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SMA NEWS

How Our Lives, and Medical Practice, have Changed in 2 Short Months

By Dr Lee Pheng Soon, President, 44th SMA Council

SARS has been described both as the medical event of the decade, and the greatest challenge facing Singapore since independence. This new infection of high morbidity and mortality, that spreads relentlessly the moment we let down our guard, has made all of us pause to think. It's now become clear that the disease is not going to disappear like a bad dream. And it is also clear that medical practice – whether in the hospital, in the humble HDB GP's clinic, or from the helicopter cockpit of Ministerial Policy – is now very changed, compared to even as recent as 2 months ago. Many of these changes are probably forever.

The Outgoing President's Forum features the many achievements of the team he led, in the past 12 months. As the incoming President you elected, I will instead speak about change – forced upon us, and upon the practice of medicine in Singapore, by SARS and related recent events. We need to think about these unpleasant points, because even if we do not want to change, the world around us already has – and we cannot avoid being impacted by the consequences. The ostrich may stick his head into the sand, but his action will not alter swiftly approaching events.

OUR ATTITUDES TOWARDS LEARNING NEED TO CHANGE

Compulsory CME, started just before the SARS epidemic, emphasized the need for continuous learning. CME is usually about updates and "new science", and learning about this is essential. However, SARS has shown many of us how much we have forgotten of first-principles – in this case, those relating to microbiology, immunology, and infection control. Patients now routinely ask us very basic but specific questions: about the possibility of airborne infection, the ability of viruses to survive and be brought home on clothing, the value of specific hand-wash soaps or specific air-ionizers. They demand clear answers because they need to dismiss both folklore myths and scientifically-couched untruths found in half-page advertisements in newspapers. Many of us stumble, unable to provide clear and confident responses, and our credibility as healthcare professionals suffer. We are thus reminded that CME is not just learning new things, and also about reviewing forgotten first-principles from dusty textbooks. And there is no shame in acknowledging this.

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IN MEMORIAM: DR ALEXANDRE CHAO

22 APRIL 2003, ICU, SGH. – 1900 HOURS

And Then The Line Went Meekly Straight

And then the line went meekly straight,
No more punctuations of peaks and troughs;
The final cut between life and death.
I blinked past the wetness of white and lights,
Some sat down, some slumped against walls,
Choking as all spirit fled us,
Unable to stand and muster a farewell to
This gentle soul into the night.

And then the line went meekly straight,
I looked upon he who laid ashen,
Still as the gripping cold of the room.
Behind him the machines wept and breathed,
Into veins curdled,
Into lungs drowned.
The sickle had reaped
This gentle soul into the night.

And then the line went meekly straight,
As it should have some time ago,
If not for comrades that have kept the semblance
Of a living heart, with tired arms and bent backs.
We have seen more deaths than we care to know.
But, we men and women, now pained to the pith,
Will always remember the passing of
This gentle soul into the night.

Written by a doctor who was in the ICU at the time of Dr Chao's passing

**line - 'line' of ECG trace on patients monitors in ICU*

If you have something to share on SARS or other issues, please email us at krysania@sma.org.sg

We welcome your opinions, comments and observations.

The Editor

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Tel: 6223-1264
Fax: 6224-7827
Email: news@sma.org.sg
URL: http://www.sma.org.sg

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OUR ATTITUDES TOWARDS OUR PATIENTS' NEED FOR TIME, MUST CHANGE

Gone are the days of spot diagnoses, fast consultations, and quiet pride in seeing 45 patients in a morning GP clinic. GPs now need much longer per patient – both because we need to exercise more care during history and clinical examination, and also because the patient needs more reassurance about himself or a relative with a persistent cough. Every patient who is unwell and febrile now needs more time – for us to nail down a "safe" diagnosis confidently, and to exclude the possibility of a concurrent, more sinister, infection. Our hospital colleagues in the chronic-care wards have it even tougher – they know that current illnesses and prescribed medications may sometimes obscure the signs and symptoms of early SARS. Suddenly, we find that patients need much more time, even for the "simple" outpatient consultation. We need to guard against seeing these patients as "a pain". Later on, we will also need to find some way of mitigating the cost of this new (but very necessary) extra attention.

The single pleasant change – balancing the number and duration of MCs issued against pressure from HR managers or screening for malingering – now belongs to the past. As several SARS cases seemed to have presented early to GP clinics with non-specific signs and symptoms, a GP needs to ask instead if ***all*** such patients should be kept from work till their clinical picture is clearer. After all, there is the risk that one of these non-specific patients may over several days develop SARS.

OUR ATTITUDES TOWARDS OUR COLLEAGUES NEED TO CHANGE

All of us want to be the best possible help to our colleagues, especially when the team is understaffed. Our culture has been to drive ourselves hard, and to routinely work through minor illnesses. Things have changed so much that we now know that by so doing, we risk being a source of infection, maybe even of disaster, to the team. We thus need to change our work-ethic, and accept that the most important help we can offer our team-mates is to stop working immediately, once we feel unwell. Similarly, our attitude towards our colleagues who leave in the middle of the work-day should be one of gratitude rather than of disdain.

OUR ATTITUDES TOWARDS OURSELVES NEED TO CHANGE

Though this is probably not rigorously documented enough to be "evidence-based medicine", we need to accept that long hours, inadequate rest, food without thought of nutrient quality, physical and psychological stress – all contribute to lowering our personal resistance to disease. We need to change and accept that we are just as human as those we treat, and consciously take care not to over-stretch ourselves. Indeed, we should deliberately make a little time each day to exercise, and if possible and in addition, to find a little pleasure. This should be part of the daily prescription for ourselves.

ON A RELATED NOTE, OUR THOUGHTS ABOUT PRACTICE UNCERTAINTY NEED TO CHANGE

It used to be adequate for a doctor just to do his best professionally and ethically, and remember to renew his medical defence insurance. In the age of SARS, this is clearly not good enough. He has to save enough to provide for loss of income, to cover operating expenses for the days or weeks that he would need to close his clinic – should he fall slightly ill, be served a Home Quarantine Order, or be hospitalized as a patient himself. And we need to review our life-insurance policies, to ensure we have adequate cover for our family should the ultimate sacrifice ever be called.

OUR THOUGHTS ON INFECTION CONTROL NEED TO CHANGE

For each of our different medical practices, we need to reassess according to the risk we perceive – what is enough to prevent self- and cross-infection? Do we need only mask and gloves, or do we also need a gown, hair and shoe covers? How frequently should we wash our hands? Even in the simple GP's clinic, what about the shared BP cuff, and the need to swab the stethoscope diaphragm after each patient? Clearly, carrying on in the same old way will not do.

WE NEED TO LISTEN TO OUR PATIENTS MORE

In this age of very personal uncertainty, do we hear them out enough? Do we understand their concerns that new disposable ear-probe covers are critical to them, because Chinese Medicine emphasizes that the ear, oro- and nasopharyx, are cavities that communicate with the respiratory tract? Or do we too easily dismiss their fears when they show unease as we strap on the common-use BP cuff?

THE COST-STRUCTURE OF PRACTISING MEDICINE IS GOING TO CHANGE

It is clear that staff considerations in hospitals need to change. If entire teams are quarantined 10 days at a time, and if team members are to stay home every time they have a fever, it is clear that spare capacity must be built into hospital staff numbers. It's even more difficult for GPs, some of whom work in solo practice. If it is considered unacceptable – dare I say "unethical"? – for him to continue to work once he has a detectable fever, the cost of employing a locum on an emergency basis must be factored into the cost of running a clinic. Do we even dare think what would happen when the cough-and-cold season starts?

The standard of medical services in Singapore has made huge strides in past years. However, calculating the manpower costs of providing these services had presumed that doctors – from the humble GP to the sub-specialized Professor – are more dedicated, have more stamina, and are more robust than ordinary human beings. SARS has made one thing clear. It is not just the doctor's dedication that is the deciding factor – it is whether society can afford the risk of him being an "infector" when he pushes himself while unwell. Will society then accept that the doctor needs to put aside more time to rest, to stop work earlier once he starts feeling unwell or has a fever, to earn enough to save for hospitalization and protect against the risk of premature death? If so, it is clear that the manpower cost of medical practice cannot remain the same.

HOW THE SMA WILL TRY TO HELP ALL OF US

Our first priority is to ease the difficulty of practice during this time of immense change. In these first few weeks following

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the outbreak of this disease, we have tried our best to ensure that the humble GPs, who stand alongside hospital staff at the front-line of the SARS epidemic, have adequate supplies of masks and gowns. We have clarified with the MOH, the protective measures needed to permit a clinic to carry on functioning, after diagnosing a SARS patient. We are currently working with the Ministry of Manpower to try to modify the requirements for certifying Employment Pass holders from "SARS-affected countries", to make them practical. We have tried hard to strike a balance between continuing with important work that cannot be delayed (e.g. the HO's pre-posting Seminar) and the small risk of infection, by seeking advice from experts on reasonable "anti-SARS" measures that will let us continue. We will be re-looking at our current locum register, to see if there is a better way to help GPs source reliable locums at short notice, should they feel unwell.

In time to come, when the acute emergency is over, when we are starting to learn to live with SARS, there will be many, many more issues to address. Just as one example, if SARS continues to rumble on, when might it be appropriate for our colleagues in private hospitals to be allowed back to seeing patients in more than one hospital? The SMA will work with the relevant authorities to ensure that we address the remaining changes in a representative manner.

ONE PROFESSION

When we look at the healthcare providers infected by SARS, we realise that this grim virus did not differentiate between doctor and porter. Even among doctors, SARS did not differentiate between the specialist, the trainee, or the GP. Maybe it is because as a profession, we had responded like a city-state in siege – with ministry officials, hospital administrators, heads of clinical departments, physicians senior to the most junior, doctors in private practice whether specialists or GPs alike, all stepping forward as one to man the firing line.

Some may comment wryly that it took an epidemic to unite us in this way. Even so, if at the end of this decade, if indeed SARS in retrospect had turned out to be the medical event of the decade, we will be able to say with pride that we responded as One Profession, and continued to serve in the memory of those who fell. At this point, though, we cannot even say how long or tough this fight against SARS will be, or who among us will be next struck ill. I suspect that we have a long way to go yet. But while we have the strength, be it SARS or other matters, this 44th Council of the SMA will fight on, representing you, alongside you, in this time of change. We only ask for your continued support and encouragement, because we are human, too. ■