

A Close to 2003

This issue of *SGH Proceedings* brings us to the close of 2003, which has been a tumultuous year with a profound impact on all of us. It is also the time of year for reflections and personal evaluation.

The contributions in this issue represent timely reminders of the pressing concerns that confront the medical profession today. Kaw *et al* review the imaging features of the severe acute respiratory distress syndrome (SARS) and stress the need for excellent radiographic technique in order to achieve radiologic diagnostic accuracy in the appropriate clinical context.¹ The chest imaging characteristics of SARS are important not only for the diagnosis, but also for the monitoring of disease progression and evolution. Decontamination procedures, detailed by Ponampalam, are also a topic that hospitals have to be fully prepared for in the face of the real and potential threat of biological terrorism in today's uncertain world.² Data privacy issues are certainly very relevant in the current environment where patient information is largely stored electronically, and may be readily accessed for research and epidemiologic studies.³ There is a need for practice guidelines to be in place in order to maintain high standards of professionalism and to build a consistent framework for preservation of patient confidentiality.

Perspectives on the development of a cyber-medical campus are pertinent as a means of harnessing technology for medical education of the future and are also especially relevant as our institution moves towards the realisation of a graduate medical school.⁴ The contribution by Michael Wood on physician leadership is an apt synopsis of how medical professionals can participate in administration in a credible and holistic manner, and it is noteworthy that the author states that assuming a leadership role is *expected* of doctors.⁵

Rising caesarean section rates are addressed by Tan *et al*, while the utility of the renal Doppler ultrasound as a diagnostic tool in screening for renal artery stenosis is elaborated by Cheong *et al*.⁶⁻⁷

Finally, this issue concludes with another clinicopathological conference (CPC) that has been transcribed into text.⁸ The CPC is a tradition of our institution, and it is a forum for teaching, multidisciplinary discussion, and mutual education. There is much that can be learnt from every case that is the subject of the CPC, and we are grateful to our many expert discussants and participants who have generously shared their time and knowledge in their evaluation of the cases, and who have kindly spent further effort in writing their segments to make publication of the CPC into an educational piece possible. The CPC reiterates the importance of a holistic approach to patient management, and reminds us that we do not exist in our individual disciplines in isolation, but that we are interdependent, and comprise part of a larger team that forms the working fabric of the hospital.

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