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CORRECTION

In the article "Court or circus?" (Sept 29-30), on the Horizon Towers case, it was reported that Senior Counsel K Shanmugam, the lawyer for Horizon Partners Pte Ltd (HPPL), stated that "the issue of the owners agreeing to an extension was inconsequential". This is inaccurate and was never said.

Indeed, the purchaser, HPPL, considers the extension of time under the Option to Purchase to be extremely significant and had asked the sellers to extend time on several occasions.

After the sellers had extended time, HPPL in fact also asked the Court to adjourn the action against the sellers.

We apologise for the error.



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Voices

How will authorities know?

Proposed HIV legislation will only be as effective as it can be enforced

Letter from **GOH KIAN HUAT**

I REFER to the report, "Know or don't know, it's still illegal" (Sept 29-30).

Until a cure is found, a person infected with the HIV virus has effectively been given a death sentence. He or she has the potential to kill others by passing the virus on to them. And if the victim dies as a result, a "murder" has been committed.

Currently, a person who knows that he or she is HIV-positive but does not inform their partner of their condition before they have sex would have committed an offence. I support the proposed amendment to make it an offence for an HIV-positive person to have sex with another without

telling him or her of the risk – even if the infected person has no idea that he or she carries the virus.

However, it will be very difficult to enforce this new legislation. How effective it will be as a deterrent will depend on how well it can be enforced.

First, if a patient diagnosed to be HIV-positive does not complain about the partner, will the Ministry of Health (MOH) look into the case to establish whether the partner had informed the patient of the risk involved before sex, and take the offender to task?

Second, all newly-diagnosed HIV cases are required to be reported to the MOH. Will the ministry look into all these cases to confirm whether the offence for failing to inform partners of the risk has

been committed under the new amendment Bill and charge the offenders in court?

Third, if the victims are unable to provide details of their partner(s) for investigation – especially for commercial sex cases or those with multiple partners, how will the offenders be brought to justice? How will the case proceed if the victims are unwilling to testify against their spouses or partners?

Therefore, while the maximum penalty for such offences may be raised from a \$10,000 fine and two years' jail to a \$50,000 fine and 10 years' jail, its effectiveness will depend on how the authorities can overcome the enforcement issues.

Are foreign medical degree holders 'safe'?

Letter from **CHENG SHOONG TAT**

I READ with concern reports that the Ministry of Health (MOH) has withdrawn recognition of the medical degree from an Indian medical school, only after being informed by the Indian authorities that they intend to stop recognising the degree.

The MOH has assured Singaporeans that only top foreign medical degrees will be recognised here. How then could a "top" Indian medical school be denied recognition in its own country, shortly after being recognised in Singapore?

Has the MOH done enough to verify the recruitment, teaching, assessment and quality control of the foreign medical degrees it recognises, so as to ensure that doctors with such qualifications – practising in Singapore – are "safe" and reliable?

Medisave could help keep elderly at work

Letter from **HARRY CHIA**

I REFER to the letter, "(Medi)save us" (Oct 1). The suggestion to allow the use of Medisave to cover health screenings for those 55 years or older merits serious consideration.

First, health checks are supposed to detect medical problems early. Preventive care could then pre-empt any illness from deteriorating. Higher medical expenses can thus be avoided.

Second, there are many retirees above the age of 55 who avoid going for health screenings simply because the cost could set them back by between \$500 and \$1,000. Using Medisave would help defray the high cost.

The Central Provident Fund Board could put a cap on the amount that can be

withdrawn for this purpose and hospitals could design a health screening programme to cover conditions common among those who are 55 years or older.

Third, with the retirement age going up and the re-employment legislation coming into force, the elderly need to be fit and healthy to continue working.

Having an annual health screening gives employers the confidence to employ them without worries of high medical costs. Insurers, too, could reduce premiums for workers over 55 years old,

on condition that they go for a health screening every year.

To be able to continue working past their retirement age, older citizens should do whatever they can to keep illness at bay. Health screening is one way.

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