

# Every Bit as Human

By Dr John Chiam, Editorial Board Member

**M**arch 2003. Garfield's article made me recall this conversation I overheard, between a patient and her friend. Anyway, let me first recap the events of the past few weeks – certainly, "these are interesting times we live in", no doubt.

In the last few weeks, Singapore's been hit by a barrage of bad news. If it's not the war in the Middle East (and didn't we see that coming), it was the miserable economic outlook for the country. If it wasn't the 17% increase in electricity tariffs, it was the Severe Acute Respiratory Syndrome (SARS) that played on everybody's minds.

Doctors and nurses and patients were falling ill – one by one – and for the longest time, medicine in the 21<sup>st</sup> Century appeared to have travelled back to the Middle Ages. Suddenly, it was Year 1347 all over again, when half of Europe languished woefully in the grip of a sinister black shadow that discerned neither aristocracy nor rank, and spared no one (least of all, medical healthcare workers).

But, of course, things are different today. We are more advanced, better equipped with the latest techniques and technologies to identify, confirm and combat whatever it may be that ails us. And patients are no longer the ignoramuses that their temporal colleagues were, nearly 800 years ago. Or are they really?

Anyway, back to my story. A couple of days ago, I overheard a conversation between a patient and her friend. The patient had just visited her GP with symptoms of the common cold, and the doctor reassured her that it was most likely just that: the common cold.

Half-jokingly she asked the GP whether she might have contracted SARS (being the mild hypochondriac that she was, she confided in her friend), and whether it was easy for common folk to be infected.

The doctor allegedly replied with a "I don't know..." And, the patient, becoming quite unladylike, was heard to utter, "WTF? Not very assuring!"

She went on to reassure herself, "It's flu, not SARS." But, like any other savvy 21<sup>st</sup> Century Singaporean patient with a lawyer friend, she added the following caveat, just before she and her friend walked out of earshot, "But if that doctor misdiagnosed, I will sue his pants off."

## **"BUT IF THAT DOCTOR MISDIAGNOSED, I WILL SUE HIS PANTS OFF."**

Words to strike fear in every doctor's heart. But, what is there to sue? SARS in its earliest presentation would be similar, if not identical, to the common cold/"flu"/coryza. And, if at the time of presentation, the patient didn't have a suspicious contact history, a 38°C fever, severe myalgia, headache and a dry cough, in addition to shortness of breath, how in the world could the doctor – or anyone else – confidently say this is or isn't SARS?

Take the corollary of another course of action. What would have happened if the doctor, tagging on to the patient's concerns, had instead referred her to Tan Tock Seng Hospital (TTSH)? And, what would have happened if the patient ended up waiting a good 4 or 6 hours at TTSH only for the doctors there to give her the all clear after an X-ray and blood test (and even then, the clearance would only be provisional, at best)? Would she then have gone round to sue the doctor for over-diagnosing her common cold? Damn if we do, damn if we don't.

## **THE DOCTOR ALLEGEDLY REPLIED WITH A**

**"I DON'T KNOW"...**

**"WTF? NOT VERY ASSURING!"**

Let's face it: SARS is a new infection

by what the scientists believe to be a *de novo* mutation in a strain of coronaviruses. Even then, we cannot say for certain whether the coronavirus is the causative agent, or merely the associated agent in this infection. What's the distinction? There's an important one: just because a smoking gun is found near the scene of the crime hardly equates to having caught the culprit himself.

Back in the 1980s, *H. pylori* had been found in the gastric linings of a certain group of sufferers of gastritis. Yet, it took a good few years before *H. pylori* was scientifically accepted as a causative agent for gastric ulcers/gastritis.

Koch's postulates would have to be proven first, and be proven again – prior to anything remotely as definite as a confirmation of cause can be assigned. Of course, history would record Dr Bary Marshall as the guinea pig who swallowed *H. pylori* in order to prove a point. Fortunately, the sequel was a successful case of "Physician, heal thyself!"

On the other hand, here we have a virus which had been unleashed upon our collective knowledge barely 3 or 4 weeks ago, and already we have instigated strict infection controls and have formulated a working hypothesis – cut us some slack, we are doing in 3 weeks what Warren and Marshall with *H. pylori* took years. And with that, there'll always be tonnes of questions, and too few answers available.

Is it air-borne? Is it formite transmissible? Is it droplet or aerosol-spread? We don't quite know yet – at least not for certain. And if the WHO team, as well as the Infectious Diseases teams all over the world, from Atlanta's CDC right down to our own CDC at TTSH aren't quite sure yet – i.e. "they don't know", surely you can understand why it is that your friendly



### **About the author:**

Dr John Chiam (MBBS, 1998) is a Registrar at SGH. He enjoys writing and singing (although it is hoped that the former is better tolerated than the latter hobby!). He believes in speaking up for the ideals of his profession, and for the morale of its practitioners. SARS has already dealt the profession a mortal blow – it could do with a little more compassion, and a little less misunderstanding from the very people it is trying to help.

neighbourhood GP might similarly echo the “I don’t know” answer.

It would seem to me that the lady patient expected the doctor to be all-knowing and all-powerful: an omnipotent, and thoroughly omniscient being, all for the cost of a \$15 consultation fee (I don’t know for sure, it could have been less, given the economic situation today). In a less kind light, it might even be postulated that she viewed her GP as almost nothing less than a god. Well, not THE God, with the capital G, but certainly

someone worthy of godhood.

Well, here’s the catch (22, no less).

If we are as that which you’ve put us on the pedestal – if you think us god, shouldn’t we then demand more respect from you as the worshippers of this seemingly omnipotent being? How then could you sue god and why should god have to account for his actions or inactions toward you? I mean, for crying out loud, even insurance agencies give god a wide berth and exclude natural disasters, terrorisms and “acts of god” from their coverage!

However, if we are NOT god (and God – yes, the one with the Capital G – knows just how short we come to being even close), then we are just as every bit as fallible as you are. And if we are just as frightened, unsure and feeling unsafe from falling sick from SARS as you are, then maybe it is time for you to see if there’s a little bit of compassion and understanding inside of you to share with the doctor – the person – seated across the desk from you, who’s merely trying his best to do his job, and to live up to his duty as a healer to the community. ■