

# CORONA CRISIS

## TWO COUNTRIES, ONE DOCTOR

Text and photo by Dr Daniel Khaw Lai Guan



Dr Khaw obtained his MBBS from the University of Melbourne and subsequently attained a MRCPsych (UK) and Certificate in Aesthetic Medicine. He appreciates the importance of treating all afflictions from skin to psyche. Practising medicine since 2009, he currently works out of Rochor Centre Clinic and Gangnam Laser Clinic.



As a doctor in Singapore who grew up in Malacca, Malaysia with a father who is a GP, I found myself empathising with and contemplating the differences in each city's response to COVID-19 and the different challenges that surfaced during this pandemic.

This humble story does not intend to dissect and critique public health policy and responses, but merely to provide a reflection and recount of one doctor's journey so far through the current crisis, both personal and professional. I'm certain this background isn't too unfamiliar among the multicultural friends and colleagues we have here in Singapore; I hope to provide a familiar story for those feeling isolated while showing a snapshot of a slightly different circuit breaker to those who have been fortunate enough to spend their "lockdown" with family and loved ones.

### Cold start in December

The very month in December 2019 when I left public service and joined a private health group, reports of a new virus in Wuhan, China started circulating. By January 2020, Singapore and Malaysia had identified cases.

Anyone who has contemplated leaving public service to venture out into the world of private practice would know the daunting nature of facing the unknown – and now compounding this, a mysterious new infectious disease has reached Singapore. Having gone through the restrictions, fear and chaos of H1N1 at the start of my public medical career, this was a déjà vu inducing flashback at the start of my private career.

January was also the month Wuhan instituted their lockdown shortly before Lunar New Year, and a personal decision needed to be made about going home for reunion dinner. Cases were being reported in Singapore and Malaysia around this time, turning the decision to return home for celebrations into a gamble. Facing the hordes of like-minded travellers could mean contracting the virus and also running the risk of being stranded on the wrong side of a border closure. In the end, desire prevailed over caution and I was fortunate to have chosen a day to travel with little crowds. Looking back now, I am glad to have made that journey because I have not been able to meet with my parents since then, as cases increased and border restrictions became a reality.



*Starting in private practice; soon to be startled by the pandemic*

On the professional front, it felt like I had been thrown into the deep end where it was an alphabet soup of learning new acronyms and regulations. The Singapore Government activated the Public Health Preparedness Clinics (PHPC), Flu Subsidy Scheme, Swab and Send Home, and Patient Risk Profile Portal; listed requirements for safe distancing; and encouraged telemedicine. I was able to experience the response to a pandemic from the private sector point of view when I had previously only seen it from the public sector during H1N1.

The ever-growing list of high-risk countries and those to be treated with a high index of suspicion was like a noose tightening agonisingly slowly around the neck of the open borders. Some might have wanted it tightened sooner to rip the proverbial band-aid off quickly, as the list of nationalities to be watchful for grew increasingly long and unwieldy. In hindsight, the regions that enforced effective lockdowns earlier, such as Wuhan, New Zealand and Vietnam, were also able to return to “normal” faster. Eventually the circuit breaker (CB) brought more restrictions. Balancing essential services

while keeping the clinic financially viable was an impossible catch-22 of limiting services while trying to keep patients from switching to less fastidious service providers. Facing uncooperative patients who had risk factors or symptoms was much like walking a fine line between persuasion and coercion in the name of securing the greater good. As basic personal protective equipment (PPE) became a treasured scarcity, I was thankful that the Government eventually secured a steady supply for those who would be on the front line.

Although facing a pandemic the first month in a new job was less than ideal, I am thankful for the guidance, support and understanding given by Dr Ewen Chee at Chelsea Clinic as well as my new colleagues. The staff, ranging from the administrative to the clinic assistants, have made the transition easier.

### **Hitting close to home**

Being an only child to parents who are now in their 70s, not familiar with information technology (IT) and have niggling health issues brings feelings of guilt and helplessness for not being able to provide better support for them during this time of need. This is especially so as my father is in a high-risk occupation and his clinic in Malacca is also home to my parents, hence my mother is also in a high-risk environment.

Knowing my father, he would not shy away from his duties as a doctor and his solo practice clinic remains open 12 hours a day, seven days a week till today. So many hours, so many opportunities to be exposed to the virus. To my knowledge, no PPE supply scheme such as those for PHPC was established in Malaysia. To top this all off, there were reports of positive cases just a few houses down the road from the clinic, hardly two minutes’ walk away, just in March. Fortunately, the clinic was not exposed. I did what I could to support them by

sending boxes of surgical masks home during the worst period of shortage. Nonetheless, I cannot help but feel that was hardly adequate. Malaysia’s Movement Control Order (MCO) eventually brought almost all activity to a standstill. I felt a mild sense of relief for my parents’ safety, although the Malaysians paid a steep economic price for the implementation of the MCO.

Despite many attempts to teach them, my parents, like many elderly counterparts, are not very proficient at using smartphones or IT in general. Malacca also does not have the luxury of widespread fibre broadband penetration, further limiting connectivity which is so essential for turning a painful lockdown into a manageable one. Conversations with my parents came in fits and starts as their slow connections made a mockery of any regular communication. Although spending long periods away from family was nothing new to me, the knowledge of an insidious lethal virus lurking in the community cast a long foreboding shadow as each interaction became more precious. Not knowing when border restrictions might be lifted or the availability of a vaccine further stretched the darkness of the tunnel.

By the time of publication, I would have missed celebrating Father’s Day, Mother’s Day and both parents’ birthdays this year. In the grand scheme of things, one would rightly consider this a small price to pay for the safety of the community. On a more personal scale though, I cannot help but wonder how many more of these I have left to celebrate.

### **Are we there yet?**

While Singapore canters out of the CB and Malaysia mobilises out of the MCO, I hope we remain mindful of lives, relationships and livelihoods that have been sacrificed for the greater good. And yet this may just be the first chapter of our part in history. ♦