

## DR. ERIC HONG, 41, CARDIOLOGIST

He's a self-confessed "no-nonsense" kind of guy and admittedly "an impatient person" but that's because interventional and nuclear cardiologist, Dr. Eric Hong, is a "person who wants results" and pronto. Which is why the field of cardiology fits him perfectly - "in an acute heart attack where you have a blocked artery, you can reopen that artery and save a person's life - that's immediate. With other disciplines, say intensive care, it takes a while. The recovery can take weeks to months. When you deal with certain chronic illnesses, for example liver problems or alcoholism, that requires time." In comparison, a heart attack is a "live event", and a doctor in that circumstance is in a "unique position to be part of, to participate or orientate people," he says. He had previously considered other disciplines like intensive care, gastroenterology and gerontology, but found that cardiology suited him best, "I enjoy gerontology too and cardiology also deals with internal medicine, and you use your hands because of the surgical aspect. It's a good mix," he says.

Another reason he likes his field is that "cardiology is part of many sports," he says. An active sportsman in his younger days, he sees himself contributing to the field in a different way now - helping other former (or maturing) athletes keep fit without abusing or subjecting their hearts to strain. He sees a lot of sportsman in his practice and attributes it to how he understands the mentality of an athlete, "understanding what a sportsman wants - to stay fit and agile and able to keep up with his active lifestyle without taking on unnecessary risks."

Dr. Eric Hong believes in adopting a holistic approach, whether in the treatment of athletes or geriatric patients, the aim is to avoid "poly-pharmacy. Try to cut down the medicine, like treating a child again", he says, instead of relying on pill-popping.

He doesn't believe in one-size-fits-all treatment modalities, or in doctors taking a paternalistic approach towards patients. "Communication is key," for him and "modifying your communication to get a patient's co-operation and compliance," he says, can sometimes be the simplest cost-savings or life-saving measure, especially if it means a patient's compliance. Especially with older, non-English speaking patients, sometimes just spending time to talk to them gets them to come around.

That's one of the integral qualities of being a good doctor: You need to adapt - something he learnt in med school, in Dublin, where the "art of medicine comes into place." He says that medicine is not just a science but an art, taking into account other factors like history taking and bedside manners. He tells for example how in the Irish hospitals, the doctors might prescribe drinking Guinness to young gypsy girls who come in, suffering from anaemia. It may seem unorthodox, but it is about adapting treatment to patient, and making it a sustainable remedy. "They're Gypsies, once you discharge them they are unlikely to come in for follow-ups. If they're going to drink, then at least the

Amidst all the various disciplines, cardiology involves life and death. My job involves dealing with people and acute heart attacks to get them out of trouble. It fulfills my idea about what doctors are all about... saving lives. It doesn't differentiate between social strata - everyone and anyone can get a heart attack, it is an unbiased disease.

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stout is a source of iron to help with the anaemia," he explains.

Married to Dr. Leo Seo Wei for 13 years, he says his wife is truly his inspiration in getting through his post-grad in Boston where he did his double clinical fellowship in interventional cardiology and non-invasive cardiac imaging. It was tough being separated from the family, and he remembers finishing 72 hour calls, then rushing back home to Skype with the family, having to be mindful of the time difference. But it was nothing compared to what his wife had gone through he says, "she went first to Ann Arbor and juggled being a mother and a working student, teaching and doing research. My son was travelling every three months," he says, "the fact that I wasn't minding the kids... that gave me time to do well in my fellowship."

Always one to create opportunities to learn new things, he says he doesn't think of obstacles as challenges but rather lessons. His only regret is that he doesn't get to spend as much time with his growing family and ageing parents as he'd like to. "I spend a lot of time with other people's parents and grandparents except my own; I come from a family of doctors - "greatest curse is to be my grandmother and grandfather cause they don't get to see their grandkids!"

He says he could do better at a work-life balance – “I don’t have one,” he laughs sheepishly. “We don’t get so much time, my wife and I – we work in different hospitals but we share mutual patients, so we get updated sometimes about each other’s activities through our patients”, he says with a chuckle. He is very grateful that he has a very sound and supportive family and a good team, and credits his success to them.

It’s always a challenge and discipline to keep a separate work and personal life, even more difficult in this mobile connectivity age where “you’re never un-contactable. Only time I’m really not contactable is when I’m on a plane and I can’t do anything anyway.” There are personal sacrifices, like not being able to enjoy festivities like others can, and “when one emergency becomes four or five, it’s no fun. You have changed teams but you’re the only constant. In emergencies you cannot show your expression or it may affect others,” he says.

Dr. Eric Hong feels that the current technology explosion is redefining a new chapter in medicine – “it’s large. Costs, demands and expectations are course issues,” he says. For example how of borderless communities and medical tourism is constantly evolving, and there is inter-country competition, and over simplistic price comparisons which may not be reflective of standards or services given. It’s also an age where “informed consent becomes an ugly middle word”. It brings back his earlier point about how there needs to be good communication and trust between doctor and patient, a mutually respected sanctity “otherwise we would have lost the art of therapeutic medicine just from good communication. Ordering lots of tests for no apparent reason just raises health costs,” he says.

His approach boils down to good, common sense always: “As a doctor, you treat people like the way you would want your relatives to be helped,” he says. Most of his patients become his friends. “Life is a circle. You help people when you can and when you need help, you’ll receive help.”

