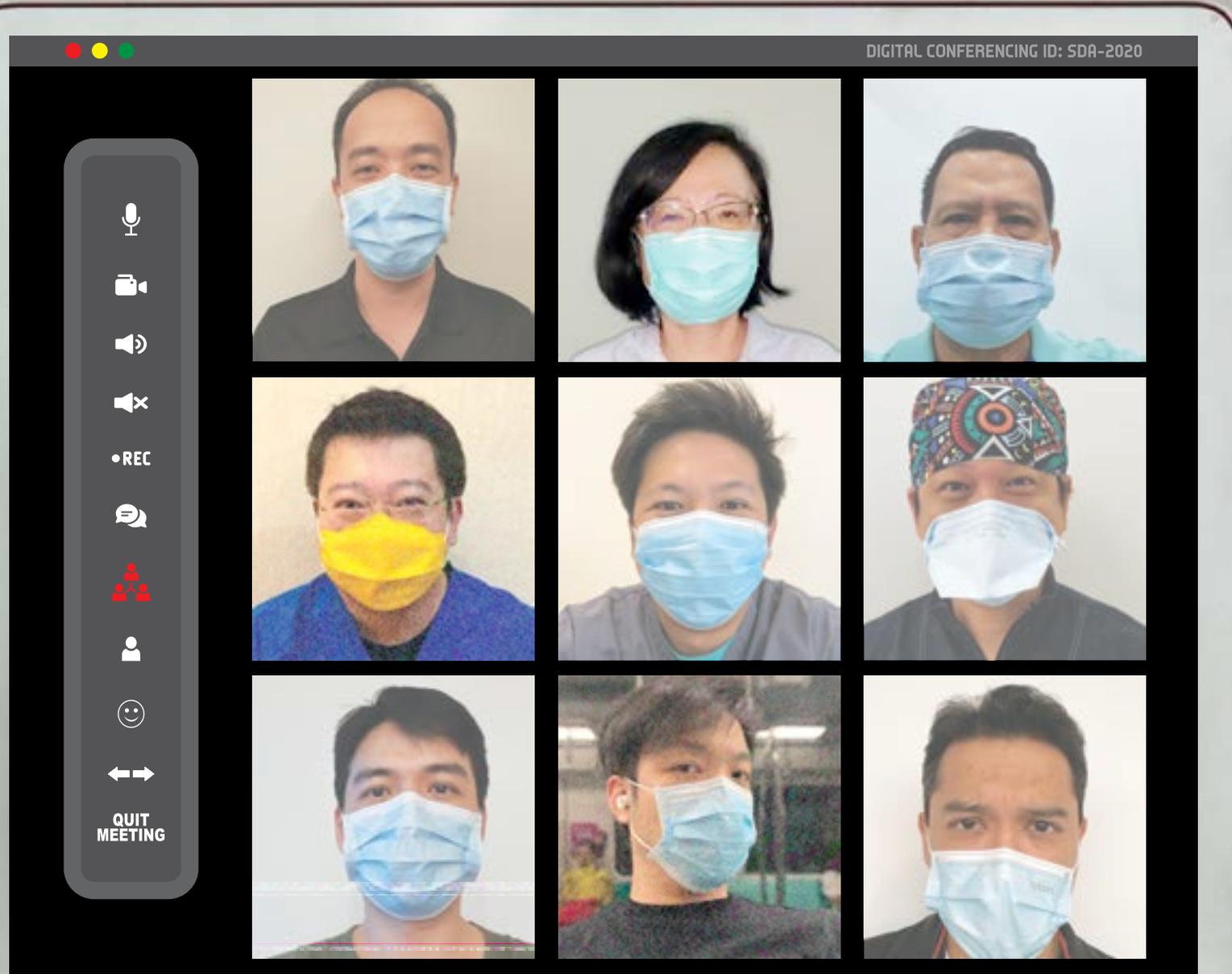


the DENTAL SURGEON

AUG 2020 ISSUE



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100% more
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Soft

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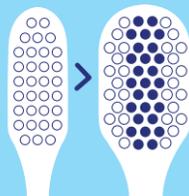
More Coverage of
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**Super-efficient thorough clean and
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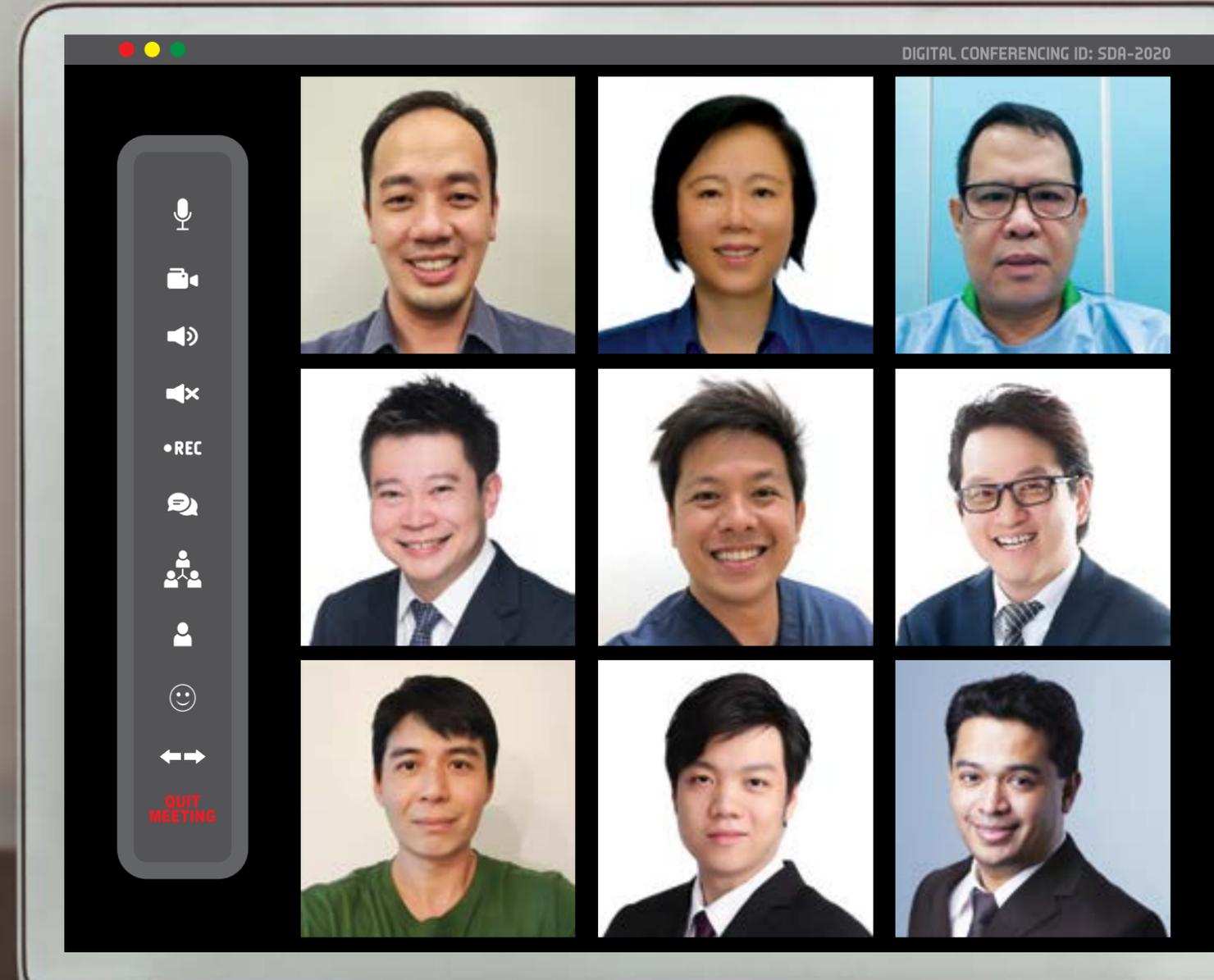
- 100% more Super-Tapered Soft & Slim bristles[^]
to provide more coverage on teeth and gums
- Elevated centre bristles to help reach gum
pockets

100% more
Super-Tapered
soft & slim bristles[^]



SDA Council 2020-2022

Left to right, top to bottom:
Dr Goh Siew Hor (President), Dr Ng Fook Chin (Vice President), Dr Samsudin Bin Jetty (Treasurer),
Dr Shawn Goh (General Secretary), Dr Kevin Lee (Assistant General Secretary), Dr Jerry Lim Eng Yong (Member),
Dr Ainsley Toh (Member), Dr Pua Hong Ping (Member), Dr Samintharaj Kumar (Member)



[^]as compared to Systema Toothbrush (Compact)
*INTAGE SRI, No.1 Company in Oral Care Category, Value Sales, CY2019.

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CONVENOR



DR GOH SIEW HOR graduated with a Bachelor of Dental Surgery from NUS in 2008. He is presently the Assistant Director at NTUC Health where he heads the Dental and Family Medicine services. He is a Visiting Consultant and Member of the Medical Advisory Committee at St Luke's Community Hospital and President of the Singapore Dental Health Foundation. He currently practises at Unity Denticare.

ASSISTANT EDITORS



DR ROBERT BURGESS is currently studying to be an endodontist. He hopes to continue to contribute to *The Dental Surgeon's* growth as a publication. Robert spends his free time trying to keep his pet corgi alive.



DR LEA TAN is currently serving the second year of her bond. She dreams of traveling the world and showing off her collection of lipstick. Outside of dentistry, she has many hobbies from knitting to learning Spanish. She is happily mediocre at them all, hopefully excluding writing.

The Dental Surgeon

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EDITOR'S NOTE



Dear Readers,

If you are reading this, give yourself a pat on the back. You have survived the objectively worst year in recent human history. Despite it all, you have found the zeal to pick up this god forsaken publication to flip our pages.

Dentally speaking, our profession has had a serious reality check. COVID-19 has brought our private sector to her knees, with some clinics experiencing an over 90% fall in revenue. What was once considered to be an iron ricebowl, in fact bore the fragility of fine china. Some clinics have even had to shutter; while others continue to struggle with massive overheads and fixed costs.

This magazine, too, has suffered greatly. This publication was slated for a June release, but here we are. Helmed by Dr Goh Siew Hor, they now lead an association of dentists in a time where the need for strong leadership could not have been more critical.

Personally, I have since escaped the clutches of my government bond; or did I merely leave her warm embrace? Life in the private sector will be unpredictable for the foreseeable future, but here I am. Thusly, I have sold my soul to Beelzebub himself and have created an Instagram page which I shall shamelessly plug. @dentistofsingapore welcomes your support. I will also be sharing this magazine's work in progress, and will be open to suggestions to interesting article ideas such as investigations into Dubious Dentistry.

Yours Sincerely
Jeremy Sim

DR JEREMY SIM has emerged from his bond with the government and is currently fending for himself in the real world. He currently practices as a General Dentist in Orchard Scotts Dental. He is currently seated in front of his PC trying to write about himself in the third person to no avail.

PARTING MESSAGE FOR THE DENTAL SURGEON

BY DR LIM LI

The morning after AGM 2020 was bright and sunny. Totally befitting a new start of the next chapter of my life, closing a chapter of 17 years' worth of service to my professional association.

Without doubt, my last term in office was truly exciting. I do not profess to be an SDA veteran, but I dare claim to be a veteran of association politics, albeit not of my choice. Despite all that had happened, SDA is important to me and I hope to see it prosper and grow.

Indulge me as I share my hopes for SDA:

Volunteers

SDA is created by members, for members. But what makes SDA thrive, is our Volunteers!

Volunteers come in all shapes and sizes, and it is critical to remember that there is NO yardstick to measure and judge the worth of a volunteer. Just as Singapore needs 4G leaders, similarly SDA needs to attract young dynamic volunteers to step forth to lead our beloved association.

To progress, SDA needs to be a place where volunteers come together, with their differences in viewpoint, to chart the best course for the profession. Petty politicking; unconstructive criticism; "party" allegiance — definitely discouraging determinants for potential talents.

It is the spirit of volunteerism that is most important! We should not lose sight of this.

Unity

SDA is a big dental family!

SDA has had her fair share of tumultuous times in history, and there was even an instance where higher authorities were involved

to restore balance in our association. (anecdotal account)

It has taken many years to achieve the stability and unity that SDA enjoys now.

Polarising of our membership is a definitely a no-no, for unity among us is the only strength we have as a profession. Caution must be exercised to safeguard SDA against any agents of divide.

I still firmly believe that my colleagues are intelligent and highly discerning beings and have the insight to see beyond what is presented.

In my honest opinion, there are no winners or losers in our recent elections. We are merely taking turns; as equal, as volunteers, to serve.

My years of service to the SDA has been truly worth every minute, for the reward I received; friendship among the member the secretariat staff (past and present), the volunteers, the dental industry, the affiliated professions, the Faculty, the educational organizations, and many others - is Priceless!

Congratulations to the newly elected Council 2020-2022, especially to my most worthy successor, Dr Goh Siew Hor. I proudly hand over this position of "butler-in-chief" to you.

I would like to share these words of wisdom that my predecessor, Dr Kuan Chee Keong, left me : "SDA does not belong to any of us, office bearers are merely looking after it for the next generation!". I have lived by this, every day, for the past 4 years.

Special thanks to the editor, Dr Jeremy Sim, for inviting me to share my hopes for SDA.

Thank you, dear members, once again, for the honour and privilege to have served.

Respectfully yours,
Lim Lii



WELCOME ADDRESS BY DR GOH SIEW HOR

Dear friends,

Thank you all for generously supporting SDA through your contributions and participation in her activities. Having recently concluded the AGM, the new Council is looking forward to working on the initiatives shared during our campaign.

Many external events continue to shape our industry. At the top of our minds is COVID-19 which highlighted our vulnerability to supply chain disruptions. Rising patient expectations and demand for assurance of care quality have influenced policy considerations. This highlights the important role of the SDA in coordinating efforts to manage issues that individual practices may not have sufficient influence over.

Over the last few issues, *The Dental Surgeon* has faithfully reported significant events and highlighted relevant issues, albeit in a light hearted manner. It reminds us that while there are serious issues to address, it helps to not take ourselves too seriously. I would like to express my gratitude to the editorial team for their hard work. It has brought me much enjoyment reading *The Dental Surgeon* in the evening especially after a hard day at work.

My team and I look forward to serving our dental community and making a positive impact during our term in office. We humbly seek your patience and support.

At your service,
Dr Goh Siew Hor

EMAIL-INTERVIEW WITH DR GOH SIEW HOR

BY DR JEREMY SIM

With a new committee at our helm and three weeks late on my submission for printing of this magazine, I sent Dr Goh Siew Hor, our new president, a brief series of question to find out more about him and his vision for the SDA.

Welcome to the SDA committee! Could you tell us a little bit about yourself and your team?

I am presently working at NTUC Health doing both clinical work and administration. While it can be doubly tiring, you do get to enjoy the best of both worlds. Clinical work is satisfying for the long-term relationships you build with your patients while administration taps on various recesses of your brain to analyse issues and problem solve. There is never a dull moment!

The team that has come alongside with me consists of many well-respected and established dental practitioners. Many are successful business owners and thought leaders. When we discuss issues, I find myself gleaning valuable insights from their sharing and perspectives. What strikes me most is that in spite of their stature, they continue to remain humble and willing to hear others out. I believe this reflects the spirit of a true leader.

New leadership in times like these can sometimes be worrying. How do you intend to shepherd our association in this trying time?

Continuing with an existing establishment can have advantages if we are operating under scenarios that are tried and tested. In unprecedented

times, there is no playbook to fall back on. Everybody starts from the same point. Leadership needs to be nimble and quick to learn for it to adapt to changes as they happen.

As this is an Association comprising professionals, we need to adopt a consultative approach in decision making as trade-offs are sometimes inevitable. Some of the issues we face today relate to the practice of dentistry and opportunities for professional development. The COVID-19 pandemic is an example of how there is no perfect solution and leaders must decide on how far they are prepared to restrict individual freedom to achieve the greater good.

We hope that by improving member engagement, we will be able to tap on the collective wisdom to chart the way forward.

Do you have anything else to share with the members of the SDA?

I do believe that dentistry is not a sunset industry. People are becoming more affluent and living longer. There will be a demand for solutions to optimise quality of life. However, to meet the demand, we need to constantly keep abreast of developments and be willing to adopt digital technologies. More importantly, we cannot forge ahead alone. There will be a shift toward a multi-disciplinary approach as it will be difficult for a single person to gain mastery in all areas of dentistry. As such, it is important for dentists to learn how to complement each other.

You can only choose one of the following options

A) To smell like fart your entire life

B) To constantly smell fart your entire life (and no, you will never get used to it)

What is your answer and why?

I would choose option B because I want others to have wonderful lingering memories of things I did rather than remember me for the lingering smell.



DR GOH SIEW HOR graduated with a Bachelor of Dental Surgery from NUS in 2008. He is presently the Assistant Director at NTUC Health where he heads the Dental and Family Medicine services. He is a Visiting Consultant and Member of the Medical Advisory Committee at St Luke's Community Hospital and President of the Singapore Dental Health Foundation. He currently practises at Unity Denticare.

ONE MORE OPPORTUNITY TO BE PART OF OUR NATION'S CALL

BY DR VIJAYAN LOGANATHAN

With the pandemic, many of us found ourselves confined to our homes, attending only to emergency cases at our clinics.

With only so much time on our hands and only that many TV shows to watch and novels to read, boredom begins to set in.

Being busy all the time and then suddenly having nothing to do made it even more difficult.

And then, there was a call from the President of SDA to both myself and Dr Kaan Sheung Kin, to see if we could help out in training would-be swabbers to be sent to sites to test and identify possible COVID-19 cases at the dorms and at homes for the elderly.

Both Sheung and I had already signed-up to be swabbers, however, due to our age, we were turned down. Individuals above 60 with possible comorbidities were at a higher risk and were not encouraged to be at the front line (Shucks! Did I just reveal my age?).

So... why not become a trainer? Both of us, including many more, immediately responded to the call and agreed to become trainers.

This called for a proper training in swabbing for all of us trainers at the NCID by their Specialists over a 2-day period. We were trained in all types of swabbing (oropharyngeal, nasal and nasopharyngeal), PPE donning and doffing and a live swab session.

Upon completion, we were asked to train medical, dental, nursing, allied health professionals and lay people to become swabbers.





This training included both the theory of swabbing and the need for swabbing besides an actual practise in live swabbing.

Held at the Devan Nair Institute in Jurong, the exercise was held from 29 May till 12 June.

It was both fun and taxing, especially when you had to be in full PPE (including the N95)! However, it gave us the chance of making new friends over this safe-distancing period.

These classes were mostly held on weekdays in the evenings (to enable volunteers to come after work), with a few weekend classes

in the mornings and afternoons.

All in all, we trained over 450 volunteers as potential swabbers who would be working in the field.

Besides the SDA and its members, the CGDP and its members too were actively involved in this exercise at the Devan Nair Institute.

Once again, it made me feel proud and hold my head high as a Dentist, to see the solidarity of our family of dentists coming forth to be trainers and swabber; uniting to answer our Nation's call.

A big thank you to all.



DR VIJAYAN LOGANATHAN (BDS MDS (Prosth) FAMS (Prosth)) graduated in 1978 from the University of Singapore. Having worked with the Ministry of Health for over 20 years, he is currently in private practice.

For the past 25 years, he has been actively involved in Dental Volunteer Missions.

For the past 14 years, together with his family and good friends, his energy has been focused on his pet project: "family affair", which can be described as a children's camp for the less privileged in India and Nepal.

HEROES

BY DR JEREMY SIM

*With PPE for armour,
And a swab stick for a sword;
We stepped into the battlefields,
On His Majesty's accord.*

*The men came in swathes,
Apprehension in their eyes.
Pulling down their masks,
They said their last goodbyes.*

*We tried our very best,
To hurt them the least we could.
I tried to cheer them with a joke,
But they were not in the mood.*

*"Why hath thee forsaken me?"
The foreign men lamented.
"Fear not and trust in Lee,"
I assured them as I entered.*

*When all was said and done,
Fifty thousand, more to come;
"They're not one of us,
So what's the bloody fuss?"*

*All they have ever done,
Was to build our homes,
They've built our roads,
And our iconic flower domes.
They only run our ports,
And keep our power running,
Look how dirty they are!
They surely had it coming.*

*Let's keep them in their rooms,
Sixteen men to one.
Living in such close quarters,
Must be so much fun!*

*Enough about them,
Now more about me.
I'm a healthcare hero,
So I should dine for free.*



CLINIC PERSPECTIVE

BY DR JEREMY SIM AND DR ROBERT BURGESS

We interviewed Dr Jerry Lim (Orchard Scotts Dental), Dr Goh Siew Hor (Unity Denticare) and Dr Adeline Wong (The Oral Care Centre) to get their insights on how COVID-19 has impacted their practices.

1. What was the biggest challenge that you faced during this period?

JL: The Circuit Breaker was a nationwide exercise with the objective of flattening the curve of COVID-19 infections and to relieve the strain on hospitals. The biggest challenge was cashflow management for the clinic which translates to keeping everyone employed. 4 weeks of circuit breaker was manageable but another 4 more weeks was really a big challenge.

Many other businesses went bankrupt or had to lay off staff. Rental, staff salaries and existing loans were the main expenses that needed to be managed. On the account that there was almost no revenue, it was great news when the government announced that they would support 75% of the salary of Singaporeans, waive the foreign worker levy and support rental rebates. Although we would only get it later, it changed the way we managed the cash flow and reassured the team members.

GSH: This was unprecedented in scale and affected many supply chains especially for PPE. In the early days, there was a shortage and we needed to rationalise usage as we did not know how long the pandemic would last or when PPE supply would recover.

AW: Conflicting information and evolving guidelines pertaining to the nature; means of transmission and follow up precautions needed to manage patients.

2. Did you face issues with staffing? If so, how did you manage them?

JL: There were many issues that my staff faced during this period. Concerns over health safety, job security and morale were just a few of the issues faced.

When business dropped by more than 90% in April and May, we sounded the warning to our staff that we had to tighten our purse strings. Our priority was to make sure that we had sufficient cash flow to sustain everyone's employment. After analysing the cash flow, we assured our staff that we would strive to keep everyone on the team. This boosted

their morale tremendously as they started to hear of friends losing their jobs in other industries.

Keeping everyone engaged for 2 months was also a big challenge. The first thing we did was to educate the team about the disease that was COVID-19. We increased their knowledge through Zoom meetings and small group education. Equipping them with this knowledge helps them play their role in proper infection prevention and control processes that we were trying to implement. It helped keep their families safe too.

We staggered work days, formed 2 teams and kept everyone busy with service upgrading skills and knowledge.

AW: We did not have any issues with staffing although I understand that the Ministry of Trade and Industry placed limitations on staff numbers for some practices.

3. What was your initial reaction to the sudden changes in clinical protocol?

JL: Initial reaction was to manage my own emotions of frustrations and uncertainty and to put on my leadership hat. It is important for the team to see your response and take cue from your lead. Calming ourselves down first helped tremendously to relief the jitters the team felt.

Clinical Protocols changes came hard and fast from MOH. Patient management was the key issue as we determined who we could and could not see during Circuit Breaker. As there were initially areas of ambiguity, this led to some frustrations and uncertainty on how we should be dealing with patients and their appointments.

GSH: We did expect that there would be changes to the protocol in view of the situation.

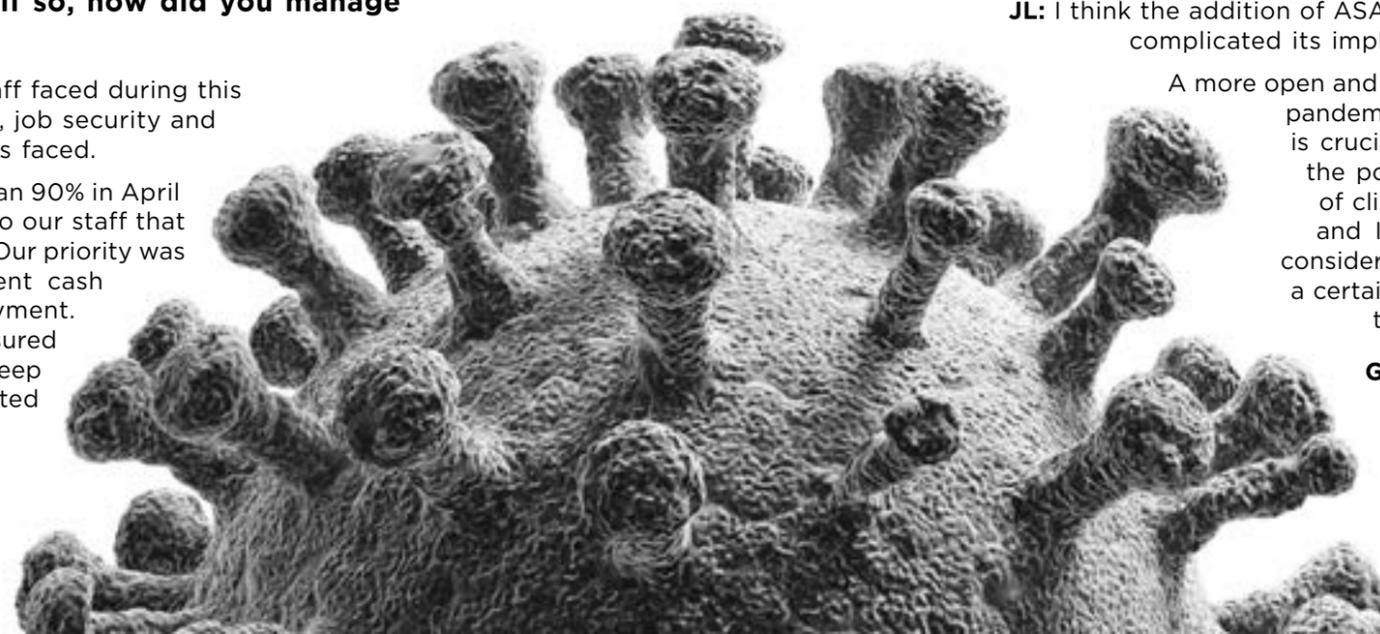
AW: Quite calm, to be honest. We have protocols instituted from SARS and PPE with N95s always in stock.

4. What guidelines did you feel were the hardest to implement? What can be done better in future to improve on these said difficulties?

JL: I think the addition of ASA 2 and above category of patients into the circular complicated its implementation and made it harder to interpret.

A more open and robust open communication channel is needed for a pandemic of this proportion. I believe clarity of the circulars is crucial for everyone to help the Government implement the policies to the point of spelling out the exact details of clinical engagement with patients. But it is an opinion, and I believe there may be other mitigating factors in consideration which led the authorities to give the circular in a certain manner. I trust it is all done with specific intention to control the pandemic.

GSH: On one hand, we were given broad principles and instructed by the circular to exercise



good clinical judgement. We do know that clinical judgement differs even amongst the best of clinicians. Furthermore, the situation evolved quickly and there was little time to seek clarifications. As the authorities came down very hard on what they viewed as infringements, many clinicians were caught in a dilemma on what constituted “the right clinical judgement”.

I give you a concrete example. One of the clinic owners I know was penalised for doing cleaning and shaping as part of pulpectomy. Being uncertain of how long the circuit breaker would last, he reasoned that the incremental amount of time needed to work the canal one or two file sizes up would significantly reduce bacteria load and possibly the need for a re-pulpectomy in the midst of the circuit breaker. He reasoned that making another trip to the clinic was a higher risk to the patient. However, the auditors consisting of dental officers under bond with limited clinical experience would not accept it. He was issued a warning as a result.

The COVID situation is unprecedented and not many can claim to have gotten things right the first time round. It would have been better if the MOH auditors went about seeking to understand the difficulties faced by the ground and explaining some of the policies rather than adding fear to an already difficult situation.

AW: In private practice, to institute minimum crossover of staffing. i.e. alternate teams is near impossible.

We do not have multiple branches so we could not park staff in another branch.

5. In terms of patients, what issues did you face?

JL: Having to postpone the care of their treatment was not easy especially when it did not fit into the accepted range of essential services. In the end, the patients were wonderful as they were very understanding and concerned too.

GSH: Some of our ASA 2 patients raised concerns on the need to travel to either NUCOHS or NDC for treatment after assessment as they feel that they have already been exposed at the clinic. They believe that the travel and additional attendance at another clinic will increase their exposure risk. While we tried to explain that this is the MOH directive, they refuse the referral as they insist that service provision can be done in the clinic.

We were advised that the consultation charges for private patients are between \$90 - \$160 and \$110 for subsidised patients. Treatment will be charged separately. There is also no guarantee that treatment will be rendered as there is an assessment criteria which they are unable to share. This has led to much frustration as the cost of consultation alone is prohibitive to some of our less well to do patients, especially during COVID when many are worried about their job security. They also have to make a trip down without guarantees that their issue will be solved because the criteria for receiving treatment is not made known.

AW: Patients were generally understanding of the measures we have to take to maintain their safety, like social distancing and contact tracing.

We have some patients who are still fearful or apprehensive about coming back for treatment, and they consist of about 15% of patient volume.

6. How severe was the financial impact, and how did you manage it?

JL: COVID-19 hit businesses in such a way that struck fear in many of us. Rental, salary, business utilities, loans and previous months' expenses were issues which magnified the problem of cash flow.

Our cashflow was eased by the support from government subsidies on salaries up to 75%. Dental associates had almost no income for 2 months. As dentists, we would have some reserves unlike some team members living from paycheck to paycheck. So, we continued to pay staff salary for the 2 months.

Overall, the government packages helped ease some worries but the cash flow is still a concern. Bank loans with low interest rates were some of the measures we took in case we needed them to sustain the business operations.

AW: The biggest financial expense was rental for us as staff salaries were subsidised somewhat by the government.

The drop in revenue was significant (About 80% in April and May).

7. Did you have to defer any plans for your clinic because of COVID-19? If so, what and why?

JL: We had plans to refurbish the clinic this year. However, we decided to shelve the plans for now as COVID-19 is still on going and is nowhere near resolved.

Some aspect of clinical growth by attending courses overseas were also put on hold as air travel is crippled for now.

AW: No, as we are quite established and not in the midst of any expansion plans.

8. What do you think about the long term economic aftermath of COVID-19 in the dental industry?

JL: Long term economic impact is immense. New practices will be impacted greatly, especially if loans were taken. Staying afloat will be the prime consideration especially with potential cash flow problems of younger practices.

The physical CDE calendar has completely shut down. However, this encouraged the online platform of education which took off immediately with an astronomical number of webinars suddenly becoming available. This will soften the impact of lack of CDE courses. Singapore Dental Council also modified their requirements for CDE points which helps in acquiring enough points for renewal of practising license.

Patients will also be more cautious with their discretionary dollar. They will no doubt be more selective in their choices of dentist and practices.



I believe this is an important time to decide where you wish to position yourself and your practice. Is it going to be a volume based practice, a mid range practice or a higher end service-oriented practice?

GSH: The economic impact can be seen on several levels. At the clinic level, business owners will need to consider whether they have the necessary financial reserves and cash flow to ride out the situation. Business owners are more likely to provide greater weight to the pandemic risk aspect of the business due to the recency effect and choose to join an established practice rather than run their own outfit.

We expect job losses to occur in the larger economy so consumers are likely to put off spending on non-essential cosmetic services. Patients will also be more likely to seek out dental services that allow them to stretch their dollar.

While the impact is likely to be significant in the short to medium term, I believe that there are good long-term economic prospects for dentistry. Increasing dental awareness, its impact on general health and quality of life is likely to see sustained demand for dental services over the long term.

AW: The cost of PPE has gone up about 10 times and we may have to institute a consumable charge for patients moving on which we have not done before unlike public institutions. Either that or we will have to find a sustainable form of PPE that can be reused/sterilised more effectively and reduce the reliance on supply chain issues on single use consumables.

We will have to find a better way of evacuating or neutralising potentially infective aerosols.

9. What kept you going/inspired you during these times?

JL: I have a business partner, Dr Ronnie Yap whom I have been in business with for over 21 years. We continuously hold each other accountable for a positive mindset and strong leadership roles.

In tough times like these, it is important to keep a team of people around you who keeps you sane, positive and inspired. I always feel very responsible for the people who work with me. Their livelihoods at these times are also my responsibility and I guess that keeps me going.

There will always be ups and downs. The key is not to stay down when you get hit.

GSH: Knowing that this is a phase and it will pass as well. Rather than focus on what was lost, I rather choose to focus on the opportunities it presents. During the circuit breaker, I managed to exercise more, prepare more home cooked meals and catch up on reading.

AW: That we are not in this alone and at least our healthcare system is robust enough to meet the challenge.

10. What is the 'new normal' going to be like for you?

JL: We have been practising universal infection prevention and control protocols all this while from the front desk, to sterilisation room, and in the clinical rooms.

With some additional infection control measures (Triage of patients, hand sanitisation, N95 masks, etc.) and patient management protocols (15 mins intervals) as mandated by MOH, the new 'normal' is something we must all live with for now until a vaccine arrives.

Slowing down and approaching patients in a more comprehensive manner is one way to move forward.

AW: Not to assume anything and maintain contact tracing and social distancing.

11. What contingency measures have you implemented to handle outbreaks in future (if any)?

JL: Staff education, preparedness and awareness are crucial in getting ready fast. Administratively, facing COVID-19 is monumental. With this knowledge and experience, we could react in half the time needed, keep everyone safe, continue to perform dentistry and take care of our patients.

Infection control procedures are paramount during these times. It must be our priority to ensure team members understand this well. I believe that if dental practices uphold good infection control protocols, we can put up strong case to MOH not to curtail the scope of dentistry allowed during another Circuit Breaker.

AW: To explore how to better use technology for tele/remote dentistry and infection control.

12. How do you feel younger dentists leaving the government sector will be affected by COVID-19?

JL: Salaries will definitely be impacted as businesses consider reducing cost. My advice is not to take it personally as across the board, businesses are affected gravely and uncertainty looms. Please take up any good opportunity to learn as your primary goals for the coming year.

Opportunities for employment will also be reduced as businesses are put on hold or scaled down. Please take up any offer quickly as there will be many dentists seeking job opportunities.

Traditional way of improving your skills through physical courses are temporarily halted. CDE and learning opportunities must be gained from other media, eg mentorships, webinars, online videos.

GSH: I think it will take a bit longer for them to build up their patient base compared to the past. They could take the chance to invest in training for more complex dental procedures before clinics get busy for them and opportunity cost becomes higher later on. If you have a good set of skills and bedside manners, in time patients will come to you.

AW: I think being in the government sector during COVID-19 would have given DOs an insight on how best practices should be followed to contain spread and maintain infection control. The question for them is how to apply what they have learnt to private practice where they majority of them will be in future but with limited resources.

Interviewee Profile



DR JERRY LIM ENG YONG, BDS (Singapore), FRACDS (Australia)

He graduated from National University of Singapore in 1995. Fellow of Royal Australasian College of Dental Surgeons 2002. It is his firm belief to provide optimal dental care for his patients. This has led him to pursue advanced aesthetic and restorative dentistry skills as well as neuromuscular knowledge at the leading overseas centres of excellence like the Las Vegas Institute for Advanced Dentistry (LVI Global), Occlusion Connections (OC) and Interdisciplinary Dental Education Academy (IDEA).

He combines his depth of expertise with advanced technologies in Laser, Digital Dentistry, 3D Jaw Analysis and advanced materials to support his advanced aesthetic reconstructive dental treatment. Dr Jerry Lim is a 2 term President of the College of General Dental Practitioners Singapore from 2011-2015.

He shares his knowledge passionately with other dentists both in Singapore and internationally. He has lectured and presented in Singapore, Indonesia, Thailand, Malaysia, Taiwan, Japan and USA on Aesthetics Dentistry, Digital Dentistry, Implant Dentistry, Invisalign Therapy in Multidisciplinary Treatment, Gneuromuscular treatment for TMD. He firmly believes in a holistic aesthetic approach to dentistry, not only restoring function but also enhancement of the appearance and balance to the smile and face.



DR GOH SIEW HOR graduated with a Bachelor of Dental Surgery from NUS in 2008. He is presently the Assistant Director at NTUC Health where he heads the Dental and Family Medicine services. He is a Visiting Consultant and Member of the Medical Advisory Committee at St Luke's Community Hospital and President of the Singapore Dental Health Foundation. He currently practises at Unity Denticare.



DR ADELINE WONG graduated from the University of Singapore with a Bachelor of Dental Surgery in 1994. She obtained double Masters in Dental Public Health and Prosthodontics in 1999 from Manchester, UK. Dr Wong obtained her Fellowship of The Academy of Medicine (Singapore) in 2007 and is presently a registered Dental Specialist in Prosthodontics with the Singapore Dental Council.

She continues to contribute her expertise at the School Dental Centre, Health Promotion Board as a visiting specialist, and is also a part-time clinical tutor in the Faculty of Dentistry, National University of Singapore.

She is currently a member of the Prosthodontic Society of Singapore and the Academy of Medicine (Singapore). She is also on the Advisory Panel (Dental Hygiene and Therapy) of the Nanyang Polytechnic's School of Health Sciences.

She is presently the co-partner and clinical director of the The Oral Care Centre.

Creative FODder: Students & Side Hustles

BY DR LEA TAN

Everyone who has walked the tree-lined, breezy stroll of dental school knows how joyful it is to bring lab work home. That joy was taken to the next level by these four students (two have since graduated, congratulations!), who used the time at home to grow their hobbies into profitable side hustles. There's little one cannot craft if one has already perfected mixing powder and liquid, moulding finicky plastics and metals, and most importantly, the Art of The Redo.

Check them out on Instagram and give them a like, follow, or get your hands on some goodies! (You can attempt to) quote 'TDS10' for 10% off all orders! #notsponsored

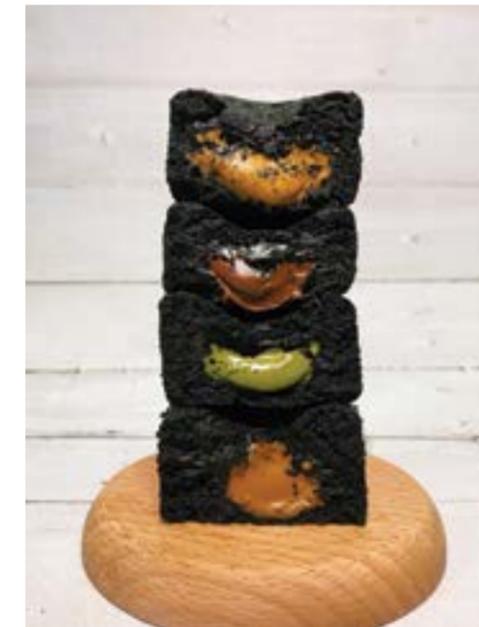
Charlene Yak ~ @honeychars



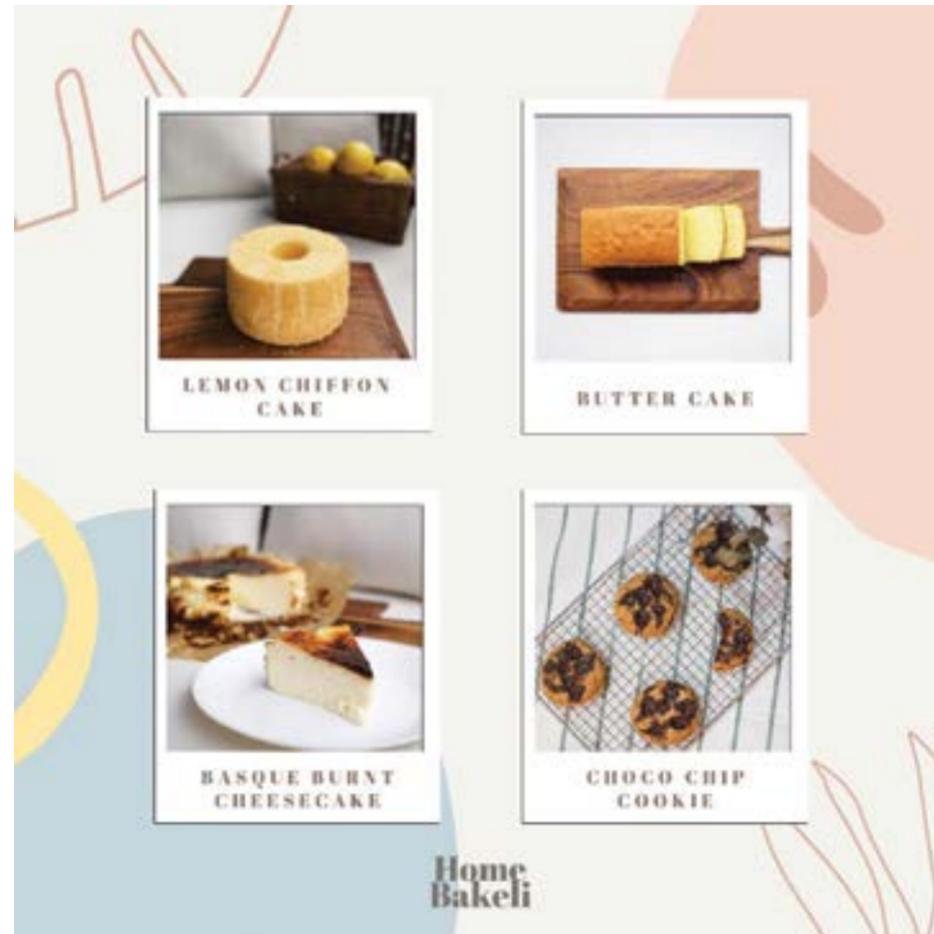
The tooth fairy with a sweet tooth. Charlene has been baking since junior college and, as a fresh-faced still-buoyant Year One, she jumped at the opportunity to grow her passion when the Sim Lab closed and she saved those bits of money that would have otherwise been used to buy ivory teeth. Several weeks and many incredibly aesthetic food photos later, she has a thriving business and a loyal following.



Her signature brownie boxes have driven two successful bake sales, one of which left her waking up with leg cramps the next day. Her brownies come in a variety of flavours: nutella, matcha, salted caramel pretzel, white choc macadamia and many more to over-trigger your cephalic phase gastric response. The icing on the cake has got to be the beautiful and personal packaging, which makes her baked boxes the perfect gift. If you're really lucky, sample her Mao Shan Wang durian cheesecake, endorsed by the durian uncle himself!



Kassandra Ong ~ @homebakeli



Kassandra's story is not like the rest. She was not one of those who jumped at the chance to mix free time and honing a skill. She was one of those hard at work studying for BDS, plodding to the light at the end of the tunnel.

Then, a distraction. Her mother and sister had started a mini bakery, and she *wanted in*. She stood at a crossroads: Lang, Lindhe, Torabinejad and Rosenstiel beckoning beguilingly from one path, the prospect of being an accountant-deliveryman-sous-chef down the other. She did what any intelligent almost-dentist would.

She did both.

HomeBakeli has a small menu list of perfected bakes, with the headliners being the Basque Burnt Cheesecake, Lemon Chiffon Cake and Butter Cake. Kassandra's work is mostly the unglamorous behind-the-scenes work (her sister's name Kelicia is part of the bakery, hers is nowhere to be seen), but she has loved the experience.

Their instagram page proudly reposts the many rave reviews of their bakes, which strangely don't seem to last very long... Most of the reviews are thinly veiled complaints about how the cakes are devoured within seconds and how the poor cake buyer gets the tiniest share before only crumbs are left.



Meet The Makers

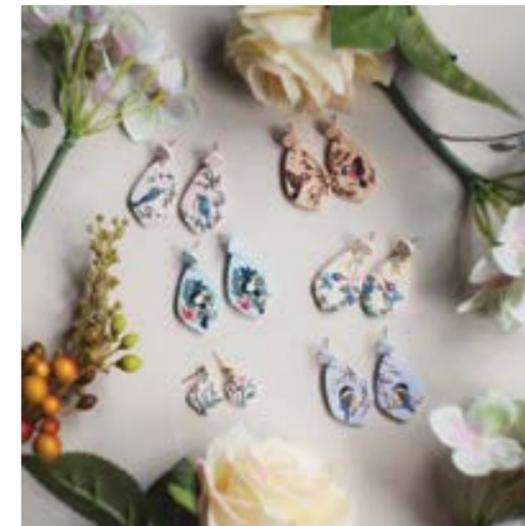
In 15 years' time you may find Drs. Yak and Ong co-creating the most profitable and self-sustaining dental business model: a dental practice-cum-bakery, where patients get 15% off all baked goods that can be purchased from a large, extremely sanitary display fridge at reception. Caries-free bitewings are your ticket to a cookie treat, good OH gets you a free cake of your choice. Talk about positive reinforcement! And if they're bound to get caries anyway, best to do it right under the dentist's nose.

Yan Xiaomeng ~ @thegoldenhour.sg

When the school clinics close... swap the burnisher for a sculpting blade and composite resin for polymer clay and... tada! You have a gorgeous instagram account and thriving mini-business that showcases the dexterity that got you through the MDT and past all your competencies.

Xiaomeng discovered the joy of polymer clay while studying for her BDS finals. She had bought a few pairs from local crafters and fell in love with the idea of intricate, one-of-a-kind jewellery. She trialed, errored, and right smack in the BDS study period, two weeks after her first attempts, she hatched her Instagram business.

Laudably, more than 90% of her customers are strangers who chanced upon her Instagram page. Two parcels have even made their way overseas to loyal collectors. She's been having fun creating new designs, and many of her past collections are sold out. The best part about clay earrings is that all imperfections are part of the overall perfection, in other words, no redo-s!



Meet The Makers

In 10 years time you may find Dr. Yan for elaborate full-mouth clay snap-on prosthetic accessories (bestsellers being flora, fauna and good ol' vampire teeth), or in the dental materials lab inventing state-of-the-art ceramic crowns with a buccal window of inlaid polymer clay. On Wednesdays, she teaches at NUS FoD. You may not be able to find her among the crowd of students desperately showing up their work to the most aesthetically demanding assessor of all. Tip: to get a 4/4, the student has to be wearing a pair of Dr. Yan's earrings.

Lhu Hui Ling ~ @two.krafts

The Case of the Disappearing Ortho Pliers:

Dorscon flashes orange, dental school is thrown into unprecedented chaos. Students pack up their things... saddened at the prospect of months away from their beloved lab work. How will they get to hone their skills? Where would they find the chance to bend wires till their thumbs are red and there is no feeling left from the tip to the top knuckle? Amid the morose faces, one enterprising young woman furtively packs a trove of metal: pliers, cutters, wires... all things gleaming silver and bronze. She smiles.

That young woman is Lhu Hui Ling, and that was how Two Krafts came into being.

(Hui Ling would like to assure all FOD lab staff that no ortho wires or expendable materials were used in her business process.)

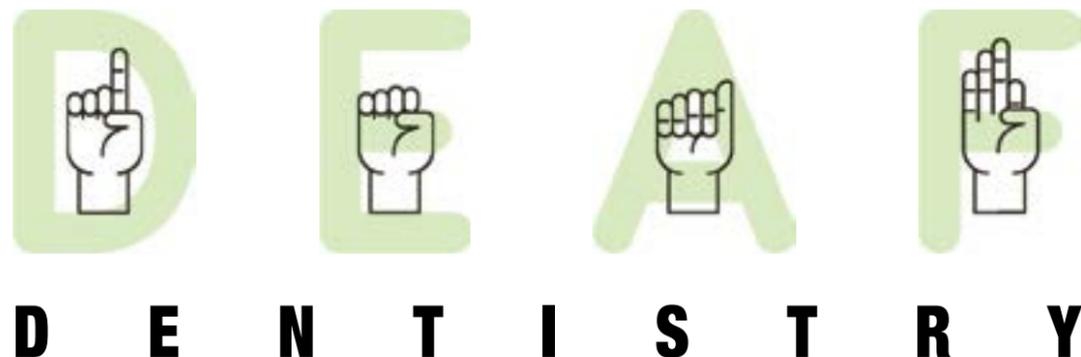
Joking and melodrama aside, the true story behind Two Krafts is a simple wire art video and a couple of attempts that exceeded expectations. Friends and family showed their support and Two Krafts' Instagram following steadily grew through word-of-mouth and happy customers. Hui Ling constantly challenges herself to come up with new designs to grow her creativity and business. Her jewellery is affordable, unique and effortlessly stylish. It's no wonder Two Krafts has found its fans among the teens and young adults that drive the handmade local businesses during this extraordinary time.



Meet The Makers

In 20 years' time, get your hands on the full range of Dental Metals by Dr. Lhu! Become the most popular dentist with a beautiful design for every need. Dangle dainty charms from TADs! Stun your post-BSSO patients with a wave-shaped plate shining through their OPG or a floral radiopacity in their lat ceph! Invisalign? A thing of the past! Headgear is where it's at, with the newest, coolest Dental Metal Wrought Wire Headgear with interchangeable charms and chains!

(License pending, efficacy at jaw stabilisation or alveolar modification not guaranteed)



BY DR LEA TAN

An Overview of Hearing Loss

There is profound or severe hearing loss in 1 out of 1000 live births in Singapore, with 5 of 1000 having moderate impairment. 50% of those aged 80 and older are expected to have significant hearing loss. Apart from genetic and age-related causes, deafness can result from acquired sensorineural loss - via acoustic trauma, diseases, infections and medications. Hearing loss is most commonly treated by hearing aids, cochlear implants, and sign language.

“Blindness separates us from things, but deafness separates us from people.”

- Helen Keller

The last thing a dentist wants to or should be is separated from people. Yet the quote rang disappointingly true the first time I treated a deaf patient. I remember picking up the patient’s card, and seeing ‘deaf-mute’ declared in a red scrawl. It was the kind of gentle reminder the reception gave, that we might want to make little accommodations. But I had no little accommodations to make, because I knew of none. I froze for a moment, contemplated going to the toilet, chided myself internally then, taking a nervous breath, called my patient in.

I have seen several hard-of-hearing patients since, and each time my post-pa-

tient satisfaction was sullied by a twinge of discomfort. I could not communicate with them the way I hoped. I wondered if I had communicated clearly enough that they have to indicate if they were in pain. (My sign language for pain was a hand flashing open and closed near my jaw and scrunching up my eyes in agony.) There must be a better way of doing this, I thought, whether or not we know sign language. We have to know more.

I reached out to The Singapore Association for the Deaf (SADeaf) with some dental and general questions. Before long, I was linked with Alvan Yap and James Ong of the management team. James is hard-of-hearing himself, and is our dashing model for the sign-language demos. They provided the detailed and thoughtful answers below:

What are some of the challenges the deaf face with regards to healthcare?

There are two main groups of ‘deaf’ patients. The first have clear speech and use hearing aids. They can engage in conversation using their listening and speaking skills. The second are not able to use these, and depend on sign language or visual communication.

For the latter group, the communication barrier is obvious, especially for those who are fluent in sign language but have

a weaker command of English. Most deaf patients also prefer to look at mouth movement and facial expression, which is blocked by masks.

Do hearing aids or cochlear implants distort sounds and enhance volumes such that the noises of dental drills and scalers are distressing?

James: I don’t mind it because it is like music to me. To others, I believe it can be a nuisance in the same way the screeching sound [of the scaler] is irritating to hearing people.

Alvan: I believe it depends. Some deaf people wear their HAs or CIs all the time, others prefer not to at all, while some are selective users and only put them on when needed. The best approach is to warn your deaf patient in advance, and let them choose if they want to switch off or remove their devices.

Is lip reading common among the deaf in Singapore? Are there any tips to help us communicate with lip readers?

Yes it is common, but lip-reading is extremely hit and miss. More often, it misses as many words look similar on the lips. Always supplement with written communication where necessary. Ask the patient if they can understand what is being said, and offer to write if not.

Tips: 1) Mask off 2) Talk normally, there’s no need to articulate or exaggerate movements 3) Don’t shout or whisper into their ear, look at them as you would anyone else and speak at a normal volume.

How else can we adapt our communication for deaf patients?

You can use gestures, or rely on visual communication like typing on the phone or writing information down. Most dental instructions like to open and close, bite, spit, rinse, brush your teeth can be im-

proved; the gestures should be easily understood by anyone.

How is Singapore Sign Language (SgSL) different from American Sign Language (ASL)? Which is more common in Singapore?

SgSL is a uniquely local mix much like Singlish in terms of language evolution and development. It evolved from a mixture comprising mainly ASL, local signs and Shanghainese sign language, which was the first sign language imported here in the 1950s. Deaf Singaporeans have been using SgSL in our own way over the past 50 years. No deaf person uses ASL in daily life, just as no local Singaporean speaks perfect American English on a day-to-day basis.

While we don’t have statistics on the proportion of deaf who know SgSL, the estimated number should be at least a few thousand strong.

I saw on your site that we should abstain from referring to our patients as ‘deaf-mute’ and ‘deaf-and-dumb’. Is the term ‘hearing impaired’ insensitive as well? May we know why?

The accepted and encouraged terms by SADeaf are ‘Deaf’ for signing Deaf persons and ‘hard of hearing’ for those with hearing loss and usually fair speaking and listening skills.

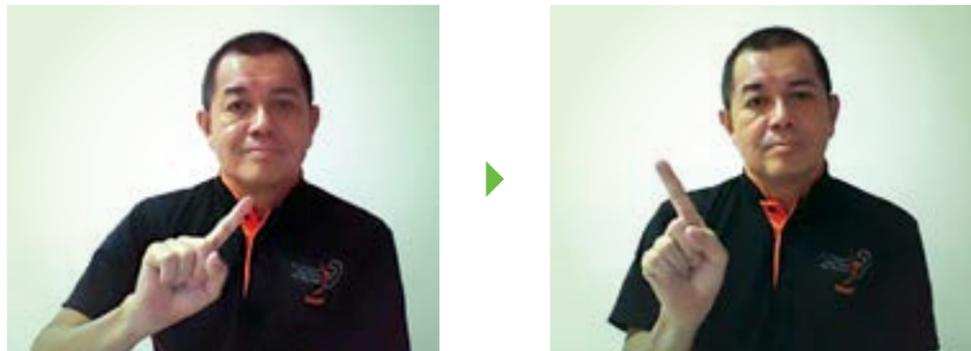
‘Hearing-impaired’ is often used synonymously with hearing loss. However, the term is viewed negatively by the signing Deaf community because of its link to medical terminology and the connotations of being ‘impaired’. Some are fine with the term though, so it depends.

A person who is ‘dumb’ or ‘mute’ is unable to talk. A Deaf person has functioning vocal cords, in fact, some have very good speech abilities. Hence ‘deaf-mute’ and ‘deaf-and-dumb’ is not only medically inaccurate but also offensive, because it stereotypes deaf people as definitively not being able to speak at all.

Basic sign language for common phrases and instructions for the clinic

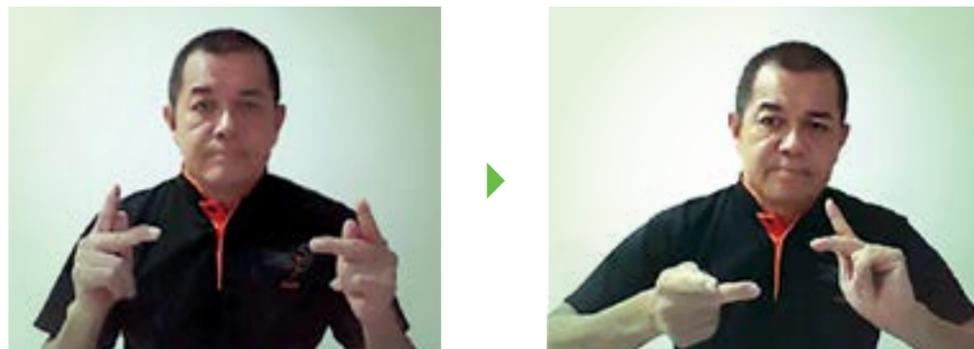
Where?

Palm-out index finger shakes sideways



Pain

Point hands at each other, twist toward each other, may repeat

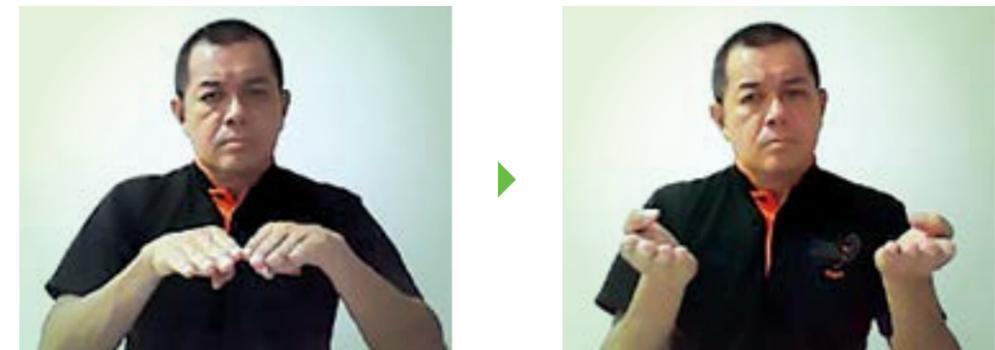


How long?

BREAKDOWN

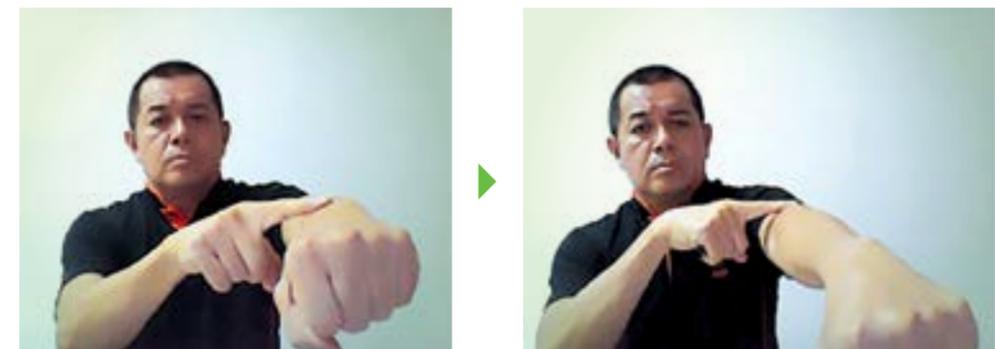
How

Tips of both index fingers touching, roll hands from inward to outward ending palms-up



Long

Index finger slides up left arm



Are you okay?

BREAKDOWN

You

Index points at person addressed



Okay

Index and thumb tips touch, palm out



Open / close your mouth (gesture)

BREAKDOWN

Open your mouth (gesture)



Close your mouth (gesture)



Brush your teeth for two minutes twice a day

BREAKDOWN

One



Brush (gesture)



Day

Elbow on back of hand, right 1-hand drops down on left arm



Two



Twice

Middle finger of right hand touches left palm, twist up to palm-in



Minute

Side of palm-out on left vertical palm twists to point forward



Bite (gesture)



Spit (gesture)



Rinse (gesture)



The Dental Surgeon would like to express our gratitude to James and Alvin of SADeaf for patiently answering all our questions and going out of their way to teach us basic sign language.

We hope that this article gives all of us, no matter our level of experience, some insight into this significant population of our patients and encourages asking any experienced or specialised colleagues for their tips and tricks. It certainly helped me. The sense of being prepared comforts, and brings the confidence one needs to assure patients everything is going to be a breeze while we stick metals into their mouths.

Not long after their email, I had the chance to put my newfound knowledge to the test. A young Deaf man came into my clinic, unaccompanied and sans-hearing aid. I had my instructions written on a piece of paper beforehand, he had great

oral hygiene and we completed an uneventful SAP. Before he left, however, he turned to me with an uneasy expression and gestured for something to write on. I obliged, slightly nervous. Feedback was always more harsh and glaring in black and white. He slid it over to me and my worries vanished as I read a simple question that bonds man and woman, Deaf and hearing:

Can I drink wine tonight?

Yes, I nodded emphatically. *Yes you can.*

Additional resources:

SADeaf website sadeaf.org.sg

SADeaf brochure on understanding deafness

If interested, one can sign up for sign language courses through the SADeaf portal, with general courses or customised ones for specific groups.



DR LEA TAN is currently serving the second year of her bond. She dreams of traveling the world and showing off her collection of lipstick. Outside of dentistry, she has many hobbies from knitting to learning Spanish. She is happily mediocre at them all, hopefully excluding writing.

EMPATHY: IS IT AN INNATE SKILL OR CAN IT BE TAUGHT?

BY NEENA MANEK, DENTOLEGAL CONSULTANT



Empathy can be defined as the awareness of the feelings and emotions of other people. It is a key element of emotional intelligence which offers a link between ourselves and others. Empathy is different from sympathy which is when someone feels sorry for an individual, but has not necessarily understood the situation from their perspective. The two responses are not mutually exclusive.

Why is empathy important in dentistry?

Empathy is a key professional attribute for all healthcare workers. There are dental professionals who have excellent clinical skills, but whose people skills aren't as good as desired. If the patient perceives lack of empathy in a dental setting, this can lead to patient complaints as they may believe that the dentist does not care about them as individuals, over and above the treatment that is being provided.

Dentists can demonstrate empathy by expressing an interest in the patient and their life, thereby enabling dental professionals to build up a credit of goodwill. Using the banking analogy, there may come a point where a withdrawal needs to be made if the patient is unhap-

py about something and wishes to express their concerns. Such difficulties are much simpler to resolve if rapport has been established. Both guidance from regulators and the case law on consent¹ make it clear that dentists should get to know their patients to understand their needs and values and what it is of particular importance to them in determining their options for treatment and how to proceed.

Both parties benefit from empathy in the professional relationship.² It creates a greater level of job satisfaction for the dentist and promotes better clinical outcomes for patients. It is much easier to understand patients from a similar background, but part of the enjoyment of the profession is the privilege of meeting a variety of people and being able to assist them. The ability to empathise with other people should stand them in good stead, for example, when advising the parent/carer of a child who presents with gross caries without appearing judgemental or providing an elderly patient with advice, who is struggling with their oral hygiene due to poor manual dexterity.

Balance

It is important to struck the balance between empathizing with a patient

¹ *Montgomery (Appellant) v Lanarkshire Health Board (Respondent)*(Scotland) [2015] UKSC 11

² <https://www.linkedin.com/pulse/when-health-professionals-have-empathy-patients-arent-lloyd-minor>

and recognizing a dentist's own emotions, so that they do not become overloaded with the patients' feelings and associated problems.

There are two aspects to an empathetic response; affective empathy and cognitive empathy. The latter is seen as the more desirable attribute in dentistry and medicine as it allows the professional to see and understand another's perspective and at the same time, maintain boundaries and objectivity.

Assessment

Can empathy be assessed? There is a fascinating tool designed by Simon Baron-Cohen called the "Reading the Mind in the Eyes" test,³ which measures whether we can detect the feelings of another person simply from a photograph of the upper half of their face.

Empathy can be assessed and is often used together with other academic criteria, for determining admission to medical and dental schools.

Interestingly, it appears that empathy declines throughout clinical undergraduate training,⁴ perhaps as a result of dental students becoming more focused in learning new procedures and developing technical competence.

Can it be learned?

The short answer is yes. Nowadays,

there is greater emphasis in dental undergraduate education on the softer skills of communication with patients, in recognition that technical excellence is only one of the qualities needed to assist with achieving a rewarding professional life. Some institutions promote the concept of social responsibility, which contributes to empathy, as students gain a greater insight into individuals from different backgrounds and with different needs.

Empathy may come naturally to some people, however, it is a skill that can also be learned. One of the skills taught in Dental Protection's Mastering Your Risk workshop is how to improve engagement with patients, so that they feel that dentists are listening and considering their needs in conjunction with the treatment that is required to maximise their oral health. One way of demonstrating this is to refrain from interrupting patients when they are talking and repeat back what they are saying to confirm that their concerns have been understood. This is difficult to do initially when time is limited and there are many patients in the waiting room, but it is time well spent.

In conclusion, empathy is an essential skill which can aid a rewarding professional life and reduce a dentist's risk. If a member is experiencing a situation that they wish to discuss with an adviser at Dental Protection, please they can always contact the helpline for advice.



³ <https://www.questionwritetracker.com/quiz/61/Z4MK3TKB.html>

⁴ *Measurement of Changes in Empathy During Dental School*
 Jeffrey J. Sherman, Ph.D. and Adam Cramer, B.S.
Journal of Dental Education March 1, 2005 vol. 69 no. 3 338-345

True Crime Singapore – The Ritual Killings of Adrian Lim

The following is a morbid story of arguably one of Singapore's worst criminals.
Reader discretion is advised.

BY DR JEREMY SIM

The year is 1981. The air is filled with hairspray, airwaves singing with psychedelic rock and deltoids covered by foam pads. You are walking down the street in a leather jacket with bellbottoms as you head home to your spacious flat in Lorong 7 Toa Payoh as you notice something amiss. Between blocks 10 and 11, you spot a lifeless body of a boy lying face down.



The body belongs to ten year old Ghazali Marzuki; a primary school student. His death unravels a thread that runs through the very societal fabric of our island nation. The police follow the trail of blood to a flat belonging to Adrian Lim; a self-professed medium who claimed to use his powers for good.

He boasted that he was able to cure diseases, improve finances, help people fall in love, cast spells on

clients' enemies... the list went on. His clientele included numerous *women of the night* whose careers were floundering. He promised them success by performing "flower bath" rituals, which were meant to wash their bad luck away and to improve business. He even made some perform sexual acts with him by convincing them that he was a "holy man" and that his powers would pass on to them through these said acts.

Miraculously, his business boomed by word of mouth. The *women of the night* somehow saw a marked improvement in

You hit the stop button on your Walkman cassette player and remove your headphones. Joan Jett is stopped mid belt and all you hear is the ominous whisper of the wind and the hum of crickets.

You notice something dark around his head; on first glance, you think it is an oddly cast shadow. Then the shadow starts to glisten and you realize that it is blood. Your heart begins to race as you fumble around your jacket in search of your iPhone. You realize that iPhones will not exist for another thirty years.

their business and referred their downtrodden and desperate colleagues to him for a quick fix. Adrian gained confidence in his craft and continued to take advantage of the young and the vulnerable.

Adrian Lim was a regular Joe who had married his childhood sweetheart. They had two children. His job as a wireman and a bill collector for the *Rediffusion* radio broadcasting company enabled him to meet people from all walks of life. One, in particular, was Uncle Willie. He was a practitioner in the occult and Adrian grew to be enamoured by his craft. Soon, Adrian became an apprentice of Uncle Willie, eventually leaving his full-time job to pursue a career in the esoteric arts.

Adrian's wife and children eventually left him as he engaged in an affair with one of his clients, Catherine Tan Mui Choo; who eventually became his (second) wife. Another client of his, Hoe Kah Hong, became his mistress thereafter.

The story only gets more convoluted from here. Kah Hong was married to a man named Ah Hua, whom Adrian had diagnosed as being "possessed by evil spirits". Adrian's treatment of choice was electric shock treatment. Kah Hong and Ah Hua partook in the treatment together, as Adrian pumped urine up their nostrils; resulting in an emetic response. He also made Ah Hua do things so unspeakable that they are best left unsaid in this magazine.

They both lost consciousness. However, only Kah Hong woke up. Ah Hua died but Adrian was not charged with his murder as Ah Hua partook in the treatment voluntarily.

Ah Hua's death was only the first of three deaths to be caused by Adrian Lim.

Despite his "success", Adrian's thirst was never satiated. With the help of his wife, Catherine Tan, and his mistress, Hoe Kah Hong; they lured and murdered nine year

old Agnes Ng Siew Heok and ten year old Ghazali Marzuki.

Agnes' body was found less than a day after she was reported missing. She had gone for religious classes at church but she never made it home. The police neither had any leads nor suspects. It was only after Ghazali Marzuki's death that the police made the connections between their deaths.

Agnes was lured by Catherine Tan and Hoe Kah Hong after her religious class up to Adrian Lim's flat. Her body was found in a bag outside a lift. The autopsy showed death by asphyxiation and there were also indications of sexual assault.

Two weeks later, Ghazali Marzuki's body was found. Police followed the blood trail straight to Adrian Lim's flat. The wall on the far end hung picture bearing the Sacred Heart of Jesus. The altar carried several idols and photographs of Chinese deities, with some of them smeared with blood. A large Indonesian idol wielding a knife was found next to a blood smeared idol.

The eclectic mix of Hindi, Taoist, Buddhist and Catholic imagery reflected Adrian's esoteric belief system. They found a piece of paper which had "Ghazali bin Marzuki, 10"



The bag in which Agnes Ng's body was found.



Adrian Lim's flat.

written on it in neat handwriting, which they learnt soon after was the name of the dead boy they had found two weeks earlier.

The investigation not only exposed the murders of the two children, but also allegations of rape. He also convinced his wife, mistress, and several other women to become sex workers and even took a cut of their profits.

Adrian admitted to the pre-meditated murder of "small children" to sacrifice them to the deity Kaili, who in turn would help him "escape the rape charge and solve other problems".

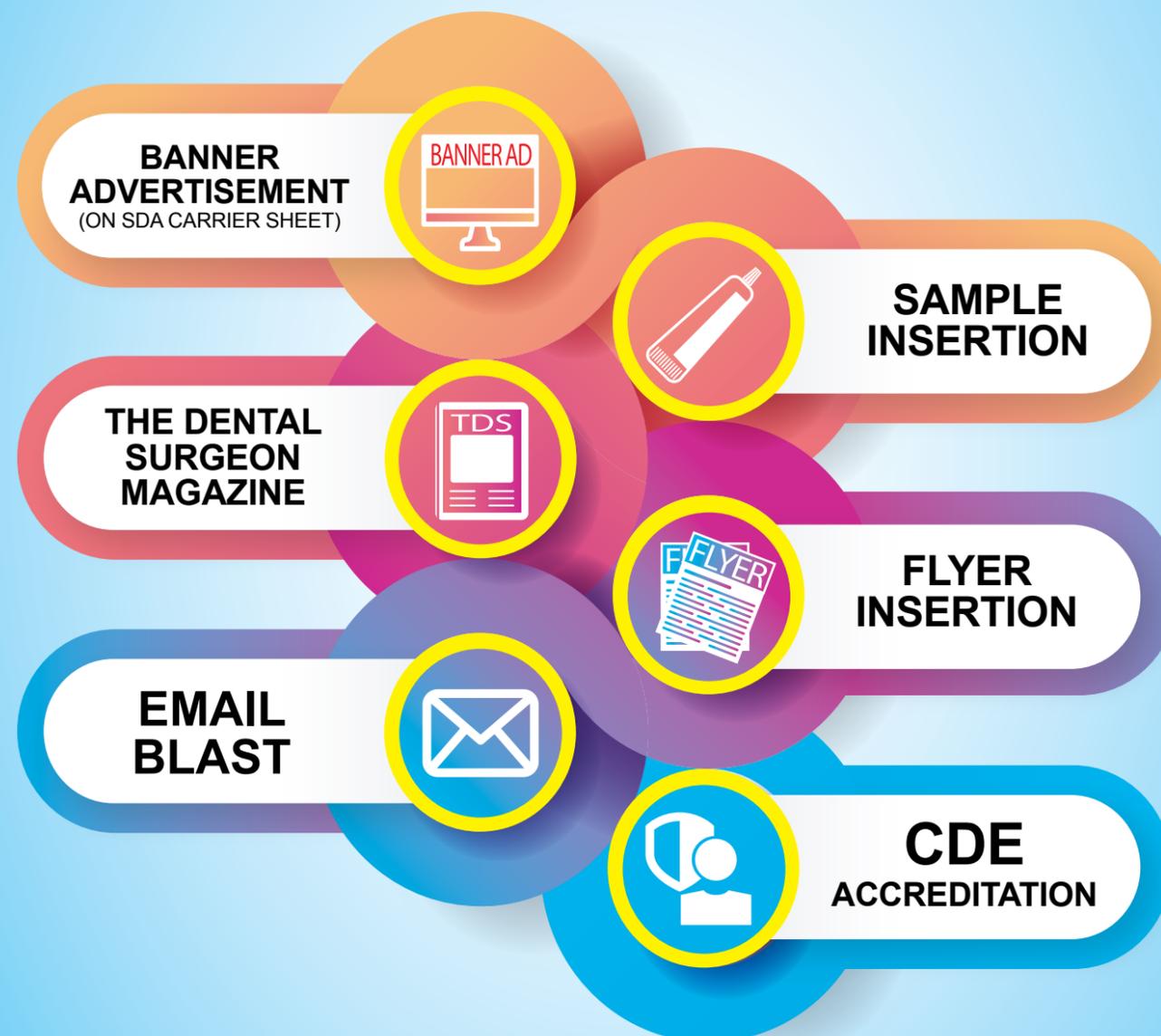
One may wonder; how did a man like Adrian Lim get away with so much for so long? How did he convince numerous young women to accede to his lewd requests? What enabled him to have such a hold over Catherine Tan and Hoe Kah Hong, so that they helped him kill children?

The Adrian Lim saga chilled Singapore to its bone. Never had such a tale of debauchery grip our quiet nation. However, it brought the susceptibility of the human condition to light. The desperation of Man in times of need enables individuals like Adrian Lim to break down whatever sense of morality and logic that one may have accrued throughout their lifetime.

One may also reckon that this would not happen today. However, a quick search on a popular local sales platform shows hundreds of religious services and items that promise ludicrous results. The reviews of these products are in the hundreds, with some people swearing by their efficacy.

The age of science and reason has only merely obscured the industry of superstition. Beliefs are chosen by believers. Fringe societies of occultism and spiritualism will simply continue to live on in Singapore and the rest of the world.

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[†]Significant reductions in plaque and gingivitis at 6 months vs non-antibacterial fluoride toothpaste; $p < 0.001$ ²

References: **1** Prasad K, *J Clin Dent*, submitted August 2018. **2** Garcia-Godoy F, et al. *J Clin Dent*, submitted August 2018.