

# A ONCE-IN-A-CENTURY

# Experience

## Fighting a Formidable Foe



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Dr Wong is a paediatric surgeon at Paediatric Surgery and Urology International in private practice. His hobby is to spend time with children, whether they are his patients or his sons. He thanks God for keeping him safe and able to share in the experiences of others.



“Stay away from COVID-19 areas.”

“Take special precautions.”

These words echoed in my mind as I stepped into the lift leading up to the fourth floor. It was surreal, my first day of work in the Swab Isolation Facility (SIF).<sup>1</sup> Sure, it was a dangerous decision to make, a transition from the community to having direct contact with swab-positive COVID-19 patients. Should I self-isolate after reaching home? How would my wife and children be affected by this work I was volunteering to take up? It was also a pay cut, given the patients I could potentially see in the time I was spending at the SIF. I had volunteered as a front-line health screener during SARS, but that was in the community with lower risk as compared with now.

Yet, it was a once-in-a-century pandemic;<sup>2</sup> if I don't volunteer my time

and energy as a Singaporean, who would? There are risks in everything. I also counsel my patients on the risks involved before an operation, and the operation still proceeds because the benefits outweigh the risks. Instead of complaining about the circuit breaker rules, I thought to experience first-hand Singapore's fight against this invisible yet formidable enemy. It was time to give back to the nation that has nurtured me.

### At the front line

There I was on a Saturday morning, meeting new colleagues who would soon become friends, while learning and doing new things. I learnt how a screening station ought to be set up, the strategic positioning of the chairs, tables and fans to ensure the air flow was not only directed away from patients and doctors, but also away from the waiting



area. I did speed rounds, essentially eyeballing the patient and his vital signs to make sure he was well in his room. If the patient verbalised being unwell, he would be brought to the “report sick” area for a more detailed examination. When there are over a hundred foreign workers and only a few hours, time is of the essence. There were also safeguards to ensure that the foreign worker could report sick whenever needed, and there would be ample time to take a history and examination. Telemedicine was made available after working hours such that a doctor could be visually consulted.

The risk became strikingly obvious when more than 90% of the nasal swabs for the polymerase chain reaction (PCR) test came back positive for COVID-19. There were stringent infection control measures, and safe distancing and frequent handwashing rules instituted at areas where the patients were seen. Nasal swab PCR results of the migrant workers were prompt and they were transferred to appropriate holding facilities within a few days. Occasionally, we had the pesky photojournalist with a camera, who would be stopped by the security officers that guarded our premise. These officers were also essential in directing the foreign workers to the different stations that had been set up.

### Beyond just work

In between work, we spent time as a team getting to know one another, playing games and having a little laugh. We were, after all, a mix of volunteers and assignees. It brought relief from the personal protective equipment (PPE) of head dress, face shield, N95 mask, gown and gloves. We would always get fully soaked in sweat thanks to the PPE. A friend once joked about her sweat rolling about within the translucent yellow gown, demonstrating the gown’s impermeability.<sup>3</sup>

There were many words of thanks from the migrant workers – they now had air-conditioning, single rooms with a hotel quality bed to sleep in, readily available access to medical care and test results within days. Unavoidably, there were also some with complaints that they felt isolated, were not used to sleeping alone in a room or who craved for their native food. This care and efficiency was much better than what I had experienced in another first world country where I worked as a migrant. Nobody informed me of my blood test result. It was only when I followed up after a few weeks of working in the hospital that I was informed a vaccination booster was recommended and stock was available only a few months later.

“Health check doctor to admin, over” “Report sick doctor to admin, over” were phrases I used to communicate via walkie-talkie to the administrators on a different floor who dealt with data linked to the Ministry. These same words echoed in my mind at the end of my work at the SIF. From giving out dried dates to foreign workers who were breaking their Ramadan fast, to treating patients, I missed the comraderies with

other volunteers and healthcare workers. Being part of the battle against COVID-19 at the front line has been a most interesting experience.

For the public sector healthcare workers who have been assigned to this front-line job, it was an honour to work beside you. For the private sector doctor, the time to give back was well spent. If there are future opportunities and time permits, I look forward to joining such efforts again. ♦

### References

1. Ministry of Health, Singapore. *Comprehensive Medical Strategy for COVID-19*. Available at: <https://bit.ly/MOH28April>.
2. Gates B. *Responding to Covid-19 — A Once-in-a-Century Pandemic?* *N Engl J Med* 2020; 382(18):1677-9.
3. Verbeek JH, Rajamaki B, Ijaz S, et al. *Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff*. *Cochrane Database Syst Rev* 2020; 5:CD011621.

### Legend

1. *When at the front line: two are better than one, because they have a good return for their labour. If either of them falls, one can help the other up.*

