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**SPEECH BY PRESIDENT WEE KIM WEE AT THE OPENING  
CEREMONY OF THE 3RD ASIAN-PACIFIC CONGRESS OF  
NEPHROLOGY AT THE RAFFLES CITY CONVENTION CENTRE  
ON SUNDAY, 5 OCTOBER 1986 AT 6.15 PM**

It is with great pleasure that I welcome you to Singapore and to the 3rd Asian-Pacific Congress of Nephrology. This Congress is the largest meeting of Nephrologists to be held in Singapore in terms of size and representation. Eminent Nephrologists from the ASEAN countries, Australia, Britain, People's Republic of China, India, Japan, New Zealand and the USA are participating, making it an international rather than a regional meeting. I am sure that the lectures, presentations, and discussions over the next five days will be of the highest standard and will benefit all participants. Consequently, in good time, your conclusions and findings will benefit those who are afflicted by the disease.

The hosting of this Congress by Singapore is timely as we are in the midst of looking further into the care of patients with end-stage kidney disease. In Singapore, about 250 new cases of end-stage kidney disease are diagnosed every year. It is sad to note that most of the patients are within the economically-active age groups and that the majority are in their thirties. It is even more depressing to know that more than half of our patients have young children dependent on them for support, upbringing and education. Except for the fortunate few, being afflicted with end-stage kidney disease inevitably affects the work performance and earning capacity of the individual. This makes it even more of a problem for their management as they wait for a kidney transplant.

Limited facilities for dialysis treatment are provided in three Government hospitals today. There is a long waiting list for kidney transplant and dialysis treatment. The demand far exceeds the facilities.

The Government fully recognises the plight of patients with end-stage kidney disease. However, it cannot afford to simply increase the facilities. There is a limit to the resources that can be allocated for providing high-cost dialysis treatment without affecting the other health programmes as well as other competing needs of the people.

Hence, greater emphasis must be placed on kidney transplant as it will obviate the burden of high recurrent costs besides giving the patient a better quality of life.

Medicine has made tremendous advances especially in the past half a century. The progress in the speciality of Nephrology has been no less spectacular. To a layman, one of the most impressive achievements in modern medicine has been organ transplantation, the replacement of an organ destroyed by disease, giving a new lease of life to the affected patients. However, the development of surgical techniques for transplantation, and drugs for preventing rejection of the transplanted organ have not provided the complete answer. There is still a universal shortage of organ donors, a fact more evident in countries like Singapore than in others.

Since the first cadaveric kidney transplant was performed in Singapore in 1970, we have only been able to perform 90 such transplants, some of which were with kidneys from foreign countries. This is a very disappointing number, considering that we need at least 100-120 kidneys for transplantation every year.

There have been several campaigns launched by the National Kidney Foundation to persuade more people to sign kidney donation pledges, but with little success. There is now an urgent need for the Government to introduce some form of legislation to facilitate the obtaining of cadaveric kidneys to meet the critical situation. Whatever the system that is ultimately adopted to make more organs available for transplantation, the attitude of the community towards the concept of organ donation at death needs to change radically. Unless this happens there will be many patients with kidney failure who will continue to die despite all the advances that have been made.

I would, therefore, like to address a question to all of you. Do you see a day in the not-too-distant future when kidney failure can be prevented? I understand that much can be done to delay the progression of kidney disease, but kidney failure is still inevitable in most instances. I hope that prevention, the ultimate answer to the treatment of chronic kidney failure, will not be too far away as a result of your discussions and the sharing of experiences in Congresses such as this.

To conclude, I wish you a successful meeting and a pleasant stay in Singapore.

I now have great pleasure in declaring the 3rd Asian-Pacific Congress of Nephrology open.

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