

February 2002



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### Editorial Board

A Professor Patrick Chan  
Dr Norzila Zainudin

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### Message from the President

I am greatly honoured be elected as the President of the Malaysian Thoracic Society for a 2-year term from June 2001 to June 2003. The first Malaysian Thoracic Society newsletter which carries the name of Paru Paru was published in 1997. Unfortunately, members of the editorial board then had many commitments and no other issue has

been published since. I am very glad that the Malaysian Thoracic Society newsletter has been revived and is now renamed as Breathe.

With the enthusiasm of the new members of the editorial board headed by Dr Patrick Chan and Dr Norzila Zainudin, Breathe will hopefully serve as a means of communication among our members. Members can be informed of the activities such as clinical meetings, lectures, workshops and courses organized by the Society. In order to make it a successful and ongoing project, full support of the members of the Society is very important. I would like to urge members of the Society to contribute to the newsletter by sharing with us their clinical or research experience and by submitting review articles on Respiratory Medicine as well as interesting and instructive case studies.

C K Liam

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## Editorial Message

We are pleased that a regular newsletter for the Malaysian Thoracic Society (MTS) has been revived with this inaugural issue. It is rather timely that the highlight of this inaugural issue is its review of the developments and achievements of the MTS in Malaysia since its founding in 1987. More importantly, the Immediate Past President, Dr Zainudin Zin provides an insight on the possible road ahead for our society. The following year will also be a busy one as we prepare for the 8th Asian Pacific Society of Respirology (APSR) Congress scheduled to be held in Kuala Lumpur in 2003. The organizing committee welcomes any assistance from fellow members in the preparation of this regional meeting.

We are hopeful that this newsletter, BREATHE will have a more prolonged life span than the previous newsletter and contribute to bringing together all health providers involved in respiratory medicine in Malaysia. BREATHE will initially be published twice annually; in January and June of each year. The contents for this first issue are largely provided by the editorial board and several members of the executive committee to whom we are grateful to. Nonetheless we are hopeful and urge all MTS members to contribute to future newsletter issues.

Thank you  
Editors

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## Feng Shui in Medicine

An important component that ensures success for the skillful clinician already practicing or about to practice in the greener pastures of health care is a combination of timing, hard work and lots of luck. It may therefore be not a bad idea to attract good luck or cultivating good feng shui. The following may interest some of you and is an adaptation from the journal STITCHES (year 2001; volume 108, pages 37-39).

### **Putting the Yin and Yang to Work for your Practice**

Feng shui is the Oriental art of arranging the furnishings in your home or office to achieve the greatest benefits of the yins and the yangs that gyre and gimble everywhere around us. Since I've been a student of Oriental lore for more than a half-century and

have visited not only the Takashimaya Department Store in Tokyo and the Freedom Store in Beijing but also Harrods in London, I can lay claim to considerable expertise in arranging furniture.

For the past several years, I've applied my exceptional skills and knowledge to benefit my fellow physicians by arranging their furniture according to feng shui principles. Although feng shui is important in every home and business, its advantages have, sadly, gone unrecognized by doctors.

I was suddenly awakened to physicians' need for feng shui a few years ago when one of my neighbours, a 50-ish woman, told me she'd changed doctors because she couldn't tolerate the old, broken-down furniture in her previous G.P.'s office. "He can't be any good," she said, "if that's the way he keeps his office. Helen's doctor has nice new furniture. It's a pleasure to go there. It's all sparkling bright and he hasn't been in practice as long as Dr. Swanson [her previous doctor]. I'm going to Helen's doctor now!"

It became immediately apparent to me that, in the lay person's eye, a doctor is only as good as the furniture he keeps. The response to the feng shui ads that I placed in The New York Times, The New England Journal of Medicine and on the Internet was most gratifying, much better than I'd anticipated.

My first client, through the Internet, was an obstetrician who'd been practising for nine years in Halifax. Although his practice had initially seemed successful, it had been steadily falling off for the past two years so he was now having a hard time making ends meet.

His office was in a good location, in a modern office building near the harbour, and consisted of two examining rooms, a consultation room and a rather small waiting room. On my first visit, I was able to make almost all the "corrections" that were necessary.

"You must make the waiting room seem bigger to convey the impression that you need such space for your large practice," I advised. "Get rid of the large settee and fill the empty area with three compact metal chairs. Don't clutter the space with old table lamps. Yin and yang thrive on recessed spotlights directed from the ceiling."

It was in his two examining rooms that I noticed the greatest abuse of feng shui principles. The examining table in each room was positioned with the head east and the feet west. The cardinal principle of feng shui is that the table should be lined up with the head north, the feet south and the pelvis in between. This makes sense because of what we know about how the yin-yang travels. Improper positioning of the patient on the examining table is one of the major flaws in today's medical offices.

My Haligonian physician readily accepted my advice and his practice revived almost immediately. Today he has two assistant physician-partners and four office nurses and has doubled his office space.

The need for feng shui in the practice of paediatrics has also gone largely unnoticed. I've been consulted several times to improve paediatric care. To acquire the proper attitude, I visit the paediatrician's office outside office hours and try to play the role of the child who's about to be examined. Where can I run around without knocking things over? Where's the candy jar placed? Colouring books?

Most often I have to make several visits before my own feng shui takes over and

provides me with proper guidance and advice. To date, I've served eight paediatricians and they've all expressed their gratitude.

My greatest feng shui difficulties have been with my surgeon clients, since they seem to have an overbearing self-confidence in everything they do. In many cases, however, I've discovered it's the surgeon's spouse who has been the decorator in the office, and the yin-yang disaster thus created is almost impossible to correct without a major domestic upheaval. I always try to avoid making disparaging remarks about a doctor's spouse but often it's not easy.

With surgeons, the major feng shui problem can be described in one word - SHINE AND GLITZ. This is understandable. To limit bacterial contamination, everything in the surgeon's office must be sterile, clean and sparkling. But does the office furniture in the waiting room have to be shiny acrylic? Must the magazines be sheltered in plastic covers?

The yin and the yang must be free to roam. Modern wooden furniture, light in colour and feel, is best in most cases both for the feng shui and the patients. I know, I know. Exceptions have to be made. Only half-a-dozen surgeons have consulted me so far but we're still good friends.

The doctors who seem to be most in need of feng shui guidance are those now called "primary care" or "family practitioners." Many of them started their practices with enormous burdens of financial debt, and the spiritual aesthetics of feng shui were simply not affordable. For them, it was just barely possible financially to find an office, any office, and get going. It's too bad that so often, once success has been achieved, no effort is made to add some personal and spiritual style to the enterprise.

To these doctors, just one hint. Look around your waiting room and decide for yourself how you can make it more attractive, more spiritually inviting. You may have a knack for feng shui that you've failed to appreciate so far. Since so many modern physicians have already accepted other Oriental medical concepts - Zen meditation, acupuncture, Asiatic herbs and so on - it's almost certain that feng shui will soon become a standard ritual performed upon opening every doctor's office.

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## 8th APSR Congress 2003 in Malaysia

### **An Evidence-based Approach to Management of Respiratory Diseases in the Asia Pacific Region**

17-20 July 2003

Shangri-La Hotel Kuala Lumpur

Secretariat

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## Musings

Referral letters have on occasions been a source of entertainment despite the serious nature of its content.

Here are some of them:

### **Referral to Accident & Emergency**

The patient was suffering from chest pain. The referral letter was written on a ripped off top of a cereal packet and said:  
"Dear doctor, Query heart".

The patient was examined at the hospital and declared OK, so the casualty officer sent a note to the GP involved saying  
"Dear doctor, Heart present".

### **Letter to an Outpatient Clinic**

Dear Dr W,  
Regards Mrs X from Cheras  
Please see and advice.

The letter got the following reply  
Dear Dr Y,  
I have seen your patient and advise you to do the same.

Dear Sir,  
Big heart. Second opinion please.

### **Referral to a Neurologist**

Dear Neurologist,  
Please could you see this man? Head

### **Letter to a Consultant Radiologist**

Re: Madam Lim JK  
This 57-year-old lady is requesting a CAT scan on her lumbar spine to be performed and is agreeable on a private fee-paying basis. She is malcontent of the first order and holds a very warped view of life in general.

I see no harm in acceding to her request although she expresses her contempt for orthopaedic surgeons, chiropractors, osteopaths, acupuncturists and, not least, GPs, so you might as well join the list.

### **Alternative Definitions**

Artery : The study of paintings  
Bacteria : The back door of a cafeteria

Barium	: What doctors do when patients die
Bowel	: A letter like A,E,I,O,U
Caesarean Section	: A neighbourhood in Rome
Cat Scan	: Searching for kitty
Cauterize	: Make eye contact with her
Colic	: A sheep dog
D & C	: Where Bill Clinton lives
Dilate	: To live long
Enema	: Not a friend
Fester	: Quicker
GI Series	: Soldier at a ball game
Hangnail	: Coat Hook
Impotent	: Distinguished, well known
Labour Pain	: Getting hurt at work
Medical Staff	: A doctor's cane
Morbid	: A higher offer
Nitrates	: Cheaper than day rates
Node	: Was aware of
Outpatient	: A person who fainted
Pap Smear	: A fatherhood test
Pelvis	: A cousin to Elvis
Postoperative	: A letter carrier
Recovery Room	: A place to do upholstery
Seizure	: Roman Emperor
Tablet	: A small table
Terminal Illness	: Getting sick at the airport
Tumor	: More than one
Urine	: Opposite to "You're Out!"
Varicose	: Nearby
Vein	: Conceited

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## 5th Annual Congress of the Malaysian Thoracic Society

Recent Advances in Airway Disease

9-11 August 2002

Hotel Istana Kuala Lumpur

Our annual scientific meeting is scheduled to be held between 9-11 August this year and we are certain that the event will be an informative clinical update and as always an enjoyable social gathering as we catch up with old friends.

Hotel Istana will once again be the congress venue and this year's congress theme is 'Recent Advances in Airway Disease'. The Scientific Committee headed by Associate Professor Roslina Manap and Associate Professor Roslan Harun have both committed hours to the development of the scientific programme and confirming the various

overseas and local expert speakers for the event.

There will be symposia sessions dedicated to addressing difficult asthma and updates on COPD, pneumonia and bronchiectasis. For the first time at our annual MTS congress, there will be time allocated for poster viewing of research presentations in addition to the free congress workshop on Sleep Medicine will be held on 9 August 2002.

We would like to extend our invitation to all doctors in Malaysia, both members and non-members of the MTS to register and attend this congress.

Hope to see you there!

Editorial Board

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## What's in a Name

When a local newspaper article mentioned Flora Fardner of Hill House Herb Gardens and Flower Shoppe, some readers might have chuckled about the relationship between her name and vocation and turned the page.

Lewis Lipsitt, Professor Emeritus of psychology, clipped and filed it away as he has done so many times with examples of people who appear aptly named for their profession. After he first used an example like Gardner three decades ago to illustrate to future psychology researchers that some apparent relationships do not have a cause and are only coincidental, Lipsitt began to question whether his example was valid.

At the time he told his students the fact that Dr Fish founded the National Oceanographic Institute; that Mr Rolls was the director of the state's AAA organization and that Mr Hawkes worked at the Audubon Society didn't mean that there was any psychological reason for their choice of livelihood.

Yet, Lipsitt asked himself after the class, could your interests be influenced by having grown up hearing and saying your name?

"I decided shortly thereafter there might be something to it," said Lipsitt. "Something is at work subconsciously when you have a repeated reminder."

So it was that Lipsitt's hobby of collecting names sprung from his vocation; it has grown with the contributions of many strangers.

Over the years, word spread about Lipsitt's unusual collection through students and the media, and he began to receive examples from people he had never met. His mail included pages torn from telephone directories listing dentists named Fangman; handwritten notes on yellow-lined paper about optometrists named Blinder; and printouts from medical alumni directories referencing Dr Blades, a surgeon.

Producers at a Canadian radio station who interviewed Lipsitt about his hobby, called to let him know they had to reschedule another guest because of his segment; Dr Bird the ornithologist was booked for another night. "We sent him home because we thought he would think we were making fun of him," the producer told Lipsitt.

Lipsitt does not know how many names he has, but they fill three files and include:

William Liddle and GA Little, both pediatricians.

Robert Croker, professor of environmental history at the University of New Hampshire, who was quoted in a newspaper article about tree frogs.

Margaret Smith Court, a tennis player who won 62 championship titles in singles, doubles and mixed doubles between 1960 and 1975.

Lionel Tiger and Robin Fox, co-authors of a book about animal behavior.

Cramer J Stiff, an undertaker.

Thomas Saving, a Texas A&M economist.

Marc Payeur, a collection's officer for the Internal Revenue Service (IRS).

And then there's Chris Roach, an inspector for a pest-control company.

Rebecca Dobash and Russell Dobash, editors of "Rethinking Violence Against Women".

Whether people believe the name-vocation relationship is causal or coincidence, said Lipsitt, the subject certainly warrants "an appropriate scientific test."

After all, astrologers make money based on the belief that there is a correlation between different incidental facts about a person - date of birth, day of the week, month - and their character and life events, he said.

And there may be links between a person's name and his or her success or failure in a job. Using a car as an example, said Lipsitt, the Chevy Nova never sold well in Spanish-speaking countries because "nova" means "no go".

So are there respiratory physicians out there in Malaysia called Dr Au Wee Zing, or Ismail Kahak and even perhaps a Richard Kaufman?

We will be looking through the MTS registry.