

Cardiologist Michael Lim is set on helping patients and stays constantly abreast of medical developments to be at the forefront of his field

By GENEVIEVE CUA

Doctor with heart

RENOWN cardiologist Michael Lim toyed with being an engineer when he was a teenager, but a grandmother's death from colon cancer changed that.

"In the past you couldn't cure cancer, and it was very painful. She really suffered. I felt that here you have very nice people getting sick, and we're not able to do anything about it.

"I thought medicine was something I could consider. It wasn't just a job, but you go beyond it to help people."

Today Dr Lim is medical director of the Heart, Stroke & Cancer Centre. His achievements in cardiology are numerous. He was among a pioneer group of doctors, for instance, who formed the cardiac department in the National University Hospital in 1989. He was also a pioneer in carotid artery stenting, having performed Asia's first in 1995.

Today he is known for his extensive experience in computerised tomography (CT) imaging of the heart. He is also a pioneer in the use of magnetic resonance imaging (MRI) of heart arteries in place of invasive tests.

He has written numerous scientific papers. His past appointments include president of the Singapore Cardiac Society; president of the Asian Pacific Society of Cardiology, among others. Between 1991 and 2006 he also served as a Member of Parliament.

While his career in medicine has spanned some 30 years, he is not one to sit back and coast on his laurels. Medicine, he says, is constantly evolving; new developments wield profound impact on doctors and patients alike. While technological strides have vastly improved disease detection and diagnosis, they have also raised costs significantly for patients. In addition, the received wisdom of the past decades relating to health is increasingly questioned as research throws up new perspectives.

Says Dr Lim: "Things are not always black and white in medicine. There are many grey areas. Something that was Bible truth 20 years ago may be completely fallacious at this point, so truth is a moving target. As we learn and understand, many of the so-called truths are myths."

One example is the thinking that good cholesterol is protective. "People think the more you have it the more good it does for your body... But many studies now show that even if you raise your good cholesterol significantly, there is no real benefit.

"Many of us (doctors) are guided by guidelines. But they take years to develop and by the time the guidelines are issued, many more things would have been discovered."

The emphasis of medicine has also evolved into one of disease prevention, a far cry from the practice of decades ago when a diagnosis of cancer, for instance, was almost certainly fatal.

"Our ability to make a diagnosis has

improved by leaps and bounds. When I started out, the reason medicine was so cheap was that you couldn't do much. The patient just dies. Usually he doesn't survive a heart attack or stroke. Today it is so different. You can prevent an event from happening. The beauty is you can treat a condition in a non-invasive manner so the person can resume his normal life. The unintended consequence of this is that the cost of medical care has gone up tremendously."

At the same time, he maintains that technology can help to rein in costs. The use of non-invasive diagnostics for heart ailments, for instance, such as CT scans, may cost a fraction of traditional invasive techniques which incur risks and may necessitate surgery and hospitalisation.

"The solutions are all there. I put it to you that given today's technology for heart problems – the main problem is blockage of the artery – the condition is largely preventable.

"Diagnostics are so advanced today that you can do it in a very cost effective manner and you don't need to stay in the hospital."

There may be hurdles, however, in terms of practice. "You can make the whole process so efficient and reduce cost and waiting time. But it requires more than just medical judgement. For some things, you need to cut across turf territories and departments. It may not be so easily implemented in big institutions."

The "avalanche" of knowledge in medicine poses challenges for doctors to stay constantly abreast of major developments. Dr Lim says it helps that he is a voracious reader, a habit he picked up as a child. "My mother was a teacher and my parents encouraged me to read. As a young boy I used to take the bus to the National Library and borrow the maximum number of books I could take out. I liked thick books and I read at night.

"That habit stayed with me, and perhaps it also inculcated the propensity to be curious, to learn more and investigate things I didn't know about. I always had an enquiring mind..."

"As a young doctor I thought everything my professor said was correct. When you get a bit older, you say – most of the time he is correct."

Today he reads medical journals to understand how current developments in medicine could impact patients. He says this has helped him to glean trends and to anticipate diagnostic and therapeutic advances. For instance, more than 10 years ago, he saw that advances in CT have allowed imaging to progress from taking X-rays of static parts of the body to the production of high-resolution images of moving parts of the body.

"I knew that CT (scans) of heart arteries would one day replace the need for invasive and expensive angiograms for most patients... Back then there was considerable scepticism about this, but in today's context CT, which can be performed in seconds as an outpatient, is not only included as a diagnostic investi-

gation in international guidelines, but is widely accepted among most doctors."

He also anticipated the use of MRI for the heart. In 2011 the Centre for Medical Imaging, sister company of the Heart, Stroke & Cancer Centre, invested S\$3 million in a Siemens MRI machine. Today, he says, there are guidelines supporting the use of MRI and more heart centres are adopting MRI for the diagnosis of heart disease.

"The biggest advantage of MRI is there is no X-ray radiation and hence it is extremely safe. By gaining substantial experience in these imaging techniques in the early stages of growth of these technologies, it has provided the group with significant strengths in the provision of care to patients."

The next evolution, he says, is the use of polymer meshes that can be inserted painlessly into heart arteries to open blocked heart arteries through a two mil-

limetre access site in the wrist or the groin artery, with the patient fully awake. The polymer meshes dissolve over time, leaving a "brand new" artery with no need for long-term blood thinning medication.

Yet another broad trend, by now firmly established, is that of specialisation among doctors. While this encourages a deepening of medical knowledge and a widening of treatment options for patients, it runs the risk that treatment becomes fragmented and yet more costly. Dr Lim says: "I am mindful that in this era of medical specialisation, I must not treat only blood test results, X-rays or ultrasounds. But more importantly, I must treat the patient as a whole."

When he started out as a doctor in the 1980s, he recounts, there were not many speciality departments. "We had to manage the patient irrespective of the illness, so we looked at him in totality. For a large part of my training... I was trained to man-

age patients in totality. In other words, I don't just see your eye or cataract, or lung or hernia. But I see you as a patient.

"But in the last 10 to 15 years there has been a major shift towards specialisation. My biggest worry is that people become so specialised that they fail to manage the patient as a whole. That increases costs tremendously.

"The other major problem is that because patients are managed by multiple specialists, they tend to order drugs they think are appropriate. Added up, the drugs are substantial in number and costs, and (cause) drug interactions."

Meanwhile, he says Singapore's prospects as a medical hub face stiff competition in the region, and the strong Singapore dollar has not helped. The foreign patient pool has contracted. He says the main competition is hospitals in West Malaysia.

"As they have a lower operating cost

and the ringgit has weakened against the Sing dollar, they are able to offer basic diagnostic procedures and simple procedures at lower cost."

Allowing Singaporeans to get treatment overseas – in Malaysia – and funding it through their Medisave accounts have further eroded the patient pool.

"Singapore physicians must rise above a mass market mentality and offer services which cannot be performed in regional countries. They must be able to perform complex procedures with good outcomes. While many foreign patients flock to Malaysian hospitals for diagnostic tests, those with serious illnesses will still come to Singapore for treatment." ■

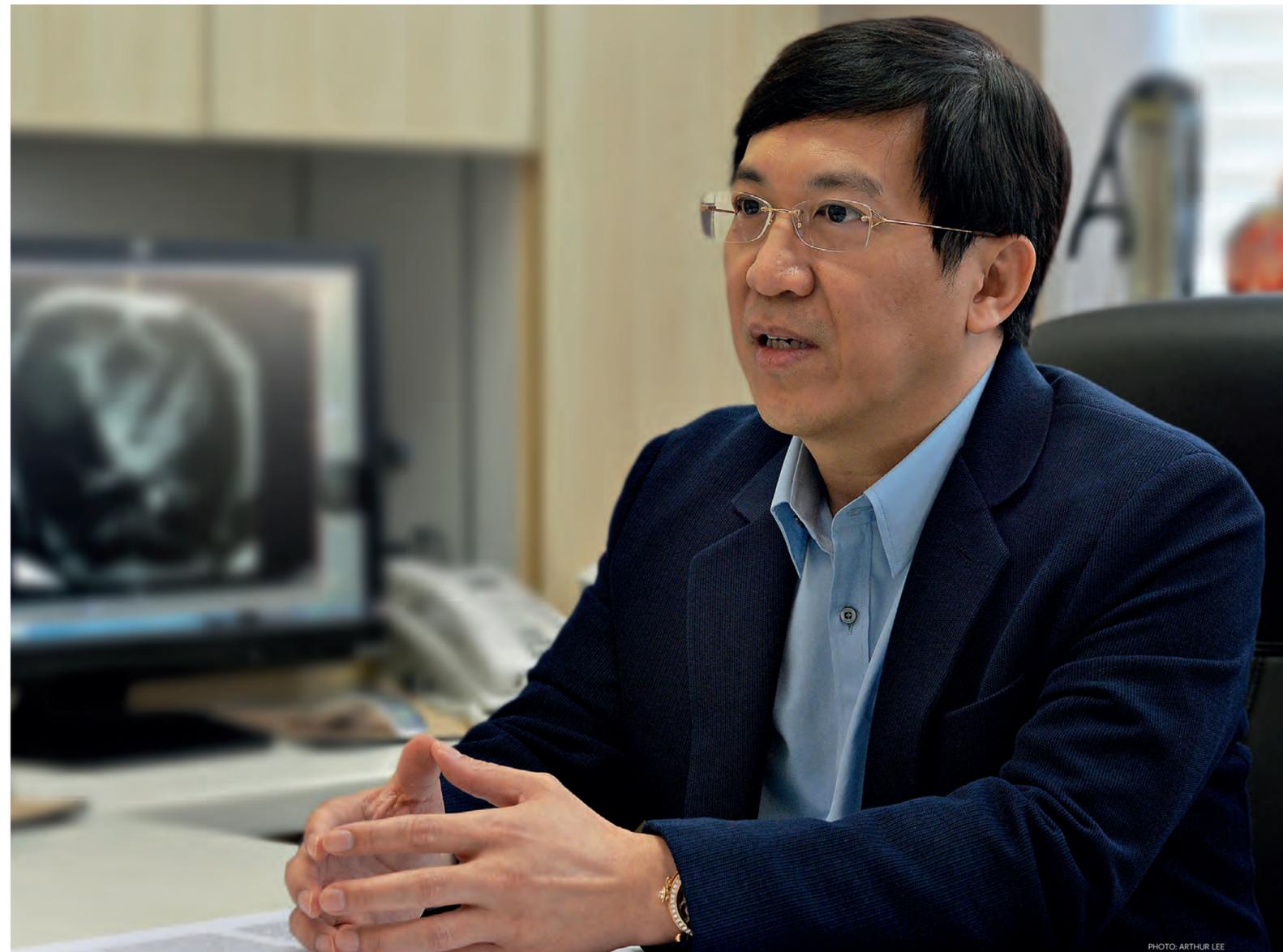


PHOTO: ARTHUR LEE

For the common good

On wealth and politics:

"While many measure wealth in dollars and cents, I believe that health is wealth. I treat patients from the entire spectrum of life. It does not matter how wealthy or powerful you are. Without good health, wealth and power become meaningless.

"Finding contentment is the key to defining wealth. There is a Chinese saying that for every mountain, there is always a higher mountain. If you can define for yourself what is 'wealth' in your life, you will be able to find happiness.

"My parents taught me never to pass negative remarks about others, never to be blinded by jealousy and to focus my energies positively and constructively on doing what is right and what matters."

Dr Lim joined the PAP Youth Wing in 1986 and served as a Member of Parliament between 1991 and 2006.

"The experience of working on the ground made me more determined to do my part to help less fortunate Singaporeans and to participate in nation building. Being an MP was an honour and a privilege... The ability to help fellow Singaporeans and see their happiness was the most gratifying part of politics.

"Politics and medicine are similar in that they both involve serving people for the common good. But they are different in that medicine requires one to be very focused while politics requires one to look at matters from a much broader perspective."

To good health and wealth

REFUSING an inheritance is almost unheard of; accounts of siblings and relatives tussling over an estate are more typical.

But Michael Lim's parents refused the inheritance from his grandparents, choosing instead to move out of the multi-generational family home to live on their own.

Says Dr Lim: "Frankly I've been blessed. My grandparents on both sides were comfortable. But my parents made the decision that when there was inheritance and so many people involved, it was better that we go on our own."

"They did not want any of the inheritance when my grandparents passed away after heart attacks. They believed that success comes with hard work. This is a virtue I never forgot."

When asked to give an indication of his net worth, Dr Lim declines with a somewhat bashful laugh, "Better not say." An article last year on his Holland Road house, modelled after a French chateau, drew netizens' ire, and photography for this magazine is confined to his clinic, the Heart, Stroke & Cancer Centre, at the Paragon. He has five children; the youngest is 18 months old.

In any case, his wealth today is large enough for him to consider setting up a family office, thanks to canny investments in property over the past decades. "When I graduated the first property I bought was landed. I took the view that Singapore is so small, you can't go too far wrong to buy something on a piece of land. I have since sold it. Actually I bought properties throughout my years. That was a very very good decision. Property moved faster than I could earn money."

It's simple maths, he says. "When I started as a young doctor, a house officer, my monthly salary was about S\$1,500. If you look at today's context, a new doctor starts at a salary double that at best. But property has increased by – I lost count – maybe more than tenfold. The asset inflation was more than tenfold but the absolute income only twofold for the same job."

"If you had just kept cash, you would not be able to make the same return. But you have to take a long-term perspective and not be a speculator. For many Singaporeans, assets are important investments. There are many Singaporean millionaires because their assets are worth more than S\$1 million."

He counts himself fortunate that he began work in the 1980s when Singapore was a growing economy, and was able to benefit from the country's growth. Through

the decades, property endured cycles but generally trended upwards strongly. Today with a mature and restructuring economy, and property cooling measures still in place, the outlook for residential property is muted at best.

Dr Lim describes himself as "100 per cent in medicine". Finances, he says, are managed by his wife, Wendy Huang, who is also chief executive of the Heart, Stroke & Cancer Centre.

"I'm always reading, trying to gaze into the crystal ball to say this is where medicine will be in the future and how do I get there. Any equity or bond investment is done by my wife. I just make sure that we run the medical part efficiently."

He takes on a conservative profile in investments. "We're very careful. I always believe that money is made through hard work. I don't think I can make money through a lottery. I have to work for every dollar."

He says the family portfolio has equities and bonds, and "significant" assets in medical and residential real estate. But the cash holding is also "substantial".

"I believe that whatever the investment philosophy or mix is, it is an extremely important principle to hold a large portion of your assets in cash. This will allow you to always have peace of mind even if there are economic storms in the global markets."

He adds: "We're not risk takers. We don't believe that you can make money by taking risk. We'd rather be conservative and earn more or less assured gains, rather than take a large risk and hope for gains. Along the way asset investments have done well, but you have to be careful what you invest in."

He has invested in funds, but feels burnt when fund performance suffers following the departure of a fund's managers. "My experience is that the fund performance is very dependent on the people managing the fund. The worst case scenario is that the fund manager resigns, leaving your funds locked in, but in the care of a new team. Hence I generally now only invest in funds where the manager has committed his own money into the fund pool."

He says his investment philosophy is simple. "We don't invest in anything we can't afford to lose. The day I invest, I write the value down to zero. So we don't have any heartaches or thump our chests if we make a loss. But we've been blessed that throughout the years we've been right most of the time."

He has learnt through the years, however, to keep his investment successes to himself, despite friends chiding him to share his experiences.

"This is human nature. When you



PHOTO: ARTHUR LEE

invest in something that people think is good, they ask you – why didn't you tell me. But when it turns bad they say – you're the one who sold this to me. In the real world most people can't stomach losses.

"We'd rather be friends than have our friends lose money and then we can't be friends anymore... When something unforeseen happens and money is lost, all the words mean nothing. So we've learnt from a few of these experiences to keep our investments very private."

He and his wife have been mulling over the establishment of a family office. "Eventually at some point we want to get our children involved in our family related business, and for my wife and I to be less involved. We're already planning ahead to do it such that there will be a recurring income stream even if I don't work that will be sufficient for the family." ■

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