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# It Changed My Life: This doctor is set to run 200km in 44 hours



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Dr Tan aims to raise funds for HCA Hospice Care, a charity which he says has made him a better man

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Last weekend, Dr Tan Poh Kiang ran for 22½ hours.

He started at 9pm on Friday, not stopping until 3.30am on Saturday. Four hours later, he was at it again, from 7.30am until 9.30am.

After an hour's respite, he ran for seven hours until 5.30pm. On Sunday, he pounded the pavement again, from 9.30am to 4.30pm.

He had to endure heat, lack of sleep and exhaustion.

Dr Tan is not a masochist.

The gruelling runs are just part of a training programme he started last April, to prepare for the Monster Ultra 200, a 200km race which takes place from March 29 to 31.

The general practitioner hopes to complete the distance in less than 44 hours to raise at least \$200,000 for HCA Hospice Care, the charity he has been leading for the past five years.



Dr Tan Poh Kiang, 53, training at MacRitchie Reservoir. The president of HCA Hospice Care is preparing for the Monster Ultra 200, a 200km race taking place next month, to raise \$200,000 for the HCA. ST PHOTO: SAHIBA CHAWDHARY

Singapore's largest hospice care provider, HCA offers comfort and support to terminally ill patients regardless of age, religion, ethnicity, nationality and financial status.

It's not the first time the 53-year-old is running an ultramarathon to raise funds for the organisation. In 2014, he ran 100km and raised \$152,000; two years later, he completed 160km and brought in \$202,000.

He hopes his latest attempt will bring in much more.

"The Government has a Community Silver Trust fund that matches dollar for dollar what I raise. So if I raise \$200,000, the fund grants another \$200,000," says the lithe and tanned runner who is planning three breaks - two lasting 20 minutes, another lasting 45 minutes - for his 44-hour attempt.

"It will be my farewell gift," adds Dr Tan who will be stepping down as HCA president in August.

Leading HCA, he says, has been transformational.

It has deepened his understanding of giving, which has been his guiding principle since he started his medical career in the mid-1990s. "It has to do with my background, and how I became a doctor," he says.

Chatty and congenial, he is the eldest of three children.

"Both my parents came from poor families and life was a struggle when I was growing up," says Dr Tan, who lived for several years in a one-room rental flat in Toa Payoh Lorong 4.

He was close to his paternal grandmother.

"She had more than a dozen children and had to give away a few. When her husband died, she had to borrow money to bury him. I grew up listening to her stories of poverty although I myself never suffered that measure of deprivation," he says.

Life became better when Dr Tan was about nine. By then, his father - who had to start working as a shop apprentice when he was 10 - had saved enough to start a small shop in Katong selling household appliances.

The family moved into a five-room point block Housing Board flat in Bedok South, a veritable palace compared with their rental unit in Toa Payoh.

Energetic and highly competitive, he fared well at the now-defunct Serangoon Garden North School.

Mad about football, he badly wanted to play for the school team which, unfortunately, mostly comprised older and bigger-sized repeat students in Primary 7 and 8.

"I was like a water boy but I figured out a way. Because they weren't good in their studies, I'd do their homework for them," he says.

Grateful, the older boys would then beg the coach to field him, especially in the last minutes of a match they were clearly winning.

"I'd then get to go out in my jersey. I probably never even touched the ball but I would be so happy," he recalls with a guffaw.

At the neighbourhood school, he remembers being summoned into the principal's office twice, the first time for bullying a "gentle giant" who retaliated by shoving him so hard he flew against a wall.

"The principal was laughing. She told me: 'Next time, pick on someone your size.'"

His next visit to her office was a lot less humiliating.

"I was one of the school's top three scorers for the PSLE," he says, referring to the Primary School Leaving Examination. His results got him into Raffles Institution, one of the country's top schools.

Settling in took some time. His English, he discovered, was less than polished compared with his new classmates.

"My play language before that was Hokkien and Malay. But I was fiercely competitive so in the first year, I'd camp out in the library during recess and memorise new words from the Oxford dictionary every day," he recalls.

Faith - "I heard a voice" - led him to apply for medical school although his A-level results - one A, two Bs and a C - were not as stellar as many of his classmates'.

His biology teacher, who had a reputation for grooming students for medical studies, told him not to apply; his friends laughed at him and said he'd never get in.

Much to their, and his own, surprise, he did.

"Maybe the school reserved a couple of places for wild cards," he says, grinning.

In his first week at the National University of Singapore (NUS), a physiology tutor asked his group of students including Dr Tan to reveal their A-level results.

"When he heard what I mumbled, he said: 'Oh my goodness. I need to talk to Dean Edward Tock about our admission criteria'," he says,

referring to the late Emeritus Professor Tock Peng Chong, who was the longest-serving dean of NUS' medical faculty. "How could we even let someone like you in?' I was 19, I wished the ground would open and swallow me."

Although humiliating, the episode marked a turning point in his life.

"I became a good student. I'd always made use of my intellect to do the bare minimum to get to the next level but I decided I had to take ownership of my future. It was made clear to me I had no place in the community, but I wanted to make good with what I was given."

Although many of his peers gave family medicine short shrift, preferring to opt for more glamorous and lucrative specialisations like surgery and internal medicine, he was inspired by a senior to become a general practitioner.

"I once asked why someone smart like him was doing family medicine. He gave me a shelling: 'Why does the community deserve second best? Why do you think that only people who can't make it into specialisation programmes do family medicine?'"

Dr Tan cut his professional teeth working for another clinic before opening his own PJ Clinic in Bukit Ho Swee in 1996. "I wanted a place where I could serve the lower strata of society. I'm still there, it's been 23 years," he says.

His life, he says, has become intertwined with the community he serves. "When I first started, I was so green and idealistic, thinking I knew so much and had so much to give. But I soon learnt what medical school never taught me: that you can't look at health and diseases in isolation.

"How healthy someone is, is often linked to whether they can pay their bills or feed their children. I realised I had to think harder if I wanted to help these people navigate through life."

In his naivete, he once introduced a "pay what you can afford" scheme.

"It was hare-brained. I was giving to the wrong people. The people who came left in taxis. Those whom we wanted to help, didn't come back because it was undignified," he says.

On the suggestion of friends who advised him to tap the brains of social workers, he knocked on the doors of Beyond Social Services (BSS), located a stone's throw away from his clinic. The charity helps the less privileged break away from the poverty cycle.

"I started working with the social workers who referred their clients to me to get treated at subsidised rates," he says.

One senior social worker from BSS later invited him to join their meetings. "For a year, I went during lunch time on Wednesday, discussing case studies and how to solve problems. It was like going to graduate school in social work. I got an inside view on why some people struggle so hard and can't solve their medical problems."

For example, they discovered that single mothers with financial problems would sometimes feed their infants condensed milk diluted with water. Because of the lack of nutrition, many of these toddlers were scrawny and suffered various health problems.

Dr Tan worked on several health initiatives with BSS in 1997 and eventually joined the board.

Serendipity engineered his involvement with HCA.

In 2012, an old friend sought his opinion on the cancer treatment proposed by a hospital for his father who was diagnosed with end-stage oesophagus cancer. After reviewing the case, Dr Tan advised his friend against the aggressive treatment which involved surgery to remove the larynx, as well as radiotherapy and chemotherapy.

He was against subjecting the elderly man - a sage-like former Cantonese clan leader - to a painful ordeal which would at most buy him a couple more months but rob him not only of his voice but his dignity.

Instead, he told his friend to approach HCA for help.

The grateful friend later recommended Dr Tan when he learnt that the hospice care provider was looking for a GP to join its board. A couple of senior HCA office bearers met him not long after, but he turned down their request to join them.

"I had too many commitments," says the father of two teenage girls who also served as a Singapore Armed Forces battalion commander for 12 years.

A year later, he was approached again, this time by a former classmate who was on the HCA board.

By then, Dr Tan had given the matter some thought. He agreed.

"As a GP, I've seen people not dying well. Although I've sent people to HCA, I always had a nagging feeling more could be done. The door swung wide open, inviting me to find out more."

He has now been with HCA for six years, the last five as president. The organisation serves more than 3,500 families every year, providing free services such as home visits and grief counselling.

The HCA, he says, has made him a better man. "I've learnt how extraordinary goodness can result when a group of dedicated people work together to help others."

Asked how his experience has changed his views on mortality, he says: "If I have to boil it down to one thing, it is this: that no matter how complex a life problem or medical issue is, no matter how severe human suffering is, it always gets better when you're not alone.

"Everything we can do together, we need to do together. I believe that it takes a village not just to raise a child, but to help us live out our last days in a dignified way."

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