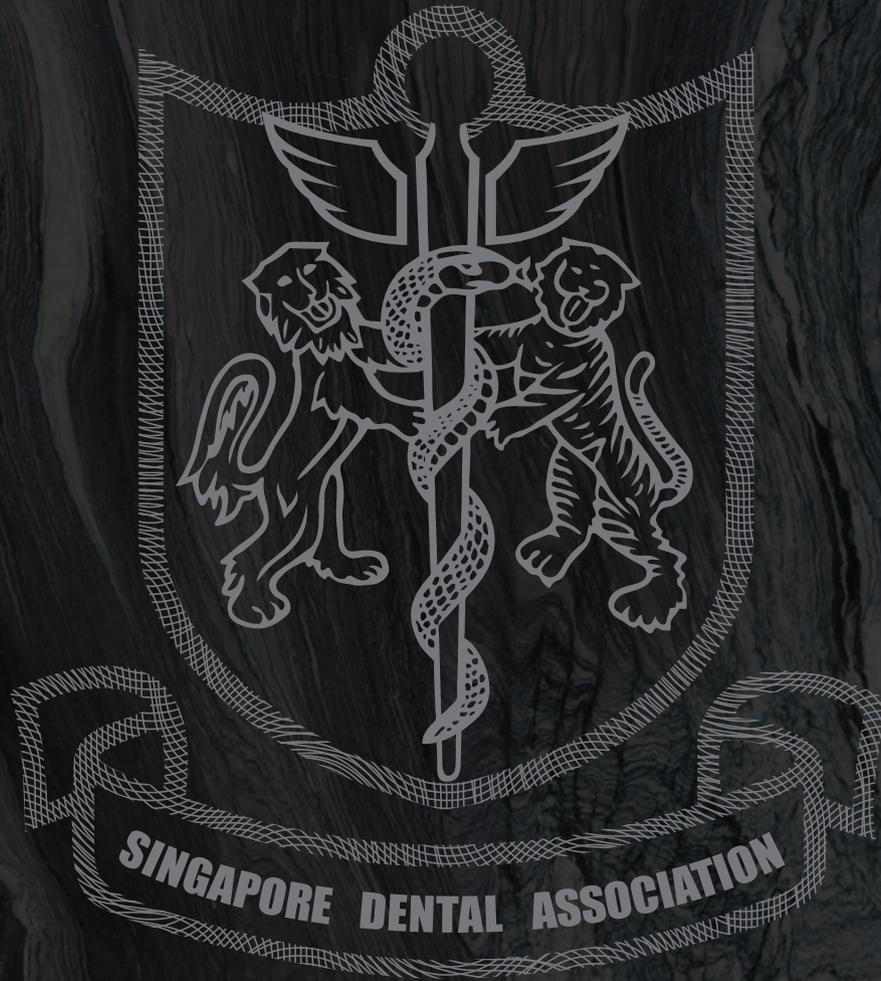
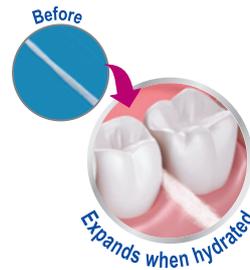


# THE DENTAL SURGEON

JUNE 2015 | ISSUE



**New**  
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**3D Expandable Floss**



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- ✓ Gentle on gums

Try attached sample

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# Looking Ahead

Research shows gum problems increase the risk of other health conditions<sup>1</sup>

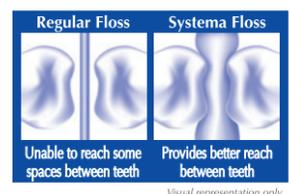
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<sup>1</sup> Refer to heart disease, stroke etc. Sources:  
 [1] Periodontology 2000, Vol. 44, 2007, David W. P. Nadine. B & Timothy C. N., 113-126; Bryan S. M & Robert. D., 103-112; Brian L. M & Gloria L. O., 127-153.  
 [2] <http://www.ridental.com/perioinc/gumdisease.pdf>.  
<sup>2</sup> Systema Super-Tapered Soft & Slim Toothbrushes help to improve gum health in 7 days with proper brushing twice daily. Results may vary.  
<sup>3</sup> Clinically proven to help provide 4 times gum care as compared to ordinary toothpaste.  
 \* INTAGE SRL, No. 1 Company Oral Care Category, Value Sales, CY2014.



**“If** I have seen further than others, it is by standing upon the shoulders of giants,” said Sir Isaac Newton, and more recently, President Tony Tan in his eulogy to our nation’s founding father, the late Lee Kuan Yew. Just as how we are entering the next era of Singapore’s future, so too will the dental healthcare community be navigating increasingly uncharted waters. The practice and demographics of dentistry in Singapore is evolving, and so too must this magazine, to keep abreast with all the rapid changes.

The *Dental Surgeon*’s previous captain, Dr. Seow Yian San, has steered the magazine from strength to strength over the past four years, building upon the vision of its previous editors. To borrow Newton’s metaphor, I now stand clumsily on her shoulders as I take over the helm. Thankfully, Dr. Seow will be staying on in the role of Convenor to show me the ropes.

To ensure that The *Dental Surgeon* continues to progress, I am honoured and delighted to bring back its previous Editor Dr. Tong Huei Jinn, and previous layout designer Dr. Ivan Koh, who have kindly agreed to give me the most precious commodity of all: their time. Along with the fresh perspective of Dr. Teo Yiwei, we have formed an editorial team focused towards a singular task: to bring you more quality and quantity of content.

To this end, I have found it necessary to reduce the number of issues from three to only two a year. This will allow us to increase the breadth and depth of every publication, and to touch on a wider range of topics from clinical practice to fitness to even art and the whimsical - while still reporting on the main issues and events of SDA and the dental community. In short, The *Dental Surgeon* seeks to reflect the fact that besides being dentists, we are first and foremost a diverse group of human beings with varied interests and experiences.

So enjoy this new labour of love, and know that it is still a journey in progress. I am thankful for the support of the SDA Council, and all my contributing writers both old and new. To those of you out there with a story to share, please contact us if you would like to be part of our upcoming issues. I would love to hear from you.

**Dr. Terry Teo**  
Editor-in-Chief  
The *Dental Surgeon*

# THE DENTAL SURGEON

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## CREW

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Madeleine Lee  
Lim Yiak Tiam

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#### Competitive

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#### NEW Non-Competitive

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\*upon successfully passing the first round of judging

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Ministry of Health  
MOH Circular No. 19/2015

**Annex A**

30 April 2015

All CHAS Accredited Dental Clinics,

**ADVISORY ON CLAIMING SUBSIDIES UNDER THE COMMUNITY HEALTH ASSIST SCHEME (CHAS)**

CHAS dental clinics provide important subsidised dental treatment for lower to middle income Singaporeans and Pioneers.

2. MOH is seriously concerned by an increase in public feedback regarding both clinical and charging practices of some CHAS dental clinics. There is unfortunately a small minority of clinics who misuse and abuse Government subsidies for their own financial gain, and tarnish the high standing of the dental profession. MOH takes a serious view of these cases.

3. MOH has been auditing the CHAS claims submitted by dental clinics since April 2014, and highlighted some common pitfalls in making these claims in the July 2014 issue of the Dental Surgeon. It has been a year since the audits began, and I would like to highlight more instances of non-compliance which we have encountered (refer to **Annex A**).

4. I would like to remind the dental community to comply with these guidelines when submitting CHAS claims. MOH will not hesitate to take action against those who are non-compliant, including requiring the dental clinic to repay subsidies. Where appropriate, the dental clinic's participation in CHAS may be terminated. In addition, any potentially fraudulent or other criminal behaviour that has been discovered will be referred to the police for investigation.

5. CHAS has enabled Singaporeans to access subsidised dental care more easily. There is a need for the dental profession to be accountable for how CHAS dental subsidies funded by the Government are claimed and used. The profession should also ensure that it provides appropriate and cost-effective treatments and charges patients fairly, at all times. We also urge the profession to proactively engage your patients to explain the treatment provided and charges, and maintain the highest standards of moral integrity and honesty as reflected in the Singapore Dental Council's Ethical Code and Guidelines.

Thank you.

Yours sincerely,



A/PROF PATRICK TSENG  
CHIEF DENTAL OFFICER, MINISTRY OF HEALTH, SINGAPORE  
REGISTRAR, SINGAPORE DENTAL COUNCIL

**Examples of Non-Compliant CHAS Claims**

- There were cases of incomplete or no documentation of the treatment claimed for, in the patient's case notes. Maintaining accurate, complete and up-to-date patient records is a basic tenet of sound and ethical dental practice, and is also a regulatory requirement under the Public Hospitals and Medical Clinics Act (PHMCA). Complete documentation is also required to substantiate a claim. For example, for caries, the tooth and surface(s) involved should be recorded in the treatment notes. Lab forms must be retained to substantiate claims for dental prosthesis.
- Claims were made for complex procedures when the procedures were clearly simple procedures. For example, Class (I) and Class (V) fillings for abrasion cavities were claimed as complex fillings.
- Claims were made for root planing under curettage. This should not be claimed, as curettage claims are only allowed for the management of an infected or "dry socket" that has arisen post extraction or for an acute periodontal abscess.
- Claims were made for fillings for the same tooth more than once over a period of 3 months. This should not be claimed, as fillings placed are expected to be "permanent". Early dislodgement may be related to inadequate clinical quality, such as insufficient moisture control, residual caries or other clinician related factors (incorrect diagnosis, choice of material, etc.). Hence, it is expected that the dentist replaces the filling without a repeat claim.
- There were claims made for which the visit date indicated did not correspond to the actual date each procedure was performed as reflected in the case notes. Please ensure that the visit dates are correctly stated. Note that if the patient received different treatments on different days, the respective dates should be indicated when claiming for each procedure.
- There were claims that were made in advance. Please note that for a procedure conducted over multiple visits e.g. for dentures, you should only claim the full subsidy on the patient's last visit.
- There were patients who have not signed the new Patient Consent Form dated 1 Jan 2014. All your CHAS patients who have not signed the new form are required to do so. This includes those who had signed the old version. The new form is available on [www.chas.sg](http://www.chas.sg).



# 37<sup>TH</sup> ASIA PACIFIC DENTAL CONGRESS 3-5 APRIL 2015 SUNTEC SINGAPORE MEETING FUTURE CHALLENGES TODAY

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## APDC 2015 – A Resounding Success!

BY DR. SEOW YIAN SAN

The 37th Asia Pacific Dental Congress (APDC 2015) was held at the Suntec Singapore Convention and Exhibition Centre from 3rd to 5th April. The meeting, which was jointly hosted by the Singapore Dental Association (SDA) and the Asia Pacific Dental Federation (APDF), was attended by close to 2500 delegates from more than 57 countries.

The theme for this year's congress was 'Meeting Future Challenges Today'. The

programme commenced on the first day with several interesting pre-congress workshops, including a hands-on session entitled "The Botulinum Toxin". Additionally, there were sessions conducted by Invisalign and the World Federation for Laser Dentistry (WFLD).

The main congress consisted of several plenary sessions, lunch symposia and even more hands-on workshops. Renowned keynote speakers included implantologist Dr. Federick Abel who

shared on scientific advancements and new developments over a series of lectures.

The trade exhibition saw 59 participating companies from a good mix of countries such as Australia, Korea, Europe and Singapore. This provided an excellent platform for interaction between established leaders in the dental industry, as well as an opportunity for new entrants to showcase their latest products and technologies.

Apart from the scientific meeting and trade exhibition, the APDF also hosted two significant regional meetings. Conducted by the Singapore Armed Forces (SAF) Dental Service, the Defence Forces Dentistry Forum (DFDF) was held on the 1st and 2nd of April. This is an annual military dental conference open only to military personnel, and is a platform for the various defence force dental services to understand each other's *modus operandi*, and to share and discuss mo-

odus operandi and regional strategies in the region.

Additionally, Chief Dental Officers and directors of Oral Health from Asian countries around the region were also present for the 7th Asian Chief Dental Officer's Meeting (ACDOM). Regional leaders discussed issues and challenges in the dental profession, as well as strategies and policies to strengthen collaboration and networking within Asian countries. This year, the

meeting focused on two themes: 1) The link between periodontal disease and diabetes, and 2) early childhood caries.

We hope our participants have gained knowledge and insight from the Scientific Conference, trade exhibition and hands-on workshops, and we sincerely thank every one of you who attended this event. We look forward to seeing you at our next SDA's leading dental trade fair and conference – IDEM 2016, which will be held on 8th to 10th April 2016!





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## Mission Accomplished?

The *Dental Surgeon* touches base with Dr. Kuan Chee Keong, President of the Singapore Dental Association and newly minted President of Asia Pacific Dental Federation, on his journey thus far, and his reflections for the future of the dental community in Singapore.

BY DR. TERRY TEO

### **Congratulations on becoming the next President of the Asia Pacific Dental Federation! Besides being a prominent ambassador for Singapore, how else will Singapore's dental community benefit from your new role?**

As the name suggests, the Asia Pacific Dental Federation is a grouping of dental associations for the Asia Pacific nations. APDF also acts as the Asia Pacific Regional Office under the World Dental Federation, the FDI, and serves the interest of its member countries in this region of the world.

APDF Presidents are not necessarily concurrent Presidents of their own national dental associations. However, I now wear both hats, and have to serve both organizations. Fortunately, APDF stalwart Secretary General Dr. Oliver Henedige is also from Singapore, allowing us to work easily and well together for the betterment of the federation.

As the SDA President, the interest of both SDA and Singapore is foremost on my mind. That was why I pushed for the Asia Pacific Dental Congress 2015 to be held in Singapore to commemorate SG50, also to enhance our regional status as the premier MICE destination and continuing professional education hub.

Another benefit that may not be apparent to younger members is the symbolic unity this move represents, and the mending of a historical rift. SDA suffered a heated falling out during the FDI 1999 Annual World Congress in Singapore. This misunderstanding led to Singapore leaving, and subsequently rejoining APDF without much resolution, thus taking a backseat in its affairs. Now that APDC 2015 in Singapore was a resounding success in terms of politics and participation, I hope that we can help lead the way forward to better the dental profession in this part of the world.

### **Now that APDC 2015 is over, you can take a well-deserved break. What is next on your cards in the upcoming year?**

There is no break for the Council because of our long term planning. For instance, I was planning the promotion strategy for both APDC 2015 and IDEM 2016 concurrently. So now, it is full steam ahead for IDEM 2016. Although IDEM is established in Singapore, we cannot rest on our laurels. The partnership with Koelnmesse is getting stronger by the day, but as the indefatigable Dr. Choo Teck Chuan hands over the reins of Scientific Program Chair to Mr. David

Alexander (former Executive Director of FDI), a period of transition will ensue and we must be vigilant to always be on our "A" game.

It has been a very busy period for me with all the meetings, engagements and trips to conferences as well as meetings overseas. My full-time job as a dentist took a backseat and so did the time spent with my family. But my priority is always SDA and the local dental community. I constantly think of ways to strengthen SDA and enhance the standing of the dental profession, and this is a task I have gladly taken up.

### **Your term as SDA President will end in 2016. Will you continue to sustain a leadership role within the organization after this?**

I have tried to lead SDA as best as I could. There are more talented members out there who can do a better job of it, but who are unwilling to step forward due either to the tremendous sacrifice it entails, or to their current commitment volunteering in other areas. There is a post of Immediate Past President in our Council but historically, most outgoing Presidents do not serve in this role. We could not tap into their experience and achieve a sense of continuity as a result. After I step down as President, I am determined to continue serving as Immediate Past President to offer advice and guidance if asked for, and hopefully to inspire future Presidents to do the same.

I will serve Singapore Dental Association for as long as I am needed, in whatever position and role that is needed of me. Although I believe that it is our duty to serve and contribute to the good of the profession and society, it is also important not to overstay my usefulness in SDA's leadership roles. All organizations should have some form of renewal to energize them and prevent stagnation of ideas and growth.

### **What was your most memorable experience during your run as SDA President thus far?**

To me, anybody who acts in the interest of the Association should be given fullest support and acknowledgement. That was why I recommended Dr. Myint Soe to be awarded SDA's highest honor for the first time in its history - the Honorary Member. Personally handing the award to Dr. Myint Soe was my most memorable moment, as that was history being made and I was grateful to be part of it.

---

*Dr. Kuan Chee Keong is a full-time general dental practitioner with Q&M Dental Group. He has served in SDA since 2006 and as President since 2012. Despite this punishing schedule, he spends his spare time with his family, and also enjoys travelling, running and cycling.*

There are many other roles in SDA being taken up with aplomb and enthusiasm by our volunteers and whenever I see this, I sleep at night with a feeling of achievement. I hope our volunteers feel the same too, as this is a joy nothing can replace.

### **Who have been instrumental to your success as President?**

I am most fortunate to have a very dedicated and talented Council, who have been instrumental in helping me manage all these heavy responsibilities, whilst having fun at the same time. Thus, I owe much credit to my Council and the Secretariat for without them, I would probably only achieve nothing except for a few meaningless speeches. We have set a clear mission and direction from the onset, and worked hard as a team to deliver to the best of our ability.

My family has of course been supportive and they have made sacrifices without much complains. I also wish to highlight the efforts of Dr. Lim Lii, without whom SDA would be much poorer. Just like me, all the council members are volunteers with finite terms of service. Getting responsible and capable members to step forward to serve is a big challenge. Many do not know that I'm actually not a Singaporean. But the confidence that the association has vested in me is a reflection of the fact that despite my nationality, I act only in the best interest of the SDA.

Our talent pool is too small. The changing demography of members is trending towards increasing numbers of non-Singaporeans compared to previously. There are also more Singaporean graduates from overseas universities. I urge all of these people to come forward and be involved in our community and Association. Above all, we value internal qualities that are not worn like military uniform and ranks, honorific and titles or plaques hanging on the walls. A willingness to be involved, to get to know us, is the most important criteria.

I am reminded of a quote from the movie *Godfather III*, "It doesn't matter who helms our little fleet but all ships must sail in the same direction." I hope that I've steered SDA in the right direction over the past few years, and I would love nothing more than to see it stay its course in the future. 🇸🇬



## Every Crown has a Silver Lining: Geriatric Dentistry through the Lens of Special Needs Dentists

For our new Clinical Feature Section, we interviewed some of our dedicated colleagues in the public sector who have advanced training in management of patients with special healthcare needs, on the concerns of treating geriatric patients. Special Needs Dentists Drs. Melissa Guay, Ang Kok-Yang and Tay Chong Meng join us in this issue to share their clinical experiences, and advise on some practical tips for the management of geriatric patients.

BY DR. TONG HUEI JINN

**Dr. Ang Kok-Yang:** Tan Tock Seng Hospital Dental Clinic – trained at the University of Melbourne, Australia

**Dr. Melissa Guay:** Woodlands Polyclinic – trained at the Eastman Dental Institute, United Kingdom

**Dr. Tay Chong Meng:** National University Hospital – trained at the University of Melbourne, Australia

### What are some of the most difficult, but commonly encountered medical conditions among your elderly patients in Singapore?

**AK-Y:** Patients with moderate to severe dementia, with concurrent degeneration of cognitive abilities, pose a constant challenge to compliance with all aspects of oral hygiene. Family support can be found wanting, and though many families employ carers to help, it is difficult to impress upon them the importance of maintaining good oral hygiene in the prevention of oral disease and its relation to medical conditions e.g. aspiration pneumonia. In general, oral health awareness among our population is still low.

**MG:** Patients with advanced dementia and patients with ischaemic heart disease with multiple coronary stents. These patients are usually on multiple medications which may impact dental treatment e.g. anti-platelet agents or anti-coagulants.

**TCM:** The most difficult one in my opinion are patients with intermediate stages of dementia who are examined for the first time. These patients tend to resist even simple dental examination, especially if no one has been assisting them with oral care since the onset of their dementia.

### When taking complex medical history in geriatric patients, what are some of the commonly encountered problems, and how do you go about managing them?

**AK-Y:** Most dentists would have experienced older patients telling them “I’m taking a yellow-coloured pill or blue-coloured pill”. Our elderly patients tend to have lower awareness of their medication names as compared to patients overseas. The advantage of being located in a hospital is having easy access to all national medication records, through the NEHR system. This allows for much easier “sleuthing” on our part to trace their medications and medical conditions.

**MG:** Some patients don’t tell you all the problems they have, or may not remember all their medical conditions. Others do not feel that it is relevant to their dental condition, while some are not aware of the whole spectrum of conditions they may have. Additionally, some patients may have difficulty communicating with the dentist due to the presence of a language barrier. Most of these patients attend medical and dental appointments



with a family member, who may be helpful in providing the information required. I usually try to run a thorough mental checklist of bodily systems (e.g. cardiovascular, endocrine, joints) in order to elicit medical conditions that they may have forgotten to mention. A big plus about working in a government institution would be access to NEHR, which provides a list of the patient’s medical problems and medication. The medication list gives me a good overview of the medical conditions a patient may have, which enables me to then probe further.

**TCM:** Patients often present with incomplete medical histories, especially when reporting their conditions using the self-administered hospital health questionnaire forms. Usually, I end up having to probe more into their medical condition and history. Specific questions, usually in layman’s terms, have to be asked. For example, I will usually ask specifically if the patients have been told that they have weak/porous bones. Upon affirmation, I will

then ask if any medications have been prescribed for this condition in the past. Often, I have to verify further if this is merely a routine prescription for osteoporosis requiring calcium and vitamin D supplements, versus a prescription of bisphosphonates, which bears more severe dental implications.

### What kind of scenarios/medical conditions would you recommend that the geriatric patient be treated in a hospital environment? Which are safe to be managed in a private practice setting?

**AK-Y:** Patients who are at high risk of cardiovascular emergencies. It is important for these patients to be seen at a location with ready access to emergency services. I feel that sometimes even a patient with severe dementia can be seen by the regular dental GP, who may prove to be an even better option as dental provider since the elderly patient may be more familiar with the local clinic settings.

**MG:** Patients that should be managed in a hospital environment include: Those with a recent myocardial infarction or stroke (<6 months), patients on new oral anticoagulants (e.g. dabigatran or rivaroxaban) requiring extractions, and perhaps patients on active cancer therapy with low blood counts.

These conditions on the other hand can probably be managed safely in private practice: patients on mono antiplatelet therapy, patients on warfarin with INR <3.0 within 24 hours prior to the dental procedure, and patients in cancer remission with normal blood counts.

**TCM:** I feel that most geriatric patients can actually be treated in a private practice setting as long as the dentist is aware of the possible dental implications, and knows how to handle emergencies that may arise. In cases of acute “flare-ups” and in the event that there are medical history risks (e.g. history of acute myocardial infarction within 3 months), the patient should be referred to a hospital for management.

I recommend that patients currently under-going active oncology treatment, and patients who are not amenable to examination and treatment under normal dental conditions, be referred to a hospital setting for management. Once the patients on oncology treatment are stable, they can also be seen in a private dental setting.

**Medical conditions aside, what are some of the clinical and practical considerations needed when treatment planning for the elderly patient?**

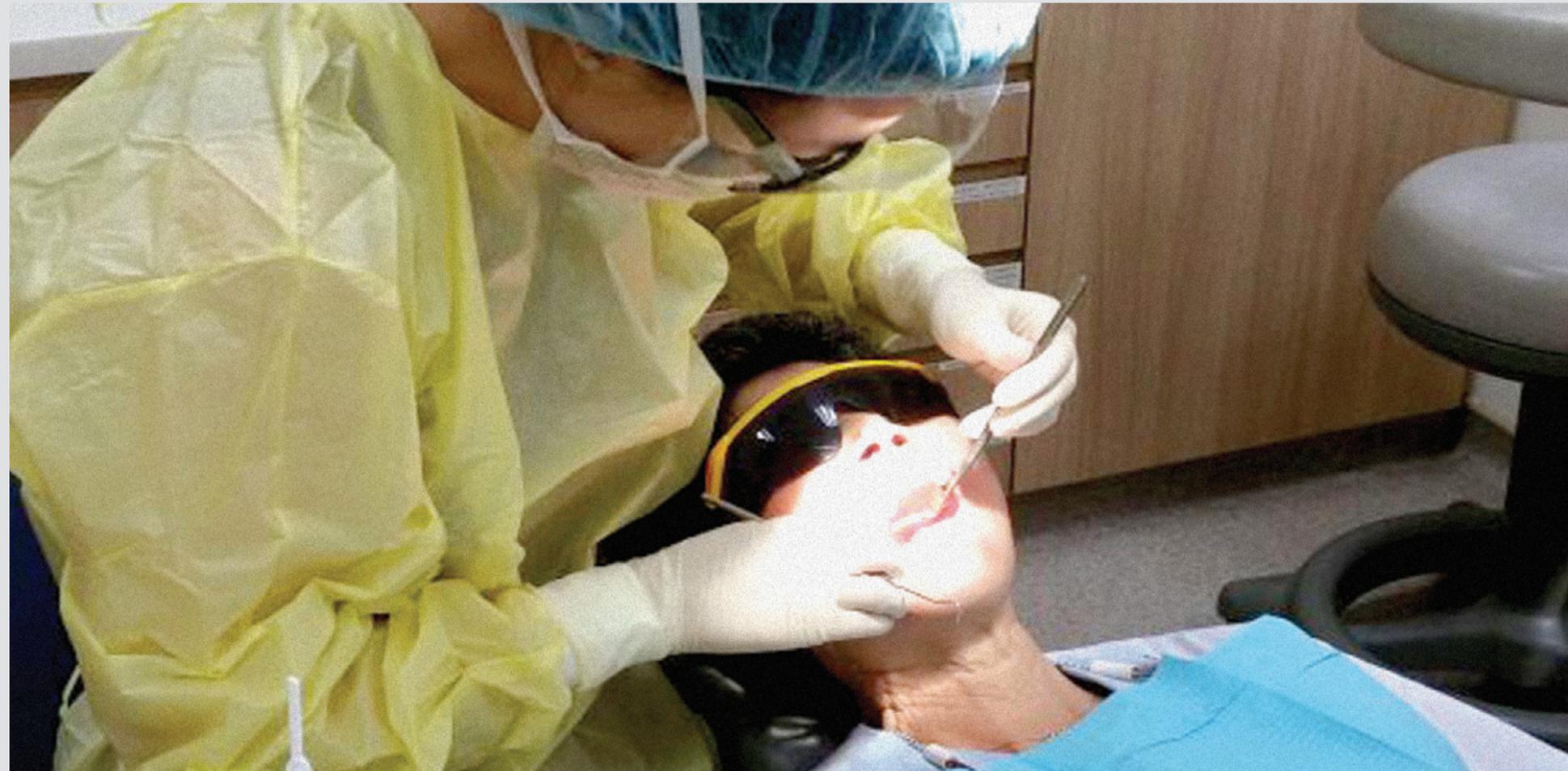
**AK-Y:** I feel that it is important to take into account the medical condition, rate of functional decline, and age of the patient. Other things to factor into the equation include the patient’s (or the family’s) ability to bear the financial cost of treatment, and family support. These factors are essential in determining whether compliance can be achieved and whether the trust of the patient’s family can be gained. Sometimes, we have to throw the ideal treatment plan out the window, and adopt what works for that specific patient, as long as it is a safe compromise.

**MG:** I always first consider the patient’s level of cooperation. For example, the elderly patient may not be able to tolerate long treatment sessions, which may rule out more complex treatments. Following this, I will consider the level of compliance for oral hygiene measures - Is the patient able to maintain restorations in the long term? Will the patient be able to tolerate or adapt to a new denture?

**TCM:** Treatment planning involves the consideration of whether the patient can manage and maintain any dental work done, and whether there are any implications of dental treatment on the patient’s long-term medical treatment. For example in the event that additional medical intervention is suddenly required if there is rapid deterioration of a patient’s oncological condition in the dental chair, it is important that the dental work can be disassembled or removed quickly and safely.

**Are there any recent advancement in geriatric dental care which you would like to share/highlight to fellow dental colleagues?**

**AK-Y:** Currently, from a prosthodontic perspective, there are many emerging papers on the longevity of implant supported prosthesis in patients with dementia. That aside, other topics in geriatric dentistry which are frequently discussed include the evaluation of efforts to engage the elderly patient in oral healthcare.



Wheelchair recliner

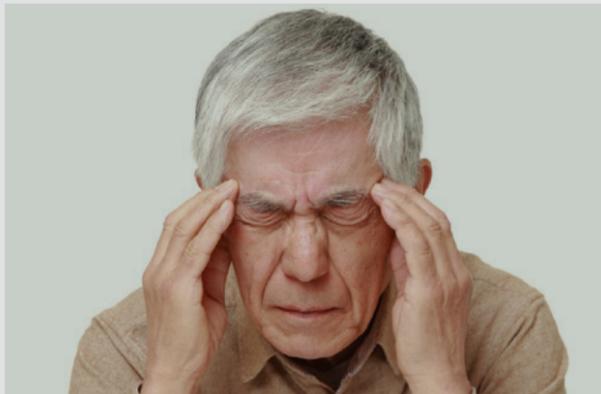
**MG:** Wheelchair recliners and patient transfer devices are seeing increasing usage in the West. Given the increasing number of geriatric patients in Singapore, it is not uncommon for dental practices to manage patients on wheelchairs. Transferring these patients to the dental care for treatment may be an issue, and these devices allow safer and more convenient transfer of patients to the dental chair. The wheelchair recliner is a device I used during my training in the UK. I found it extremely useful - it obviates the need to physically strain my back transferring the patient onto the dental chair.

**TCM:** Recent advancement in glass-ionomer cements for the management of root caries appears to be one of the more promising developments in dental materials. However, research is currently ongoing and we are still waiting expectantly.

**Could you share with us some tips on how you go about obtaining informed consent from your elderly patients when they are hard of hearing, or do not fully understand your treatment plan?**

**AK-Y:** I consider myself lucky to be able to speak a few dialects. This has proved to be immensely helpful. Older patients tend to look upon you with a kinder eye if you try to speak their dialect. However, all else being said and done, it is always better to try to explain dental treatment in simple terms, and use analogies when necessary.

**MG:** Consent taking can be complex in geriatric patients who may be cognitively impaired. Patience is key, and the patient should be given time to process the information before formulating a response. Every effort should be made to help the patient understand the information that



Patients with dementia are some of the most challenging to treat.

is necessary for him to make an informed decision. It is important to ensure that the patient has mental capacity, by checking if the patient can do the following:

- 1) Understand the information regarding treatment options
- 2) Retain the information in mind (important for the elderly)
- 3) Use or weight up the information
- 4) Communication of their decision

A patient who may be hard of hearing may require you to position yourself with your face to the light and remove your mask when communicating with the patient so that they can read your lips. Speak clearly using simple language - avoid jargon and unfamiliar abbreviations - and use models/images to aid in the explanation. It is important not to shout at the patient but to lower the pitch of your voice instead (people tend to lose their high pitch hearing first). Sometimes it may also be necessary to have a family member, carer or interpreter step in to facilitate communication.

In the event that patients are deemed to lack mental capacity, a decision can be made on behalf of their best interests according to the Mental Capacity Act.

**TCM:** Patients who are hard of hearing require a lot of patience. I would advise speaking clearly and slowly, and preferably nearer to the ear with better hearing (ask your patient which side he/she hears better from). Please do not shout as the patient may

perceive this increase in decibel as a gesture of rudeness. As for patients who cannot fully comprehend the dental treatment plan, involvement of the caregivers is important. The proposed treatment plan can be relayed to the caregiver in addition to the patient. Family members should be allowed some time to discuss and reach a consensus (either among themselves or with the patient.) Just because the patients have advanced in age does not imply that they do not care about how they look. I find that some procedures can be useful, such as showing the patient the proposed denture during a try-in appointment.

**What do you like most about treating the population of patients you see (i.e. about being a Special Needs Dentist)?**

**AK-V:** Despite being psychologically demanding sometimes, once they get to know you, older folks can be pretty chill and easy going too.

**MG:** Treating the special needs population is meaningful and challenging. No two patients are exactly the same. Being able to deliver care and see their oral health improve brings joy and fulfillment to my practice as a dentist.

**TCM:** The patient's gratitude is as great a reward as the success in oral health management among this increasing group of people. 

Do you have any comments or questions you would like to ask our contributors about geriatric dentistry? For the first time ever The *Dental Surgeon* will be running a "Forum" section in its next issue, where these contributors will respond to and clarify any concerns you may have on this topic.

Please write in to [norjana@sda.org.sg](mailto:norjana@sda.org.sg) with your name and question/comment before 30th September 2015! We look forward to engaging you on our new Clinical Forum Page!



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## In the Eyes of the Law

BY DR. TERRY TEO



Dr. Myint Soe, Ph.D (Cambridge), M.A. (Cambridge), M.A. (Illinois), B.A. (Rangoon) Barrister-at-Law, has been a dedicated law lecturer for over 45 years, teaching at various educational institutions such as NUS. He has served for over 25 years as Honorary Legal Advisor to the Singapore Medical Association, and an equal amount of time as Dental Protection (MPS) lawyer.

Besides giving advice to doctors and dentists, he has represented them in disciplinary, civil and criminal proceedings over the years. For his tireless efforts to protect dentists these past decades, he was conferred SDA's highest honour in April 2015: The Honorary Member.

The SDA Ethics Committee and Practice Management Committee interviews Dr. Myint Soe on the changing face of disputes these past decades, and the tenets of law with regards to clinical practice.

### How did you start getting into Dental Practice Indemnity?

My colleague Mr. Selvaraj and I were the first lawyers for the Medical Protection Society in Singapore, of which Dental Protection is a branch. Hence, we dealt with both medical and dental complaints from about 1980. The principles in negligence are the same. The Bolam Test\* applies to both doctors and dentists.

There are also some differences between dental and medical, as you all know. Firstly, dental deals with only a small area of the human body and hence, claims are usually lower.

### How has the manner of complaints made against dentists by the public changed in the past decades?

There has been a significant change, and many more dental cases are referred to me. This is due to several reasons. Firstly, there are more dentists and hence, more com-

plaints. Secondly and unfortunately, it is easy to complain: most patients want to be reimbursed the fees paid, and the amounts claimed against dentists are much smaller than doctors. Thirdly, more new procedures are being done by general dentists. For example, surgeries like sinus grafts and multi-stage treatment like implants have now resulted in many complaints. Likewise, extractions now lead to increasing claims for paraesthesia.

### When most dentists receive a complaint from patients demanding a refund, they often refuse as they are worried that this is an admission of guilt. Will refunding treatment fees open up a can of worms for the dentist?

By refunding the treatment fee to the patient, there is *no admission of liability* whatsoever. In the eyes of the law you have still done nothing wrong. However, try not to refund the full amount asked for. This is important psychologically to the patient and to yourself as it shows you do not fully

accept any responsibility, and that the refund is out of a "gesture of goodwill". After all, you did spend the time to do the work, and the patient has come to you in your professional capacity.

Note that once receiving a request for refund, MPS will pay for the "cost price" (based on our own scheduling) for the procedure disputed, and not for any profits you have received. For example, MPS will broadly compensate for treatment resulting in the loss of a tooth at \$2000 per tooth, regardless of what was done or needs to be done to replace that tooth.

*Once you have refunded the amount, the patient must be made to sign a settlement and discharge form, available at SDA, stating that this is for full and final payment. This is a legally enforceable document, and ensures that once acknowledged and signed, the patient cannot make future claims against the dentist in any capacity.*

### Why should I even agree to a refund, especially if the patient is being difficult or obviously out to take advantage of the situation?

By treating a patient, you have entered a contract with them. Anytime a patient pays you for your services, you have entered a contract. And unfortunately, if your treatment did not result in a satisfactory outcome, it is considered a breach of duty. Under the Unfair Contracts Terms Act (UCTA), no dentist can totally deny liability if something goes wrong from their treatment.

I have said that complaints are on the rise. This is because patients are greedy. They also have an increasing number of advisers in the community as their friends who have experience in making successful claims. Furthermore, they now know that most dentists are "insured" with DPL, an organisation with deep pockets. Most times the



aggravation of having a dissatisfied patient is not worth the amount they are asking for. Thus I always encourage a partial refund.

### Does the Lemon law apply to dental treatment as well?

The Lemon law states that as a consumer, you are able to make a claim for a defective product (also known as lemons) sold to you within 6 months of purchase. It is compulsory for a seller of a defective product to repair, replace, refund or reduce the price of the defective product (subject to certain conditions). Although some dental treatment results in the sale of a "product", the most obvious case being dentures, the Lemon law does NOT apply to dentists.

However, because dentistry is an "honourable service", patients may still make a claim at the Small Claims Tribunal if a dentist refuses to refund. The Small Claims Tribunal deals with goods and services not exceeding \$10,000. Issues of dispute over professional negligence will go to the civil courts, which is very costly and best avoided.

### Amongst this somewhat discouraging backdrop of increasing complaints and more "greedy" patients, what can dentists do to prevent this?

Informed consent is the key. You must give patients adequate information and time to consider all treatment options, risks and consequences, and alternatives to treatment. In light of the recent circular by SDC to all healthcare professionals, a landmark decision in the UK courts on 11 March 2015 ruled that the standard of care for informed consent is based on what *a reasonable patient would be expect to be told* instead of what is commonly accepted medical practice.

\* Under Bolam, the plaintiff seeking to prove medical negligence needs to (1) show that there was a duty of care between the doctor or nurse and the patient, which is usually a straightforward exercise, and (2) that the act or omission of the doctor or nurse breached the duty of care. There is no breach of standard of care if a responsible body of similar professionals support the practice that caused the injury, even if the practice was not the standard of care. The ruling meant that the accused doctor need only to find an expert who would testify to having done the same thing.

Following consultation and diagnosis, informed consent can be obtained orally. The patient can ask for explanations or ask further questions. It will show what he wishes to know, and that he has understood your points. Then this must be *duly documented in the case notes*. If a patient is still deciding, communication via e-mail to clarify points is good, provided the patient acknowledges that it was received and understood.

If the patient decides to go ahead with treatment, a proper consent form detailing what was spoken should be signed, but this document does not absolve the dentist of liability if the patient has shown that they still did not understand the risks and consequences involved. As long as you conform to clauses 4.1.2 and 4.2.2 of the SDC Ethical Guidelines regarding informed consent record keeping and informed consent respectively, you will be fine.

#### When does the SDC disciplinary committee step in?

SDC only deals with cases of professional misconduct. This includes acts that bring disrepute to the profession, or clinical management that is so negligent or bad that anyone in the profession will say that it is below the standard of care. Proper informed consent and note-keeping will prove to be most helpful in your defence should you ever be brought before the SDC disciplinary committee.

All practicing clinicians should be aware of the legality of "reasonable foresight". Reasonable foresight means that if you knew a complication could happen, you are liable for not informing the patient. If you did not know of such a

known complication resulting from a procedure, it is even worse, because ignorance is negligence. An example of this is unknowingly giving NSAIDs belonging to the same family of drugs to someone who is allergic to that specific class. In short, if you feel you are not competent, do not do it. If you do not have enough knowledge about the method, risks and complications certain procedures entail, you will be opening yourself up to trouble should you proceed and things go wrong.

I also want to highlight vicarious liability, for practice owners who have associate dentists working for them. Because you are not paying your associate CPF and the dentist is an independent contractor, you as the principal dentist are not liable for that person. However this comes with a caveat: if the disciplinary matter the dentist gets involved with is a very serious one (such as performing wisdom teeth excisions without established clinical protocols), then the principal becomes liable for that dentist's mistake, as these are non-delegable duties.

#### Thank you for your insights, and for protecting our profession over the years. Do you have any successors groomed to take over your role?

You are asking who will be there for you when I die! My colleague Mr. Selvaraj is greatly experienced, and has always shared my responsibility. In addition, we are grooming a younger lawyer in the ways of medical and dental protection, such that continuity is ensured. The dental profession in Singapore will always be legally represented. 

### Practice Management Resources

- Did you know? If you employ anyone for at least 14 days, you are required to give them a written statement of their Key Employment Terms (KET) ?
- Common Pitfalls in CHAS: A recent audit found that several mistakes were made in CHAS claims. Find out whether you are making these errors.

Check out these and other useful guides in the Practice Management Resources section in the SDA website ([www.sda.org.sg](http://www.sda.org.sg)).

This new service is in the "Members Only" section of the SDA website.

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#### References:

1. Akwagyriam I, et al. Poster 174485 presented at the International Association of Dental Research, Seattle, WA. March 2013.
2. Yankell SL, et al. *J Clin Dent* 1993;4(1):26-30. 3. Data on file, RH01530, January 2013.

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# Stark Beauty: A Mission Trip into the Mountains of Nepal

BY DR. KUEH LING HUI



This year in collaboration with Chokgyur Lingpa Foundation (CGLF), Dr. Sapphire Gan led a multinational team of eight dentists (Drs. Kaan Sheung Kin, Thanarporn Thongjood, Adeline Chai Sy Yin, Jane Luk Sau Yan, Ong Teng Sin, Benjamin Ng Chee Wee, Lee Qi Qi and Kueh Ling Hui), two medical doctors (Dr. Chua Yang and Dr. Indumathi Venkatachalam) and two volunteers (Mr. Han Thong Kwang and Ms. Shawn Toh Wei Lin) to

Jharkot, Mustang, Nepal. Jharkot is about 3500m above sea level. The mountainous terrain and gravel roads make access to the village a challenge.

We arrived in Kathmandu on 3rd April 2015. Together with the monks, nuns and lay volunteers from CGLF, we made our way to Pokhara followed by a 12-hour jeep ride to Jharkot. The ride was unforgettable! The skilful drivers manoeuvred around blind corners, drove through rivers and waterfalls, and squeezed past oncoming trucks and buses in the dark without falling off the cliff. Thankfully, we all arrived in one piece at midnight!

The bitter sub-zero weather hit us hard. With had neither the luxury of heating nor hot showers, and thus survived using wool blankets, numerous layers of clothing, and heat packs. The next morning, we were greeted with a breath-taking view of the grand Himalayan snow-capped mountains. The physical “pain” vanished! The warm and hospitable villagers, dressed in beautiful traditional costumes, led us to the community hall-turned-healthcare clinic. Although it was a mere eight minute walk uphill from the guesthouse, we were desperately gasping for oxygen even before reaching the hall!

After the welcome ceremony, we set up clinic. The hall was divided into registration, oral surgery, fillings and scaling stations. There were also designated corners for pharmacy and eye stations. Shawn, who manned the eye station together with the nuns, dispensed reading glasses for villagers with presbyopia, as well as ultraviolet protective sunglasses.

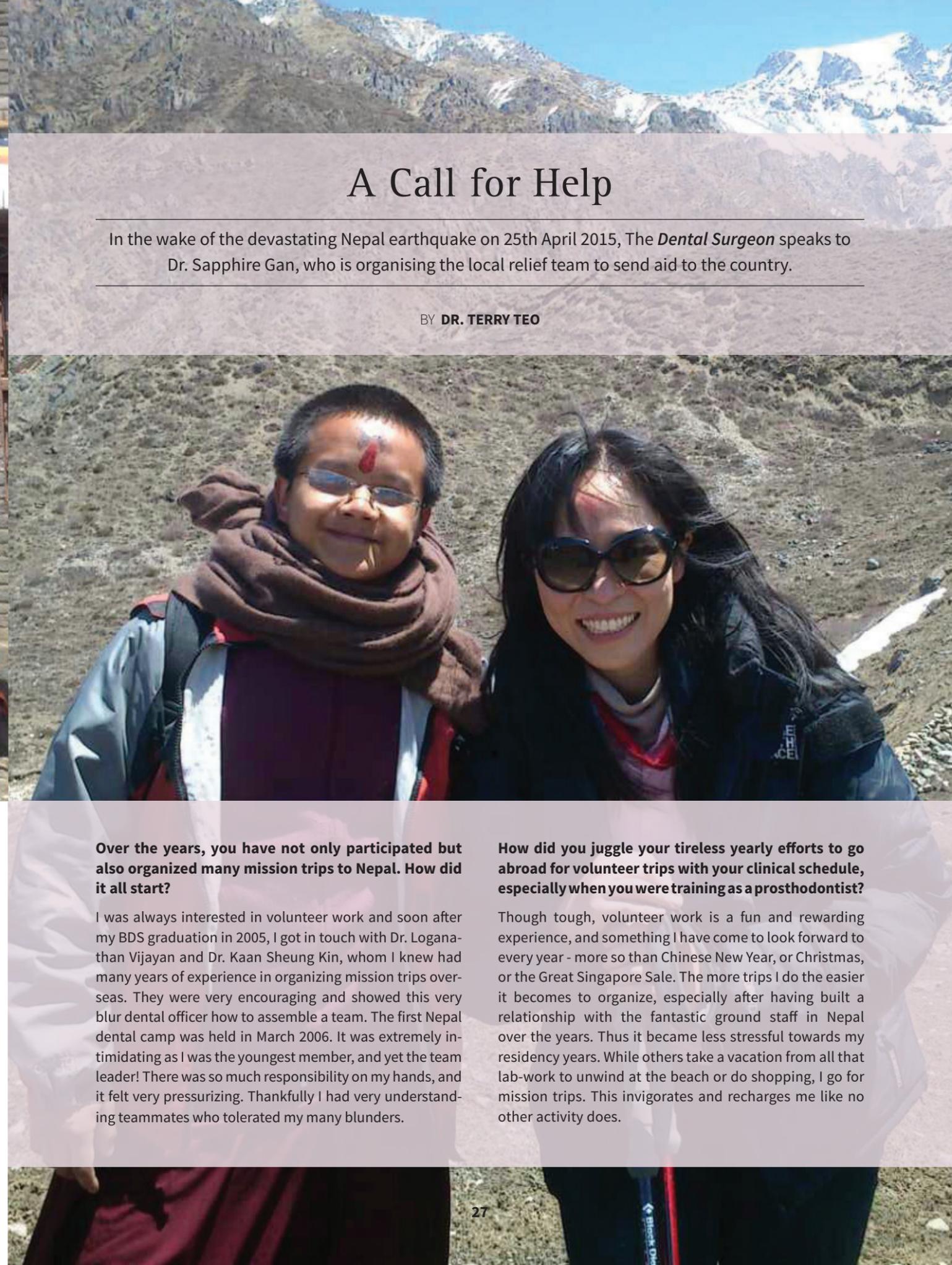
The dentists rotated between stations, assisting one another alongside local volunteers and translators. When more patients came in, Thong Kwang and Shawn became our dental assistants. Benjamin, together with one of the local volunteers Caldin, gave oral hygiene instructions to patients at the waiting area. Toothbrushes were then given to patients upon completion of treatment.

In a separate room, Dr. Chua Yang, a gynaecologist, ran the women’s clinic. Her portable ultrasound machine was highly sought after by the local women. Many wanted their wombs checked, and her advice was much needed by the adolescent girls who had no clue about the menstrual



cycle. In addition, Dr. Indu together with a Nepali physician, Dr. Lopsang, took care of the internal medicine clinic where conditions such as aches and pains were a common complaint. Some villagers walked many hours and braved the snow to seek treatment. In total, we saw 339 patients for dental/eye and 291 patients for medical treatment over four clinic days, with many of the patients having multiple procedures done.

The snow and subzero temperature definitely did not stop the team from waking up at 5am for morning walks – to snow slide, do sketches, and take in the sights. After four days of clinics, we had a rest day to visit Muktinath, where a sacred temple for Hindus and Buddhists was nestled. The local volunteers and a few of us ran under the temple’s sacred 108 water spouts and dipped into its icy pools. There was also a friendly football match between the Kathmandu volunteers and the Jharkot volunteers. That must have been the most beautiful football field ever.



## A Call for Help

In the wake of the devastating Nepal earthquake on 25th April 2015, The *Dental Surgeon* speaks to Dr. Sapphire Gan, who is organising the local relief team to send aid to the country.

BY DR. TERRY TEO

That evening, there was a closing ceremony. We enjoyed our last meal of momo (Tibetan dumplings) and watched the villagers perform traditional songs and dances, followed by the screening of a local film – *Muktidaata* (Savior in Nepali). This small scale local production was done years ago and featured many of the local villagers who were our helpers and/or patients during the camp. The entire hall erupted in cheers and laughter many times especially when one of the villagers appeared on screen. Apparently, this was the first time the film has been screened in the village.

During those ten days, we came across many selfless and inspiring souls as we tried to do a little good with the clinical skills that we possessed. Genuine joy and laughter infused the trip – needless to say, we had a blast! This trip would have been possible without our silent supporters: friends who donated generously, local coordinators, local volunteers, cooks, translators, and of course our own families, friends and colleagues who took care of things while we were away. Kudos to all from the bottom of our hearts! *Dhanyabad!* 

On 25th April 2015 just weeks after the team returned home safely from Nepal, the country was hit by the most devastating earthquake experienced in the past century. The 7.9-magnitude quake caused avalanches in the Himalayas, with a death toll of thousands of lives. To those of us who wish to help in any way we can, please see details on the next page, where we speak to Dr. Sapphire Gan on her efforts to send aid to Nepal.

**Over the years, you have not only participated but also organized many mission trips to Nepal. How did it all start?**

I was always interested in volunteer work and soon after my BDS graduation in 2005, I got in touch with Dr. Loganathan Vijayan and Dr. Kaan Sheung Kin, whom I knew had many years of experience in organizing mission trips overseas. They were very encouraging and showed this very blur dental officer how to assemble a team. The first Nepal dental camp was held in March 2006. It was extremely intimidating as I was the youngest member, and yet the team leader! There was so much responsibility on my hands, and it felt very pressurizing. Thankfully I had very understanding teammates who tolerated my many blunders.

**How did you juggle your tireless yearly efforts to go abroad for volunteer trips with your clinical schedule, especially when you were training as a prosthodontist?**

Though tough, volunteer work is a fun and rewarding experience, and something I have come to look forward to every year - more so than Chinese New Year, or Christmas, or the Great Singapore Sale. The more trips I do the easier it becomes to organize, especially after having built a relationship with the fantastic ground staff in Nepal over the years. Thus it became less stressful towards my residency years. While others take a vacation from all that lab-work to unwind at the beach or do shopping, I go for mission trips. This invigorates and recharges me like no other activity does.

**What motivates you to continue volunteering, especially in some of the most remote and harshest places of the world?**

I find meaning, fun and joy in volunteering. Going to remote and seemingly inhospitable places is always interesting because in seeing how other “less-fortunate” people live their lives, I get to experience their resilience and gratitude for the things we take for granted. Many times the sights are breathtaking as well, and this broadens my horizons in every sense of the word. I consider myself a spiritual person and I try to abide daily by the dictates of Buddhism. Some people describe my volunteer work as ‘compassion in action’. Compassion essentially means wishing a person to be free of suffering and pain. With the skills we possess, I thought that there was no better way to practice compassion than to serve the needy in these healthcare camps we set up.

**Tell us more about the tragedy that has happened in Nepal on 25th April 2015. How has it affected you personally?**

Not only was the earthquake itself the most devastating to have ever hit the country in recent times, but the resultant avalanches in the Himalayas and landslides in the mountains have caused widespread destruction in the remote villages. Many sacred and ancient temples and sites have been decimated. The death toll is in the thousands, with many more feared dead. With even more injured, the health services simply cannot cope. Nepal is in desperate need for humanitarian relief. Over the years, I have developed a deep friendship with the local volunteers. I have



seen some go back to school to get a degree, learn a new language, or take up acupuncture courses or Tibetan medicine courses. However they have all remained unwavering in their volunteerism, even starting a weekly programme to go up to the villages on motorbikes to render simple healthcare services there. While I have

been coordinating relief efforts with some of them shortly after the disaster, there are others that I could not contact, and I fear for the worst.

**How do you intend to help? How can all of us help?**

I am working with Dr. Pujan Rai on this, and we have been directed to liaise with one of the biggest hospitals in Kathmandu, which is now desperately in need of help. We have planned a recce trip to assess the situation: extent and severity of injuries, state of medical equipment and supplies, and manpower needs.

In the background, a surgical team is being formed who will go in as the second wave of help. I also have a team of psychologists and social workers who have offered to be the third wave. But communication on the ground is currently sporadic and our priority was also to regain stable communications with the outside world during the recce trip.

Currently we are fund raising for medical supplies and consumables such as IV Cannula, IC drip set, surgical sutures, cervical collars, dressing sets, and water purification tablets. I would deeply appreciate any help we can get with this from the Singaporean dental community. Please help us save the lives of the beautiful people of Nepal. 

Drs. Sapphire Gan and Pujan Rai are calling out to those who would like to help in any way, be it with time, resources or money. Dr. Sapphire Gan can be contacted directly at [bluejewel8@gmail.com](mailto:bluejewel8@gmail.com). Details of the donation bank account are as follows. Please leave your name and contact details, and label your donation as “DS Donation” where possible.

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# 2015 HKIDEAS

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**Call for Abstracts:**

Deadline: 31 May 2015

**Early-bird Registration:**

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**Speakers**

- Professor Bilal Al-Nawas (Germany) - Implantology
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- Dr. Derek Mahony (Australia) - Orthodontics
- Professor Chooi-gait Toh (Malaysia) - Operative Dentistry
- Dr. Patrick Tseng (Singapore) - Endodontics
- Professor Laurence Walsh (Australia) - Infection Control
- Professor Michael Wilson (United Kingdom) - Microbiology



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## Reflections on Sa'bai

The *Dental Surgeon* conducted an email interview with third year dental students Edward Eu Jian Yao (the Project Sa'bai dental team head) and Jeanette Yap Juin Yui on their experiences and thoughts on the recently concluded mission trip to Cambodia.

BY DR. TEO YIWEI

### What were the objectives of the mission trip?

**E:** Project Sa'bai was originally the brainchild of a group of Singapore medical students. Over the years, the team gradually grew to include medical doctors. In 2009, the pioneer dental team of less than ten dental students was formed and was christened Project Sa'bai Dental. The main objectives of Project Sa'bai Dental were to provide basic dental care, to educate the masses in the importance of maintaining optimum oral health, and to allow the community to independently sustain a basic standard of dental care. The target population are students of the Don Bosco Schools (Phnom Penh and Phrum Chreh), and the villagers of Kampong Speu, a satellite town away from the city centre.

**J:** This year, we focused a lot more on preventive measures. We gave oral hygiene instructions to the children by holding classroom demonstrations and even had a tooth-brushing station. It was amazing to see months of planning come into action.

### How did the mission trip this year differ from those held previously?

**E:** Over the past few years, the medical team had forged a good relationship with the Cambodian medical students from the University of Puthisastra. Hence, they were willing to act as our translators. This was a big step forward from previous years when we had insufficient, or at times, no

translators at all. Communication between the dental team and the Cambodian community improved greatly this year, and the medical team should be given due credit for that.

**J:** This year, our team decided to bring in two more CONS machines in order to better equip ourselves for restorative work. Trying to wheel a conspicuously large and heavy luggage through the gates without attracting the attention of the security was nerve wracking, and required planning and strategic acting on our part. After all the hard work raising funds, we could not afford to get our most expensive equipment confiscated. This was on top of getting through immigration whilst keeping a group of twenty-five students together.

**E:** The issue was not so much about transporting the items, but to transport them without being held back by the Cambodian immigration authorities. The amount and type of equipment that we were bringing across might come across as suspicious. Therefore, to ensure a smooth-sailing trip, we prepared official documents from both the Singapore and Cambodian authorities. In addition, the sisters of the Don Bosco Schools were there to receive us and provide assistance should we be questioned by the immigration officers. Thankfully, we passed through the gates without a hitch.

### What were some of the challenges that you faced and how did you overcome them?

**E:** We had to coordinate our action plan with the medical team. Every detail, from our education material and pharmaceuticals to the

number of chairs and tables to be used as dental units had to be discussed with them. Fortunately, the medical team was understanding and accommodated our logistical and manpower needs.

**J:** The next few days saw us moving through various locations, setting up equipment and repacking them once the day's work was complete. We started our trip administering dental care in Teuk Thla, a school that was also our base camp and where we keep excess logistical equipment. It was normal to be accosted by playful children who would hug you and hold your hand, and accompany you with their singing. Initially, I anticipated much crying and struggling, as the majority of patients there were children. However, I was pleasantly surprised by how brave and obedient the children were. After Teuk Thla, we traveled to other areas like School of Don Bosco Phum Chreh and Kampong Speu. It was important to take an accurate medical history as we were now treating older patients in more rural areas. The translators proved to be an invaluable part of our trip. Having them around made a world of difference in our administration of care. Being medical students themselves, they were able to translate difficult dental jargon into Khmer layman terms. Communication was much smoother, and we could sense their sincerity and passion whilst working alongside us. It was with their help that we managed to get through the next few days.

### Were there any notable landmarks that you visited?

**J:** We could not leave without exploring Phnom Penh, even if it was just for a day. We

(Left) Dr. Marcia Pang conducting an oral examination. (Centre) Dr. Wong Kuan Yee doing restorative work (Right) Samantha Huang, year one dental student at the oral hygiene demonstration booth





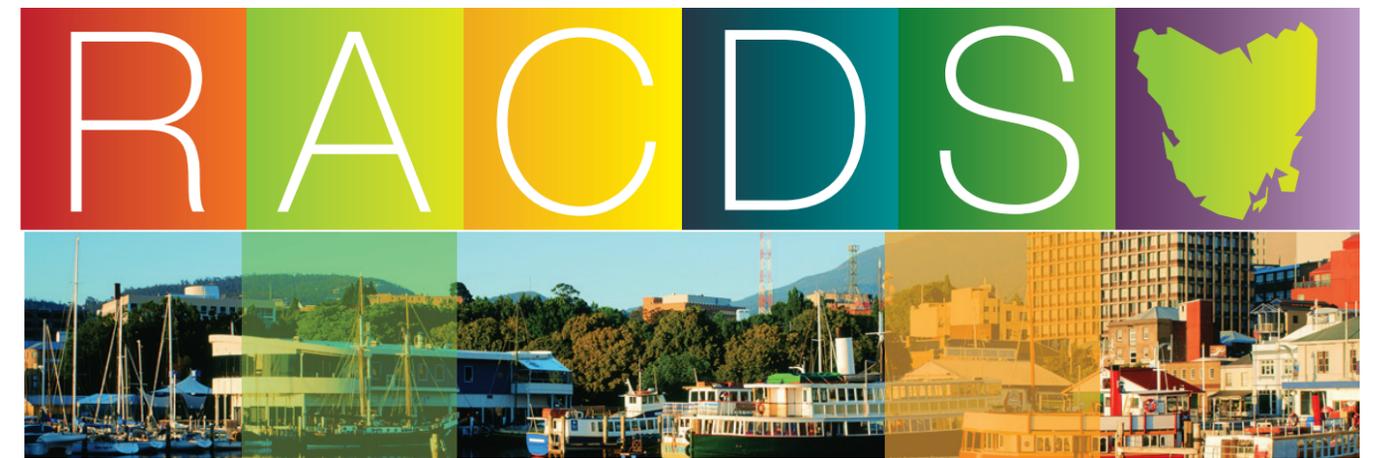
visited Central Market and the Riverside area, which were bursting with cafes, and had our fill of cheap massages and food. As time was limited, we barely scraped the surface of what Cambodia had to offer, but what I have taken away are my experiences with the Cambodian people. They will disarm you with their friendliness and hospitality, as well as their generosity and simplicity.

**How have you benefited from the trip?**

**E:** In retrospect, my clinical progress in school was set back due to all that planning I was involved in. However, this experience has taught me the importance of time management and efficiency. And I have no regrets whatsoever. I have gained much insight into the health care system of Cambodia. The best assistance that one

can provide is to help the community be self-sufficient and independent. Experiencing the rural life has also allowed me to appreciate the life that I've been living thus far in Singapore.

**J:** It was a blessing that we had a smooth trip for the entire eight days that we were there. As students, we learnt a lot by assisting the dental officers. Providing dental care in compromised settings is not easy, and it was interesting to see how our seniors took into account all the different factors such as future complications, pain management and patient profile to determine what would be done. As a year three dental student, my clinical experience has only just begun. Participating in Project Sa'bai 2014 was an enlightening and eye-opening experience, and one that I will be unlikely to forget in the years to come. 



# Royal Australasian College of Dental Surgeons 23rd Convocation

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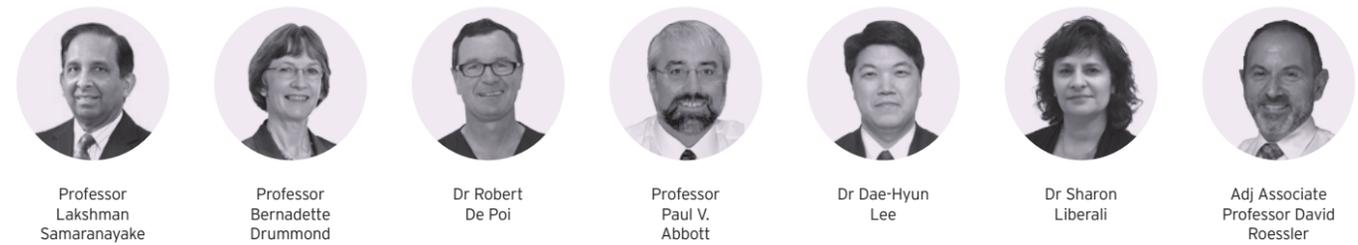
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For information on the 23rd Convocation of the RACDS visit the website [www.racds.org](http://www.racds.org)



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**Friday 4<sup>th</sup> September 2015 - NSW Scientific Day**

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To Celebrate 50 years, the 2015 Scientific Day brings together discipline leaders from each of our regions. The program will showcase the College at its very best. The day promises to be a stimulating and informative event that will evaluate recent developments and current trends to provide 'A Comprehensive Approach to Oral Health'.

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<b>DATE</b>	Friday 4 <sup>th</sup> September 2015
<b>TIME</b>	8.30am - 5.30pm (registration from 8.00am)
<b>VENUE</b>	Doltone House, Darling Island Wharf, 48 Pirrama Rd, Pyrmont
<b>CPD</b>	7 hours
<b>FEE</b>	Early bird registration \$600 per person <i>(if paid for by 30<sup>th</sup> June 2015)</i> Regular registration \$650 per person

# Back to Basics

BY **DR. SURINDER POONIAN** POSES BY **DR. JESSICA KHONG**

As a dentist you may find yourself getting into compromised positions in order to fulfil the role of clinical practitioner. Having patient care at the forefront of your mind, you may feel that short durations of hunching or twisting your body are fine. However, you may not know the importance of ‘dental ergonomics’. This is the discipline that studies workers and their relationship to their occupational environment – and such studies have shown that our positions while treating patients in the operatory are an occupational hazard.

Back, neck, shoulder or arm pain is present in up to 81% of dental operators.<sup>1</sup> Back pain is the most common complaint followed by neck pain and shoulder pain. Whilst working, there are a number of negative causes and effects on the body including static postures, unnecessary twisting,<sup>2</sup> stressed shortened muscles resulting in misalignment of the spinal column, hypomobile joints<sup>3</sup> and a risk of spinal disc herniation or degeneration. Because of this health risk, it is extremely important to look after your body in the work environment.

There are various methods of preventing the notorious dental-induced backache. These include posture awareness, taking periodic breaks, stretching, and wearing dental loupes. Finding myself in this similar predicament, I realized that core strength and exercise is fundamental in maintaining a healthy, functional body whilst maximising working life to provide optimal patient care. It is the only way to create a sustainable and safe work environment for the operator, myself.

## Introducing Yoga

The term ‘yoga’ comes from the sanskrit word ‘yuj’ which means to join or to connect. It’s origins as Hindu philosophy involves exercise of the body, mind and spirit in order to reach a state of ‘liberation’.

Yoga has been around for thousands of years, first mentioned in 8000 BC in the ‘Vedas’ (ancient Hindu scriptures) explaining the benefits of yoga poses and practice on both the body and the mind. Since then various styles have developed over time and have been popularized in Western society.

Indeed, with a job that often restricts movement and good posture, yoga can really help prevent long term musculo-skeletal damage to the back, shoulders and neck.

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## Your guide to the most common yoga styles

With so many different types of yoga on the market, it can be a little confusing when selecting the style that is right for you. Here’s a run-down of the main practices.

TYPE OF YOGA	HISTORY	DETAILS	INDICATIONS	INTENSITY (++++ most intense)
<b>Ashtanga</b>	Origins in yoga korunta manuscripts. Knowledge passed on by Sri Kirshnamacharya in 1900s and taught by Pattabhi Jois in the 1940s.	Ashtanga means 8 limbs and links to the ‘8 limbs’ of yoga. A series of poses are held for five breaths.	Stretches and strengthens muscles. Helps to clear the mind. The breath and heat generated help to detoxify the body.	++++
<b>Bikram</b>	Founded by Bikram Choudhury in the early 1970s.	A series of 26 poses are done in a heated room to facilitate the release of toxins.	Stretches and strengthens muscles, compresses and detoxifies organs.	+++++
<b>Kundalini</b>	Founded by Yogi Bhajan in 1969.	Aims to awaken energy in the spine. Involves meditation, breathing techniques and yoga postures.	Spiritual interest.	+++++
<b>Vinyasa flow</b>	Origins in hatha yoga.	Poses flow from one to the next with comments on each pose. Dynamic style.	Strengthens and detoxifies the body. Increases flexibility. Brings you to the present.	++++
<b>Yin Yang</b>	Taoist tradition and founded by Taoist yoga teacher Paulie Zink in the 1970s.	Postures held for long duration in passive seated positions that target the hips, pelvis and lower spine.	Increases circulation, flexibility and encourages flow on energy in the body. Ideal if doing a lot of strength training to balance and relax.	++
<b>Hatha</b>	Basis of ashtanga and bikram yoga. Derived from ancient Sanskrit texts.	A slow paced class of postures, breathing techniques and meditation. The basis of other yoga styles.	Strengthens and improves flexibility, releases tension, calms the mind. Ideal if doing a lot of strength training to balance and relax.	+++
<b>Restorative</b>	Developed by B.K.S Iyengar and popularized in the 1970s by a student of his - Judith Lasater.	Simple poses held for long durations using props. Slow paced class.	Promotes deep relaxation. Enhances flexibility. Helps to heal the mind and body.	+
<b>Jivamukti</b>	Founded by David Life and Sharon Gannon in 1984.	Vinyasa style yoga with scripture readings.	Spiritual interest.	++



WIDE CHILD POSE



SPHINX



DOWN DOG



LOCUST POSE



BOW



TWIST



CAT



COW



KNEELING LUNGE



ARCHING PIGEON



PLANK



LOW PLANK

# BASIC POSES

There is an array of basic postures and poses to strengthen and stretch the neck, shoulders and back. Warming up the body with simple stretching before attempting these postures is recommended to avoid injury. A yoga mat is also recommended.

## 1. WIDE CHILD POSE

Benefits: stretches the lower back.

- Position yourself on your knees.
- Press your hips back, sitting between your heels.
- Stretch your arms out in front of you with your forehead to your mat.
- Exhale as you lower your abdomen between your knees, lengthening the spine.
- Take five deep breaths.

## 2. SPHINX

Benefits: increases spinal flexibility and opens the chest, shoulders and abdomen.

- Lie flat on the floor.
- Place your forearms on the mat so your elbows are directly underneath your shoulders. Gently push up keeping your hips on the floor whilst moving your chest away from your hands.
- Actively roll your shoulders away from your ears, elongating the neck. Gaze in front of you or gently roll your head back between your shoulder blades to deepen the stretch.
- Take five deep breaths and exhale as you release your abdomen to the mat.

## 3. DOWN DOG

Benefits: lengthens and strengthens spine, stretches hamstrings.

- Come on to the balls of the feet and place your arms out in front of you.

- Lift the hips up and straighten your arms and leg.
- Release the heels down toward the mat.

For extra benefit you can pedal the feet, twist the hips and rock side to side.

## 4. CAT/COW

Benefits: stretches the spine.

- Come on to your hands and knees.
- Cow - lift your chin up and push your abdomen down as you arch your tailbone up. Inhale as you do this.
- Cat - roll your chin down and round the spine upward dropping the tailbone down and look towards the thighs. Exhale as you do this.
- Repeat several times.

## 5. KNEELING LUNGE

Benefits: hips flexor stretch.

- Kneel on your mat and step the right foot forward into a lunge position so that it is between the hands. The foot should be directly below the knee and the shin vertical.
- Keep hands on the mat for balance or reach the arms up over your head to lengthen the spine and open the chest.
- Add a twist by lifting your right hand up, with the left hand by the right foot and rotate the chest towards the thigh or upwards.
- Repeat on the left side.

## 6. LOCUST POSE

Benefits: elongates, stretches and strengthens the muscles along the spine.

- Lie face down on your front and lift the chest and legs up off the mat.
- Place your arms by your side reaching your fingers behind you.
- Hold for 5 breaths.

## 7. BOW

Benefits: stretches abdomen, chest, quads, and shoulders and strengthens the back muscles increasing flexibility in the spine.

- Lie on your front.
- From locust pose stretch further so that you are holding onto the outsides of your ankles.
- Try to keep the toes together, either pointing or flexing your feet. Lift your feet up as high as you can, and shift your weight forward so that you are resting on your naval instead of on your pubic bone.
- Hold for five deep breaths.

## 8. TWIST

Benefits: relieve pressure in the lower back and encourage spinal motion.

- Lie on your back.
- Keep the knees bent and drop them to the right as you turn your head to the left.
- Switch sides after three to five breaths.

## 9. ARCHING PIGEON

Benefits: stretches the hip flexors while increasing spinal flexibility.

- Sit up, bend your left knee, and extend your right leg behind you.
- Place your hands on your hips, and gently arch your back. You should feel the stretch in the front of your left hip, but if this variation is painful, bend forward and place your hands on the floor in front of you.
- Hold for five or more breaths, and then repeat this pose with the right knee forward.

## 10. PLANK/LOW PLANK

Benefits: strengthens the core, lengthens the spine and strengthens the lower back muscles.

- Lie on your front and get into push up position.
- Spread the fingers wide apart with the middle finger pointing forward, press down into the palms with the arms straight. Tuck the tailbone under so the legs, hips and abdomen are in one straight line. Press the crown of the head forward and with the toes tucked, press the heels back.
- Breathe and hold for 5 breaths. Slowly lower down.
- For additional impact lower onto your forearms and hold this position.

# ENJOY

With origins dating back thousands of years and proven health benefits to boot, yoga is an excellent practice for us as dentists to help to maintain a healthy body. Always ensure you seek advice from a trained teacher if you are unsure of postures and take care with pre-existing injuries. When seeking classes you may wish to consider the style of yoga, size of the class, location, timetable and the teacher. Enjoy all that yoga has to offer - the more you practice, the greater the benefits. 

## Vivacious Vienna, Lovely London & Amazing Alsace

BY DR. MICHAEL LIM



Chef Philipp Vogel of Palais Hansen Kempinski



Wild Rabbit, Foie Gras, Black Truffles at 1741

On a gastronomic safari in Europe, the indomitable Traveling Gourmet™ started off in Vienna's newest 5 Star luxury hotel. The Kempinski Palais Hansen Hotel was originally built as a hotel for the 1873 World Exhibition in Vienna, captivating all with her history and contemporary luxury. Celebrated architect Baron Theophil Edvard von Hansen built the imposing structure which then became the Palais Hansen. Hence the name of the fine restaurant within: Edvard. Edvard opened in 26 March 2013. Having dined here two days after it opened and then again recently, it did not really surprise me to find it having been awarded one Michelin Star.

My delectable dinner started with a springy *Kaninchen*. The lean and delicious rabbit flesh was spiked with yuzu adding a lovely zesty flavour! Rabbit flesh has a very fine texture, pairing well, going 'iron hand in velvet glove' with a 2009 Austrian Tement Sauvignon Blanc. The terroir expresses itself in this lovely wine, so very different from the subtle Sauvignon Blancs of the Loire Valley or the over-expressive Marlborough Sauvignon Blancs from New Zealand.

My main course was *im hauptgang*. Wienerwald beef with *kohl* (cabbage) in Tandoori style was most refreshing served on fine Dikken German porcelain. A nice fusion done well is not confusion but invigorating and

stimulating. The juicy and flavour-some beef was really very good, paired well with a sleek and smooth 2009 Metzl Austrian Cuvée. This was a harmonious and balanced blend of Cabernet Sauvignon, Merlot and Blaufrankisch.

One of life's greatest pleasures is dessert, *Nachtisch* in German. **No** meal is complete without a sweet & satisfying finale.

I had a *reisetbauer* Austrian Whiskey flambéed with sour cream, and it was simply outstanding.

The Palais Hansen Kempinski herself was superb... Boasting a personal Nespresso machine in your luxurious suite, an über-comfy bed and a hydro-pool and spa. Waking up to the mornings, do not miss the appetising breakfast in *Die Kueche* with freshly baked croissants, Spanish omelette *à la minute* and wolfberries with muesli. I felt so pampered it was an honest challenge to go out shopping and sight-seeing!

Edvard  
Hotel Kempinski Palais Hansen  
Schottenring 24  
Vienna 1010  
Austria  
Tel: +43 1 236 1000

### Smashing Strasbourg!

Right along the banks of the river L'ill in Strasbourg in the heart of the Alsace region of France is 1741.

Feasting in 1741 begins with your eyes; there is a spectacular view of Strasbourg Cathedral and the Palais Rohan. This one Michelin Star restaurant specialising in French cuisine is really good.

The palate is tickled with an enticingly crisp and aromatic Gewuerztraminer with a pleasing bouquet of raisins. Hermès porcelain, Christofle silverware and clear glass lamps with real flickering candles illuminated the *hors d'oeuvre* - beetroot macaron filled with flavoursome smoked eel mousse. Delectable!

Then I had wild rabbit with foie gras and black truffle *à la royale*. The rabbit is hunted, not bred and the robust sauce is made with rabbit's blood, foie gras and perfumed with truffle. Roasted ripe figs with honey (wild and harvested from the nearby mountains) ice cream completed it all for me.

1741 Restaurant & Boudoir  
22 Quai des Bateliers - Strasbourg  
Alsace, France  
Tel: 03 88 35 50 50

### Lovely London!

My final stop was at the Mandarin Oriental Hyde Park, just two minutes on foot from Knightsbridge Station, truly one of the world's grand luxury hotels. There one finds an enticing blend of elegance, luxury and timeless style. Home to two of the city's best restaurants, a stunning spa, beautifully designed and furnished accommodation and exquisite function rooms, the hotel is a beautiful base from which to begin and discover the British capital.



Rosebery Tea Lounge

Forget the Ritz, because the traditional English afternoon tea in the Rosebery Tea Lounge is *the* quintessential afternoon tea. Such an elegant, warm and inviting décor match perfect rolled sandwiches, scones and exquisite cakes with a selection of the choicest premium teas. Come evening, it transforms into a romantic champagne and wine bar. The Rosebery currently offers a very special *Paddington Bear Afternoon Tea*. The famous bear from darkest Peru favours marmalade, which is specially on the menu.

Fabulous food is *de rigueur* in Bar Boulud, a restaurant in the same building as the Mandarin Oriental London hotel, but with a separate entrance from Knightsbridge. I absolutely adored the *boudin noir* and *boudin blanc*! These are flavoursome homemade sausages bursting with satisfying meaty flavour, the best I have tasted apart from *Au Pied de Cochon* in Les Halles of Paris but that is another tale to be told. Satiated, the Grosvenor Suite can finally call me to bed.

Breakfast the next morning, and as I tucked into my *à la minute* smoked salmon omelette, I was treated to

the sight of the Queen's Household Cavalry cantering past, thus perfecting the most important meal of the day. The sunlight glimmered and glistened off their bright red and blue tunics, brightly polished cuirasses, long cavalry sabre scabbards and jet black knee high jackboots sporting shiny spurs. As I dipped my butter croissant into my cappuccino, I savoured every delicious morsel.

My morning was complete.

Mandarin Oriental Hyde Park London  
66 Knightsbridge  
London  
SW1X 7LA  
Tel: +44 (0) 20 7235 2000



Boudin Blanc at Bar Boulud



Breakfast at Mandarin Oriental (London)



The Porsche Panamera S E-hybrid



## Electric Dreaming

BY DR. KEVIN CO

**B**ack in 1984 with the release of the sci-fi romantic comedy *Electric Dreams* (about a love triangle involving a computer), General Motors was working on its EV1, a hybrid car still in the infancy stages of its visionary dreams. Sure enough things never picked up for electric cars until well over a decade when in 1997, Toyota first put the Prius up for sale.

These days, we have embraced hybrid cars full force as consumers gain confidence in the technology. Time and practicality changes the way things are designed, so now instead of trying to only capture wasted energy from braking to charge the batteries of the electric motors, the industry has moved towards plugging cars directly into a wall socket for charging. We are even beginning to see car manufacturers come up with supercars using this technology.

Sounds like a fantastic idea, especially since electricity generally costs less than fuel. Yet in Singapore, we have a small problem. It is called infrastructure, or the lack thereof. The majority of us live in high-rise buildings with communal parking spaces, and shared parking kiosks to recharge these cars are non-existent. Building such kiosks require us to ask ourselves, 'Who pays for them?' and 'How will we share them effectively?'

Thus plug-in electric hybrid cars remain for now, the toys of the small percentage of landed property residents in Singapore. The good news? The government is starting to explore options of having charging stations at public car parks, so hopefully those initial trials will work out.

In truth, there is no other country so suited for electric vehicles than Singapore. Apparently size does matter, and our tiny island is most suited for electric cars. Take the BMW i3 for example, where the pure electric range is 116km. Sounds terrible? Not really. For a normal commuter the daily distance average clocked is definitely less than 100km. Is it a bother having to charge it daily? Well, we have no qualms charging our mobiles more than once a day and that inconvenience hasn't stopped us using them. So if it takes only 3 hours to fully charge a car, then it is really not an issue.

Another significant bugbear is capacity deterioration in lithium ion batteries, and those are expensive to re-

place. This also begs the question: are electric cars really green? Environmental safeguards are largely ignored during mining for lithium (mostly in South America and China), which has a devastating effect on ecology and environment especially in developing countries. And although lithium ion batteries are 100% recyclable, it costs 4 to 5 times more to recycle lithium than to mine for it. Go figure.

But moving on, let us talk about a decent car. The Porsche Panamera S E-hybrid is a great example of the new trend of plug-in cars that still retains the petrol engine. Her bright green brake calipers and highlights are a give-away to onlookers. This car is not just a normal Panamera. In fact, possessing a very powerful 333HP 3.0 litre V6 supercharged engine coupled with the electric motor, this hybrid luxury sports sedan boasts a respectable 416HP.

Even with the extra weight, the driving dynamics of the E-hybrid is superb, as you would expect of any Porsche. Engineers in Porsche are most certainly not daunted by battery packs within their design. Speed, braking, smoothness of drive, these are the hallmarks of the make. In fact, her regenerative braking system is probably the smoothest yet, and it does not have the annoying numb-brake feel. Her new 9.4kWh lithium-ion battery pack gives her a range of only 32km, yet enough to have the satisfaction of seeing the fuel gauge still almost at full after a day of driving.

Other than plugging into the socket, you can engage the E-charge button on the console to charge the battery on the go, but it does take a 45 min non-stop drive to reach 100% from empty.

Starting the car is similar to switching on the lights. No sound, no dramatic exhaust note, no fuss, no scene created at the turning of the ignition. Boring? Then just press the sport button and engage sport plus mode to command the supercharged V6 into full throttle. So if you stay on landed property and are looking for a 4-seater luxury sports car with that trendy element of electric power to boast about, this car is just right up your alley. Electric-powered style is no longer just a dream or a flight of fancy. The future may be here to stay. 





Josephine Chia,  
2nd from left, at her  
nursing graduation  
ceremony

they had known the terrible hardships that the pioneer generation went through, such as walking miles on foot to get to school.

I think if young people know this, they will appreciate Singapore and Mr. Lee Kuan Yew more. I wrote about him quite lovingly in the 1959 story when he was in Kampong Potong Pasir for the 1959 rally. But I do hope that the kampong spirit mentioned in the book can be revived as it's a lovely way to live as one close community. Young people can take their eyes off their smartphones to acknowledge neighbors in the lifts or corridors, or participate more in activities that inculcate community spirit.

Yes I guess this book has suddenly become a historical record of a past era. Parts of *Frog Under A Coconut Shell* have been used in a Secondary School textbook. My dream is to see *Kampong Spirit* become a recommended school textbook as well.

**You began your career as a dental assistant. Share with us your experience in the early days of our industry, and why you decided to pursue your calling in writing after that.**

In all honesty, I've always wanted to be a writer. Eventually when I managed to get to go to school, I had fallen in love with the English language and its literature. I first started writing as a child, drawing comics and writing the story and selling them to the other kampong children. But sadly the majority of the kampong children could not read. So a few of them would pool their money together to pay me 5 cents for one story and that includes reading to them!

But it seems a preposterous dream to have for a kampong child. Especially for one who was so poor. There was not even a remote consideration to go to A levels (HSC in those days) or University as I had to earn money so that my younger siblings could go to school. So I had to shelve

my dream. So I chose to be a dental assistant instead, but when I could not afford it, I took my A Levels at night school. Eventually when I managed to get into university to read English Literature and Philosophy, I taught English at night classes.

I did enjoy my experiences as a nurse as I was often assigned to Oral Surgery which was exciting. I would also be assigned to go with the dental surgeons to St. John's Island, Changi Prison, Woodlands Mental Hospital and even a leper village! In total I spent seven years as a nurse. When the staff heard that I had a place in university many asked if I was going to be a dental surgeon and I had to tell them that it was always my dream to go and read English Literature.

**Has working in the dental industry given you any unique/interesting insights which you have incorporated into your writing?**

I had several experiences working in rural clinics like Yio Chu Kang and Mandai, which were also clinics where midwives served the community. Patients and midwives used to tell me lots of stories about how women were treated and this has made me very conscious of inequality. So I like to write about those kinds of things. No experience is ever wasted for a writer anyhow, and I have them stored for future use. Each memory may not come out as a full story, but as a minor detail or experience.

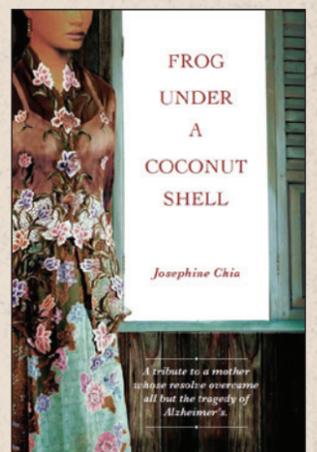
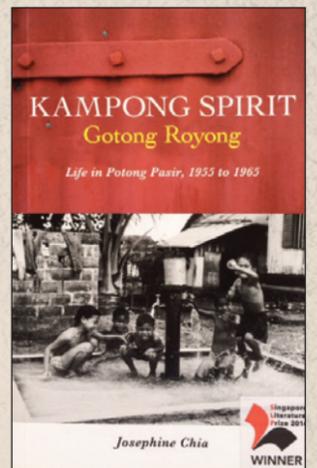
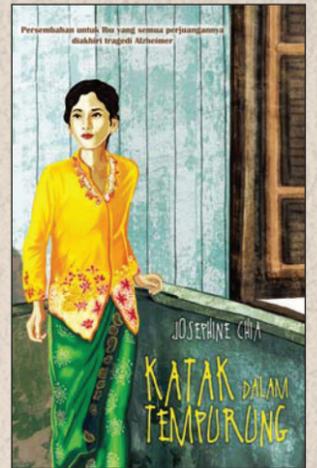
**You write on a broad range of topics, from Yoga to food to fiction. Clearly you embrace all aspects of life. Will you continue to do so in the future, or now that you have won our highest local accolade in non-fiction, will you instead focus your efforts along those lines? What's next?**

In my previous careers, I was an Assistant Dental Nurse, then a Marketing Executive, before becoming Public Relations Manager in international companies. I am in the fortunate position of being able to write exactly as I please, which basically means writing about the things I know well. I taught yoga in UK so my students asked for a book and two books emerged. I love to eat, but which Peranakan doesn't? So I wrote a cookery book specifically for the UK, with ingredients that you can find there to reproduce Singaporean cuisine. I am thus one of the unusual writers who write both in fiction and non-fiction. 🍷

*Josephine Chia is one of the first recipients of the Gardens By The Bay Writer Residency programme, where her novel has been accepted by Ethos Books. It should be published in time for the Singapore Writers Festival in November 2015.*

*She was an ambassador of Singapore Literature in various international book fairs and literary festivals such as the London Book Fair 2014, New Delhi World Book Fair 2015, and ASEAN Literary Festival 2015.*

*She is currently giving back to society by mentoring future Singaporean young writers on MOE's Creative Arts Programme, and adults on National Arts Council's Mentor Access Programme.*



*Frog Under A Coconut Shell has been translated into Bahasa Indonesia. Kampong Spirit has just been accepted by a local Malay publisher and will be translated into Bahasa Melayu. More information about her books can be found on her website at <http://www.josephinechia.com/>.*

# The Shogun Was Sleepless

WORDS & PHOTOS BY MADELEINE LEE



visit Kyoto often, at least once, if not twice, every year. A different season each time, so as to enjoy the city in its wholesome embrace of the time of year. No other city calms me down as much, with its 300 year old artisanal workshops and the practiced charm of the geishas. A place lost in time. A place so beautiful from the air that even US bomber planes gave it a wide berth in the last war. A place just so slightly north-east of Hiroshima and Nagasaki where the real damage was done, sixty years ago.

The last time I went was Spring this year. I was fortunate, the cherry blossoms were out in full force. Spot on the official Kyoto Sakura forecast for late March. A film of pink enveloped the city, as if a flock of flamingoes were in flight. There a splash, here a dash, outside every window. Along every waterway and stream.

In Gion, the lanterns were in full glory, lighting the paths for the nightly walks taken to see the weeping cherries along the stream.

One almost miss the geishas for the flowers, until one catches a glimpse of her posing for the cameras. To top it off it was a full moon night. Heavenly. Not possible for the camera lense to capture fully. So there are no photos in this piece, just the simple prose.

The photos in this piece are of my two favourites haunts. The Nijo Castle with its famous squeaking 'nightingale' floors, built to warn the shogun of assassins. I imagined the Tokugawa in the period of decline and how the shogun must have felt. Kinkakku – Pavilion of the Golden Temple, with the gold leaf simmering in the reflection in the pond and subject of an entire book by Mishima. It is imperative one goes to Kyoto armed with at least one of his books. 📖

*AFTERGLOBE is an art and literary travel magazine published once a year. Featuring crowd-sourced writing, photography, art, and more; it aims to capture Singaporean perspectives of journeying abroad. #2 SEASONS can be found in various retail stores, and at <http://www.afterglobemag.com>. Submissions for #3 ADVENTURE are now open.*



## i nijojo

the shogun was sleepless  
craning for assassins  
sent by the meiji throne  
and those eager to change sides

the ten yard moat  
its black water mincing  
like the stockings feet  
upon chirping floorboards

his shogunate in shreds  
his wives bled his sons dead  
as he nodded off he heard  
the call of the nightingale

## ii sanbuzaki

in ancient times  
his calendar was planted  
in the gardens of nijo castle  
a tree blooming for each month  
it being april  
the weeping cherry blossoms  
were crying out loud

## iii kinkakku

ashikaga's temple lies west  
under daimonshi mount  
a golden triumph undecided  
in three styles phoenix-crowned

spared the wartime bombs  
only to perish in a depraved fire  
lit by monkish repression  
then rebuilt in from its ashes  
with double the goldleaf

a souvenir shop purveys charms  
and candles to purge the bad  
a boy picks one up from  
a near empty box praying  
for a cancer cure for granddad

chilly early spring  
bites the tourist breath  
as mishima laid golden pavilion  
to fictional rest



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## When IRAS Comes Knocking

BY LIM YIAK TIAM, DIRECTOR – PRELUDE CORPORATE SERVICES PTE. LTD.



Over the last few years, Inland Revenue Authority of Singapore (IRAS) has carried out audits of specific groups of self-employed individuals such as doctors, accountants, and real estate agents. In a 2009 audit of around 200 doctors, IRAS found that 80% of doctors audited made errors in their tax returns, mostly attributed to understatement of taxable income. IRAS takes a serious view on tax evasion and in the last decade, three doctors have been jailed for tax evasion and their names made public.

Earlier this year, the government announced that IRAS will step up its tax audit programmes with an increased focus on high income earners. The dental profession is certainly at risk, and it may just be a matter of time before IRAS comes knocking. Don't be part of the majority caught off guard.

### What has IRAS been looking out for?

Based on past tax audit cases, key areas of focus relevant to dentists running their own practices are:

- a) Payments made to individuals who are related to the taxpayer
- Such payments can be in the form of commission, directors' fees or salaries and bonuses. A common ruse employed by many to reduce their taxable income is to employ their family members and relatives at inflated wages which do not commensurate with the services rendered.

b) Private expenses

Private expenses that do not qualify for deductions include: entertainment expenses for family and friends, food and household expenses, fines for breach of law and private car expenses. While entertainment expenses incurred for business purposes are deductible, sufficient records must be maintained to substantiate the purpose for which such expenses are incurred.

c) Remuneration paid to sole proprietor/partners

For businesses carried out as sole proprietorships or partnerships, expenses such as salaries and commissions paid to the sole proprietor and partners are not deductible in determining the trade income. These amounts, along with any other income of the taxpayers, are taxed at individual income tax rates, which can be as high as 22%.

### What you should do?

Our tax regime provides for many tax-planning opportunities, whereby a successful dental practice can achieve substantial tax savings by changing the business structure from sole proprietorship or partnership to a company. However, there is a fine line between tax planning and tax evasion.

When in doubt, always seek professional advice. Refrain from taking overly aggressive positions that may not be in your best interest, and be open to alternative views. The responsibility to file correct tax returns ultimately lies with you, as directors of companies, and taxpayers. 

## PRELUDE



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\* Based on a \$250,000 equipment qualifying for PIC

\*\* Includes fee of \$315 payable to ACRA for company name registration and incorporation

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\*Hamlin D, Williams KP, Delgado E, et al. *AM J Dent.* 2009;22(Spec No A):16A-20A

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