



Kinship & Healing

They're young, they're driven and they've all been inspired by mentors, from their parents to their teachers. And through it all runs medicine, in this family of brother, sister and husband.

By Audrey Perera

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Clothes **Robinsons, various designers**
Location **Goodrich Gallery**

If the dream of saving human lives is the first spark of inspiration that makes someone want to become a doctor, it is perhaps mentors who help keep one focused and driven to larger goals. This was the case for each of these three medical specialists – Dr Leo Seo Wei, Dr Leo Kah Woon and Dr Eric Hong, an ophthalmologist, a plastic surgeon and a cardiologist, respectively.

For all three, it was their parents who were first mentors.

Dr Eric Hong's father is a physician and his sister is a psychiatrist. Among his cousins are endocrinologists and anaesthetists. "It's what you're exposed to. We knew it was going to be a life of hard work and long hours by seeing our father go through it and experiencing his sacrifice of family time. In my time, the hours are even longer and we went to different parts of the world for post-graduate training. That meant being apart from the family, but I don't regret it – as long as you learn the trade, come back to your own society and use the skills well, the sacrifices are well worth it."

In the case of Drs Leo Seo Wei and Leo Kah Woon, the driving force was watching their parents and being involved in helping the family business.

Said Dr Leo Seo Wei, an ophthalmologist: "Our grandfather and father were tailors who ran shops. My father's shop is still at Peninsula Shopping Centre. They call him Dr Tailor because two of his children are doctors. My grandmother

sewed at home, and we had a Singer machine that we learnt how to use. When we were young, she sewed all the clothes for us and our cousins, so we all had the same clothes but in different sizes and patterns. Our schoolbags were sewn by her too. It was natural for us to learn how to sew at that young age, and my brother and I are still sewing now, as surgeons."

Adds her brother Dr Leo Kah Woon: "Our mother was a great influence in our childhood. She was not highly educated, and was a jack of all trades. When we were in primary school, she ran a tailor shop in Katong Shopping Centre on her own. At the same time, we used to go to the shop to help out, and she had to teach us. She was really juggling, taking care of the shop, taking care of us, doing the household chores, cooking the meals. That has really had a huge impact on me, and she taught me what you can achieve, if you balance your time well.

"We were also strongly influenced by our father. He was a tailor with a very strong work ethic. He worked throughout the year except for one week during Chinese New Year. On Sundays we'd go either to his shop or to the one in Katong, and we'd watch our parents working. They were a living example. Their work ethic and culture of hard work has really influenced me; we grew up knowing that we had to work hard to achieve what we wanted in life."



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I'm a medical doctor who specialises in diagnosing and treating eye diseases. Treatment involves a whole range of options and therapies, from simple medicated eyedrops to laser treatment to the most delicate and complex surgery.

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– *Dr Leo Seo Wei*

“He ran a very high-end practice, he taught foreign students like me and ran a free clinic for street kids and migrant kids who didn’t speak English. He taught me to remember to give back to society. And that your practice needs to be successful so that you can afford to support charities in your own country and overseas.”

Then came professional mentors, who were, no doubt, mentored by their own elders; an unbroken line of individuals, passing on and inspiring members of the next generation.

Sources of inspiration

For Dr Leo Kah Woon, a plastic surgeon, it was a passionate Irishman. “This was during the later years of my plastic surgery training. While on a Fellowship in Seattle, Dr Peter Neligan was a huge inspiration and a strong influence on me. He was passionate about his work, and was always looking at pushing the frontiers of plastic surgery.”

His sister, Dr Leo Seo Wei, counts herself fortunate to have been inspired by many different doctors at different times. “Many senior doctors have inspired me in different ways with their attitude to medicine, their devotion, and always remembering what medicine is about and putting the patients first,” adding that in the course of her training, her exposure to different fields included general surgery and neurosurgery.

One mentor in the US was Professor Kenneth Wright. “He looks like a typical California boy – he surfed, was blond and good-looking, even at age 60. He ran a very high-end practice in Beverley Hills, he taught foreign students like me and ran a free clinic for street kids and migrant kids who didn’t speak English. He taught me to remember to give back to society. And that your practice needs to be successful so that you can afford to support charities in your own country and overseas. And to never mix the two. Recently, he reminded me that if you don’t build up your own practice, you don’t have the bargaining power to get help for patients who need support.”

A good case in point was a situation Dr Leo was involved with here. “We have a lot of poor patients who fall between the cracks. I’ve operated on some of them and one was a case highlighted by the media. She was a blind grandmother who sold newspapers with her grandson in Ang Mo Kio. Like many other Singaporeans, I offered to help. When she agreed to have the cataract surgery, it was a team effort: my husband, Dr Eric Hong, controlled her blood pressure, I did the cataract surgery, a friend, Dr Roy Lim, was the anaesthetist, and we used the hospital facilities. We got in touch with the social workers, and the neighbours helped ensure she used



her eye drops. Her vision was restored and she got to watch the National Day Parade, so it had a nice ending.”

For Dr Eric Hong, mentors emerged in unexpected contexts, and brought lessons in humanity and belief.

“During Christmas in some societies, some people leave their parents with their suitcases at the emergency room. Sometimes, homeless people come in. If a patient is there and you cannot contact the relatives, you have to admit the patient. Some do it because they can’t afford the heating at home. In one hospital I trained at, the staff were trying to get us to chase these patients out, but there was no place for them to go. One of the physicians I trained under would examine every one of these patients from head to toe. Sometimes we had about 40 patients.

One day, I asked him why he went through these lengthy examinations this was the same repetitive situation. He told me that this was how you respect the patients and give them dignity, in a situation where staff kept asking them when they would be getting out. That was doctoring, and others were condemning him because these patients were taking up the beds. The lesson was that our role is to comfort and be doctors, and not just think about bed situations and so on. It was about one doctor upholding the morale of these patients who were old and/or homeless in winter versus the others who were complaining that they had no beds. Eventually, he had to leave, and there was a road march to try and reinstate him. As a young doctor, I realised that he was a good doctor, but good doesn’t always win.”

Then came a mentor who was actively rooting for him to succeed. “When I was training in the US, it was highly competitive. We were competing against Americans from the Ivy League. One senior doctor kept giving me opportunities. I was surprised and asked him why he was so good to me. His reply was that he wanted me to be as good as I could be. That really motivated me. In Singapore, there was one cardiologist in particular, Professor Y T Lim, who was exemplary. He was unassuming because he was consistently good at what he did.

I remember one night he noticed that there was no porter around, the junior doctor was running around doing everything and a patient in a wheelchair needed help. He wheeled the patient back to his bed.



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I’m a cardiologist, a doctor who specialises in diagnosing diseases of the heart and blood vessels. With advances in medical science and technology, if you treat patients appropriately and in a timely fashion, the outcomes can be very good.

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Another lesson in not forgetting why we studied medicine.

“It is difficult for any of us to actually pinpoint one mentor. Along the way, we evolve, we have our superheroes that we endeavour to be and when we actually reach that goal, we realise that we need new heroes. These days I still find new heroes.”

All three doctors have already made a mark for individual credibility and achievement.

Individualising heart treatment

For quietly passionate Dr Eric Hong, it began with an interest in geriatrics before evolving into cardiology and then into cutting-edge cardiology sub-specialties. One of the few cardiologists who is trained in two of these areas – interventional cardiology and non-invasive cardiac imaging – he was also the first Singaporean to be accepted into two clinical fellowship programmes at Harvard Medical School’s Brigham & Women’s Hospital.

One of those sub-specialties is multimodal imaging (MMI). “In the past, when we considered condition like coronary artery disease, we did things like ultrasound of the heart – an echo cardiogram (ECG) – and if we wanted to diagnose coronary artery disease we had to do an invasive procedure called a coronary angiogram.

“With MMI, a technology that has matured over the last decade, we can assess the severity of the blockages of the arteries non-invasively. Various imaging techniques combined and used together mean that we can combine anatomical data with physiological data, link them and begin to understand. Someone can say that there is a significant blockage, but what is a significant blockage? A blockage of 70% is considered significant, but can you differentiate a 71% blockage from a 69% blockage? Imaging compares the individual against himself.

“In some cases, the patient has more issues, maybe is wheelchair bound or his functional status is not very good. So the question is, do you really want to do the conventional steps – angiogram, diagnosis of multi-vessel disease and prescribe heart bypass surgery – when it is clear that the patient cannot take that route? MMI allows us to



individualise medicine for the individual.”

Naturally, older patients come with a lot of medical issues. “For instance, diabetic patients are fearful of any invasive procedure, and these imaging techniques help us understand the pros and cons of medical therapy versus invasive procedures and we can discuss this with the whole family before anything is done. Or there are patients who had a bypass several years ago and they start developing symptoms. They get chest pains and start wondering whether there’s been a recurrence of the disease. The MMI techniques are really helpful, to better advise and treat patients,” he said. When Dr Hong returned from overseas, he helped to set up and deliver a 24/7 acute cardiology service for heart attack patients and anchored the MMI

service at Tan Tock Seng Hospital.

Preventing irreversible blindness

It is no surprise that Dr Leo Seo Wei chose to focus on eyes, given her energetic people-oriented personality and her early fascination with our windows to the soul.

“I was intrigued by the eye because it is a very small and delicate organ but it is also very complex and joined to the brain. With so many different layers, even the simple act of moving your eye is finely coordinated from the brain. I didn’t want to do surgery without the medical aspects. Ophthalmology has a good range where you use medicine and surgery, and also lasers and new technologies.

“I feel that sight is the most important sense, and we are faced with a unique challenge when we deal with patients who are at risk of losing their sight. It is highly stressful, even though it is not life-threatening. It’s about what you can see and what you can’t see, and the value of things.

“After I finished my training in ophthalmology, I decided to sub-specialise in paediatric ophthalmology, a very challenging and rewarding area of work. Something that can be very elective in an adult cannot be neglected in a child because if you don’t treat it early, the child may end up with irreversible blindness. There’s the time component because their eyesight is still developing.



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I'm a plastic surgeon and my work revolves around restoring form and function to the patient. Restoring form is about enhancing a person's beauty, and restoration of function happens after a patient has had cancer, or been a victim of a serious road traffic or industrial accident. I work to restore the patient to where he was before.

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– *Dr Leo Kah Woon*

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Also, kids can't complain because they may not realise that anything is wrong. So clinical skills are all the more important. They have their whole life before them so you are potentially curing a lot more years of problems. For instance, if it is a newborn baby, you can actually reverse 80 years of blindness versus an adult who might lose their eyesight momentarily but can gain it back with a procedure. It's challenging and rewarding; once you know you fixed it, you can change a child's life.

In order to sub-specialise, Dr Leo completed two fellowships at the world-renowned University of Michigan Kellogg Eye Center and the Wright Center for Pediatric Ophthalmology in Los Angeles. At Kellogg, she was the first non-American clinical fellow from Southeast Asia to be admitted.

“A lot of Asians go there to do research and observe, but I wanted the full hands on experience. There were two of us as clinical fellows and then my partner decided to resign. They used to joke that I killed off the other fellow. So I had double the work and had to continue. You can't just cut out of the system, you have to complete it. So it was quite a full year. I got used to managing with the kids in daycare, and I would get help from the other mothers, and that's how I got by. A lot of people called me crazy for bringing the kids to the US with me, but we managed.”

And it certainly proved that Dr Leo, like her mother, is one of those master jugglers.

Restoring harmony and beauty

Having always had a love for beauty, beautiful objects and art, plastic surgery was a natural extension for the warm and chatty Dr Leo Kah Woon.

“To me, beauty is harmony, proportion, and is congruous with the social context. Plastic surgery appealed to me because it is very meticulous work, which cannot be rushed. I do a lot of micro surgery for breast reconstruction, reconstruction of lower limbs and so on, in relation to causes relating to cancer, and traffic and industrial accidents. You need to feel calm, feel inner peace and go



about delivering what you seek to do. I like challenging cases but don't have to do them that often,” he explains, citing the very recent case of the Vietnamese timber factory owner whose leg skin was yanked off when a huge log rolled over his leg. “We needed to use muscles from his back on his leg, and the surgery took 24 hours.”

It could be said that plastic surgeons are faced with the most demanding patients. “Our patients are essentially normal and healthy and just want to look better. Apart from wanting physical enhancements to look good, a lot of people have some underlying psycho-social reason behind this desire. It might be that they are going through a divorce or recovering

from a cheating spouse, for instance. I need to first decipher if there are any underlying issues which need to be addressed, before seeing if my surgery can match their expectations. I take the role of listener and facilitator to help them fulfil and live out their dream. Most patients have realistic expectations which are achievable.

The best thing about plastic surgery, says Dr Leo, is that it is the only specialty that allows the surgeon to operate from head to toe, because it involves the skin, the body's largest organ. And there is a lot of freedom and self-expression possible. “For instance, in general surgery, there is basically one way to do an appendectomy. But in plastic surgery, there is no one way, it is up to the surgeon to improvise and achieve the best solution.”

True to his meticulous nature, Dr Leo is actively involved in the academic training and development of young surgeons. Besides being an Adjunct Assistant Professor at Duke-NUS Graduate Medical School, he is also an examiner for plastic surgery exit examinations. His expertise has also taken him on overseas humanitarian missions to China, Indonesia and Vietnam.

Bonded by these ties of kinship and healing, Drs Leo and Hong are driven in their respective specialties, sharing one common belief – that the patient's needs must always be best served. 