



Dr. Joseph Sheares

son of former Singapore President, Dr. Benjamin Sheares



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A Cardiac Surgeon in Singapore since 1975, **Dr Joseph H H Sheares** consented to a recent interview with APEX. Sheares, 49, the son of the late Dr Benjamin H Sheares, former President of Singapore, attended Cambridge Univ Medical School in the UK and trained at The National Heart and Hammersmith Hospitals by the likes of **Ross, Yacoub, Bentell** and **Cleland** for 3 years. As a young medical student, Sheares became interested in cardiac surgery when he accompanied his father to Houston for an operation at **Michael DeBakey's** unit. There he observed "the master" DeBakey operate on an aneurysm from start to finish in 40 minutes and duly impressed, decided on this new and exciting field.

Sheares returned to Singapore from the UK in 1975 and joined Dr **NC Tan** at Tan Tock Seng Hospital who was assembling a good team of surgeons including **Wu Dar-Ching, Tan King Tock** and **Francis Chia**. Recognizing the growing need for cardiac surgery in Singapore, Sheares and his colleagues were invited to join the private Mt Elizabeth Hospital shortly after it opened to set up the country's second cardiac surgery unit. Their first case was done in February 1981. Scepticism remained as to whether heart surgery would be practical in a private hospital since it involved high costs including trying to obtain blood for transfusions; but the team persevered and established a viable open-heart programme.

Dr Sheares was past President of the **ASEAN Federation of Cardiology**; current VP, Zone 2, **Asian-Pacific Society of Cardiology** and a Council Member, **Association of CV & Thoracic Surgeons of Asia** since 1976. He and his team have recently returned from China where they demonstrated and lectured on various facets of cardiac surgery and interventional cardiology.

APEX: More of Singapore's cardiac surgeons are going into private practice. What is the significance of this trend and do you believe it is being encouraged by the government as a way of getting out of the specialized areas of medicine?

Sheares: At the present time it may be difficult to understand why a surgeon in the public sector would enter private practice. In 1981 our team knew that if we wanted to develop our careers, do more operations and have better job satisfaction we needed a second cardiac unit. We knew that private medicine would be more lucrative but we were not sure that this applied to cardiac surgery because it was an expensive undertaking for the patient and if professional fees were high, the costs would inhibit patients from going to a private hospital. We were never sure that our incomes would be higher from private cardiac surgery and we were warned that it would not be possible. So making money was a consideration but it was not our prime objective. Nowadays, of course, it is very clear that if you perform cardiac surgery well whether in public hospitals or private practice you can make a good income from it. But is money the reason why

surgeons want to come into the private sector? I don't think so.

I also don't believe the main reason is job dissatisfaction because it is more satisfying to pursue cardiac surgery in the public sector with a large supportive staff and with its greater scope for more academic work. There must be other restrictions that are not obvious to us causing surgeons to move into the private sector.

I'm convinced that the government will not divorce itself from specialized public medical care for those who can not afford it. I believe they will continue to subsidize cardiac surgery and maintain high standards. We have not spent too much on health care in Singapore and the state should continue to support heart transplantation and other costly treatments.

APEX: For years the late Dr Victor Chang operated on many local patients here in Singapore and in Sydney on a private basis because of his excellent reputation in the field. What is the trend now? Are local patients satisfied with the quality of work done here or are they still seeking to go abroad?

Sheares: I think most Singaporean patients now consent to be operated on here by the local surgeons. Since Victor's death a year ago I've only had one patient ask me about surgery overseas. Before he died I had around 10 patients a year approach me to go to Sydney or to the top centers in the USA. They wanted the best and were willing to pay for it but that seems to have changed. With the news of heart transplants being done at SGH and the overall improvement of our cardiac centers here, there is not as great a demand for that now. It is different in Indonesia where some patients still want to go to Australia for the surgery but it does not seem as often as what occurred before Victor's death. I think he was something special, a highly confident man recognized for his talent in coronary surgery in Asia by the cardiologists. I'm not sure that his surgical peers gave him the same recognition for his skill as did the cardiologists.

APEX: Would it be fair to say there was a certain amount of status involved with let's say an Indonesian or Malaysian or Singaporean patient being operated on by Victor Chang.

Sheares: Yes, I think there was. If the intention was to have the best person operate on them and Victor was considered the best by many for coronary work at the time, and they could afford it, yes. But I'm not sure status is the right word, perhaps confidence is better. This was an Asian phenomenon since a Westerner living here may want to have another surgeon from the West operate on him. This confidence in Victor's ability was felt more so in the Chinese communities in these Asian countries.