

How SARS has Affected My Medical Practice and Me

By Dr Wong Sin Hee

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SARS: THE MODERN SCOURGE

Primary healthcare has always been the backbone of our healthcare system. Family physicians have faced numerous epidemics and crises in the past. They have fought bravely and battled successfully against a host of infectious diseases that had plagued our society. They were confident in tackling all these sporadic outbreaks and held their forts with quiet confidence.

Then came this new emerging infectious disease – SARS or Severe Acute Respiratory Syndrome, a ravaging scourge which requires more stringent and speedy infection control measures. This is not only a war against the disease but also a battle of the minds – the war against fear and the dire consequences of this climate of fear which results in astronomical and disastrous socio-economic losses.

SARS not only kills the patient, but it also destroys the family, disrupts the community and undermines the economy of the country. This modern scourge is here to stay for a long time. With globalisation, SARS has become an international problem of grave proportions. Every country is afraid of SARS. Every government is fearful of SARS. Some people even believe that SARS is a weaponised virus. No other disease has had so much political and socio-economic impact on the world.

CHANGING THE PRACTICE OF FAMILY MEDICINE

The family doctor has always been part of the battle against any infectious disease in the community. But SARS has added a new dimension into the life of the solo general medical practitioner. It demands a dramatic paradigm shift in the practice of family medicine itself.

The climate of fear is overwhelming. The GP can be caught anytime by any patient with any presentation. If he is not adequately protected, he will be another SARS statistic. His family members and loved ones can also be infected. And death can come very suddenly, acutely and tragically. This is not an imagination born out of fear. It is a painful reality which we have witnessed as we shared the agony and anguish of the bereaved families of our fallen colleagues who had perished at the frontline.

How then do we general practitioners cope with this dreadful and fearful disease?

Well, some have chosen to shorten their hours. Some have closed their night clinics. Some have considered closing their clinics for good. Some have refused to see high-risk patients – those with high temperature and exposure to SARS patients, or have travelled to a SARS-hit country. Each GP has his reasons for doing what he does – to protect himself, his patients and his family.

But, the majority of us general practitioners have chosen to carry on with our work, undeterred by the many new restraints and anti-SARS guidelines. These new measures can be very uncomfortable and have increased the practice cost of running a clinic.

The triage is of course very important. N95 masks and the wearing of gloves are compulsory. But some clinic nurses could not breathe after ten minutes, and some even fainted after a while. It is cumbersome and uncomfortable, but it is necessary. So my clinic nurses have to grit their teeth and soldier on despite all the inconveniences. The price of masks skyrocketed and they were also out of stock at the peak of the SARS crisis!

Temperature-taking is another big headache. Some patients got very infuriated, complained about the way the temperature was taken, or demanded that the plastic cover be changed after every patient. But there were not enough plastic covers to go round. The price of thermometers shot up and they were out of stock too! No special provisions were made to assist the general practitioners.

No one seems to seriously consider that the general practitioners and family doctors are frontline healthcare workers fighting SARS! Are they not part of the army against SARS? And yet they were left to fend for themselves. I am glad that all of us managed to fend for ourselves at the peak of the SARS crisis. Family doctors should pride themselves for being resourceful, flexible, resilient and adaptable in dealing with a very deadly and infectious disease.

About the author:

Dr Wong Sin Hee (MBBS 1973) is a local graduate and has been a solo general practitioner in a HDB estate for 25 years. Dr Wong and his wife have been ardent competitive ballroom dancers for the past 14 years.

SARS AND ME

When I first read about the Atypical Pneumonia reported in Guangdong and Hong Kong, there was never any inkling that it would affect Singapore. But GPs had already been informed by the MOH circulars on the Atypical Pneumonia and we were told to screen patients more thoroughly, and specifically, to ask for a travel history from Guangdong, Hong Kong and Hanoi. This was done even before SARS hit Singapore.

I did not feel the impact until the TTSH cluster of Atypical Pneumonia (by then known as SARS) appeared. More circulars were received from MOH warning about SARS and GPs were specifically told to look out for FEVER in patients who had been in contact with SARS patients, who had been to TTSH and who had returned from SARS-hit countries. The panic button was pressed.

The awesome fear did not really strike me until the SGH cluster appeared, and the deaths of Dr Ong Hok Su and Dr Alex Chao. There were also the near-miss by our MP Dr Tan Cheng Bock and the family cluster that visited a GP clinic in Serangoon. The dangers are now at the doorsteps of our GP clinics. It is no longer a hospital problem.

Steps were taken immediately by GPs to screen all patients even before the declaration form and temperature-taking became compulsory. My two nurses were stressed and frightened. I was scared too and got jittery whenever a patient with fever walked into my clinic. Every day of my clinical practice became an anxious day flirting with death – an unseen enemy, a deadly foe and a killer that appeared under different disguises. It was frightening for me and for my patient.

I cut down my socialising, dancing and mahjong sessions with my regular friends. Some of them were not comfortable with me. I don't really blame them for their fears. In fact, I empathised with them. I was deluged with phone calls from anxious friends who sought help and advice whenever their kids had a fever. It was almost a panic reaching hysterical proportions. Patients were afraid to come to my clinic. Some were absent for as long as six months without their daily prescriptions! Attendance at the clinic plunged by as much as 60%.

After a while, things started to return to normal again. I got used to wearing the N95 mask and gloves. Washing my hands after each patient became a habit. Things settled down and we were quite complacent after 18 SARS-free days.

Then like a lightning out of a clear blue sky, one SARS suspect was admitted to TTSH and we were back to zero. The circumstances of this particular case were rather disturbing because we could not trace the source of his infection and the situation was politically loaded. Another salient point is that this case presented atypically at a GP clinic, and the doctor saw him five times before he was eventually sent to TTSH.

SARS has become a great mimic. This nefarious behaviour increased our need for awareness. Every patient has become a potential SARS case! This realisation gave more impetus and urgency to the anti-SARS measures adopted in GP clinics. I suddenly realised that GPs are potential SARS victims too. It was a scary thought.

I used to talk and joke with patients on almost anything under the sun. But now, it's purely clinical. Some patients told me they were afraid to come to my clinic to get their monthly prescriptions. The fear was ever present. My patients were afraid of me. And I was afraid of them. We treated each other with guarded vigilance. It was a trying period for me as I tried to reassure my patients that it was safe to see me and to visit any GP clinic. But I knew in my heart, they did not really believe me.

So SARS has definitely changed the way I practise Medicine. I am now more aware, mindful, vigilant and conscious of infection control. Gone are the days when I can chat with my patients for hours on things non-medical. The practice has become more clinical, professional and serious.

CHERISH OUR LOVED ONES

The other very important impact is my relationship with my family members. I change my clothes everyday. I take a bath and wash my hair, which is fast going grey and causing me to bald, the moment I reach home. I am more conscious in almost everything I do, including using separate cups and plates, forks and spoons on the dining table. No more common sharing of food. Infection control is still in my mind even at home because I realise that I am the potential carrier of germs.

I do not socialise much now unless it is absolutely necessary. I take long walks in the parks and reservoirs. I would rather spend my time with my family. I do understand the fears and phobia associated with healthcare workers, and I try not to impose unnecessary stress on my non-medical friends. I know this is going to be for the long haul and I am prepared for it.

SARS has changed all of us, especially healthcare workers in the hospital. Life has taken on a new meaning. To report for work in the morning and to be able to return to your family in the evening is something we must all learn to treasure. We never know when SARS will strike. We never know when we will be quarantined. And we will never know when it will be our last good-bye or our last embrace. In fact, all of us are flirting with death everyday at work. We cannot allow ourselves to be less vigilant. One unguarded moment is all that is needed for SARS to ravish us and finish us off.

So my fellow colleagues and friends, cherish every moment with your loved ones as we enter a new frontier in our practice of medicine. I am sure this is not the end of our perilous journey but SARS has certainly prepared us for the worst to come in our noble profession. Take heart that we can overcome this scourge. But please take care too. ■