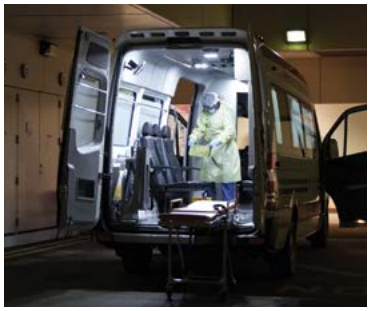
SMA news

For Doctors, For Patients

VOL. 52 NO. 6 | JUNE 2020 | MCI (P) 066/12/2019



Pandemic Response:

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SMA news
Vol. 52 No. 6 | 2020

PUBLISHER
Singapore Medical Association
2985 Jalan Bukit Merah
#02-2C, SMF Building
Singapore 159457
Tel: (65) 6223 1264
Fax: (65) 6252 9693
Email: news@sma.org.sg
URL: https://www.sma.org.sg
UEN No.: S61SS0168E

DESIGN AGENCY
Oxygen Studio Designs Pte Ltd

PRINTER
Sun Rise Printing & Supplies Pte Ltd

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Cover photos:
Changi General Hospital
Tan Tock Seng Hospital
National University Health System

The EDITORS' MUSINGS

Dr Tina Tan

Editor

Dr Tan is a consultant at the Institute of Mental Health and has a special interest in geriatic psychiatry. She is also an alumnus of Duke-NUS Medical School. Between work and family life, she squeezes time out for her favourite pastimes – reading a good (fiction) book and writing.

COVID-19 continues to dominate our lives with its widespread impact. As such, I hope readers understand *SMA News'* emphasis on related articles, from the clinically practical to the very personal. It is my desire to give a voice to as many doctors as possible, to hear their perspectives and to share lessons learned.

This month, we take stock and look back at how the pandemic has unfolded in Singapore. Looking forward, we anticipate much effect on the mental health of doctors, and we are glad to have worked with the Singapore Psychiatric Association to highlight this issue for our readers.

Last, but certainly not least, I am also delighted to welcome Dr Lim Ing Haan to the Editorial Board.

Dr Jipson Quah

Guest Editor

Dr Quah is a GP and pathology clinical officer in private practice. He enjoys music-making, fitness activities and editorial work in his spare time.

COVID-19 Avengers Assemble!

The COVID-19 pandemic has struck the world with unprecedented force and is a deadly challenge like no other in our generation. At this moment, there have been over six million cases and over 360,000 deaths. In comparison, during the 2003 SARS outbreak from November 2002 to August 2003, there were a total of 8,422 cases and 916 deaths.

As a result, governments have been scrambling to control the outbreak and treat the ill. Different countries have adopted a variety of approaches. Some of these measures include widespread lockdowns, closure of businesses, deploying and training medical personnel, and building temporary medical facilities. For the medical fraternity, this means increased personal protective equipment measures, deployment in COVID-19 facilities and cancellation of clinics, operations, leave, conferences and fellowships. We also have to adapt quickly to government policies and Ministry of Health (MOH) circulars.

In this issue of *SMA News*, we have invited colleagues to detail their unique experiences in fighting against COVID-19. If I may borrow references from the Marvel Universe, we (The Avengers) are battling COVID-19 (Thanos), a plague that threatens to wipe out swaths of the population and completely change the way we live.

Akin to The Avengers, we have the courageous public sector (Captain America) and private sector (Iron Man) doctor-heroes. MOH is the Strategic Homeland Intervention, Enforcement and Logistics Division (S.H.I.E.L.D) and our MOH/Public Health leadership is Nick Fury. Our surgeons, especially the orthopods, are characterised by the mighty Thor (powerful lightning and mythical weapons) and Hulk (smash!). Our infectious diseases specialists and physicians are Vision and Hawkeye, due to their incredible clinical acumen and ability to provide life-saving care. Spiderman represents our eager young colleagues (house officers and junior residents). Doctors from the pathology and laboratory departments are like Doctor Strange! (They provide crucial diagnostic services which guide our diagnosis and policies). Radiologists are probably Black Panther (usually in dark rooms and very technologically advanced). Psychiatrists have got to be Scarlet Witch, with powers of hypnosis and telekinesis. The GPs and family physicians are the Guardians of the Galaxy, running public health preparedness clinics and Swab And Send Home schemes.

I hope you have an enjoyable read and would spend some time pondering about which Avenger you might be as we continue the fight against COVID-19. As part of a team, we all have different roles to play in order to complete the Infinity Gauntlet and eradicate COVID-19 from the world. ◆

Welcome ON BOARD

Dr Lim Ing Haan is an interventional cardiologist in Mount Elizabeth Hospital where she shares a clinic with her twin – Dr Lim Ing Ruen, an otorhinolaryngologist.

After her return from Duke University in 2005, she coordinated the set-up of the Primary Percutaneous Coronary Intervention Service in Tan Tock Seng Hospital in 2007, and remains on its Acute Myocardial Infarction Service till today.

She is committed to innovation and was the course director of a number of regional courses in cardiology intervention. She often gets invited to lecture at international meetings.

Dr Lim and her sister are the only set of twins to graduate from NUS School of Medicine (1995) and she was the only female interventional cardiologist in Singapore for 17 years. Her favourite pastimes are jogging and travelling. ◆

SMA News is looking for writers to contribute!

If you have a burning desire about a certain topic, or an intense passion for something you have to get out, send your thoughts to **news@sma.org.sg** and let them be seen by the world!

Apollo's Arrows & Sun Tzu's Stratagem

Text by Dr Gan Wee Hoe | Photos by SingHealth and SGH

The culprit causing COVID-19 has been described as a "very smart virus [that] will find ways to remain in the human population".[1] An infected patient recounted how battling the disease was akin to "running a marathon on the bed".[2]

These are just two of the many crippling accounts of COVID-19 that have emerged since the tentacles of this pandemic first surfaced at the turn of the decade.

On 31 December 2019, the Wuhan Municipal Health Commission reported to the World Health Organization (WHO) China Country Office on a cluster of pneumonia cases occurring in the capital city of Hubei province. Subsequent reports suggest that the first case could be traced back to as early as 17 November 2019.[3]

Much has been postulated, researched and written about COVID-19. At the time of writing, global case count has crossed the five-million mark with the infection claiming more than 331,000 lives. As countries gradually ease lockdown restrictions, reports of second and third waves are already surfacing.

This is an infection where the fallout – in terms of mortality, socio-economic consequences and the profound impact on the way of living as we know it – is of monumental proportions. By many accounts, we may only be at the end of the beginning.

Pandemics in human history

The bubonic plague in the 14th century wiped out almost a third of Europe's population. Caused by *Yersinia pestis* and spread by infected fleas carried by rodents to humans, the disease was so contagious that it has been described by the Italian poet Giovanni Boccaccio that "the mere touching of the clothes appeared to itself to communicate the malady to the toucher".[4]

Ships were sailing into ports with crew either severely ill or dead. To stem the spread of infection, officials kept sailors in isolation on their ships for 30 days (*trentino*), which was later lengthened to 40 days (*quarantino*).[5] This public health concept has proven its effectiveness even up to the present day.

Another epochal event was the 1918 influenza pandemic. It started at the tail end of World War I (WWI), when the four years of war prior had already resulted in insufferable hardship and depletion of resources.

The H1N1 virus infected one-third of the world's population and was associated with at least 50 million deaths. The epidemiological observation of the high mortality in the 20- to 40-year-old age group (apart from the young and the elderly) was surprising to many. During WWI, the US had joined to aid the Allies' eventual victory against Germany. Of the US fatalities on the war front, half were due to influenza and not attributed to direct enemy action.[6]

Ironically, WWI also shaped the social attitudes among the citizenry in many countries, who were by then used to restrictions in their daily lives. This, together with the advent of science and technology propelled by the war, ensured equanimity and acceptance as public health measures were applied on a large scale.

Rain of Apollo's arrows

Even with humankind's experience with past pandemics, it remains almost unfathomable how a contagion such as a virus, measured only in nanometres, has thrown the order of life of almost everyone topsy-turvy.

With COVID-19, WFH and HBL (which stands for work from home and home-based learning, respectively) are now instantly recognisable acronyms with thematic associations with Singapore's circuit breaker measures. Global losses are estimated at up to USD 8.8 trillion[7] (SGD 12.5 trillion) and economic repercussions have become a leitmotif of a COVID-19 Black Swan event.

In modern day Singapore and much of the developed world, our usually very low mortality rates from communicable diseases threw the hard truth of COVID-19 deaths into sharp relief. The five countries with the highest number of fatalities are all in North America and Europe, with the US leading the pack. It is a surreal situation.

Apollo, a god in the ancient Greek pantheon, shot arrows of plague at the Greek army for nine continuous days because King Agamemnon captured and refused to release the daughter of Chryses, who was Apollo's priest.

Some scholars in Greek mythology have drawn a link between plagues and leadership. King Agememnon's ill-considered decision resulted in devastating losses in his army. It was said that "…he [King Agememnon] rages with baneful mind, and knows not at all to look both before and after…".[8] The ability to understand cause and effect unpins the ability for effective prevention, preparation and prosecution of an operation. This is manifestly projected in the management of a public health crisis.

Sun Tzu's stratagem

Most people will agree that handling a public health crisis is akin to waging a war against an invisible enemy. Strategies and tactics therefore need to be employed, overlaid by political will and underpinned by unity of the people.

The Art of War by Sun Tzu is one of the most well-known guides on military warfare. A general from the 5th century BC, Sun Tzu has been widely acknowledged as a master strategist. *The Art of War* is said to have shaped Mao Zedong's thinking and the Chinese communists' actions against the Japanese.[9]

The art of war is of vital importance to the State. It is a matter of life and death, a road either to safety or to ruin.

The contemporaneous application of Sun Tzu's teaching on battle preparation is to recognise that political considerations, policy decisions and ground actions are inextricably linked and deterministic to success or failure.

Singapore has long relied on migrant workers for infrastructure building and other essential services. Today, we have about 200,000 of them housed in 43 purpose-built dormitories, 95,000 in 1,200 factory-converted dormitories, 20,000 in construction temporary quarters and 85,000 in Housing and Development Board flats and other private residential premises across the country.[10]

While much has been debated on whether we can afford to reduce our dependence on migrant workers, what is clear and present today is the disproportionate impact of COVID-19 on this group of residents in Singapore. Since the first cases were diagnosed in migrant workers in early February 2020, dormitory residents now (as at 24 May 2020) account for 29,363 of 31,616 cases of COVID-19 infections in Singapore.[11]

Close, communal living and the pattern of life are probably significant factors in disease propagation. There are countries facing the same issues which compartmentalise them away and choose to do nothing, but Singapore is one of the few governments in the world which has arguably done the most to contain COVID-19 in migrant workers.

Additional housing arrangements were onboarded to de-densify living quarters. Significant resources were deployed from the public and private healthcare sectors to ensure timely access to healthcare for every migrant worker. These also include the conduct of large-scale swab and serological testing to ascertain their COVID-19 status, and the setting up of community care and recovery facilities to allow the recuperation of those infected.

One may question the political wisdom of the State taking the lead at great cost, given that the majority of migrant workers come under the employment of private companies.

The political will for Singapore to take these extraordinary measures is because first and foremost, it is the right thing to do. Migrant workers have contributed to our nation building and development. Until recently, they belonged to a segment of the workforce in Singapore's society that was not often talked about.

Our Government is also keenly aware of the policy consideration that without addressing the problem of infection in the migrant worker population, we cannot win the war against COVID-19. Many of them work in the community and share the same social and recreational spaces as fellow Singaporeans. The position statement that Singapore has "a responsibility to our migrant workers"[12] dictated the decisive actions that unfolded over the last couple of months.

In many aspects, the "dormitory operation" is not only a whole-of-Government endeavour, but a whole-of-society effort. Ultimately, Singapore is aware that we can overcome our current public health crisis only if our migrant workers, too, win the fight against COVID-19.

If you know the enemy and know yourself, you need not fear the result of a hundred battles.

Shortly after their report of atypical pneumonia cases to the WHO China Country Office, Chinese scientists isolated and fully sequenced the virus in early January 2020. The gene sequencing data was submitted to Virological.org, a forum for analysis and interpretation of virus molecular evolution and epidemiology. This early access was pivotal in allowing scientists around the world to kickstart research in diagnostics and therapeutics.

WHO also activated its R&D Blueprint soon after. The Blueprint improves coordination among scientists, clinicians and public health professionals in research priorities and the development of public health response standards – absolutely vital as the world comes to grips with a highly infectious novel pathogen.

It is estimated that from January to April, more than 23,000 scientific papers on COVID-19 have been published at a doubling time of 20 days![13] This is an astounding pace that left many "drowning in COVID-19 papers".

While Singapore may be a small nation, we punch above our weight and are an undisputed powerhouse for translational research in biomedical sciences.

From the early days of the pandemic, our hospitals and research agencies actively participated in multi-centre clinical trials on different modalities of COVID-19 treatment. We also made major breakthroughs in developing the first-in-the-world rapid COVID-19 detection system employing the surrogate virus neutralisation test,[14] and using serological testing to establish a link between two local COVID-19 clusters.[15]

In foreign worker accommodation, the pattern of disease spread differs depending on local ecological, environmental and social factors specific to each dormitory. Working with infectious disease modelling scientists from the National University of Singapore's School of Public Health has enabled us to better understand the transmission dynamics and apply the right interventional strategies.

To leverage our strengths and exploit the enemy's vulnerabilities is a time-tested stratagem that applies to both conventional warfare and the non-conventional battleground, such as the COVID-19 pandemic.

The good fighters of old first put themselves beyond the possibility of defeat, and then waited for an opportunity of defeating the enemy.

Merely five months into the pandemic, we are still a distance away from developing an effective cure or vaccine. While the "enemy" is holding the higher ground, one should bid for time, minimise unnecessary confrontations and losses, and await the right opportunity for a decisive strike.

Primary prevention has been the mainstay of public health strategy against COVID-19. Whether it is safe distancing, the wearing of masks or the practice of hand hygiene, these measures seek to minimise infections in the general populace, especially those from the vulnerable groups.

Flattening the curve is what we seek to achieve epidemiologically, which will translate into lower peaks of infected cases that could otherwise overwhelm our healthcare system. Many fatalities from COVID-19 can be avoided if there were timely access to intensive care resources to support those with severe disease through their most critical periods of illness.

Hospitals have concurrently been ramping up their intensive care capacities. Refresher training for healthcare workers with previous experience in critical care has been conducted to scale up more teams. Ventilators, other life support equipment and medications are stockpiled to enable hospitals to go into surge capacity when infections peak nationally.

To date, Singapore's fatality rate from COVID-19 stands at 0.1%, among the lowest in the world. In comparison, countries such as the UK, Italy and Belgium have fatality rates in excess of 13%.[16]

Even for our migrant worker population, generally of the young-to-middle age groups and largely free of serious chronic diseases, additional measures have been put in place to reduce morbidity and prevent mortality. They are equipped with health monitoring devices, such as thermometers and pulse oximeters; they also have round-the-clock access to medical care, including after-hours telemedicine services.

In the absence of effective therapeutics or vaccines, COVID-19 remains a significant threat to public health. We need to buy time for scientists to do their work. Before we reach there, the preventive strategy is the best we have in our limited armamentarium.

Concluding thoughts

A Gallup poll of the most important events in the 20th century featured, among others, the World Wars and Neil

Armstrong's 1969 historic landing on the moon.[17] Pandemics did not make it to the list. COVID-19 may just be the historic event to tilt the equation.

The auntie from the nasi padang store which I frequent predicted that it would take "at least three years" for Singapore's economy to turnaround to the pre-COVID-19 state. A friend, who is a freelance sports coach, has not been working since the shutters came down on sports halls throughout the country.

Yet, there are positives out of this. COVID-19 has accelerated revolutionary disruptive technology. My neighbour, a lawyer, shared with me how he has adapted to working from home using different platforms for teleconferences and virtual meetings. Instead of meaning to go speedily, "Zoom" has taken on a whole new dimension.

We need to get ahead of the curve in order to secure order back to our lives. Sure, there will be new norms to adapt to. Old habits like queuing for *bak kwa* at People's Park will have to change. Employment landscapes will evolve. However, what is immutable is the resilience of the human spirit and our fortitude in the face of adversity.

We will overcome. ◆

Information is accurate as at time of writing.

Dr Gan is Head and Senior Consultant, Department of Occupational and Environmental Medicine at the Singapore General Hospital. He was seconded to the Ministry of Health (MOH) from April to June 2020 and served as the MOH policy member in the interagency task force to manage and contain the spread of COVID-19 in foreign worker dormitories. The opinions in this paper are those of the author's and do not reflect the positions or views of MOH or SingHealth.

Legend

1. Providing primary care medical services to migrant workers at their place of residence

2. SingHealth deployed medical and dental teams to swab migrant workers in dormitories to ascertain their COVID-19 status

3. Donning personal protective equipment (PPE) before commencing clinical duties

4. Extracorporeal membrane oxygenation simulation training with full PPE

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ADJUSTMENTS and ADAPTABILITY

Text by Dr Tan Yia Swam

First, I want to say a warm hello to our youngest colleagues – the newly graduated doctors who are now in the workforce. Some of you have reached out to me personally in the past months to share your hopes and dreams for the future, as well as your concerns during this COVID-19 pandemic.

I hope that you are settling into your work. Housemanship isn't easy at the best of times. With COVID-19 hanging over our heads, this poses an additional challenge. Some of you would have received a forwarded message from one of the doctors who was a houseman during SARS. I hope that you derived some comfort and inspiration from seniors who went through a similar challenge.

These are uncertain times for everyone and it can be very stressful having to face so many unknowns and potential dangers. But I can assure you that you are not alone. Together, we can overcome this.

Uncertainties

Having been in the Editorial Board for more than a decade, and being the *SMA News* Editor for five years, I have always felt that the challenge of *SMA News* is that we are not able to have real-time updates. I am now penning this in early May, for the June issue! Like many of you, I have so many questions about the future. I don't have answers – but I have read many good articles by others that may help to shed some light.

I'm postulating that, by the time you are reading this, Singapore should have lifted the circuit breaker on 1 June, and perhaps we will be seeing the effects of it. Have the numbers of new infections gone up? Have we identified the sources of contacts? How is the rest of the world doing? Are the new clusters of infections in China and South Korea under control?

One thing that I can now fully appreciate is the fact that history repeats itself. We can look back at past pandemics,[1,2] and learn from them. The clinical behaviour of the virus may be different, but the human reactions are predictably the same. Heck, even watching zombie and apocalypse movies will give you pretty much the same spectrum of reactions!

Perhaps COVID-19 is a wake-up call for the whole world.[3,4] Are humans overpopulating the world? We need to be better custodians of the earth. We need to respect animals, their living spaces and their boundaries. People need to give each other space. We need to live in the present moment. I hope that everyone here has found some kind of inner peace during the circuit breaker – with introspection – and picked up some form of mental resilience. We may also have learnt how to make do, and to be thankful for what we have.

Positive aspects in 2020

This is as good a time as any for a pandemic; I don't mean this frivolously. The Internet has allowed the world to be connected in a way never seen before. I grew up in the 90s, and I remember what life was like before the Internet. I choose to look at the positive aspects of technological advances in helping us cope amid COVID-19.

Daily news updates: the challenge is knowing how to differentiate reliable sources from tabloids or fake news. Gov.sg gives daily abbreviated updates, while key medical journals have made coronavirus-related articles free for all to access!

Social updates: using the social media of our choice, we can keep in touch with friends and families, and even make new friends! Home bakers flourish and MasterChefs are born!

Entertainment: Youtube, or TikTok for those who like to perform.

Work: Zoom, Microsoft Teams and Cisco Webex – for meetings, presentations and conferences. Home-based learning was the bane of many parents working from home, but it did allow for the children to continue with lesson plans.

Online shopping, food and grocery deliveries: there are so many new players in the market with better deals and better services. Even hawkers are using social media to reach out to customers.

Contact tracing: apps and QR codes allow for more efficient, accurate contact tracing.

Telemedicine (TM) is something that has been talked about for a few years, but I don't think there is widespread use of it, as yet. Guidelines are in place and many providers exist – yet some of us are very *hesitant*. I see the pros and cons of it, and while I see the great potential, I am wary of the pitfalls as well. The SMA TM Workgroup hopes to bridge the gap, to ensure that TM is utilised appropriately.

Leadership

Leadership in healthcare, businesses and politics:[5] Thanks to social media, there is a lot more transparency and accountability. Journalists and bloggers critique leadership everywhere, and these articles are made available to any reader. Anyone can comment, and those of us

who read such posts see the potential toxic effects of "keyboard warriors" or "trolls". Free speech online may seem like a basic right, but the anonymity allows for cowards and bullies – those who do not take any personal responsibility, and relish in the attention and resulting chaos – to be at their worst.

In *SMA News*, the Editorial Board takes great efforts to curate the articles written to try and reflect accurately what is happening on the ground. We are glad that many doctors have been sharing meaningful reflections on work, and personal anecdotes on how COVID-19 has affected their practices and personal lives. We stay true to our core mission – to have an SMA for doctors, for patients.

Healthcare and technology:[6] The advances are remarkable. Sequencing of the viral genome by various groups is happening at a speed never before possible, and the free sharing of scientific knowledge has allowed scientists and doctors to be even more effective in understanding this illness. The unscientific mind would criticise this as, "how come you all still don't know anything". The fact is, the explanation is just too complex to share in a few lines. Doctors should keep up to date with the scientific literature and not just be reading popular news articles for their knowledge. Critical analysis and thinking remains our key weapon. Speculation and extrapolations just confuse everyone. Every doctor is a leader in our community – your family and your staff look to you for guidance.

The future

Finding meaning in the new world:[7] Everyone would have suffered some kind of loss. Those families who have lost a loved one to COVID-19 and its complications. Patients who may be living with the sequelae of this illness. Healthcare workers who continue to face daily stress when looking after infected patients. Business owners who are trying to keep their businesses running. Workers who have been retrenched. People who are struggling to make ends meet. The lost months – of work, income, time and relationships – we will never get back.

Experts have been sharing their opinions about how long-lasting COVID-19 may be, and are urging world leaders to rethink the way we run our daily lives. I hope for the best, but am prepared for the worst. How will this affect my practice and my patients? How do I look after my children and my elderly parents and in-laws? How do I keep in touch with friends?

In the coming months, each and every one of us has to rethink and redefine our role in society, and find meaning in what we do.

"We are in the same storm, but not in the same boat." But together, we will ride out the storm.

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Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice a year ago, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

Illustration: Dr Justinian Zai

HIGHLIGHTS

From the Honorary Secretary

Report by Dr Ng Chew Lip

Dr Ng is an ENT consultant in public service. After a day of doctoring and cajoling his two princesses at home to finish their food, his idea of relaxation is watching a Netflix serial with his lovely wife and occasionally throwing some paint on a canvas.

SMA Secretariat Office – operations from 19 June 2020 onwards

Despite the reopening of more workplaces in Phase 2, the Multi-Ministry Taskforce has reiterated that safe management measures and telecommuting must remain the default for all businesses. The SMA Secretariat Office will thus remain closed until further notice.

Nonetheless, the Secretariat will continue to provide the more essential membership services, as it has been during the circuit breaker.

For general enquiries, you can contact us at: https://www.sma.org.sg/general/contactus.aspx. Members can also call our main line at 6223 1264 or the staff's direct line.

Professional indemnity

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For the latest updates, please visit https://www.sma.org.sg.

Government indemnity coverage for healthcare workers deployed to WOG COVID-19 efforts

SMA is glad that the Ministry of Health (MOH) has clarified, via an advisory on 26 April 2020, to the extent not covered by any existing insurance, indemnity or compensation schemes, the Government of the Republic of Singapore will indemnify anything done or omitted to be done in good faith and with reasonable care by all medical practitioners and healthcare workers, in the discharge or purported discharge of their functions and duties in relation to Whole-of-Government (WOG) efforts to prevent and reduce the spread of COVID-19. Members are reminded that in any incident, you must notify both your indemnity provider and MOH.

SMA wrote to MOH to request a Point of Contact (POC) from which doctors can obtain urgent advice and notify details of incidents to. We have been informed that the first POC should be the Healthcare Institution (eg, public sector cluster) that deployed you. The Institution will assist in investigating and managing incidents, as well as informing the Institution's indemnity providers and MOH. We are also advised that for any other queries, you may email moh_qsm@moh.gov.sg.

Childcare arrangements for healthcare workers

Many doctors' care arrangements for their children were disrupted by schools/pre-schools closures and the disallowing of children from being dropped off at grandparents' homes announced on 10 April 2020. SMA formally wrote to the Multi-Ministry Taskforce on COVID-19 to express our concerns and propose arrangements for the Taskforce's consideration.

SMA was heartened that the Taskforce subsequently granted exemptions to parents who are essential service workers or healthcare professionals to continue to tap on grandparents for childcare support on a daily basis. Cases eligible for exemptions include:

- Both parents are essential service workers and are unable to work from home;
- One parent is a healthcare professional (eg, doctor, nurse, allied health professional, support care staff) and is unable to work from home;
- One parent is an essential service worker who is unable to work from home, and has a child/children below the age of three.

TIMELINE OF EVENTS

GOVERNMENT RELEASES IN SINGAPORE

SMA'S ACTIONS

February 2020

03 February
- Ministerial statement on Whole-of-Government response to 2019-nCoV

07 February
- DORSCON level raised to Orange

08 February
- Advisory on large-scale events

13 February
- Support for healthcare workers whose leave and holiday plans have been cancelled

03 February
- Published *SMA e-News* on COVID-19 (formerly 2019-nCoV)

12 February
- Visitor Resource Pamphlet
- Guides on using telemedicine during an outbreak

13 February
- SMA initiated the #sgartforhcw to encourage our healthcare workers

21 February
- *SMJ* calls for COVID-19 papers with fast-track review and publication to enable timely dissemination of important information

March 2020

25 March
- Update on Whole-of-Government response to COVID-19 by Mr Gan Kim Yong

31 March
- Time-limited extension of CHAS chronic subsidy and MediSave to video consultation

10 March
- SMA collated and shared resources for psychological support and wellness for doctors and other healthcare workers

13 March
- "Bring Your Own Bottle" Hand Sanitiser Distribution Exercise

April 2020

03 April
- Announcement of circuit breaker

10 April
- Changes to childcare arrangements during circuit breaker

21 April
- Circuit breaker extension and tighter measures

01 April
- Exclusive food & beverage promotions for healthcare workers

07 April
- In line with circuit breaker, SMA closes physical office but continues to provide support and services for Members remotely

10 April
- SMA writes to Multi-Ministry Taskforce on childcare arrangements for healthcare workers

13 April
- SMA writes to SMC to suggest fine-tuning measures for CME requirements

May 2020

22 May
- End of circuit breaker phased approach to resuming healthcare services

05 May
- SMA aids in distributing donated face shields to PHPC, SASH, ILI and private clinics

13 May
- SMA clarifies with MOH and our three preferred indemnity partners regarding coverage for doctors volunteering during the COVID-19 pandemic

15 May
- SMA's survey on impact of COVID-19 on doctors in the private sector

Preparing For COVID-19 PANDEMIC

Perspectives and Lessons Learnt from the Surgical Department

Text and photos by Adj A/Prof Chew Min Hoe

COVID-19 has been a greatest leveller of society. Dr Chew has learnt to be grateful for the simple things in life. While he does not take bubble tea, he is excited with the re-opening of McDonalds. He is also very proud of all the enormous sacrifices many healthcare workers have contributed in this war. He wishes everyone well and to stay safe.

Introduction

COVID-19 originated in late December 2019, from Wuhan in Hubei province, China, and has since rapidly spread throughout the planet, resulting in the World Health Organization declaring it an international pandemic on 11 March 2020. At the time of writing this article, over 509,164 people had been infected worldwide with 23,335 deaths (case fatality-rate 4.6%).[1] Currently, there are more than 4,000,000 confirmed cases with over 280,000 deaths (case fatality rate 6.9%).[2, 3]

Singapore confirmed its first case of COVID-19 on 23 January 2020,[4] and local transmission was subsequently reported on 4 February 2020. The Disease Outbreak Response System Condition alert level was raised to Orange on 7 February 2020. When this article was prepared in March, the pace of disease was slow and the milestone of 1,000 infections was crossed more than two months after, with majority due to importations. The epidemic's trajectory, however, surged thereafter with outbreaks noted in foreign worker (FW) dormitories. At the time of writing, there are 23,787 local COVID-19 cases.[5]

Surgical safety has fallen under the spotlight as the pandemic has shifted epicentres from China to Europe and the US. Surgeons are called upon to cancel elective procedures with a focus on maintaining emergency operations and elective cancer surgeries, with additional precautions needed for surgical staff.[6-8]

The surgical department at Sengkang General Hospital (SKH) developed disease outbreak response measures in coordination with hospital administration, the operating theatre management unit (OTMU), nursing staff and other surgical departments. The aims were to ensure that all staff were ready to perform surgery on any positive or suspected COVID-19 cases, to reduce risk of nosocomial infection for the surgical teams and to ensure continuity of care for all surgical patients.

While the hospital measures were being discussed and implemented, some of the key components in the initial phase were focused on managing the individual surgeons.

Task force creation

A department task force (TF) was the first important conceptualisation created. While many departments relied entirely on the head of department (HOD) to organise and implement measures enforced by the hospital administration, there were several benefits in having a TF.

Information gathering and confidence building

In the SARS-CoV 2003 era, information was mainly disseminated through traditional newspaper print and broadcast media such as radio and television mediums. Medical information was also only available via hardcopy journals and thus reporting new advances was slow with a time-lag bias, with a limited reach among medical personnel due to access issues. In the year 2020, the presence of social media and internet availability on all smart devices meant that everyone would be receiving information at the same time. Online medical journals also ensured that quality information from high impact journals were quickly and readily available.

An unpleasant consequence however, was that this information was also available to the general public. As noted from worldwide universal panicked hoarding of food and sanitation essentials by the public with graphic imagery of long queues and fights in supermarkets, it is apparent that fear of the unknown and self-preserving behaviour could rapidly degenerate into chaos. For healthcare workers, reports of death of doctors and a high number of healthcare workers (3.8%, n=1,716 of 44,672)[9] getting infected in China also initially sowed doubts and uncertainty. YouTube videos of overwhelmed hospital staff, family separations and tearful workers went viral and were shared repeatedly, leading to a sense of dread and impending doom.

The TF creation was thus instrumental in sieving much of the data available, determining what the disease behaviour was and what measures were needed for the safety of staff. As collective analysis of the data was done by all members, there was better understanding of the situation, and the corollary effect was that confidence was disseminated among our staff members as well. Having confidence was vital for staff attendance and workforce unity despite the fears of the disease. This effect is still present today. More importantly, a business continuity plan (BCP) within the department could be organised effectively to ensure that work could continue even if a staff member was to be quarantined or infected, with 100% confidence among all staff that everyone was unified in response.

Messaging and communication

The TF consisted of staff across ranks. Messaging and communication within the TF was bi-directional rather than a pure top-down approach. Measures implemented had been discussed with the junior staff, with feedback sought and opinions heard, and changed where necessary. This was important, but managed within a tight bandwidth to avoid laborious and prolonged discussions with delayed conclusions. In the department, discussions were efficiently conducted and conclusions made within 45 to 60 mins. The HOD reserved the right to make the final decision even against popular opinion and consensus, and the TF understood that some of the decisions were made with different considerations in mind.

Moreover, hospital operational instructions were rapidly evolving as the intensity of disease outbreak progressed. Timely and clear dissemination of information to the department was important to avoid confusion or misinterpretation of instructions. In messaging and communication to the entire department, there were several principles adopted:

- All critical information was disseminated via the HOD;
- Information disseminated included explanation of the current international and national

status to give context for the hospital measures;

- Regular briefings were conducted at a paced fashion (once every two weeks) to avoid information fatigue. Frequency would be increased to weekly as the disease outbreak severity worsened;
- Briefings were conducted to all staff regardless of rank;
- TF members would reinforce information and clarify directives to ensure compliance after briefing; and
- 360 degrees feedback was sought from all ranks to ensure all concerns and blind spots were addressed.

Discipline

The best measures planned would be irrelevant if staff attitudes did not view these measures seriously. It was crucial for the senior staff in the department to lead by example. Prior experience in the SARS 2003 outbreak lent weight to the seriousness of this outbreak and none of the measures were criticised by the senior staff. Ensuring senior staff compliance to measures, refraining from spreading rumours and abiding with the leadership of the department were key to a successful implementation. The seniors would also supervise juniors, provide feedback if needed, and monitor staff health and welfare. In this phase, it was also department policy that any positive or suspected COVID-19 cases would only be reviewed and procedures performed by senior staff.

Department discipline also involved compliance with hospital measures of temperature monitoring and all staff were reminded to do so twice daily by administrative staff. Oral digital thermometers were issued to all staff and there were also easily accessible digital forehead thermometers within department offices. All temperatures were electronically recorded and entered into a hospital server; web-based forms were created to facilitate ease of entry using personal smartphones. The hospital had also issued individual radio-frequency identification tags to track movement within the hospital setting. This would simplify contact tracing if there were staff exposure to COVID-19 patients. Staff were reminded to carry tags while on duty, and those who developed a fever or respiratory symptoms were screened and advised to only seek medical consultation within the hospital staff clinic. Travel advisories and leave policies were adhered to strictly.

Staff preparation

PPE and PAPR training

A hospital-wide mask fitting and refresher of personal protective equipment (PPE) donning and doffing was conducted by staff from Infection Control. Refresher training for the use and maintenance of the powered air-purifying respirator (PAPR) by educators from the Department of Occupational and Environmental Medicine was also provided to all staff. In our institution, all healthcare workers were mask fitted with the PAPR CleanSpace® HALO™ (CleanSpace Technology Pty Ltd, Artarmon, NSW, Australia). All surgeons and junior staff completed training within one week.

Full dress rehearsals (FDR)

SKH has a purposeful built operating room (OR) with a negative pressure environment designated as an isolation OR. This is in contrast to the standard OR with positive pressure relative to the surrounding air. The isolation OR reduces dissemination

2


1

of the virus beyond the OR. A unique COVID-19 workflow and protocol was designed by the OTMU team. A FDR was first conducted by the HOD, and two cases on real patients with consent – an elective surgical procedure and endoscopy – were used to confirm the workflow. All members of the surgical team then did a physical walkthrough of the isolation OR to ensure familiarity of surroundings as surgery on infectious cases are not routinely performed. FDRs were subsequently conducted by every consultant and associate consultant over the following two to three weeks to reinforce workflows and ensure familiarity.

BCP

Staff segregation

These were done on two tiers. At the first tier, senior staff were advised on segregation between the tertiary hospital (Singapore General Hospital) and our hospital. This was to reduce cross infection between hospitals and also ensured that there was no confusion in adhering to institution workflows, policies and guidelines. Surgical procedures that had been pre-booked were allowed to proceed but non-essential clinic services were suspended or transferred over to the tertiary hospital specialists for follow-up care.

For the second tier, the department developed a "hot" and "cold" team concept. The risk assessment matrix

determined that inpatients were the highest risk. Thus, the hot team was designated to handle all acute admissions and to perform ward rounds on elective patients that were post-surgery. The cold team was assigned to the specialist outpatient clinics. There were two subsets (team A and team B) of hot teams that handled the emergency roster. These include the comprehensive coverage of acute admission, trauma, bleeder and endoscopic retrograde cholangiopancreatography. It was also decided that a seven-day hot and seven-day cold format would be implemented with overall team swapping after each seven-day cycle. There were several planning rationales to this:

- All surgical staff had undergone the necessary PPE training and were expected to have minimal breaches that needed quarantine.
- There was a need for manpower to be deployed to high need areas in the event there was a spike of cases (eg, ICU or the emergency department).
- A 14-day cycle was felt to potentially lead to fatigue and burnout, which could lead to PPE breaches. Hence a seven-day work cycle was preferred.
- In the event a hot team subset was exposed and needed quarantine, the cold team subset would replace the duties (ie, hot team A replaced by cold team A). The hot team would then undergo risk matrix assessment as per hospital policy, and be quarantined and undergo testing till given clearance by hospital administration to return to active duty.

In addition, all large-scale meetings were cancelled and department education programmes, such as mortality rounds, tumour boards and journal clubs, were to be confined within the hot or cold teams. All medical students, foreign fellow attachments and observerships were also cancelled.

Reduction in elective work

Elective work is defined as elective surgeries, elective endoscopies and outpatient specialist clinics. There were several planning considerations to determine the extent of reduction in elective work:

- Based on our initial hot/cold team divisions, there would be a reduction of manpower.
- There was a need to anticipate a possible increase in admissions from COVID-19 cases requiring ward, high dependency or ICU beds.

For elective surgery, all cancer cases and any benign cases that were symptomatic or had justifiable indications were to proceed. Clinic and endoscopy cases were also reduced.

Preparation

Task Force Creation

1. Information gathering and confidence building
2. Messaging and communication
3. Discipline

Staff Preparation

1. PPE and PAPR training
2. Full dress rehearsals

Business Continuity Plan

1. Staff segregation
2. Reduction in elective work

Conclusion

The COVID-19 pandemic battle affects all healthcare workers. There are multiple considerations in how a surgical unit functions and the phases of planning will require hard decisions, strong leadership and decisive communication. It is prudent to maintain a robust BCP to ensure that surgical patients receive quality care especially during this difficult time, and to reduce any compromise in care as best as possible. ◆

Information is accurate as of time of writing

Legend

1. Elbow bump and thumbs up. Individuals, departments, whole of Singapore prepared for COVID-19 war!

2. Step by step visual aids to remind donning and doffing protocols. In PPE and stress, such reminders are important to avoid mistakes and contamination

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Keeping the Mobile Phone CHARGED During a Blackout

Text by Dr Christopher Cheok

Dr Cheok is a senior consultant with the Department of Forensic Psychiatry in the Institute of Mental Health. He is also the President of the Singapore Psychiatric Association and Chairman of Clarity Singapore, a mental health charity providing psychotherapy.

Maybe it was just me, but I was fairly positive at the start of the circuit breaker (CB). At that time, SARS-CoV-2 was just thought to cause a respiratory illness and little else. Then came the community CB and continued bad news – the virus could cause an auto-immune reaction in children, affect the brain, emerge through different fluids below the navel from our bodies, and the last straw came when the *New England Journal of Medicine* published a letter reporting that the virus could transmit between domestic cats and that lions and tigers were infected in a New York zoo. When was all this going to end? We all need to take a deep breath, collect our thoughts and look at the sky.

Doctors, like everyone else, have been impacted in some way by the coronavirus, the extent of which depended on the place of practice. Junior doctors were redeployed to roles they did not choose, specialists were redeployed to emergency rooms to help screen patients and

private practitioners were affected by the CB. One of the things that hit us, but was not spoken much about was the impact of the reduced social interaction between friends and colleagues, and also how strange people sounded with voices muffled by their masks. Luckily for Singapore, the number of deaths from COVID-19 has been relatively low and personal protective equipment (PPE) has been available to healthcare workers, which reduced the risk of burnout from having to worry about being infected while making tough choices for patients. Doctors who have gone through our training and selection are a resilient bunch. The Achilles heel is our sense of responsibility to the patient and need for control of a situation. The coronavirus disrupted that order. To keep performing at our best in this marathon COVID-19 fight, we really need to pay attention to our mental health and resilience.

No one knew better about being lit on two ends of the candle than Alice* who called me the other day. As a resident in training with primary school-aged children, she had to cope with seeing patients in the day and powering up again when she got home to help her young kids with home-based learning. She candidly admitted to me that screaming did happen from time to time, and that she sometimes just answered the questions for the kids so she could get to sleep on time. She felt fatigued yet could not stop worrying about whether she brought any bugs home from work and whether her kids were keeping up with their education. It did not help that after two weeks of this punishing routine, she started waking up at 3 am before falling asleep again at 5 am to catch some more sleep before work. Another ex-colleague, Ronald*, also messaged me on the pretext of asking for advice for a patient. He had opened his general practice two years ago and business has dropped significantly during CB. He had to grapple with the expenses of the business and source for PPE, and he was getting really anxious about the depressed financial markets. Although still able to work, he had no choice in the matter, so he felt more irritable, on edge and without peace of mind. He wanted to know what he could do about it as his wine collection was disappearing at a faster rate than usual.

There are many ways to keep our spirits up for the long COVID-19 run and different strategies may work for different people. One of the most effective ways is to call someone to chat and keep the chat positive. Exercise is also important, but in reality not for everyone, though anyone can walk in a park. Acts of kindness bring hope to others and many have been moved by well wishes, small tokens of appreciation, and food. When one can find quiet time, focusing on our spirituality is essential. While some have drunk more alcohol, others have snacked more – moderating snacking and drinking is part of self-care. While the news is inundated with COVID-19, there are lots of other good things happening in the world. Spending time to watch videos on cute animals, nature or just non-COVID-19 news can be very therapeutic. For those who have significant depressed mood, irritability, anxiety or insomnia, the SMA and Singapore Psychiatric Association (SPA) have collaborated to organise a list of our mental health colleagues who are willing to help doctors and self-help resources. The list can be found on their respective websites.

While we await the end of the pandemic, as doctors, we need to acknowledge our own humanness and attend to our physical as well as psychological needs. While uncertainty is the new normal, what is certain is we can choose to care for ourselves and those around us. And when self-care is not enough, we have family, friends and colleagues that we can turn to, who can care for us. ◆

**Names used in the article have been changed*

Mental health support for our HCWs

Consolidated below are some resources healthcare workers can tap on during the COVID-19 pandemic for psychological wellness and support.

Taking care of my mental health *(courtesy of Woodlands Health Campus)*	https://bit.ly/3csawt0
Burnout infographics *(courtesy of Woodlands Health Campus)*	https://bit.ly/2Xod33d
Mental health tips *(courtesy of Tan Tock Seng Hospital Staff Support Staff Programme)*	https://bit.wly/2Koj9cI
List of psychiatrists/counsellors who can see doctors either for informal support or medical consultation	https://bit.ly/3dqtMsi
List of psychologists and workshops relating to COVID-19:	https://bit.ly/2AvYcL0
National Care Hotline	1800-202-6868
To find out more about the resources and support available	https://www.sma.org.sg/covid19

COVID-19 IN SINGAPORE

Text by Dr Kenneth Lyen

Dr Lyen is a consultant paediatrician at Mount Elizabeth Hospital Orchard and a visiting consultant at the Health Promotion Board, Ministry of Health. He founded the Rainbow Centre, which manages three special schools for disabled and autistic children. He has co-authored 14 books on paediatrics, parenting, creativity and education. Website: http://kenlyen.wixsite.com/website.

Introduction

On 23 January 2020, the first case of a novel coronavirus in Singapore was announced.[1] This caused a shiver down my spine, reviving memories of the SARS disaster in 2003, where 8,096 people were infected worldwide, causing 774 deaths. It had precipitated panic buying and impacted the travel and tourism industry, then suddenly disappeared after six months.

The first COVID-19 case in Singapore was a 66-year-old Chinese national who came from Wuhan. The next day, two more cases of this illness were diagnosed, the 37-year-old son of the first case, and a 53-year-old female, both from Wuhan. Initially we dubbed the illness "Wuhan virus", but as there were objections in laying the blame on one city or place, it was renamed COVID-19, referring to the coronavirus and the year in which the respiratory illness was announced – 31 December 2019.[2] The virus strain causing this condition was named "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2).

Disease Outbreak Response System Condition (DORSCON)

Initially we were unduly over-optimistic in thinking that Singapore's cases of COVID-19 were only those who had travelled to or from Wuhan. Unfortunately, on 4 February, four Singaporeans who had not travelled to China, but had been in contact with people recently arriving from China, contracted COVID-19.[3] This meant that COVID-19 could be transmitted from

person-to-person without overseas travel. Therefore, on February 7, the Minister of Health raised the DORSCON level from yellow to orange.[4]

The immediate reaction to this announcement was a frenzy of panic buying. Some of my family even joined the long lines queuing up for toilet rolls, tissue paper, rice, instant noodles and bottled water. I went to the pharmacy intending to buy surgical masks and hand sanitisers, but they were already sold out on the very first day. This stampede sprouted a number of smaller shops engaging in profiteering by price-gouging and scalping.[5] I regularly pass by one store that sells hand sanitiser and surgical masks for exorbitant sums and am astonished by the queues of people who allow themselves to be exploited.

How did Singapore do?

From February to March, when COVID-19 first appeared in Singapore, we did several things right. This enabled us to fight it effectively, and we even earned praise from the World Health Organization (WHO). These included the foresight several years earlier of building a new centre, the National Centre for Infectious Diseases, to cope with epidemics. We also quickly developed an accurate test for diagnosis, the polymerase chain reaction test using nose or throat swabs. We activated a speedy efficient contact tracing programme, initiated a policy of travel restrictions, and stay-home and safe distancing measures quite early on.[6]

So, what went wrong? Several things. We discouraged asymptomatic members of the public from wearing face masks and only reversed the policy later. We were a bit slow in closing schools, shops, entertainment centres and sports facilities, and we did not stop people from eating at restaurants and hawker centres until the number of cases continued to rise. But the major problem arose in the third month (April), when we diagnosed hundreds of foreign workers with COVID-19. This was attributed to overcrowded dormitories. Fortunately, most of the migrant workers were asymptomatic or mildly symptomatic.[7]

Circuit breaker

This new term was introduced on 3 April 2020. It describes measures to stop the spread of COVID-19. It intensified safe distancing and isolation by closing schools, shops and non-essential businesses, enforced by fines and other punishments. Unlike a complete lockdown seen in other countries like South Korea and Italy, it allowed some movement out of the home and essential businesses were allowed to operate. Visually, one could compare the completely empty streets in countries with total lockdown measures with the Singapore streets where you could still see people walking their dogs, jogging or cycling without masks. Thus, the circuit breaker is only a partial lockdown. It was originally scheduled for four weeks, but was extended for an additional four weeks due to the rapidly rising number of infected migrant workers.[8]

Air travel

To prevent the further spread of COVID-19, many countries stopped foreigners from entering their borders.[9] Air travel came to a standstill and many airlines are facing bankruptcy.[10]

My family had booked a holiday to Taiwan for February 2020. But the moment we heard that a 55-year old female from Wuhan was diagnosed in Taipei with COVID-19 on 20 January,[11] we immediately cancelled our trip. Unfortunately, we only got a partial refund from the airlines and the hotels. I have since heard from a number of my friends who were barred from travelling to South Korea and North Italy, and they did not get refunds for their air tickets.

Stay home

My family stayed home but we soon became bored. We tried to keep ourselves occupied by learning to paint, playing the piano, reading more, etc. Although watching movies and other television programmes, in my opinion, is not optimal, we eventually surrendered to these mind-numbing inactivities.

Luckily, modern technology has softened the harsh effects of social isolation. Using social media like WhatsApp, I could communicate with my married children who have set up their own homes, and I would wave and talk to my grandchildren. I also keep in touch with friends and colleagues through these platforms. Much of our discussions centre around COVID-19 and how the world is coping with it. For light relief, we watch and discuss Donald Trump, who must be one of the world's most notorious entertainers, but his advisers have recently stopped his daily public reports.

Some of my friends stuck at home have discovered new hobbies such as gardening, cooking, photography, etc. Some have ordered all their groceries online, with free delivery if you spend more than $150. The lack of exercise and the easy access to food in the fridge have caused some of us to gain excessive weight.

Impact on Singapore businesses

Business is slow. Neighbourhood hawker stalls remain open but have fewer customers because more people are dining at home, and several food stalls in my regular food court have gone out of business. To salvage the situation, the Government has been giving hawkers rental waivers.

McDonald's has been temporarily shut after some of their staff caught COVID-19. Branded bubble tea shops have also been closed as they are considered non-essential drinks, and on the eve of their closure, I laughed at the long queues of fanatics trying to get their last gulp of this oriental pearl. With the hairdressers also shut, my hair looked like a hippie's.

I would normally never get a seat at my favourite restaurants, and now that the seats are empty, we are not allowed to wine and dine. Wedding dinners were postponed, my Lunar New Year reunion

dinner and my social club dinners were also cancelled. I miss going out for a meal with my friends.

Other businesses affected

Most retail shops are closed. I cannot buy any clothes, books, magazines, cameras and computers. All bars, clubs, theatres and cinemas, and local area network gaming shops are also closed until further notice. I have been writing musicals for children every year for the past two decades, and my co-writers and I were hoping to stage a new musical for differently abled children this year. But with the closure or postponement of all live theatre performances, we had to push back the performance dates.

Hotel rooms are also empty and tourist resorts are deserted. Tenants in Changi Airport, especially the newly opened Jewel, are empty but they are getting rental rebates. The Government predicts that we are headed for an unprecedented recession.[12] Though they are bailing out several industries, which is welcome, it may not halt the impending recession.[13]

The only businesses flourishing during this crisis may be the manufacturers of toilet paper, surgical masks, antiseptic hand-washing solutions, food delivery services and e-commerce online retailers. Pharmacies are open, but to get your new glasses at the optician or to see a dentist, you need to make an appointment. Lawyers are doing well as there is a surge in clients asking for advice on issues ranging from employee rights and wrongful dismissals to visitation rights for divorced parents.[14]

Singapore healthcare

All healthcare workers have been affected by the outbreak. As doctors, we are one of the professions privileged to continue with our practice. While the public sector seems overworked, the private sector appears to be quiet. All visitors to my clinic have their temperature checked at the main entrance downstairs, and they fill in a declaratory form which asks if they have travelled overseas. My paediatric patients still come for their vaccinations and minor illnesses. Their caregivers wear masks during the consultation, but masks hide their expressions, making communication a bit more difficult.

Patients with fevers or suspected of having COVID-19 infection are seen in the Accident and Emergency department. To see them, I have to don a special personal protective equipment (PPE) gown and a surgical mask with a transparent protective screen – boiling hot underneath and soaking with sweat. Fortunately, the few children I saw turned out not to have COVID-19.

Telemedicine, where you can consult a doctor via a smart device, is flourishing, because patients cannot catch COVID-19 through mobile phones.[15] I regularly get calls from overseas from my old patients asking for advice, but I do worry if this form of remote healthcare carries hidden hazards and legal risks.

Singapore medical education

Medical students at all three medical schools in Singapore are barred from going to the wards and their lectures are cancelled. They receive distant learning by watching webinars and lectures online. Even their final graduation examinations no longer require them to examine patients in the flesh. No need to palpate lumps, listen to heart murmurs, or do a neurological examination. It makes me wonder whether this will affect the quality of newly graduating doctors. As for selecting medical students, medical schools are no longer conducting face-to-face interviews; one talks to the interviewers via Zoom. Multi-mini interviews, in which one is presented with different scenarios, are still retained at some admission interviews. It would be interesting to see if this method successfully chooses good doctors.

Many of my former students returning home from overseas were placed on stay-home notices. They tell me of their weariness and boredom being cooped up in a room for a fortnight. One student was isolated in a first-class hotel and he appreciated the good fortune of enjoying good food and views. Fortunately, all these students have computers and handphones which allow them to watch YouTube and Netflix movies, as well as engage in virtual interaction using social media, and this keeps them sane.

For practising doctors, our continuing medical education meetings are now webinars where we watch and interact with speakers online. So far, the speakers are quite entertaining and knowledgeable, and I was quite surprised by how enjoyable this form of education can be.

Global perspectives

China announced its first case of the novel coronavirus on 31 December 2019. Since then, it has spread like wildfire to over 200 countries in the world.[16,17] Initially many governments failed to take the pandemic seriously; it was only after it had infected hundreds of thousands of subjects, that these countries belatedly tried to curb the dissemination. Often a government would lock down an entire city or state. This froze the economy, causing unemployment, bankruptcies and homelessness. Only food supplies and groceries were allowed to remain open during the lockdown. Countries that have adopted these stringent lockdown measures have succeeded in containing COVID-19, but at the cost of economic chaos.

What about poorer developing countries? They will be hit harder than richer countries.[17, 18] Foreign investors have already started to pull out, and these less developed countries do not have safety nets to withstand the economic withdrawal. Demand for their commodities has collapsed, as has their tourist industry. Many of these nations currently do not have piped water or good roads, and their health services are already overstretched. When a deadly pandemic invades these countries, there will be an almighty crisis.

Sadly, the US President has decided to cut off funding for the WHO, which might accelerate the problem.[19]

What have we learnt so far?

COVID-19 is the worst catastrophe of the 21st century, worse than the 2003 SARS global epidemic that only lasted six

months before disappearing. COVID-19 is also a global affliction that has affected the health, economy and geopolitics of the world.[20] Nearly all aspects of our lives are being changed. We have discovered that we can work tolerably well at home, and can conduct education and businesses through the internet. Many jobs are disappearing, thus affecting our incomes. We are being taught, the hard way, to be more careful with our spending and hopefully we can learn to save for future rainy days.

Many of us have forgotten that much of our economic success is dependent on migrant workers. We must learn not to ignore the foreigners in our country. They deserve more care and respect. As for the fact that infections spread more rapidly in overcrowded living conditions, this is nothing new. Indeed, there is a local publication from 2017 pointing this out.[21] It is imperative that we provide safe and hygienic accommodation for our migrant workers.

We should adopt the credo that one can hope for the best, but one must be prepared for the worst. Pandemics have come and gone over the centuries, and there is no reason to suppose that they will not reappear in another time. Health must come before wealth. Hence, we should ensure that enough is being spent on preventive healthcare for the future.[22] Currently we are developing some vaccines and we keep our fingers crossed when they will become available.[23]

Rising from the ashes of tragedy is not just one, but a whole flock of creative phoenixes. We have seen so many original works of art, satirical cartoons, music parodies, wonderful orchestras and choirs joining from all over the world to create inspiring performances. I hope to see the birth of a new era of all the arts.[24]

Healthcare workers are at the front line of this pandemic. They have courageously and tirelessly been working to protect us from this disease. We owe them an immense debt of gratitude. Thank you!

Let us join hands to fight this adversary. Together we can overcome! ◆

We should adopt the credo that one can hope for the best, but one must be prepared for the worst.

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COVID-19 Pandemic: A Life-Changing EXPERIENCE

Editor's note:

We wish to express our gratitude to the doctors who have contributed to our series of COVID-19 snippets. We thank those who are in the front line soldiering on under intense circumstances. We welcome contributions from any doctor who wishes to share how this pandemic has personally impacted them.

It has been an interesting year for psychiatry residents like myself, as we continue our postings in Singapore General Hospital while fulfilling our roles as front-line fighters of COVID-19. As a small department, we worked together with our consultants and went through multiple manpower changes, cross-covering each other's work while segregated into separate small teams to continue providing the best possible care for our patients with minimal disruptions. This required a lot of effort in adjusting to new systems and it is heartening to see everyone's willingness to accommodate.

Mental health needs have insidiously crept up during COVID-19, and I have encountered patients with autistic spectrum disorder or anxiety disorder displaying a worrying trend of early relapses, psychiatric admissions and decompensations. Losing patients to suicide during this period has been particularly hard for clinicians to process, as we questioned if we had done enough with the changes in practice due to the restrictions COVID-19 has imposed.

However, COVID-19 has also reminded me of the importance of mental wellness for ourselves. With the social disconnection due to circuit breaker, I believe that many, including myself, feel lonely and isolated. Luckily, technology has helped to a certain extent, with video conferencing lunches or gatherings scheduled with each other from different hospitals via Zoom being the new norm. Even a simple "How are you?" message from a friend lights up my day. Although this seems like a long-drawn battle, I still hope for the day when I can have a small gathering with my closest friends and colleagues again.

Dr Cheryl Chang, *Psychiatry Senior Resident, Singapore General Hospital*

There is no good health without good mental health. During this COVID-19 pandemic, while the nation is concerned about the growing numbers of the infected, we also need to be aware of how the pandemic can take a toll on our mental health. During my stint in the Institute of Mental Health Emergency Room, we have seen an increase in people suffering from pandemic-related depressive and anxiety disorders coming through our doors. These are probably the unreported numbers of the damage COVID-19 can have on our population. The true psychological effects of the pandemic will only surface months to years after it is over. We are in this, together with our patients, for the long haul.

As medical professionals, it has been ingrained in us to put the well-being of others before self. However, we do need to realise that we can be susceptible to "mental health breakdowns" during this busy period, especially when we are hungry, angry, lonely and tired. Do remember that self-care is important. We need to help ourselves before we are able to give our best for others. Help is always around the corner! It has been especially heart-warming to hear stories of colleagues scrambling to cover shifts when one is on medical leave, as well as tales of sacrifices of family and personal time just to make sure patient care is not compromised. I am proud to be working with colleagues who stand in solidarity in the face of COVID-19. Together, stronger, the best is yet to be.

Dr Lucas Lim, *Senior Resident, Institute of Mental Health*

Two months[a] into the outbreak in March, it struck me when a colleague and friend shared that it felt like Groundhog Day.[b] My alarm would ring and every morning, since the eve of Chinese New Year, I would find myself meeting with the leadership of our hospital to review the latest outbreak situation and manage our response. We saw one another more hours a week than we saw our own families.

We deliberated on the hospital operations and policies daily with the situation fast evolving from green to yellow to orange (Disease Outbreak Response System Condition levels). We were ahead of our drawer plans by about a week then and needed to quickly adapt and communicate. It felt to me that we could do better every day to get our outbreak response right and safer for our staff and patients. In the afternoon, I would make my rounds on the ground at Tan Tock Seng Hospital (TTSH) and the National Centre for Infectious Diseases (NCID); engaging with colleagues and troubleshooting clinical, operational and workforce issues with our front line and support teams. For myself, there were the occasional summons to the Ministry for updates and thereafter, more changes in the evenings and weekends that were to be done with immediate effect. Later, these meetings were "Zoomed" to me and my colleagues. The alarm would ring again, and the next day felt like yesterday… with another chance for us to fight an old but new enemy.

It has been my privilege to work alongside our hospital's veterans from previous wars – SARS 2003, H1N1 2009 and Zika 2016. Working at TTSH feels familiarly like ground zero once again. We are now into the sixth month of our outbreak response and at the peak in May, we operated some 1,475 beds across our campus for COVID-19 patients and 496 chairs for COVID-19 screening. To date, we have screened more than 33,000 at our screening centre and admitted more than 10,000 for isolation and treatment. But today's ground zero also feels different from when SARS occurred. We are better prepared against the known unknown, and we have better facilities with the NCID. Yet, it has been very challenging given the numbers and the need to sustain our efforts. From those at our front line to those who work tirelessly behind the scenes, I am incredibly proud of my colleagues and friends at TTSH. To win this fight at ground zero, we must keep one another safe and well. I am glad to continue to see smiles behind their masks.

A Valentine's Day spent at TTSH & NCID!

> "Healthcare is first into the outbreak, last out of the outbreak and always in-between outbreaks"
> – Dr Eugene Soh

Notes

1. Screening for COVID-19 started at TTSH Emergency Department on 2 January 2020.

2. Groundhog Day is a 1993 American fantasy comedy film directed by Harold Ramis and written by Ramis and Danny Rubin. It stars Bill Murray as Phil Connors, a TV weatherman who, during an assignment covering the annual Groundhog Day event, is caught in a time loop, repeatedly reliving the same day [Wikipedia].

Dr Eugene Fidelis Soh, *Chief Executive Officer, Tan Tock Seng Hospital & Central Health*

This crisis has changed me.

For many years I was in denial regarding my allergies. I've admitted to having urticaria, angioneurotic oedema, and even urticaria with low blood pressure resulting in tunnel vision, but denied having anaphylaxis. This continued even when my wife made me attend continuing medical education talks on immunology, asthma and allergy. It was after one of those talks that I decided to read up about anaphylaxis.

What I learnt surprised me and forced me to face the fact that I have had many episodes of anaphylaxis. I just hadn't had a fatal one.

I was recently reminded of my near-death experience during my National Service days. During camouflage training, I noticed that my forearm had swollen to twice the size. I did not feel sick but when we had fallen in, I raised my hand to report the fact. You should have seen the looks on the trainers' faces. I was immediately brought to the medical centre and given Phenergan. I don't have much memory after that except feeling severe loin pain even though I was only semi-conscious. I have fragments of memory over what was a long Hari Raya weekend. One was of the doctor asking if I had any urine. Another was struggling from such severe loin pain that I actually tore not only the bedsheets but the mattress apart. I woke and the medic told me I was lucky he frauded my BP as 75 systolic when it was not recordable. I almost assaulted him, except I was too weak. Also, I wondered why he did not send me to the hospital.

I realised that if I had died, my parents would have found out after the fact. I did the doctor a favour by not dying, otherwise he would have been charged for his negligence and irresponsibility.

That incident left me with neurological sequelae. I could speed read with photographic memory, but I had trouble with my short-term memory. Thank God my visual memory was superior. I found when it came to the anatomy examination, where I could not write an essay, I managed to pass by drawing diagrams.

Despite my affected short-term memory, I remembered everything I read after a period of at least six months. And so, I changed the way I learned things.

Thank God for the plasticity of the nervous system as well – I became good at lateral thinking as the neurons wired around areas of damage.

After I graduated from university, I again had a hard time in Officer Cadet School. Even though I was graded unfit for field training, I was made to attend field camp and was expected to participate with camouflaging. I calculated that I would get a maximum response to my allergy in 15 minutes (based on personal experience), but the fastest that the ambulance would get me to the hospital was 45 minutes. I already had a young child and I was not ready to die, especially not during peace time. For that, I ended up at the very bottom of my class.

Forward to about eight years ago, I developed an allergy to airborne organic molecules. Thank God that in my chosen specialty, I am conversant with the technology that I am using today to avoid substances that can kill me: gas masks, respirators and powered air-purifying respirators (PAPR).

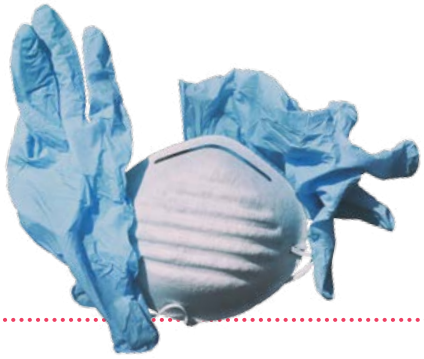
I learnt a lot about the PAPR. I use a hard helmet because I could lift up the visor to safely eat and drink. Of course, I became good at holding my breath when I did so. I learnt that the slightest thing I overlooked with my equipment caused me to have an allergic reaction. It's like a personal fit test every time I put on the R95 mask or if I failed to ensure full integrity of my PAPR system. If I did not assemble the various components of the helmet properly, it would leave a little gap that could cause entrainment of air containing allergens. This allowed me to be able to share wisdom gained from my experience.

Having this condition had also made me a recluse. I withdrew. I minded my own business; tried to enjoy the rest of my life because who knows how much more I would have. But with this crisis, I found that my bad experiences had a silver lining. I also had to throw off whatever conditioning I received to become bold in expressing my opinions, in order to champion a worthy cause.

To break out of my shell, to overlook my disability and share my expertise.

This is because the virus is novel – we all have not experienced it. I realised that I can make a difference.

I can. I am sure you can too. ◆



Anonymous

Love in the Time of Corona (virus)

Illustration by Dr Ada Ngo

Dr Ngo is an emergency medicine resident who loves trying new things. When she's not on shift, she enjoys reading, writing, painting and drawing comics to amuse herself and her friends.

PART 1

CARING FOR COVID-19 HEROES

HEALTHCARE WORKERS

AN INITIATIVE BY THE SINGAPORE PSYCHIATRIC ASSOCIATION

CARING FOR COVID-19 HEROES

- HEALTHCARE WORKERS -

"I AM CONSTANTLY FEELING ANXIOUS"

IF YOU'RE EXPERIENCING PHYSICAL OR PSYCHOLOGICAL SYMPTOMS OF ANXIETY, PRACTISE MANAGEMENT STRATEGIES AND REMEMBER THAT SUPPORT IS AVAILABLE.

TO SPEAK TO SOMEONE, CALL NATIONAL CARE HOTLINE: 1800-202-6868

OR VISIT GO.GOV.SG/HELPLINES

PROJECT BY:
SINGAPORE PSYCHIATRIC ASSOCIATION
WWW.SINGAPOREPSYCHIATRY.ORG.SG

CARING FOR COVID-19 HEROES

- HEALTHCARE WORKERS -

"I AM FEELING LOW"

IF YOU'RE EXPERIENCING PERSISTENT FEELINGS OF SADNESS OR LOSS OF INTEREST, REMEMBER THAT SUPPORT IS AVAILABLE.

TO SPEAK TO SOMEONE, CALL NATIONAL CARE HOTLINE: 1800-202-6868

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CARING FOR COVID-19 HEROES

- HEALTHCARE WORKERS -

"I AM FEELING STIGMATISED"

IF YOU'RE EXPERIENCING STIGMATISATION, TALK TO YOUR COLLEAGUES AND SUPERVISORS AND REMEMBER THAT SUPPORT IS AVAILABLE.

TO SPEAK TO SOMEONE, CALL NATIONAL CARE HOTLINE: 1800-202-6868

OR VISIT GO.GOV.SG/HELPLINES

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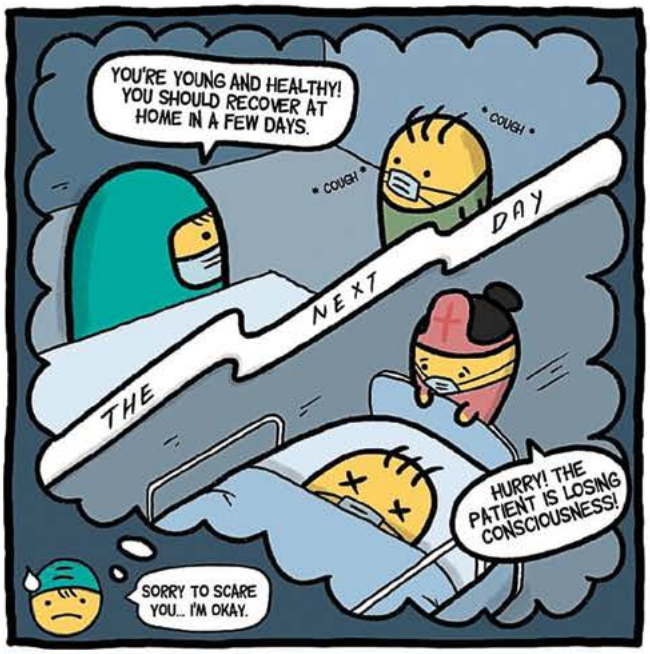

CARING FOR COVID-19 HEROES

- HEALTHCARE WORKERS -

"I CAN'T STOP THINKING ABOUT IT"

IF YOU'RE EXPERIENCING PERSISTENT EMOTIONAL DISTURBANCES FOLLOWING A TRAUMATIC EVENT, REMEMBER THAT SUPPORT IS AVAILABLE.

TO SPEAK TO SOMEONE, CALL NATIONAL CARE HOTLINE: 1800-202-6868

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ACKNOWLEDGEMENTS:

COORDINATED BY:

DR CHRIS CHEOK CHENG SOON

DR CHRIS TAN ZE JIA

MS CHEW QIAN HUI

CONTRIBUTORS:

DR ADRIAN LOH SENG WEI

DR CHRIS CHEOK CHENG SOON

DR CHRIS TAN ZE JIA

MR DESMOND ANG TOON SZE

DR GILES TAN MING YEE

DR SIM KANG

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AIC SAYS

Launch of AIC eServices for Financing Schemes (eFASS)

by Agency for Integrated Care

To strengthen long-term care financing for Singaporeans, the Ministry of Health (MOH) introduced several new disability schemes like ElderFund as well as the Home Caregiving Grant (HCG) earlier this year, and will also be implementing CareShield Life later this year. With the launch of these new schemes, it is anticipated that there will be a marked increase in the need for disability assessments.

To better support GPs in providing quality care to needy patients who wish to apply for the disability schemes, the newly launched AIC eServices for Financing Schemes (eFASS) (https://eFinance.aic.sg) enables clinicians to submit assessments for disability schemes electronically. These assessments include the Assessor's Statement for severe disability schemes, i.e. ElderShield, Interim Disability Assistance Programme for the Elderly (IDAPE) and ElderFund; the Functional Assessment Report (FAR) for mild/moderate disability schemes, i.e. Pioneer Generation Disability Assistance Scheme (PioneerDAS), Home Caregiving Grant (HCG) and FDW Levy Concession for Persons with Disabilities, as well as assessments of a patient's mental capacity for the purpose of schemes application.

SUBMISSION OF DISABILITY ASSESSMENTS VIA EFASS

Improve data security

The elimination of hard copy forms minimises the risk of unauthorised access or corruption of the assessment, ensuring integrity of the assessment and safety of confidential patient data.

Reduce administrative load

Submission of assessments via eFASS reduces administration costs such as resources spent to manage and store physical copies.

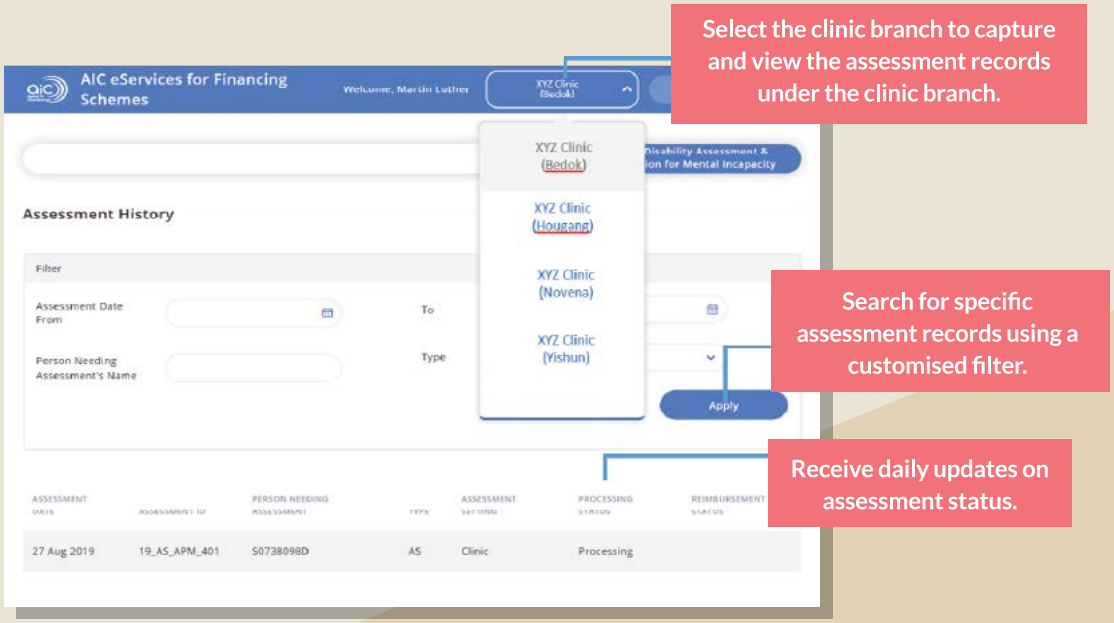
Enhance patient experience

Application processing time is shortened, as AIC can begin processing the application upon receiving the disability assessment electronically, which allows caregivers and patients to receive the support they need in a timely manner.

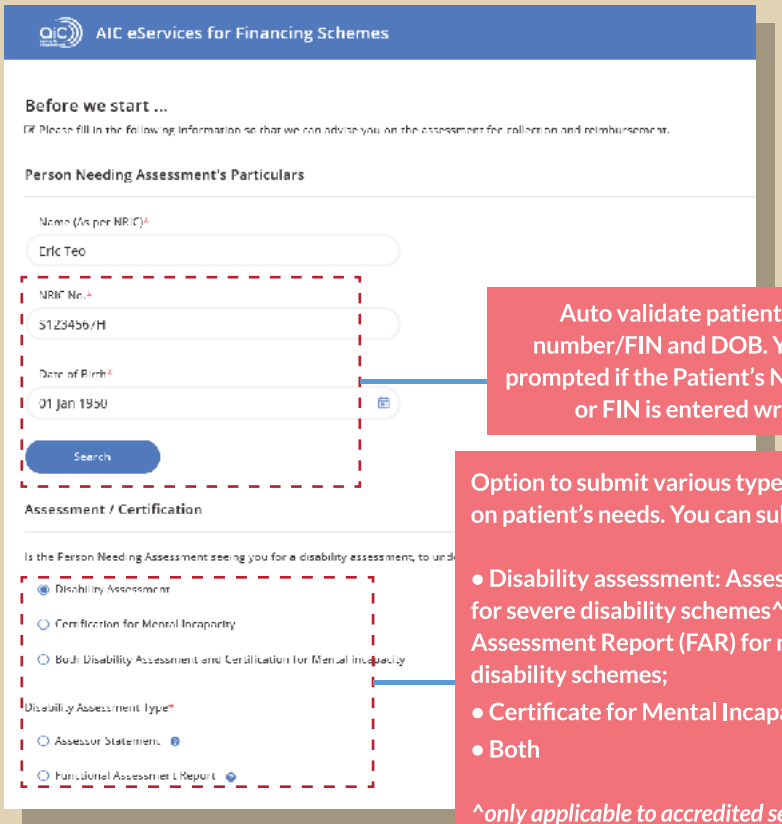
eFASS provides quick access to assessment history & allows submission of various assessments for disability schemes applications

The homepage allows assessors to have a quick consolidated view of all submitted assessments and their corresponding status updates

A consolidated view of all assessment records allows you to review details of submitted assessments easily.



You can submit the Assessor's Statement (AS), Functional Assessment Report (FAR) and assessments of patient's mental capacity for the purpose of schemes application on the same platform.



If you would like to find out more about AIC eServices for Financing Schemes (eFASS) or sign up for an account, please contact the GP Engagement team at 66321199 or gp@aic.sg.

Best practices in management of issues faced by *Post-partum Women*

1 AUGUST 2020 | 1.30 PM to 5 PM | WEBINAR

Women may experience a wide range of post-partum problems – some more serious than others and each with its own symptoms. Mothers today are very aware of the advantages breastfeeding brings, and more mothers are breastfeeding and doing it for longer periods. Join us at our seminar to understand the issues faced by post-partum women and how to advise and manage these patients in your practice.

Time	Programme	Speaker
1.30 PM	Registration	
2 PM	Introduction	Dr Tan Yia Swam *President, SMA;* *Breast Surgeon,* *Thomson Breast Centre*
2.10 PM	Fever in post-partum woman	Dr Janice Tung *Consultant, Obstetrics and Gynaecology, The O&G Specialist Clinic*
2.40 PM	Common breastfeeding issues and how doctors can support mothers' breastfeeding	Sister Kang Phaik Gaik *Lactation Consultant*
3.10 PM	Common questions by post-partum/breastfeeding women	Dr Angela Tan *Family Physician*
3.40 PM	Surgical approach to breastfeeding issue	Dr Tan Yia Swam
4.10 PM	Questions and answers	
4.40 PM	Closing	

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Clinic/Rooms for rent at Mount Elizabeth Novena Hospital. Fully equipped and staffed. Immediate occupancy. Choice of sessional and long term lease. Suitable for all specialties. Please call 8668 6818 or email serviced.clinic@gmail.com.

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Fully furnished clinic room with procedure room for rent at Mount Elizabeth Novena Hospital. Suitable for all specialties. Please call 8318 8264.

Ideal clinic space next to Tampines East Community Club. 201E Tampines Street 23. Close to hawker centre and banks. Immediate availability. Call Renee 8128 3303.

Clinic for takeover. 30 years family practice in central HDB, private & landed housing area. High traffic flow. Strong private patient base. Doctor retiring. Willing to mentor young doctors. Interested? Email: mk2003123456-it@yahoo.com.sg for confidential discussion.

• SMA JOBS PORTAL •

Position : GO

Positions Available:

Click on each position's link for a detailed job description.

Date Posted	Position/ Job Title	Organisation	Application Deadline	Job No
02/06/2020	Associate Consultant Positions for Experienced Doctors without Full Registration	Hospital Authority, Hong Kong	03/08/2020	J00347
02/06/2020	Service Resident Positions for Experienced Doctors without Full Registration	Hospital Authority, Hong Kong	03/08/2020	J00348
01/06/2020	Locum Registrar/ Resident Physician in Vascular Surgery	National University Hospital	15/07/2020	J00370
26/05/2020	Nephrologist	National Kidney Foundation	30/07/2020	J00360

National University Hospital

NATIONAL UNIVERSITY HEALTH SYSTEM (NUHS)

National University Health System (NUHS) is an integrated Academic Health System and Regional Health System in Singapore that delivers value-driven, innovative and sustainable healthcare. NUHS embraces its tripartite mission of excellence in clinical care, research and education and advances towards the innovative development of patient services, healthcare and learning environments.

For more information, please visit **www.nuhs.edu.sg**.

Locum Registrar/Resident Physician in Vascular Surgery

The Department of Cardiac, Thoracic and Vascular Surgery, National University Hospital is seeking candidates for our middle grade in Vascular Surgery under National University Heart Centre, Singapore. We are a 1,400 bed hospital with full range of vascular surgery services. We have an aortic center which offers full range of open, endovascular as well as hybrid surgery and both cardiac and vascular surgeons work closely together. The vascular unit performs over 2,000 procedures in all aspects of vascular surgery with 6 consultants.

We welcome candidates who possess previous vascular experience and are seeking further opportunities to enhance their vascular and endovascular skills. Job responsibilities include assistance in clinic and operating theatre, day-to-day ward rounds and on call for vascular surgery at registrar level at a frequency of 1:4 rota.

Applicants are subject to the registration requirements of SMC. For informal enquiries, please write to Dr. Julian Wong, Head of Vascular Division (**Julian_Wong@nuhs.edu.sg**).

Interested applicants should possess a basic medical degree (MBBS or equivalent) and postgraduate medical qualifications (MRCS or equivalent) registrable with Singapore Medical Council. Candidates should also be proficient in English, have completed surgical training and have at least 5 years of practice after graduation.

Applicants are to submit a Curriculum Vitae and copies of certificates of qualifications and medical registration to **medical@nuhs.edu.sg**

醫院管理局 HOSPITAL AUTHORITY

The Hospital Authority is a statutory body established and financed by the Hong Kong Government to operate and provide an efficient hospital system of the highest standards within the resources available.

Associate Consultant Positions for Experienced Doctors without Full Registration (Ref: HO2004004)

(Anaesthesia / Anatomical Pathology / Obstetrics & Gynaecology / Ophthalmology / Otorhinolaryngology / Radiology / Nuclear Medicine / Cardiothoracic Surgery / Neurosurgery / Plastic Surgery)

Service Resident Positions for Experienced Doctors without Full Registration (Ref: HO2004005)

(Anaesthesia/ Clinical Oncology / Emergency Medicine / Family Medicine / Intensive Care / Internal Medicine/ Obstetrics & Gynaecology / Ophthalmology / Orthopaedics & Traumatology / Otorhinolaryngology / Paediatrics / Pathology / Psychiatry / Radiology / Nuclear Medicine / General Surgery / Cardiothoracic Surgery / Neurosurgery / Plastic Surgery)

The Hospital Authority (HA) invites applications from experienced doctors who are not fully registered with the Medical Council of Hong Kong and yet have acquired relevant postgraduate qualifications set out in the Requirements to serve the community of Hong Kong. There are ongoing enhancements of the recruitment scheme with expansion of recruitment scope and updated criteria. For more information on opportunities for non-locally trained doctors in HA and details of the posts, please visit HA website via the link: http://www.ha.org.hk/goto/limited_registration.

Application

Application should be submitted on or before 31 March 2021 (Hong Kong Time) via the HA website http://www.ha.org.hk (choose English language, click Careers → Medical).

Enquiries

Please contact Mr. Colman HUNG, Hospital Authority Head Office at + 852 2300 6335 or send email to hch827@ha.org.hk.

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NCCN Recommendations[2]

FASLODEX is a preferred treatment as monotherapy in 1L and as combination in 1L & 2L

Therapy	First Line		Second Line	
	Category 1	Category 2A	Category 1	Category 2A
Monotherapy				
Fulvestrant	✓			✓
Anastrozole/Letrozole		✓		✓
Tamoxifen		✓		✓
Exemestane		✓		
Combinations				
FUL +/- AI	✓			
FUL + CDK4/6i	✓		✓	
AI + CDK4/6i	✓			
FUL + Alpelisib			✓	
FUL + Everolimus				✓
EXE + Everolimus				✓

FALCON:
FASLODEX demonstrates superior PFS benefits over anastrozole in endocrine naïve advanced breast cancer patients[3]
PALOMA-3 and **MONALEESA-3:**
FASLODEX demonstrates consistent PFS benefits in both first and second line ER+ HER2- advanced breast cancer patients, when used in combination with palbociclib or ribociclib respectively, versus monotherapy[4,5]
Across the trials, FASLODEX maintained quality of life and was generally well tolerated[3-5]

References:

1. Faslodex Summary of Product Characteristics (April 2018) **2.** NCCN Guidelines Version 2.2020 Invasive Breast Cancer: Systemic therapy for ER- and/or PR- positive recurrent or stage-iv (m1) disease **3.** Robertson JFR et al. Fulvestrant 500 mg versus anastrozole 1 mg for hormone receptor-positive advanced breast cancer (FALCON): An international, randomised, double-blind, phase 3 trial. *Lancet* 2016;388:2997-3005 **4.** Cristofanilli M et al. Fulvestrant plus palbociclib versus fulvestrant plus placebo for treatment of hormone-receptor-positive, HER2-negative metastatic breast cancer that progressed on previous endocrine therapy (PALOMA-3): Final analysis of the multicentre, double-blind, phase 3 randomised controlled trial. *Lancet Oncol* 2016;17:425-39 **5.** Slamon D. J. et al. Phase III Randomized Study of Ribociclib and Fulvestrant in Hormone Receptor–Positive, Human Epidermal Growth Factor Receptor 2–Negative Advanced Breast Cancer: MONALEESA-3. J Clin Oncol 2018;36:1–8

Please consult full prescribing information of Faslodex from https://az.box.com/s/zh4ewdut3nh1u1hazodxatb2s2at2a99.

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SG-3071_FAS_29/04/2020

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