



Not many people may find it interesting to discuss the best treatment for liver abscess or whether a sick person's fever is due to cancer or other causes. But for Dr Koh Yin Ling, Director and Infectious Disease Physician at The Novena Medical Specialists Pte Ltd, these are the main reasons that draw her to her profession. "As an infectious diseases (ID) physician, I get to work with colleagues from many other specialties, and life is always interesting," she shared.

A former Clinical Senior Lecturer at Yong Loo Lin School of Medicine and Adjunct Assistant Professor at Duke-NUS Graduate Medical School, Dr Koh finished her MBBS at the Faculty of Medicine, National University of Singapore in 2000, and has been a member of the Royal Colleges of Physicians (UK) since 2004. She has been a consultant at the Department of Infectious Diseases at Singapore General Hospital from 2010 to 2013. Prior to that, she served as House Officer, Medical Officer and Registrar at Changi General Hospital, KK Women's & Children's Hospital, National Heart Centre, National Cancer Centre, National University Hospital, and Singapore General Hospital.

The soft-spoken doctor is also a lauded conference speaker both in and out of Singapore, as well as an accomplished author, with her works being published in distinguished Scientific Journals such as *Journal of Clinical Microbiology*, *Journal of Medical Microbiology* and *Annals, Academy of Medicine Singapore*.

Ezyhealth recently caught up with Dr Koh who gave us a glimpse on what life is like for an Infectious Diseases specialist.

Running Three-Legged Races

From SARS to dengue to HIV – Dr Koh Yin Ling faces the world's fearful diseases head-on

What was the driving force that made you decide to become a doctor? Why did you choose to specialise in infectious diseases?

Dr Koh: When I entered medical school, I had some knowledge on what medicine is about, but not a lot. I had an interest in the biological sciences, and medical school seemed like a logical next step. I saw that my family doctor was trusted by his patients (including me); his calm and kindly manner soothed away much discomfort, and he was a quietly inspiring person. In fact, when I was working in a paediatrics' ward after graduation, I heard that he was known for giving explanations patiently whenever he feels that antibiotics are not necessary, instead of simply prescribing medications.

Why did you choose to specialise in infectious diseases?

Dr Koh: During my housemanship year after graduation, I gravitated towards internal medicine. I enjoy the diversity under the umbrella of internal medicine. Infectious diseases cut across many disciplines, not just medical ones but surgical disciplines as well. As an infectious diseases (ID) physician, I get to work with colleagues from many other specialties, and life is always interesting. One moment, I may be discussing with a surgeon about how best to treat a liver abscess, and the next moment, I may be discussing with a medical oncologist about whether a patient's fever is due to cancer or not. There are a lot of contrasts and there is always something new to learn.

What do you consider most satisfying about being a doctor?

Dr Koh: For me, the most satisfying thing about being a doctor is the privilege of walking alongside patients in their journeys of illness and recovery. Sometimes I feel as if the patient and I are in a three-legged race, and we really need to have rapport and we need to

trust each other. Sometimes we don't win the race, but it's a privilege just to take part in it. Although many problems in infectious diseases eventually go away completely with proper treatment (a chest or urinary tract infection, for example), I personally find it particularly satisfying and challenging to manage patients with chronic conditions.

What are some of the challenges you face in your line of work?

Dr Koh: As ID doctors, we have patients with chronic conditions, such as HIV or bacterial infections which require long-term (sometimes life-long) treatment and suppression. The financial burden of such long-term treatment can be overwhelming, and some patients do fall through the cracks. It is disappointing to see patients with treatable conditions default or delay treatment as a result of monetary constraints. On the other hand, it is uplifting whenever patients finally overcome the odds to put their lives back on track.

There is still a lot of stigma attached to HIV infection, so I see many patients who present for treatment late in the course of their illness, as they are afraid to confront the reality of their condition. This makes the doctors' work very challenging as the chance of complications are greater when the disease is advanced. We often see patients who present with opportunistic infections when their immune systems are severely weakened, even though they had been diagnosed with HIV when the infection was still in the earlier stages. If they had received treatment earlier, when there is less damage done to the immune system, the treatment is likely to be simpler. They will usually be able to carry on with their work and daily activities.

However, many patients avoid seeking help until they develop opportunistic infections, and feel really unwell. When

that happens, they end up having to take more medications, and are also at risk of serious problems like blindness, paralysis, or even death. Still, there is hope for recovery, even when the patients present late. It may just be more of an uphill struggle.

In view of the 10th SARS anniversary this year, what are your thoughts on the global situation, as well as that in Singapore?

Dr Koh: This year is the 10th anniversary of SARS in Singapore. As we remember the SARS outbreak, the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and H7N9 influenza virus have reared their ugly heads. In our increasingly interconnected world, we cannot hope to be completely insulated from infections which originate in other corners of the globe.

In general, it is important that travellers keep themselves apprised of health risks at their destinations. The WHO (World Health Organization) international travel and health homepage as well as the US CDC (Centers for Disease Control and Prevention) Travelers' Health homepage can be helpful. A pre-travel consultation with a travel medicine clinician allows the need for immunisations and prophylactic medications to be discussed, and specific health advice given.

What are the things the public need to be aware of when they travel?

Dr Koh: Singaporeans are travelling more, but not everyone seek pre-travel health care and advice. For example, I previously had a patient who made frequent work-related trips to an area where typhoid is endemic, but he was not aware that he was at risk, and could have benefitted from typhoid vaccination, until he got admitted for typhoid fever.

Please share with our readers some ways that may help protect themselves from the H7N9 flu.

Dr Koh: Generally, for viral infections of the respiratory tract (nose, throat, and lung), there are simple actions that one can undertake to prevent the spread of germs. These include washing hands often with soap and water or an alcohol-based hand sanitiser. One should avoid touching the eyes, nose, and mouth, as germs can be spread this way. One should also avoid close contact with sick people. Those who are sick should cover their mouth with a tissue when coughing or sneezing, and dispose of the tissue in the trash bin. They should avoid contact with other people to decrease the chance of infecting others.

As dengue cases continue to increase in Singapore, what do the public need to know about dengue and its prevention?

Dr Koh: Dengue is transmitted by the female Aedes mosquitoes. The Aedes mosquitoes typically live indoors and are often found in dark, cool places. Insecticides can be used to get rid of mosquitoes in such places like closets, bathrooms, and under the beds. They are day-biters, and the risk of getting bitten is the highest during the early morning and late afternoon. Wearing clothing that covers the arms and legs (such as long-sleeved shirts and long pants) as well as shoes and socks will decrease the chance of getting bitten. Mosquito repellents, coils and nets also help to prevent bites.

The public can help by making sure that all sources of stagnant water are removed, so that the Aedes mosquito has no chance to breed. Stagnant water can accumulate in both man-made containers (such as vases, pails, air-con trays, choked roof gutters, and unused toilet bowls) as well as natural containers (such as tree holes, fallen leaves, and depressions in the ground).

We can help by making sure that we change the water in vases or bowls and remove water from flower pot plates every other day. Storage containers should be turned over when not in use, so that stagnant water does not accumulate. Sand granular insecticide can be added to water. Roof gutters should be cleared at least once a month, and have insecticide placed.



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