OFF TO A GOOD START
Make no mistake, Ms Chua Mui Hoong has written a very readable book about the 2003 SARS outbreak in Singapore. The book starts with a moving tale of Patient Number 1. Indeed, the patient’s response to her personal tragedy of “Jobian” proportions can be described almost as an account of Christian apologetics put into practice.

Ms Chua rarely misses the mark in the several personal accounts of human tragedies: Patient Nah Wee Tuan and the filial stoicism of son Dr Gerard Nah; the unbridled grief and anger of Mr Rao, whose wife Madam Hima Bindu succumbed to SARS in the National University Hospital (NUH); and the triumphant joy of survivor Mr Chong Yun. But, because the author had unfettered access to officials and official records, one would like to expect a little more than an account of what had happened. Perhaps an insight into the decisions made and why mistakes were made, would have given the book more depth. After all, being commissioned by the Ministry of Information, Communication and the Arts, and published by the Institute of Policy Studies, the book will serve as the de facto official account in years to come – not just what happened, but why certain things happened. Here are some questions that could have been answered by the author.

UNANSWERED QUESTIONS
Why the flip-flop?
The book mentions no less than four times of the decision for other hospitals to accept former patients of Tan Tock Seng Hospital (TTSH). It rightly says the decision was a bad one (pages 63, 64, 188 and 189).

In fact, a flip-flop in decision-making was clearly described in the account on page 64. The first instincts of the Ministry of Health (MOH) were correct, but it then changed its mind. This is highly unusual because MOH does not usually change its mind, and the new decision was not even as bad as what was clearly the need for perfection. I had thought here, just a basic understanding of epidemiology in foresight will rule out ‘epidemiological suicide’, in addition, MOH clearly went against the prior advice of some hospital administrators to accept former patients of TTSH. Certainly, if the author had access to all the records and minutes of the MOH SARS Task Force, he could have written a much more informative book.

Did SGH screw up and why?
The Singapore General Hospital (SGH) had been blamed for letting SARS slip beyond TTSH. It should take responsibility for “complacency”. However, one needs to ask: Are we deontologists or consequentialists when we label an organisation a failure? Should SGH be blamed because it had lower standards of infection control and isolation than other public non-SARS hospitals, for example, Kishon General Hospital (KHG) and Alexandra Hospital (AH)? Was the U-turn in the handling of TTSH (page 4 in the book) a matter of wrong decision or wrong application of existing guidelines? Here are some questions that could have been answered by the author.

Contact tracing
The question of contact tracing for the patient that spread SARS to the wholesale market was another intriguing one. He was the brother of the index case of the SGH cluster. He was not quarantined nor contact traced until he was admitted into NUH, and later in TTSH. By then, it was too late. The question put forth was why he was not identified earlier.

A more convincing case where SGH probably could have done more would have been the management of the late Dr Alex Chao. His symptoms were atypical. Even so, he did quarantine himself at home away from his family. Wouldn’t this have been a reason enough to send him to TTSH at least for an assessment? It was not so much that Dr Chao was denied treatment by TTSH infectious disease specialists, but that he was denied even an assessment by TTSH infectious disease specialists.

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Why TTSH? Will it always be TTSH?
Perhaps the most important question to be asked is “Why always TTSH?” It is always “Infectious disease X-Assist”. In Singapore, why is it always TTSH? The answer is really simple – visitors to hospitals were never recorded. If SARS ever reappears in Singapore first before it does in other countries, it may well be the same story again.
The book makes no mention as to why TTSH became SARS-Central. In a future scenario, an outbreak can occur in another hospital such as KCH or SC to beyond that, it must be decided what would happen then? Would we still designate TTSH as the infectious Disease Central and totally close two hospitals at the same time? Would the remaining hospitals, in particular A&D departments, be able to cope?

CRITICAL GAPS IN THE BOOK

Those that contributed with the BIG UNKNOWNS

The book makes no mention about what happened at SARS-Central. It heavily bashed practically all of what other healthcare workers went through in the private sector. There was no account of how our private hospitals coped. More importantly, the GPs who had to face hundreds of patients with fever day-in and day-out, were given scant attention. This overlooks the greatest contributions of the book. I think all of us lived through SARS, saw the stress and courage involved in treating patients with fever that is, “unsuspected” or “probable” SARS versus treating the known SARS patient. How paradoxical not being until then the Minister of State for Health, Dr Balaji Sadasivan met GPs in the College of Medicine Building’s Auditorium to reassure them.

The rest of the book

Chapter 5 - Post-Infection Control Measures

What we did come in topdwon in our innovation in post-infection control measures. Measures such as infra-red scanners and home quarantine surveillance cameras were indeed world firsts. The chapter on these measures was justifiably laudatory.

Chapter 4 and 6 - The Softer Aspects

Fear was indeed a big picture. One could not fault Chapter 4 on the drama of its coverage. This portrayed effective hidden heroes, such as prison inmates washing their faces, were also touched by the author.

SUMMING IT UP – HOW SINGAPORE BEAT SARS

The last chapter of the book is perhaps the most important one. It tries to pass judgement and grade Singapore. There are no startling revelations or epiphanies. There is more optimism than certainty. We came in second after Taiwan, which is not bad. Unfortunately, demographics and local conditions were not taken into account in this pronouncements. The fact is Vietnam and China are both big countries with significant numbers of people travelling between the cities and the countryside. That they could control the outbreaks in the first place was remarkable. Even Taiwan and Toronto had more difficult issues to contend with. geometrically and demographically. The only close comparison to Singapore was really Hong Kong. As such, there was really no need to compare and proclaim an indifferent second place.

Then again, it is hardly surprising that the book ended as such. It is a very negative book, but because it is constantly tone too hard to be too fair, greatness easily eludes it. 

Note:

All views and observations expressed in this article are those of the author's alone and do not represent those of the Editorial Board or Singapore Medical Association.

Page 13 – A Defining Moment – How Singapore Beat SARS

Centralised Medical faculty, a hospital closed in an infectious disease outbreak to treat infected patients for two reasons:

- The hospital has the most appropriate expertise and it is good to limit the risk of transmission to that facility.
- The hospital is totally overawed by infections and one can no longer stably epidemiological risk within the hospital or perform critical functions such as A&D and ICU.

The famous Courage Fund was originally started by a couple of young medical officers. It was then adopted by the SMA Medical Association (SMA). This great initiative by little people was completely ignored by the author – another regrettable omission.

Role of clusters

The role of the clusters, SMH and SingHealth, in the outbreak was not very clearly discussed in the book. Sad lacking moral and some logical support, what were its operational roles during the outbreak? Having read the book, one is none the wiser.

The role of the nurses, SMH and SingHealth, in the outbreak overall was very clearly discussed in the book. Sad lacking moral and some logical support, what were its operational roles during the outbreak? Having read the book, one is none the wiser.

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