the lithotripter in 1991 and then the Prostate

Microwave Machine in 1994. With these new devices, we were given 3 rooms at the back corner of the Diagnostic Radiology Department. One room was for ESWL, one for prostate assessment and another for urodynamics. With three nurses and one radiographer, that was the beginning of the 'Urology Centre'.

As the small three-room Urology Centre became busier we were soon running short of space. It was Dr Chris Cheng who first thought of building a separate Urology Centre. During one of the Friday evening runs to Mount Faber we discussed it. This tremendous task finally came true with the efforts and guidance from Dr KT Foo.

Dr Foo has been the Head of the Ministry of Health Renal Transplant Team for all these years and our team is proud of his leadership and encouragement. The renal transplant team underwent a number of improvements and changes. The assistants' team started in 1996. All surgeons have a yearly quota and all assistants need to have a logbook of at least 20 transplants and 10 retrievals before gazetted as transplant surgeons under the Human Organ Transplant Act. The living related program has also changed to improve the level of postoperative care to our patients.

I must express my greatest gratitude to him as my mentor and best friend.



Above : Prof Foo, Dr Austin Htoo and A/Prof MK Li at the inaugural Advanced Course in Urology in 1996
Spread: "Lou hei" with Prof Foo and A/Prof Li at the opening of the new Urology ward in Singapore General Hospital

Dr Chia Sing Joo
Head & senior consultant urologist
Department of Surgery
Tan Tock Seng Hospital



An Inspiring Teacher

With the patience and dedication of a Tai-Chi Master, Professor Foo has nurtured many generations of urologists. The reflections of Dr Chia Sing Joo, Dr Lam Hock Shang and Dr Edmund Chiong describe a master teacher in action. It certainly seems that training was a joyful effort for Professor Foo. A young urologist in training still experiences the vigor and attention of Professor Foo's guidance as did Senior Urologists a generation ago.

In my formative years as an impressionable medical student, Prof Foo's way had left such an indelible mark on me that I spent the first few years of my career eagerly anticipating a chance to be under his expert tutelage again. My clinical group was rather apprehensive about who was going to take us for our surgical tutorial in our final year, so needless to say, Prof Foo was among the few whom we loved and looked forward to have. Besides being nice, he was also well prepared for the lessons and would selflessly impart all essential knowledge to us. His style of teaching and charismatic leadership was outstanding and distinct. Ever since, he has inspired me so much that I eventually took up urology as my lifelong speciality. I have always regarded him as a marvellous role model, a good urologist and also an excellent physician.

The opportunity came during Prof Foo's headship in 1991 when I had to spend one year in the Department of Urology, SGH. I was extremely impressed with the amount of time he spent supervising the juniors, especially in the OT for TURP. I remembered vividly the soft Chinese music in the background, and Prof patiently staying by your side observing your every move to make sure you did not over or under cut. Coupled with his persistence and his love for sharing with the trainees the finer point of surgery,

the trainees received valuable insight into the strengths and weaknesses of every surgical move. For the few generations of Urologists, including myself, who were trained under him, we were the honoured ones who have truly benefited tremendously. We thoroughly enjoyed his teaching and under his superb guidance, we were enthralled in the field of urology.

Apart from the skill of urological surgery, Prof Foo's philosophy about life also influenced the trainees to a large extent. Always believing in giving the benefit of doubt to his patients and their relatives, he would advise us to put ourselves into the shoes of our patients before making any surgical decision. In addition, his usual phrase of "the best will be 85%" has reminded us that we are still human and there are other factors that are difficult to account for or control."

He has broadened our perspectives of life and has taught us to be empathetic, sensitive and caring. He often cautions "to look before you leap" as every of our decisions has great impact and consequence on patients.

Under Prof Foo's professional guidance, we have experienced, realised and learnt the importance of mentorship. We never hesitated to approach him whenever we encountered problems or doubts, we could chew over with Prof Foo. This

effective communication for the students via mentorship has made him a very approachable and non-hostile teacher to us.

His foresight and direction in research has impressed many. He strives for not only a wealth of knowledge, but also a breadth of understanding and a deeper insight into the intricacies of urology. This passion has led to the development of Urology in Singapore, from its humble beginning to the high standards and the solid reputation it enjoys today, replete with state of the art technology. He is truly a pioneer in every sense of the word. Much as he has done, I know that this man, of an inexhaustible spirit, will continue to lead and guide the urology fraternity as we move into the 22nd century. His open-mindedness, encouragement, patience, innovative ideas and borderless spirits towards research have inspired us to persevere with research despite all obstacles encountered during the process. All these we do to improve our patient care. True to our effort and perseverance, we were proud to say we have already earned many awards.

"Thank you, Prof Foo for your support, if it's not for you, we would not be able to win several awards on BPH research! Cheers....."

Spread: Demonstrating finer points of TURP in Guangzhou, China.

*Dr Lam Hock Shang
Consultant Urologist
Pantai Medical Centre
Kuala Lumpur, Malaysia*



The Teacher And Friend

“The superior man is modest in his speech,
but exceeds in his actions”

Confucius (551-479BC)

My recollection of Professor Foo Keong Tatt dates back to 1980 when I made a choice to start my working stint as a houseman in the University Department of Surgery (A Unit), Singapore General Hospital upon graduating from University of Malaya, Kuala Lumpur. As a Malaysian commencing my first working experience in the Island, Professor Foo was one of the several Staff Members of the Department who were of Malaysian origin who made me feel more at home. What more, when Prof. Foo himself did a 2 years working stint as a Surgical Trainee at University Hospital Kuala Lumpur during the 60s.

Prof. Foo was already a Consultant in the integrated Department of Surgery when I first met him as the junior most member of the Surgical Team. As a junior house-officer, I realised Prof. Foo stood out as a benevolent Consultant amongst medical students and junior staff members. My inevitable close integration with the many batches of medical students who did their rotation with the University Department of Surgery made me realise and hear of their admirations and feelings of greatest comfort with Prof. Foo during their teaching rounds. They were never intimidated and learnt a good deal from Prof. Foo's clinical supervision. In fact, the nurses and House-officers during those days regarded Prof. Foo not only as a kind, patient and dedicated teacher but likened him to a 'Father Figure'. Prof. Foo was never an arrogant person

and preferred to address himself on the phone as Dr. Foo or just plain K.T. Foo when conversing to junior staff members.

At that point in time of course, there was not even a recognized Division of Urology within the University Department of Surgery and when there were flimsy demarcations of subspecialties, Prof. Foo had to involve himself with teaching of General Surgery Cases besides his forte' - Urology. Still, Prof. Foo strode forward slowly and surely in developing his 'invisible' Division of Urology, garnering increasing recognition for his concentrations in the field thus fortifying widespread acceptance of his pioneering efforts in developing Urology as a Subspecialty. Eventually, it was a personal declaration within the Department though not on the sweetest notes to concentrate entirely upon the Field of Urology. That to me was an important milestone for the future of Urology in the Island. During those days, any mere mention of a Division of Urology within the Department of Surgery even on formal medical replies were forbidden!

When I was asked to recollect snippets from Prof. Foo's Grand Rounds and Lectures, I honestly thought that they would be too numerous to enumerate. I can distinctly remember several more memorable highlights of Prof. Foo's teachings, which I still hold on to today in my dissemination of information to patients, nurses and students. I learnt the proper manner of male catheterisations from Prof. Foo in rendering

adequate instillations of Lignocaine Jelly to the urethra for at least 3-5 minutes before insertion of a proper size catheter. He stressed the important point of reduction of the retracted prepuce at the end of completion of catheterisation to avoid paraphimosis. Such was not taught to me when I was a medical student.

Next, Prof. Foo insisted that Grand Round presentations by Medical Students and House-officers of operative findings in BPH cases post TURP should have the important description of the terminology - 'The Prostate Gland Was Obstructive' before mention of sizes, weight resected and the duration of resection. The significance of such reports is ever so important for the practising Urologist. The implications are obvious, that we should only be resecting a prostate if the lateral lobes are found to be definitely obstructive on cystoscopy. Such simple salient points form the basis for good and proper indications for TURP procedures to enable patients to benefit the most. This constitutes good moral judgment especially amongst us in private practice.

I also remember well Prof. Foo's perpetual teachings that silent staghorn stones in the elderly population discovered incidentally should not require active intervention. His famous words were, "Let the patient die with the stone and not because of the stone or something we tried to do for the stone." Such words reflect Prof. Foo's superlative clinical judgment in intervening

actively only when necessary and beneficial to the patient based upon good moral attitudes. For the appropriately minded clinician, a simple example like this reminds us to be careful in our indications for active intervention not only for stone patients but also for every other pathology.

In the operating theatre, Prof. Foo manifested excellent skills in open and endoscopic procedures. We all learnt from him to do many of the urological operations, the basic principles which I still adhere to today. One operation which stands out most - TURP. I recall Prof. Foo's tenacity and patience in imparting TURP skills to training urologists during that era. Significant during those days was the fact that Prof. Foo started showing his skills and technique of TURP with the disciple sitting beside him, peeping into the resectoscope every now and then. At least, current masters like Drs. Tung Kean Hin and Tan Eng Choon started learning TURPs that way. Prof. Foo deserves all the kudos for his patience in sharing his art during those trying days. I was luckier. When it was my turn to learn TURP with Prof. Foo, we had in the Department the articulated teaching arm (telescope) which was quite heavy and did cut down 50% of the light for the resectionist as the illumination had to be shared between the teacher and the student. Prof. Foo did not mind the additional burden upon his shoulders in his resection procedures being more difficult in order to benefit two parties - the patient and the training resectionist. We were not lucky during those days to have the advantage

of the video camera systems currently in use. TURPs was then appropriately labelled as an operation which is 'Difficult to teach, difficult to learn and difficult to master.' But we all thrived, thanks to Prof. Foo.

Professor Foo believed in the 'Yin and Yang' philosophy in clinical practice. Perhaps, his basic Chinese education paved the way for him to adopt good Chinese values and virtues in his Urology practice and ideology. Certainly, Prof. Foo's contributions as a teacher can be said to have popped out anonymously in the life of his ex-students' clinical practices. He has provided a conducive social and intellectual environment in which his students can learn in the ideal manner. Prof. Foo's greatest characteristics are his generosity, humbleness, discipline, honesty and virtues. No one would doubt that he has deserved the universal recognition and respect amongst his peers. I remember again, when I was visiting Mayo Clinic in 1989 and Dr. Horst Zincke, a well-known Oncologic Urologist there just returned from a lecture trip to Singapore, described Prof. Foo as an underestimated personality. Dr. Zincke was most impressed with Prof. Foo's opinions during a discussion session on management of problematic cases which were entirely independently compatible with his own opinions. Therefore, Prof. Foo was held with high regards.

'The way to great knowledge is to understand virtue.... The emperor as well as an ordinary man must first develop self discipline'.

Confucius

"Teachers".... Treat students neither coercively nor instrumentally but as joint seekers of truth and of mutual actualisation... They help students define moral values not by imposing their own moralities on them but by positing situations that pose hard moral choices and then encouraging conflict and debate. They seek to help students rise to higher stages of moral reasoning and hence to higher levels of principled judgement.

James MacGregor Burns

All these positive attributes of Prof. Foo has augured well for his role as a pioneer in the field and how Urology has developed today in Singapore. I cannot blame myself for the occasional envy looking at the current superlative Urology set-up in the Island, that I left Singapore to return to Malaysia, perhaps a little prematurely. Nevertheless, Prof. Foo and I remain in contact. I still trust his opinions in challenging situations and will continue to seek his advice when necessary. After all, Professor K.T. Foo is a Master Teacher, Gentleman and most of all, a good Friend!

*'He teaches not by speech
But by accomplishment.'*
Lao-Tzu (6th cent. B.C..)

The art of teaching is the art of assisting discovery.
Mark Van Doren

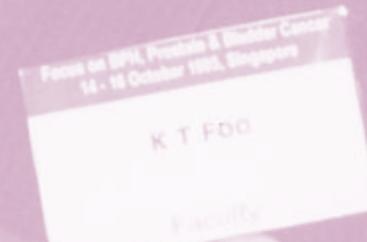


Dr Lee Kim Tiong
Consultant Urologist and Renal Transplant Surgeon
Puteri Specialist Hospital,
Johore Bahru, Malaysia



Professor Foo - The Epitome Of A Head Of Department

Dr Lee Kim Tiong describes an inspiring department head and most of us have been fortunate to have had Professor Foo's guidance during his headship. Trained with Professor Foo and now practicing in Johore Bahru, Malaysia, he expresses respect and gratitude which we all share.



Prof Foo belongs to a rare and possibly an extinct species. I am not referring to his age, but rather that not many would uphold the same high standards of morals and professional ethics that he upholds. He is the epitome of a HOD, relentless in his effort to impart his skills, knowledge, and ethics for the best of his patients and then his department (in that order). Everything that he did, from the training of his staff, his allocation of cases, and charting the career path of his trainees to the way he handles his replies to GP referrals stems from his firm adherence that patients must have the best. Another characteristic of Prof Foo is that he readily gives credit where credit is due and this he does with genuine sincerity.

We all know that it takes a tremendous amount of energy, patience, perseverance, hardwork to train a Urology trainee. It is therefore quite understandable that most consultants are unwilling to take any fresh trainees into their team. Prof Foo, however, never tires of taking in the “green” trainees, patiently guiding them through countless operations, rectifying their blunders, and even taking the rap for them. In fact, if not for this rare attribute of his, most of us would not be where we are now or what we are now.

I have also always been very impressed with how Prof Foo handles the referrals that he receives. Instead of keeping all these cases to himself, he would give them away to the surgeon who would be in the best position to serve the patient’s best interest. Thereafter, he readily gives full acknowledgement and credit to the surgeon in his replies to the referring doctor.



Above: Department of Urology SGH, 1993. Dr Lee is fifth from the left in the backrow

Most of us have at sometime or another needed the fatherly Prof Foo to lend a hand in charting their career path. With Prof Foo, you can set your mind and soul at ease. You would never have to worry about being slighted or any hidden agenda even as he discusses his assessment of you, and the various sub-speciality career options he feels suitable for your consideration. You can be assured that every piece of advice that he gives is

given thoughtfully, and with the utmost genuine sincerity. I recall the ease with which I could approach him even at his home deep into the night on matters crucial to my career. To this day, I remain grateful to him for his patience, guidance and concern.

Prof Foo is also someone who firmly believes that the hospital must not be just a workplace for his staff. It must provide a healthy comfortable motivational support for his staff to be able to excel and thrive. Yet, any activities organised to achieve this objective must not be done at the expense or in competition for time with the family. For this reason, he has always tried to involve his staff’s family in the various after office activities. In fact, he had contributed substantially, and volunteered his home for many of these gatherings. The trouble and the sacrifices that he is willing to take

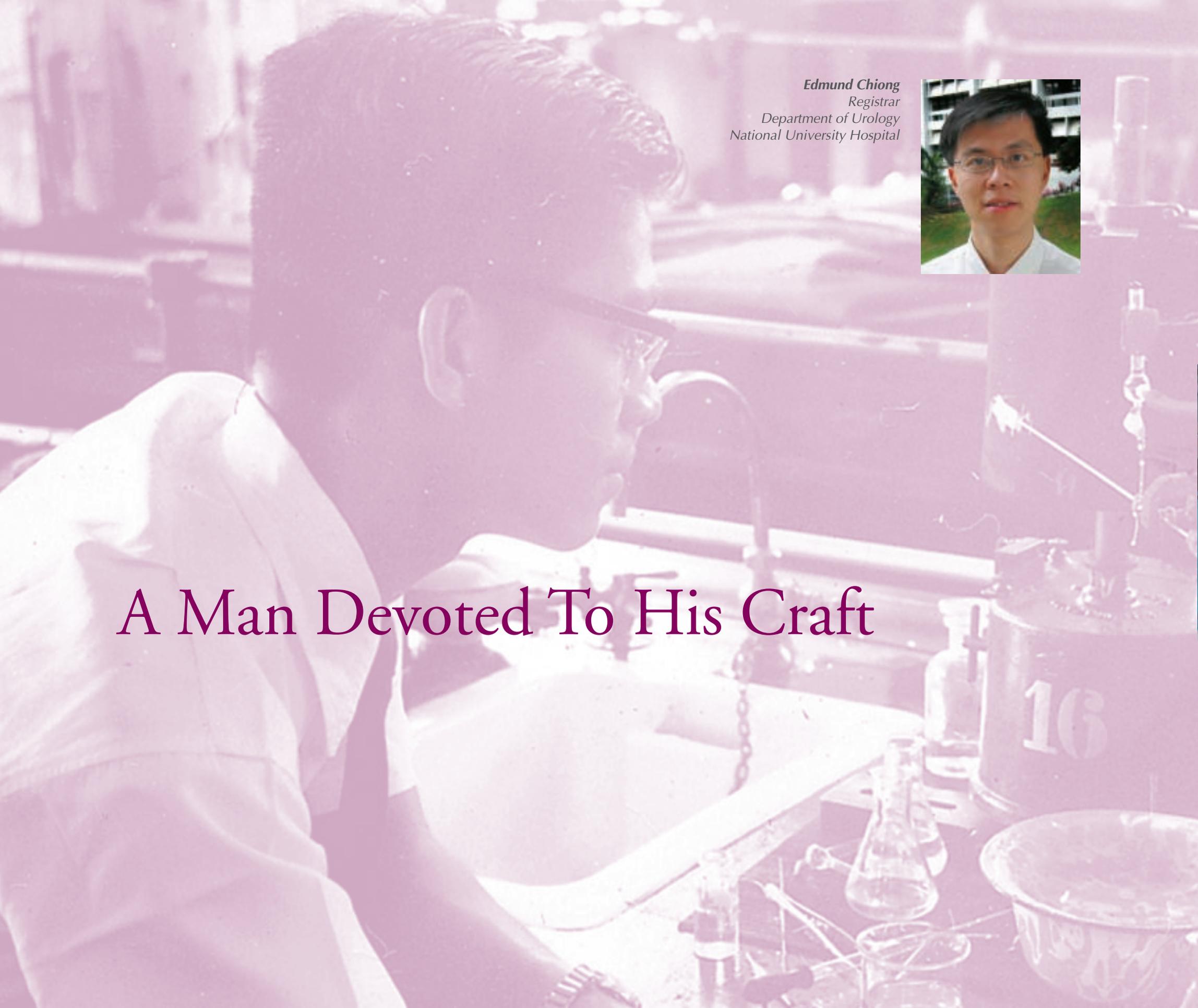
in order to foster camaraderie amongst his staff certainly says a lot about the wisdom and philosophy of this man whom many has come to call the Father of Urology.

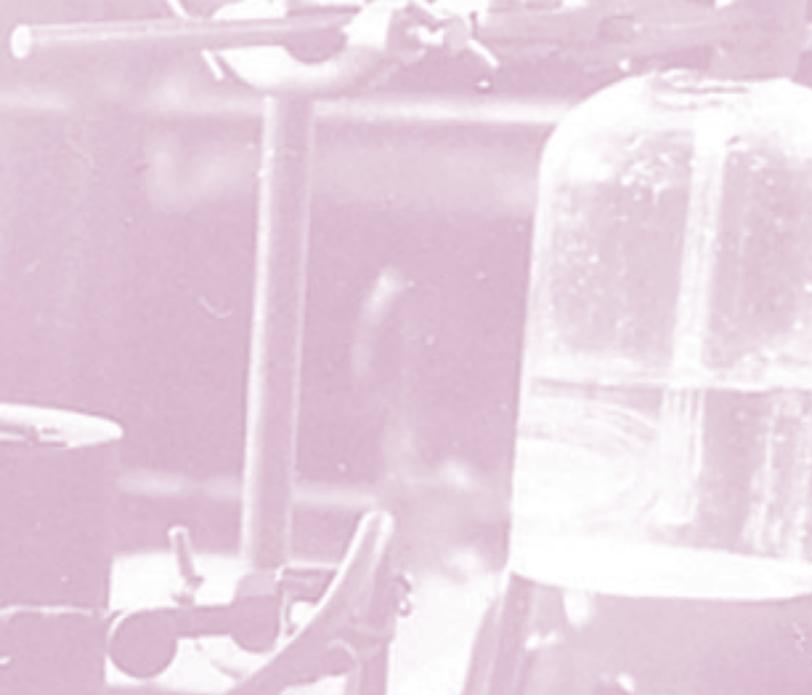
To Prof Foo, we will always be indebted. We wish him all the very best in the years ahead.

*Edmund Chiong
Registrar
Department of Urology
National University Hospital*



A Man Devoted To His Craft





Above: Prof Foo was ever ready to give encouragement to an apprehensive junior colleague and yet maintain high standards in the guidance of junior doctors with regards to patient management

I remember well my experiences as a junior medical officer in the department of Urology, SGH in the year 1996. That period of time had left a deep and lasting impact on both professional and personal aspects of my life; and the central figure around which many of these experiences revolve - Professor Foo.

Professor Foo was the enthusiastic, kind and fatherly teacher who had taught me many things, not just about surgery, but also about how to be a physician who practised his craft whilst constantly exercising his heart and his mind. He was ever ready to give encouragement to an apprehensive junior colleague and yet maintain high standards in the guidance of junior doctors with regards to patient management. One of the things that deeply impressed me was the careful attitude he adopts when making surgical decisions, looking beyond the patient's medical condition to consider all other personal and social factors before recommending any treatment modality. It can be said that other than teaching us how to 'cut', more importantly he taught us when not to 'cut' - in this is the essence of surgery.

Patient welfare was always his foremost priority and that was ever so evident in the expressions of numerous grateful patients, of whom I must say that I am one of them. Professor Foo was also my physician and surgeon who looked after me throughout the course of my ailment. As doctor-turned-patient with the uncertainty of the nature and seriousness of my condition, it was of great comfort to me to have a surgeon who possessed such a wealth of experience, skill, and compassion to match his clinical wisdom, to operate on me. The memories of personal attention by Professor Foo and the sighs of relief upon receiving good news after the operation are but some of the special moments I experienced during my 6-month period in his department. The care, concern and support from Professor Foo and his team, for me during that period is something my family and I deeply appreciate.

I am indeed honoured to have been Professor Foo's student, apprentice, colleague and patient. His devotion to his craft and dedication to teaching has in no small part been a positive influence on me in my journey as a trainee surgeon.

“One of the things that deeply impressed me was the careful attitude he adopts when making surgical decisions, looking beyond the patient's medical condition to consider all other personal and social factors before recommending any treatment modality.”

*Dr S.Y. Chew
a.k.a. Mrs Foo*



The Family Man

On the many occasions when we have been invited to their home, Mrs Foo has been a most gracious hostess. A regular highlight is the great afternoon during Chinese New Year with excellent camaraderie, food and a Lion Dance ceremony. I fondly remember the visit we made to review the family archives when we were treated to a pleasant afternoon of stories, art and music with homemade Penang Char Kway Teow! (Editor)



Introduction: The Source

Foo Keong Tatt comes from a large Hakka family in Penang. There are seven sons and two daughters in the family. He is in the middle, the fourth son. From young, he learnt to listen to the views of the older and the complaints of the younger siblings. This helped to pave the way for his future as a teacher and organizer.

In 1976, his parents passed away within four months of each other. Shattered, the children decided to have a family newsletter every three months, and regular family re-unions. The family newsletter was named: "The Source". Each sibling takes turns to be the editor of the newsletter. All letters are sent to the editor, whose job is to collect, photo-copy, arrange in order, from the eldest to the youngest and send out to the respective families in U.S.A, Taiwan, New Zealand, U.K., Penang, Kuala Lumpur and Singapore. There was a special section for the children.

The front cover had to be designed by the current editor. Each copy includes a recent photograph of the family of the current editor. Twenty years have passed since its inception. The rotating editorship now passes on to the next generation in the year 2001. Now the news comes by the Internet!

Family Re-union

Keong Tatt and his brothers felt the need to plan for a family re-union every two to three years because of the global distribution of the family.

The first grand family re-union took place in Penang in 1989. No less than fifty tables were required just to invite the extended family (uncles and cousins) for the reunion dinner. The brothers invited all their former teachers as well. It was a very happy and memorable occasion.

The second re-union deserves to be mentioned. It was held in their native village Kok Kang, in the district of Yong Ting, Fujian, China. Keong Tatt belongs to the 18th generation. He could trace his lineage back five hundred years. The earlier ancestor was a blacksmith in the village, having migrated from Northern China.

It was awe-inspiring to find that the village had kept such good records. In the courtyard of the ancestral temple were wooden poles. Each pole had the generation name carved on it. Keong Tatt and his siblings chose to have a re-union in their village as a pilgrimage. A journey to the village was a dream which his parents held dear but could not fulfill in their lifetime. Keong Tatt and his brothers established an education fund and scholarships in their parents name for their less fortunate cousins in the ancestral village.

That visit is deeply etched in our memory. It was a rousing welcome. We had to leave the main road and walk up to the village hall. School children lined the road waving flowers and shouting "welcome". The smell and sound of firecrackers were overpowering. It was an unforgettable sight. We were welcome back like the prodigal sons.

Spread: Enjoying a laugh with his son, Jian Chuan
Bottom left: Family portrait in Penang. Prof Foo is first from the right in the front row.
Bottom right: Photo taken at Prof Foo's ancestral village Kok Kang in Yong Ting, Fu Jian, China





Spread : Prof Foo playing the flute in his garden

Since then we have had the fifth re-union, this time in Sabah. (June 2001)

Keong's talents

Keong Tatt is a man of many talents. As a young boy, he learnt to play the flute from his village barber. He still enjoys doing so for relaxation and was asked to perform at an SGH dinner.

He loves to play some Chinese oldies on his casiotone after dinner. Among his favourites are "The moon represents my heart." and "Green Island serenade". He can sing too. He is fond of Chinese songs and sometimes entertains his department at their urology family day get together.

He loves art. Whenever we go on vacation, he brings along his sketch book. He has captured many interesting scenes which he paints with water colours in his leisure. There is no doubt about his artistic ability. He designed the elegant panels of the lotus flower on the main glass doors of our clinic at Gleneagles Medical Center.

The koi pond in our garden was created according to his specifications. It consists of twin pools in a figure of 8 with a wooden bridge spanning the narrowest diameter. This was to enable our son to cross the bridge on his tricycle. The waterfall cascades over the rocks into one pool, while the fountain and the lotus pond occupied the other. The pond's location was planned so that it enabled him to enjoy the view of the fish while he sits in his easy chair on the patio. Here he spends many

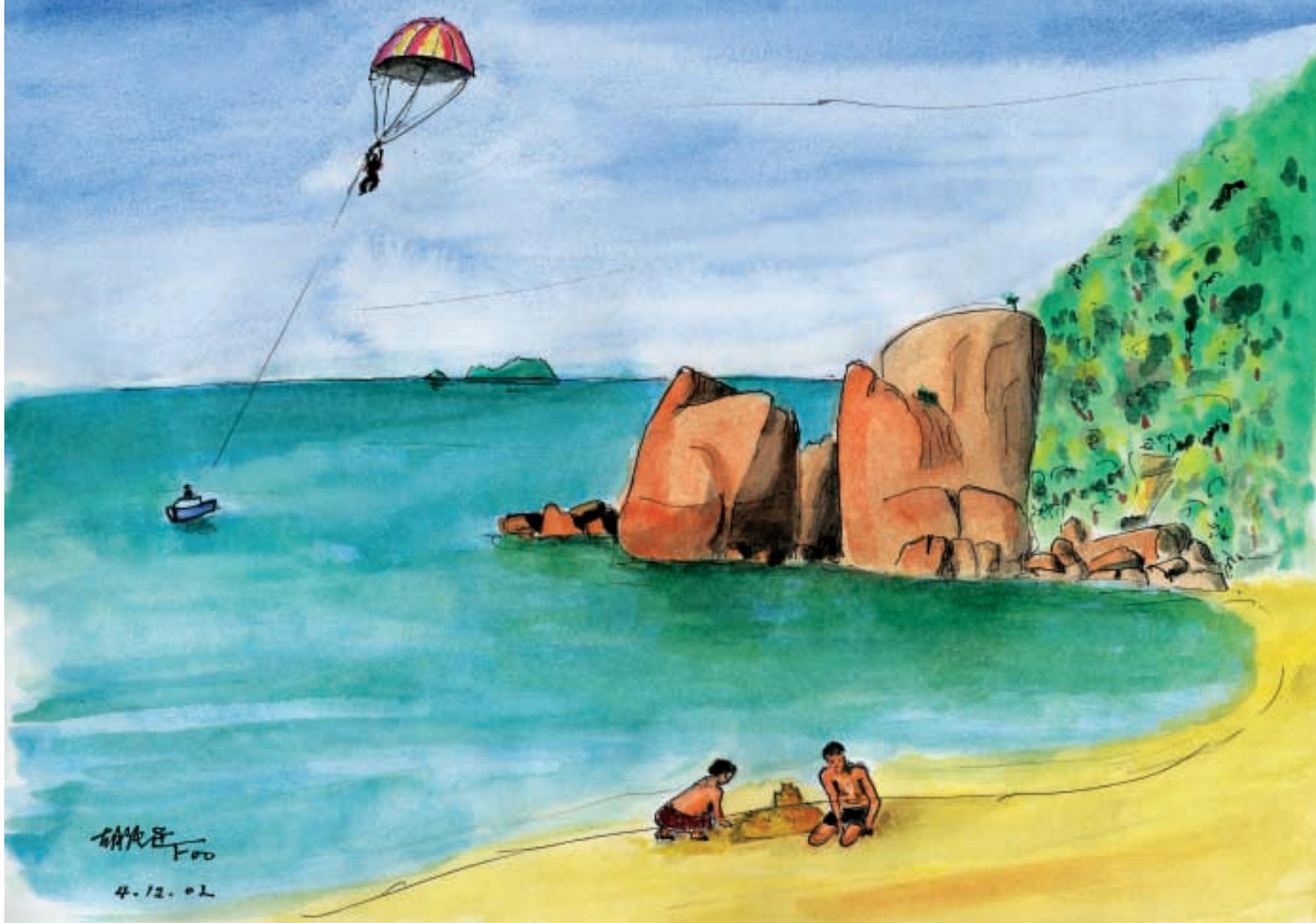
a happy hour, reading his journals, playing his flute, meditating or more frequently, indulging in a brief siesta with the sound of the waterfall and tinkling chimes in the background !

Keong's nature

Keong Tatt is compassionate, considerate and generous. He always phones home if he is unduly delayed by an emergency. He always remembers anniversaries and birthdays and sends cards or E-mail to his brothers. He lends a helping hand to those in need in the extended family and remembers them at Chinese New Year.

Keong Tatt is a devoted father. He shares the job of sending our son to school in the mornings and takes pains to coach him in Mandarin every night. Every Sunday is Family Day. We spend our time swimming at the Country Club, or visit the Science Centre, picnic at Botanic Gardens, or boating cum cycling at the East Coast Park. Often we just cycle around the estate early in the morning.

Recently, our son joined the boy scouts. Keong Tatt was a King's scout before. He had the experience of running a troop of blind scouts when he was an undergraduate. So, this June vacation, he organized a summer camp for our son and four other boys (sons of our colleagues). The boys learnt to take orders from their camp leader "Laughing Owl"! They enjoyed a treasure hunt, a science quiz, and learnt to follow a trail. They learnt to sing by the camp fire. They slept in tents in our garden. The next day the boys went



Above: Watercolour painting of Batu Ferringhi Beach in Penang, Malaysia

for an expedition to the botanic gardens, learning the names of trees and plants along the way. The boys enjoyed it so much they have requested for another camp during next vacation.

Keong Tatt prefers simple home cooked meals. He usually invites friends and visiting urologists home to dinner because he finds it easier to continue their discussions in more relaxed surroundings.

Conclusion

Keong Tatt enjoys his work. He works to help his patients. He always has the welfare of his patients and his staff at heart.

He has no “airs”.

Keong Tatt had a rough time in his endeavour to establish urology as a specialty. In spite of

the stumbling blocks, he never lost his commitment as he continued to work in service to build up urology as a specialty. The achievement of the Urology specialty today is the result of the cohesive teamwork by all members of the society whom he helped to bring together.



Spread: Prof Foo and Mrs Foo sailing away in the sunset on a boat cruise.
Left Top : Prof and Mrs Foo with Jian Chuan on his first birthday.
Left Bottom: Prof Foo and his wife at the Great Wall of China.

*Dato' Dr Godfrey Geh Sim Wah, DSPN, PJK.
FRCS (Irel.), FRCS (Eng.), FRCS (Edin), FAMM
Senior Consultant Surgeon*



An Outstanding Urologist

Datok Doctor Godfrey Geh is a well-known and respected Plastic Surgeon, who practises in his hometown of Penang. This Pearl of an island was also the hometown of Professor Foo. Their paths first crossed during surgical attachment in Kuala Lumpur, and at the Royal College of Edinburgh Fellowship Examinations. Datok Doctor Geh also mentions working in Malaysia during the riots of 1969, terrifying times not familiar to many of us.

The amusing account of their near disaster with the Fellowship exams fills a gap in the chronology of Professor Foo's story. One wonders what would have inspired Professor Foo if they had successfully spotted on another topic, say breast cancer, instead of bladder cancer! Another important lesson from this essay is: Never underestimate a Volkswagen Beetle owner, they go on to become Professors!

I first met Foo Keong Tatt in July 1967. 4 young men had been accepted as Surgical Registrars to the newly set up University of Malaya Medical Centre in Kuala Lumpur: - a Cambridge graduate, a Dublin graduate (myself) and 2 outstanding graduates from the University of Singapore viz Ong Tat Hin and Foo Keong Tatt. I remember Keong Tatt's appointment was delayed as he was found to have microscopic haematuria!!

My first impression of him was that of a rather reserved person and yet friendly and approachable. He talked with a soft voice, was very patient and he exuded confidence. Work-wise he was knowledgeable, dependable and thoroughly dedicated to his profession. He possessed a pair of skilful hands and a brain to match. He was very obliging, perhaps too obliging to the tune that some colleagues took advantage of him.

Our chief of Surgery was Professor N.K. Yong; he was a very supportive and encouraging chief and he trained us well. Other senior staff at the Department were Dr S C Ong and Dr W C Foong who were our teachers. We learnt much from them. Both Dr Ong and Dr Foong subsequently returned to Singapore, and became Heads of the University Department of Surgery at Singapore General Hospital.

During the May 13th 1969 incident a sudden curfew was imposed and K.T. was stranded in



Above: Prof Foo and Dato' Dr Geh (centre) at the doctors' quarters in Peel Hospital, Galashiels, Scotland

the University Hospital. My wife and I invited him to stay with us at the University quarters; because we were not able to shop for food we ate very simply. A few days later when the curfew was lifted, K.T. returned to Serdang where he was staying with his brother. He brought back fresh eggs for us. This kind gesture revealed his caring and thoughtful character.

I would like to recall a rather memorable escapade that involved us in Edinburgh. K.T. and I sat for the Edinburgh Fellowship together in December 1970. He had met me at the Edinburgh railway station in the early hours of the morning and kindly fixed me up at the doctors' quarters of the Galashiels' Hospital where he was working. Over the entire weekend K.T., myself and a Dublin classmate of mine engaged in a productive three way dialogue

session, going through past FRCS Examination papers. K.T. took a photo of the 3 of us and gave me a copy with the following words written behind. "Mr Geh Sim Wah -? Professor of Surgery". It turned out that a few years later the "Professor" was K.T. Foo and not me as I had left for private practice in Penang. On Monday morning K.T. drove the 3 of us in his Volkswagen car from Galashiels to Edinburgh to sit for the exam. A light snow had fallen. When we arrived at the Edinburgh College we were shocked to

learn that the exam was being held somewhere else and that it had started. The lady clerk at that College offered to phone up the invigilator to hold up the examination for us three !! To this day I can still picture K.T.'s facial expression. Fortunately, someone gave a big blast of the car horn; a policeman came over to K.T.'s car to book



Above: Never underestimate a Volkswagen Beetle owner, they go on to become professors!

him but after some panicky explanation we were directed to the examination venue. To make matters worse there was no parking space. In desperation K.T. double parked his car on the road; must have been the first time he had ever broken the rules !! I have never found out whether he was issued with a traffic ticket. All I remember was that the 3 of us were panicky and panting heavily; the exams had commenced about 10 minutes earlier and it took us another 10 minutes to settle down.

The next day (2nd day of the written paper) we decided to leave early for Edinburgh. This time we arrived at the exam venue an hour ahead of schedule. It was still dark. By the interior light of the Volkswagen I read aloud from Bailey & Love a few of my "spots" e.g. Ca of the urinary bladder. When we sat down for the written paper, 3 of my spots were staring right back at us. To this day I can still picture K.T. turning back in my direction and giving me the greatest of all smiles!! Without doubt K.T. and I got the Edinburgh Fellowship.

After obtaining his FRCS Edin K.T. left for Singapore and was appointed Lecturer in Surgery under Professor S.C. Ong. True to his calling he deservedly obtained a Smith & Nephew Fellowship to pursue further training in his chosen field of Urology in the United Kingdom. When he next returned to Singapore, Urology

was still at its infancy. With K.T.'s organisational skills, energy and dedication he started a training programme and promoted and advanced the specialty of Urology to its present day high standards and recognition in Singapore. A new generation of Singaporean Urologists owes a special debt to him.

I salute the man and a good and great friend!



Above: Presenting the Chapter of Surgeons lecture at the 26th Annual combined Surgical meeting in 1992 was a milestone in Prof Foo's journey to advance the Specialty of Urology in Singapore.

Angie See
Secretary
Department of urology
Singapore General Hospital



A Caring Boss

Angie has been Professor's as well as secretary to the Department of Urology at the Singapore General Hospital. She knows very well all of us who have walked through the doors of Urology, and has given great support to Professor Foo's work. Initially nervous about having to write on her Boss, she contributes this piece, perfecting a description of Professor Foo's generous manner. Fellow professionals, patients and their relatives alike appreciate his thoughtful discussions, which he always makes time for, and always without any hint of condescension.

I have the pleasant experience of working with Prof K T Foo from 23rd March 1992 and am still working with him even though he has stepped down as Head of Department from 1st April 2001.

Prof Foo is a 'young' man, liked and respected by almost everyone I have met at the Singapore General Hospital. The very mention of Prof Foo's name will invite spontaneous comments like, "Oh! Prof Foo is such a nice person!" My reply has always been, "I'm so lucky to have worked with him".

The most 'distinguished' part of his body is 'his grey hair' which makes him so much wiser but always mistaken by people as much older than his actual age.

I remembered very clearly 2 months after starting work with Prof Foo, I found that I was pregnant. I was stunned as I had just started working and did not know how my boss' reaction will be. To make matters worse, my pregnancy had also been difficult and I was away on medical leave for almost a month. To my surprise, Prof Foo wished me good health and even came to visit when I was warded. I was so touched by his kind attitude that I told myself I would be grateful to him forever.

Prof Foo is one person who seldom gets angry and he is magnanimous in his relationship with people. I came across a patient's son who walked into his office and shouted at him! Prof Foo managed to calm him down and he subsequently stepped out from his office apologising for his behaviour.

Even though Prof Foo has stepped down as Head, I will always remember the time that I worked for him. I sincerely wish him and his family many healthy years ahead.



Above: Department of Urology, October 2002

Dato' Dr G Sreenevasan
Senior Consultant Urologist
Pantai Medical Centre
Kuala Lumpur, Malaysia



A Guiding Light For Young Urologists

Prof Foo and I have been friends for a long time and it is my privilege to express my admiration for so much that he has done for the development of urology in Singapore and made Singapore a Urological Centre, a recognised place for training of urologists and for up to date treatment for all types of urological problems. We both had to establish urology as a separate speciality in very difficult times in the 70s and 80s, when Heads of Surgical Departments with tremendous power were never willing to encourage a separate urological unit with its own identity. One had to have enormous patience, absolute faith and belief in the speciality of urology and above all faith in God to achieve this end. It needed a great deal of patience and tireless work. It is difficult for urologists today to appreciate the situation that we had faced while building up urology as a speciality. Today the speciality of urology is taken for granted in Singapore and Malaysia and we are very glad to see such developments in our own lifetime, especially to see many youngsters who are willing to build their future in urology. In the 1960s, it was difficult to find someone who was willing to come forward to do urology as they felt that they had no future. One of my friends joined urology for a few months and left saying that he could not see any future in it. But he returned to urology after a year and today he is having a flourishing urological practice in Perth having been trained in Kuala Lumpur.

Prof. Foo was able to establish international contacts and build up his department to the envy of many. With his tact and care and humility he was able to introduce various sub-specialities in urology like endourology, re-constructive urology and management of benign and malignant prostate disease. Later, I was very glad to note that he had also introduced renal transplantation in the Urological Department. One of his greatest achievement is the establishment of a Specialist Board in Urology where not only Singaporeans but also people from other parts of Asia can come to undertake training. He has been able to produce papers which were presented at prestigious international meetings in many fields of urology. Singapore Urological Association has been able also at short notice, to organise the meeting of the International Society of Urology. As though these achievements were not sufficient he took on the challenge as Secretary-General of the Urological Association of Asia and over a four-year period he regularly visited all the main centres and recently was able, with the co-operation of

Dr Shahabuddin in Kuala Lumpur, to organise one of the finest Asian Urological Congresses in the region.

With all these developments he has every right to be regarded as the “Father of Urology”. I pray that he will still continue to advise and guide the younger urologists in the speciality with all his experience and wisdom.

I am sure he feels like me that though the sub-specialities are developing fast and they will continue to develop, they must all come under only one umbrella, that is the main umbrella of Urology.

Let me end by saying that while we are improving our skills in fragmenting stones let us have faith in urology as a whole and not fragment urology into different sub-specialities in the future.

“ In the 1960s, it was difficult to find someone who was willing to come forward to do urology as they felt that they had no future. ”

Dr. Louis Jean Denis
Director, Oncology Centre, Antwerp, Belgium
Treasurer, UICC Council



The Diplomat Of Global Urology

The relatively young community of urologists in Singapore has strong international links. Thumbing through the guest book in the Urology Department, compliments and salutations from urologists worldwide can be found. Professor Foo himself is well recognised in international circles, and has made many friends overseas.

Dr Yoshio Aso, Dr K Sasidharan and Dr Louis Denis share their insight of Professor Foo as a global figure.

We have been informed of the forthcoming retirement from Singapore General Hospital of this giant in urological sciences in the near future. We probably will have to take his message cum grano salis with a little bit of salt as the old scholars said.

This young urologist has indeed finished a nice job by opening a new urological ward in 1998 to be followed by the new Urology Centre organized to the most demanding technology and specialized care. But surely his most important contribution is and will be the spirit of service to the patient in compassionate care. The urological team of SGH has been selected, trained and finetuned as one where the joy of teamwork is only surpassed by the care for each individual patient. This creator, though full of energy, will

never score in a rugby or wrestling team but he is a global player in the power of the mind. We are sure that he will leave the needed skills to his able colleagues but his spirit will be permanently imprinted in the achievements of urology. May the Force be with you.

Our collegial relations date back for a number of years when we visited the department of urology with urological group of the European Organisation on Research and Treatment of Cancer, later with the International Prostate Health Council and the International Consultation on Urological Diseases and finally at the occasion of the meeting of the International Society of Urology in 2000.

On this auspicious occasion we offer our congratulations to professor Foo for the many accomplishments and contributions made by his team in the field of basic and clinical urology. Indeed on all occasions he preferred to refer to the work of his staff rather than to his own accomplishments. It was only after several contacts, both social and professional, that one came to realize that this man, always polite and quiet with a great sense of humor, was to become a key person in the development of Asian urology. Following up on our earlier contacts with Japanese urology he immediately saw the opportunity of our WHO consensus meetings to build a truly representative body of asian urology in the form of its Urological Association of Asia (UAA) complementing the existing collaboration

between Japan, China and the other international bodies of urology. It is no surprise to all of us that his diplomatic skills and human interest made him an ideal secretary-general showing that small nations are able to contribute to a global cause by their fierce commitment and dedication to the grand cause of the suffering patient and humanity. Being a citizen of one of the smallest countries of Europe we know by instinct that we cannot impose by force but by example and sharing.

We count our blessings to see Professor Foo, the Diplomat vital enough to serve global urology and to promote Asian urology through his charisma and creativity. We all hope to see him many more times in this new Millenium before eternal peace visits us. Bene tibi.



Above: Prof Foo with Dr Louis Denis.

Professor K Sasidharan
Chairman
Department of Urology
Kasturba Medical College
Karnataka, India



Tribute To An Erudite Urologist

I deem it a great honour and privilege to essay this tribute to my dear friend,
Professor Foo Keong Tatt.

I recall with pleasure my interactions with him in the Council of the Urological Association of Asia for a period stretching well over a decade. It was palpably evident to most of us in the Council that Prof. Foo was the most appropriate individual to take over the reins of the Secretary – General of UAA from his illustrious predecessor, Professor Osamu Yoshida. His innate massive common sense and sagacious comprehension stood him in good stead in overseeing most agreeably the business of the Council as well as that of the Association.

His civil and genteel demeanour, deep erudition and range of varied urological pursuits have earned him an abiding circle of friends in international urological circuit. I recall vividly and with pleasure his visit to my centre in Manipal in November, 2000. He mingled freely with the faculty and postgraduate students and interacted



with them academically. One evening he addressed a largely attended meeting of the Indian Medical Association. He rendered a very impressive discourse on the concept of Holistic Medicine. Its sustained eloquence, depth of feeling and vigour of thought and compelling argument impacted the audience and provoked a lively floor discussion. One morning, during that visit, Professor Foo and I looked around and explored the verdant and picturesque hilly terrain that surrounds Manipal. Equally interesting was our trip along with the postgraduate students to the famous Kapu Beach neighbouring Manipal. All of us in the Division of Urology at Manipal do recall these events and cherish the memory of Prof Foo's visit.

Prof Foo has varied interests and the fact that he is a gifted painter is not known to many. I can indeed speak at first hand of his painting capabilities, being a witness to its explicit demonstration on more than one occasion on the streets of Paris. During the spring of 2000 and 2001 we visited Paris to attend the Steering Committee Meeting of ICUD. When we managed to extract some free time we meandered around the Parisian streets and during these peregrinations I saw Professor Foo sketch some famous Parisian monuments such as 'La Tour Eiffel' and 'L arc de Triomphe'. He sketched them

Left: Prof Sasidharan (extreme right) with Prof Foo at a meeting.

with consummate ease of a professional and bestowed the structures he sketched with an ethereal glow which literally animated them. I was often tempted to dispossess him of some of his lovely sketchings, but did not have the heart to do so. I am sanguine that he will present to me one such sketching one of these days.

Professor Foo's contribution to Urology as a speciality in Singapore is inestimable. He is indeed the first authentic Urologist on the Island of Singapore and he aided the diffusion of the speciality by training and nurturing many young specialists in Singapore. This publication is a fitting recognition of his life's work.

I have no doubt that his intellect, his sagacity and his broad and catholic outlook would continue to maintain him at the highest eminence in public life in Singapore and the Urological firmament of Asia.

Yoshio Aso, M.D.
*Immediate Past President of SIU
Professor Emeritus, the University of Tokyo
Honorary Director, Fujieda Municipal General Hospital, Japan*



Distinguished Scholar And A True Friend In Asia



Above (Left to right): Dr EC Tan, Prof Gu FL, Prof Guo YL, Prof Aso and Prof Foo at the conference dinner of the Asian Congress of Urology held in Beijing, 2000

Dr. Foo is always enthusiastic in both academic and social activities. As he has been so diligent in attending international urological meetings, I have met him abroad many times. Recently he has developed his own evaluation system on BPH, which was first published in *Annals Academy of Medicine* in 1995. He has consolidated his own way of assessment and staging system for BPH with incessant accumulation of his own cases. He reported a part of his work on BPH also in the UAA meeting in Singapore in 1998. At that time,

we, Asian urologists greatly supported his proposal. However, there were some disagreement in American and European urologists who liked to treat BPH patients individually according to various parameters including IPSS, flow study and so on. Undaunted, he tried to persuade them with his own data. Now, his system has been gradually accepted widely in the world. I am confident that with his way of assessment and staging of BPH, patients with BPH will not be over or under treated, and treatment outcome will be improved. I highly admire his attitude as a scholar.

Respecting his own evaluation system for BPH, I invited him to the SIU Symposium in Osaka in 1998, in which he reported further progress of his study on BPH. Obviously, his speech so impressed the audience that he gained more supporters for his proposal. He enjoyed his stay in Osaka with his wife and many urological colleagues.

Reciprocally, my wife and I were invited to his home party at the occasion of the SIU Congress in Singapore in 2000. I believe in our everlasting friendship.

Professor Foo has a remarkable and unduplicable personality. Of all the people we have worked with, who have come and gone, since the beginning of time, not one is like him! Because.....

There Is No One Like You!

No one has had your combination of abilities and talents. You deserve enormous credit for excellent accomplishments professionally and humanistically.

No one's hair grows the way yours does. Years of experience and wisdom count. No one shows kindness and generosity like you who are always so concerned whether patients could afford to pay the bills!

No one can be more cheerful and lighthearted and joyous like you coming to OT in your fatherly way. No one smiles like you do, always giving us a listening ear which touch our hearts deeply.

There would be a hole in creation, a gap in history if not because of you. We all love you as you are!

Thank you, Prof. Foo, for being such an inspirational, humble and exceptional working senior colleague – being the Head of Urology Department. Not only you are such a remarkable person but you are our hero...



Top: Nurse manager Yee and her staff from the operating theatre in 1992 (Extreme left, front row)
Bottom: Urology OT staff photo taken in 1999 with Nurse Managers Chern and Mahmood Idrose (Backrow 4th and 5th from left, respectively)

A Kind Doctor With A Visionary Mind

Patients are the reason for our existence as doctors. Professor Foo ingrains this simple yet important message in us all. Who better to hear of Professor's bedside manner from than his patient Ms Sarojini Kumarsamy!



Above: Prof Foo is a regular recipient of quality service awards

When he established the Urology Department as a separate unit from the Department of Surgery, Prof. K.T. Foo was laying the foundation stone of the Urology Centre that was germinating in his visionary mind. After my first visit to the state-of-the-art building, I thought of the place as the house that Foo Keong Tatt built for people like me and for people who want to help people like me.

As Prof.'s patient, I've been in the surgical as well as the urological wards. My medical problem is the same, with the same signs and symptoms. But the treatment isn't. The doctors and nurses have a different perspective, which enables them to see that patients like me are also victims of our malfunctioning bodies. It's a relief that gone are the days when I'd been blamed and shamed for wetting beds, for using a blanket when shivering, for drinking too much or too little water...

Today, the Urology Centre stands to declare that urology is a different specialist discipline requiring different skills and expertise. The institutionalisation of urology in its own right is undoubtedly any doctor's greatest achievement.

I count myself thrice blessed to have Prof. Foo as my doctor. In him, I've a physician who treats my complaints; a teacher who answers my questions; and a friend who shares my jokes. And I'm proud that he is also a pioneer breaching the frontiers of urology for doctors and nurses to serve their patients more effectively.



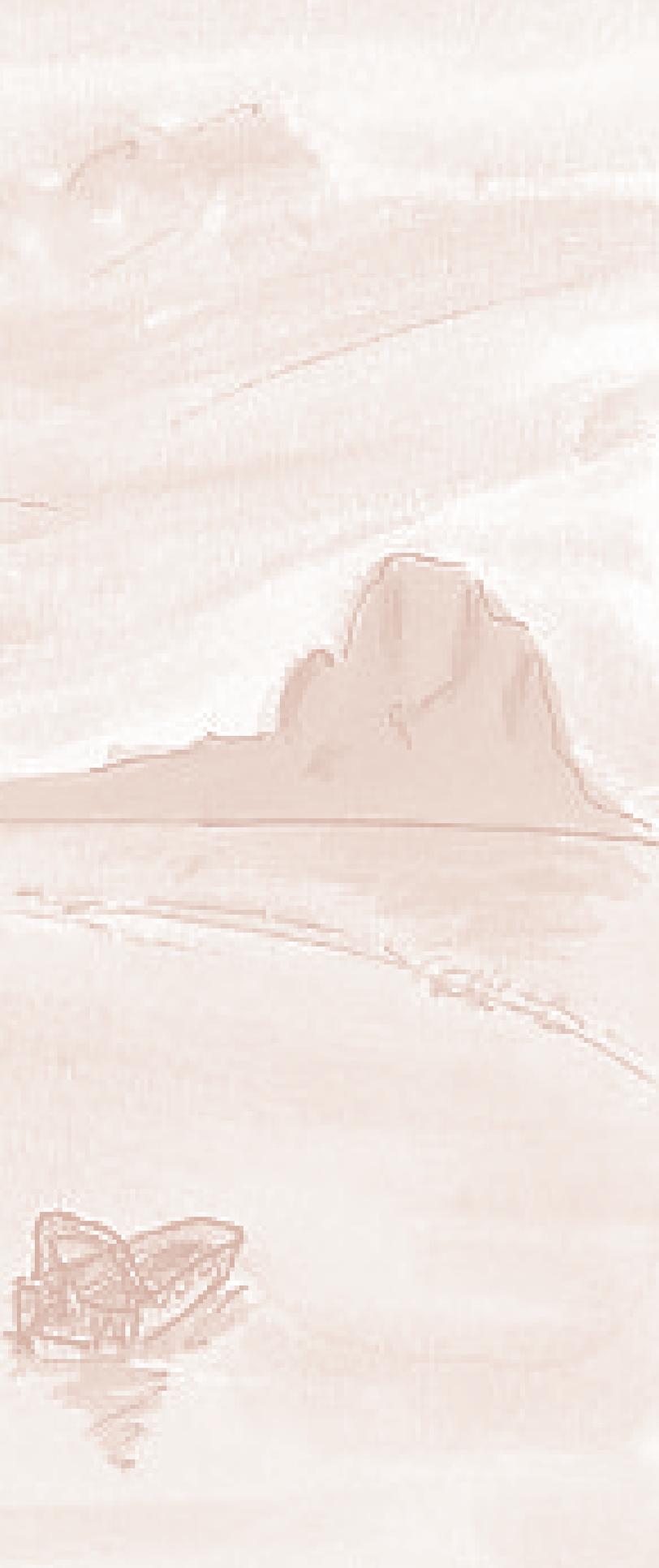


Philosophy Of Balance

Two exquisitely crafted articles discussing two widely disparate issues critical to modern-day urological practice; the first on the importance of doctor-patient relationship, and the second on the patho-physiological classification of benign prostatic hyperplasia.

A sepia-toned illustration of a tropical beach scene. In the foreground, a sandy beach curves along the water's edge. Several palm trees are scattered across the landscape, with one particularly large one in the center. In the middle ground, a small boat is visible on the calm water. The background features a range of mountains or hills under a sky with soft, wispy clouds. The overall style is that of a vintage postcard or a classic landscape painting.

Doctor-Patient Relationship -
Beyond Medico-legal Suits And
Patients' Complaints.



Introduction

Though preventing and minimising medico-legal and patients' complaints is one of the reasons to improve doctor-patient relationship, it is not the fundamental issue. The fundamental issue is in our core values and core purpose as a doctor or health care workers. If you subscribed to the core purpose and core values of your chosen profession, then you will have satisfaction in your work, and there will be minimal complaints.

What then should be our core purpose as a Doctor?

An institution has its mission and visions, which is slightly different from the core purpose. The mission or visions may change, but the core purpose should remain constant. If one goes back to the fundamental, our core purpose as a doctor or for an institution in the Health Care Industry should be a simple one and that is "to improve the care of our patients". Our purpose should not be just to treat but to care. Not just to care, but to improve on the care.

The science of Medicine

To treat we just need to be competent though some may excel with the latest technique and high-tech medicine.

To care, we need the high touch, the art of medicine, we need not only to sympathise but also to empathise. For this we need to communicate with our patients and develop a healthy relationship with them. Hence the importance of including Communication as an important part of the undergraduate medical curriculum.

Patient First

We should have the interest of our patients first in whatever decisions we made. We should treat the patient as a whole and not just the disease. To treat the patient as a whole, the holistic approach, we should remember that a person consists of not only the body, but also the mind and spirit.

We therefore need to treat not just the body with the disease, but also the mind if not the spirit. To treat the disease and the body is the Science of Medicine. To deal with the mind, the anxiety and fear of the patient is the Art of Medicine. This had been neglected in our pursuit of high-tech medicine over the past few decades, and it is important that we should restore the balance now by better communication with our patients. Proper counselling and reassurances are as important as medications if not more so in our healing art.

Mind/Body Medicine

The mind has greater influence in health and diseases than we previously thought.

We have learnt in our physiology about the fight or flight response. In an acute situation it is of benefit to the patients, but when prolonged, with circulating adrenaline and other stress hormones, this leads to chronic stress and causes diseases such as hypertension and eventually will do harm to the body. Chronic stress also depresses the immune response, leading to infection and in some cases, neoplastic disease.

The fundamental cause of illness as postulated by The Traditional Chinese Medical concept of Health and Diseases is the imbalance of the Being, the Qi, which we can roughly equate to the immune system of the body. When the immune system is under-active, you get

infection, and neoplastic disease, when it is over-active, you will suffer from auto-immune diseases and allergies.

The mind influences health and diseases through the immune system.

To improve the general immunity of the body, apart from exercise and proper diet, it is important for the patient to have a relaxed mind and to have trust and belief in his doctor. Therefore it is important for us to communicate and counsel our patients. Hence another reason for good communication, that is, to be a better healer.

How do we improve our communication with patients and achieve a healthy doctor-patient relationship?

1. Know your patient. Address your patient by name and not by the bed number or the disease he had. Know his occupation, so that you can discuss the nature of his disease and plan for

further management at his level of understanding. Know his dialect and try to communicate in his language if possible. This would create a special bond.

2. Receive your patient with a smile. This will put the patient at ease. Be friendly and approachable. Have a sense of humour, even though patient may have a serious condition, there is always something to laugh about. Laughter is the Best medicine. Though it is good to laugh with the patients, we must remember never to laugh at the patients, or talk lightly and tell jokes amongst ourselves in front of the patients.

3. Be a good listener even though you may be in a hurry, you must not appear to be so.

4. Be patient with your patients and never lose your cool, even though some of them may be unreasonable at times. You have to understand

“*To treat the disease and the body is the Science of Medicine. To deal with the mind, the anxiety and fear of the patient is the Art of Medicine.*”

their fear and anxieties. You need to not just sympathise but also empathise.

5. Be optimistic rather than pessimistic. Even though the statistics are not in his favour, you should always look on the positive side and give the patient some hope, however slim.

6. Be honest with the patient. Know your limitations, if the patient's illness requires special skill and further consultation, do not hesitate to do so. It is best not to discuss the patient's condition and management in his presence as he may interpret what is said wrongly and the differences of opinion may confuse him. After cross consultations, come to a consensus and then inform the patient. Reassure the patient that he is being given the Best expertise that is available.

7. Do not criticise or pass unfavourable comments about your medical colleagues, in instances when patients come for a second opinion. The circumstances may have changed and in many situations we do not really know what is the best options based on scientific evidence.

8. Always respect the confidentiality of the patients. Sort out the relationship of the accompanying persons before you discuss the patient's conditions.

What is expected of us by our patients?

Prof. Tommy Koh, our Roving Ambassador has summed up what is the expectation of a patient

from his perspective. That he should be, knowledgeable, compassionate, holistic and humble in his dealing with the patient.

Good Doctor-Patient relationship can thus be summed up in four words: holistic, humour, humane and humble.

We need to treat the patient as a whole, including the mind, not just the body and the disease: that is to be holistic in our approach.

Have a sense of humour, greet your patient with a smile. Humour will help our patients to relax.

Respect the patient as a fellow human being, empathise and be compassionate.

Be humble as a Doctor, know your limitations. The more you know, the more you know that you don't know!

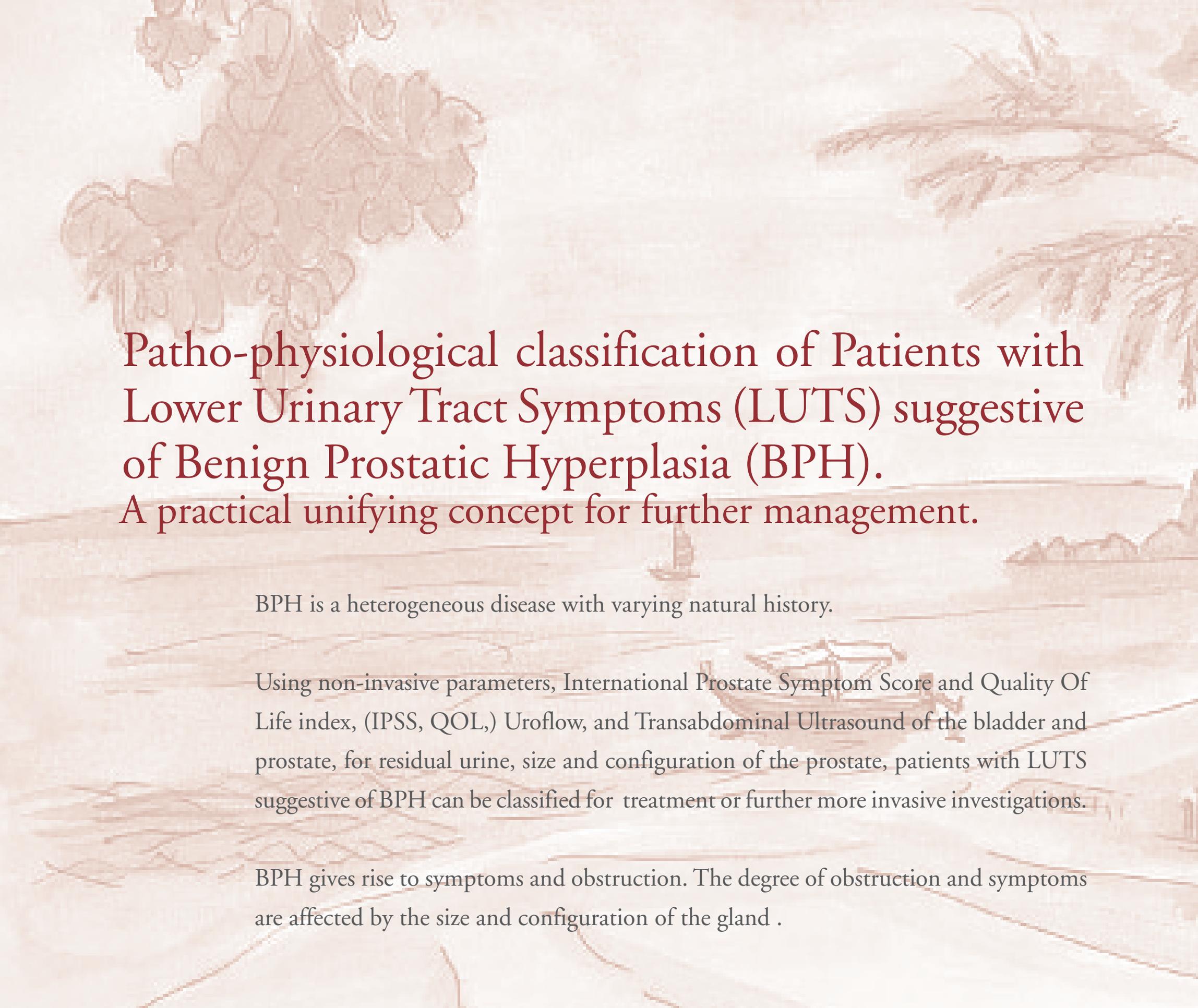
Conclusions

With good Doctor - Patient relationship, there will not only be less complaints and medico-legal suits, but what is more important is that with a positive frame of mind and trust and believe in his Doctor, the patient will recover faster.

The Doctor will have more satisfaction in his work. He does not only treat the diseased body but also helps to deal with the mind, with proper communication with the patient. In many instances we cannot cure the body, but there is always the potential to heal the mind and the spirit.

*KT Foo
Associate Dean, SGH
19th Jan 2002*

“Good Doctor-Patient relationship can thus be summed up in four words: holistic, humour, humane and humble.”



Patho-physiological classification of Patients with Lower Urinary Tract Symptoms (LUTS) suggestive of Benign Prostatic Hyperplasia (BPH). A practical unifying concept for further management.

BPH is a heterogeneous disease with varying natural history.

Using non-invasive parameters, International Prostate Symptom Score and Quality Of Life index, (IPSS, QOL,) Uroflow, and Transabdominal Ultrasound of the bladder and prostate, for residual urine, size and configuration of the prostate, patients with LUTS suggestive of BPH can be classified for treatment or further more invasive investigations.

BPH gives rise to symptoms and obstruction. The degree of obstruction and symptoms are affected by the size and configuration of the gland .



Pathological aspect

Using non-invasive transabdominal ultrasound, the size of the gland and the way it protrudes into the comfortably full bladder can be measured. The degree of intravesical protrusion distorting the funnelling effect of the bladder neck has good direct correlation with the degree of obstruction. This can be graded by measuring from the inner most protrusion of the prostate, in the sagittal view of the comfortably full bladder, perpendicularly down to the circumference of the bladder at the base of the prostate. Grade one would be 5mm or less, grade 2 would be more than 5mm to 10 mm and grade 3 would be more than 10mm. The size of the prostate can be measured by using the ellipsoid formula in the transverse view of the bladder and prostate. The size can be classified into a) 20gm or less, b) more than 20gm to 40 gm c) more than 40 gm.

Distortion of the funnelling of the bladder is more important than the size. Therefore in the grading system, the size is subsidiary to the degree of intravesical protrusion. Thus BPH can be graded as 1a, b, c. 2 a, b, c. 3 a, b, c. Grade 1a would be least likely to obstruct while grade 3c would be most likely to obstruct. Grading would be a powerful predictive factor in the natural history of the disease.

In our study of 200 patients, 94% of patients with grade 3 prostate are obstructed on pressure/flow study, while patients with grade one prostate, 79% were not obstructed.

Physiological Aspect

BPH causes Obstruction. While uroflow measurement has good correlation with urodynamic obstruction (75 to 88%) , it is more important to assess the consequence of obstruction on the bladder and the upper tract.

“ When the storage function of the bladder is affected, the patient would not be able to hold his urine. This can be suspected clinically in patients who has frequency and urgency, and void with low volume of urine suggestive of an overactive bladder. ”

The two basic functions of the bladder are that of storage and voiding. When the voiding function is affected by the obstruction, this would be manifested as persistent residual urine, and this can be easily measured with the transabdominal ultrasound. Patients with persistent residual urine of more than 100mls and a uroflow rate of less than 10mls /s would be considered significantly obstructed.

When the storage function of the bladder is affected, the patient would not be able to hold his urine. This can be suspected clinically in patients who has frequency and urgency, and void with low volume of urine suggestive of an overactive bladder.

If either of these functions of the bladder is affected, then obstruction is significant, and early relief of obstruction would be recommended.

BPH causes symptoms. The International prostate symptom score IPSS quantify the symptoms and degree of bother. There is some degree of correlation of the IPSS with obstruction, but is weak in comparison with the more objective parameters of uroflow and residual urine measurement.

The degree of bother is more important than the actual symptom score.

Physiologically, BPH can be staged in respect of how the disease has affected the functions of the

organs (Bladder and Kidneys) and the patient (bothersome symptoms).

Stage one disease would be patients with no bothersome symptoms and no significant obstruction, stage two would be patients with bothersome symptoms and no significant obstruction. Stage three would be patients with significant obstruction irrespective of symptoms, while stage four would be patients with complications of BPH such as retention of urine and bladder stones.

The unifying concept for further management

The staging and grading generally correlate well. Stage one patients can be observed, stage two patients can be managed with pharmacotherapy, while stage three patients would be advised to have surgical relief of the obstruction if they are fit. Stage four patients would need surgery.

When there is discordance between staging and grading, as is seen in patients with high stage, but low grade prostate, patients would need pressure flow studies or flexible cystoscopy. This is to differentiate between detrusor dysfunction due to ageing or neurogenic bladder, and bladder neck obstruction or other lower tract pathology such as a urethral stricture. This is seen in about 10% of our patients.

Thus this classification is complete and simple. It unifies the three fundamental aspects of BPH that is glandular hyperplasia, graded according

to size and the intravesical protrusion distorting the bladder neck. The symptoms, and obstruction, can be staged according to bothersomeness of the symptoms and the significant obstruction affecting the functions of the bladder.

In our study of 237 patients from July 1996 to July 1997, 18% of patients are in Stage three, while 82% are in stage one and two. About half of the patients (53%) are managed with watchful waiting. Of those who had TURP , 95% were down staged to One after the surgery.

The classification can be used for further rational management and would be cost effective. The parameters used are non-invasive, and patients would not be over or under treated.

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Professor Foo Keong Tatt was born in Penang, Malaysia to a large Hakka family with 6 brothers and 2 sisters. He came to Singapore in 1960 to read medicine at the University of Singapore before returning to Malaysia to further his surgical training. After obtaining his surgical fellowship, he continued his surgical training in Urology under a Smith and Nephew Fellowship at the Institute of Urology in London. He returned to the University Department of Surgery in Singapore General Hospital as a lecturer and began his long and arduous journey to establish Urology as a specialty in Singapore. He formed the first Department of Urology in Singapore at the Singapore General Hospital in 1988. He has since relinquished the headship to Dr Christopher Cheng in 2001 but remained active as a senior consultant urologist and Associate Dean of the National University of Singapore in Singapore General Hospital, teaching a new generation of surgical residents and urologists.

