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SARS and

I am an average nondescript GP in an average HDB housing estate.

My greatest aims in life are to raise my three kids, keep my wife happy, and continue my practice of Family Medicine in this 15-year-old neighbourhood where my clinic is located. The first two aims are trying enough, the third used to be the easiest. After all, I practise decent Medicine and don't aspire to earn a lot. I drive a Japanese car and stay in an old terrace house. As long as I had my 60 to 70 patients a day, I was content.

Unfortunately, with SARS, continuing my practice has become even harder than raising kids. Increasingly, I find the authorities imposing more and more requirements. One sometimes can't help but wonder, do the administrators in the Ministry of Health (MOH) know what general/family practice is?

N95s and other supplies

The first issue was of course the N95 masks or rather the lack of. MOH issued guidelines that required us to wear N95s, among other things, including personal protection equipment (PPE) and having triage in the clinic. I can understand the need for them. In fact, I was looking for them even before MOH even issued the requirements. But where were the supplies initially? There were none. The suppliers given by MOH came to naught. (I called three of them and they all said the hospitals had already wiped out all the available stock.) After some frantic searching, there were these 5,000 masks that SMA had obtained from Singapore General Hospital (SGH). SGH took the initiative to release these supplies and I managed to get 20 masks. I hope the new SGH Chief Executive Officer can continue with such GP-friendly practices should the need again arise.

I, and many GPs I know, have heard of other GPs experiencing "near-miss" situations – and for those of us with families, a reliable supply of PPE is godsent. Let's not forget that under earlier guidelines, each N95 mask was supposed to be used only for one clinic session, and therefore the 20 masks I got from SMA would have lasted me for a week.

Communication and guidelines

Initially, there were no practice guidelines issued by MOH. Everyone was a bit lost. I called up my friends in Tan Tock Seng Hospital (TTSH) and SGH for advice frequently. They were kind enough to give me free advice on triage, diagnosis, quarantine, and so on.

The first "official" guidelines only came on 29 March 2003 with a guideline drawn up by College of Family Physicians Singapore (CFPS) and endorsed by MOH. One cannot help but notice that the work group that drew up the guidelines was not MOH, and MOH only served the function of being an endorser. In a national health emergency such as this, shouldn't the relevant government agencies come up with guidelines, and not professional groups? I went to the Hong Kong Department of Health website and the guidelines there were issued by the department, not professional or academic bodies.

The first authoritative and useful advice from anyone in MOH to GPs came when Minister of State for Health and the Environment, Dr Balaji Sadasivan held a meeting in the College of Medicine Building, which several hundred GPs attended in a packed auditorium. He was very informative. It shows you how motivated doctors can be to learn more from their learned colleagues even when ZERO continuing medical education (CME) points were awarded for the event. It was also a meeting called at very short notice, so no one remembered to register the event for CME points even though I consider that meeting the most useful CME event I had ever attended in recent times, ironically. It also shows how useful it is having a medically-trained minister in MOH. I don't think 400 GPs would have listened with rapt attention to an arts-science-engineer-politician talking about SARS.

Transfer of patients

At the height of the outbreak, we were told to identify and send possible SARS patients to TTSH. But transport was not available. (I called the hotline, but they told me to hail a cab and leave the windows down.) Cab drivers are altruistic, but not crazy or stupid. (Remember, they didn't have N95 masks either at that time.) I contemplated the

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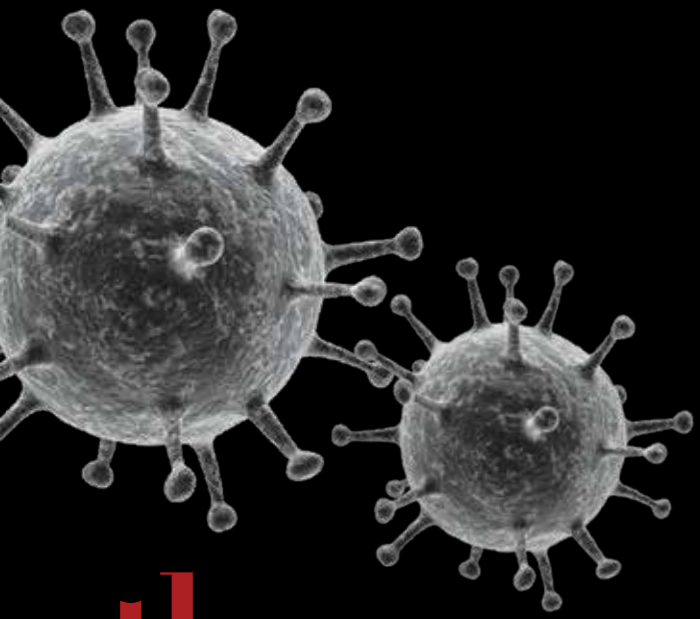

the GP

possibility that I might have to ferry a patient in my car with me as the driver wearing a N95 mask.

It was only later that there was a transport service available.

Ministry of Manpower (MOM) and non-SARS certification

This one almost sent me over the cliff. Some employers turned up at my clinic asking me to certify their new foreign workers as free from SARS. Gee whiz, if I were that good, I should be helping out some of my old friends such as Philip and Brenda in TTSH, not hang around quietly in a nondescript HDB shophouse. Looking at this from another angle, if there is such a thing called "SARS-free", there must be a definite concept of "definite SARS". However, if the highest order definition of the disease is only "probable SARS", how can anyone be definitely "SARS-free"?

MOM "explained" later that they were not asking doctors to do it and were merely asking employers to get their foreign employees certified. (Whatever that means, because ultimately, it's doctors that certify these people.)

Patient declaration form

Okay, this one takes the cake.

Firstly, we GPs only received in our mail on 24 June 2003, the MOH notice that Patient Declaration Forms (PDFs) must be used from 26 June. That's 48 hours' notice. If you happened to NOT open your letter box that day, I'm sorry, chum, you have 24 hours' notice. James Bond and Austin Powers have more notice than that in the movies. Why the hurry? It's like we were already using informal declaration forms for the past two months and nothing disastrous had happened. Now that SARS has cooled down, there is a GREAT hurry to implement this measure. I understand from my friends that SMA and CFPS did write in to MOH requesting for a postponement of the implementation date, but they were turned down.

Secondly, the design of the form leaves much to be desired. The English and Chinese versions were three pages long and the Tamil and Malay versions were four pages long. It was very user-unfriendly. Doctors see the need for the PDF, but surely the form should have been designed with input from the high-throughput users (ie, GPs). One gets the impression that the form was designed for easy prosecution and conviction (should the need arise), and NOT for easy use.

There was a great rush among probably all Singapore healthcare establishments to produce enough copies of the form on 25 June for use over the next few days. Just as Singapore doctors killed more trees than illegal Borneo timber loggers, we were told on 27 June that the PDF was not needed!!! One polyclinic medical officer in charge told me he estimated his polyclinic spent a few hundred bucks zapping the forms. Multiply this by 17 polyclinics, add the costs and paper used by 1,500 private clinics, hospital specialist outpatient clinics, and you get the idea.

If I were an environmentalist, I would put on my N95 mask and throttle the person responsible for this. Or at least ask him or her to sit before a paper shredder for 50 days shredding all the now useless forms.

We don't need medals, songs, sculptures, ceremonies

With the outbreak now practically over and National Day approaching, there is a flurry of activities to honour healthcare workers. These are nice gestures by the Government and I appreciate them. But I think for the many grassroots GPs in the HDB estate like me, they are not as important as real useful things such as clear (not contradictory and confusing) guidelines, good communication and demonstrated understanding of general practice in today's context.

We don't need bureaucratic pronouncements and unreasonable requirements that reveal a n abysmal understanding of GP practice realities. Most doctors are not stupid. Therefore, very few cannot distinguish between necessary draconian disease control measures, and desperate, if not panic acts by administrators under pressure. The former inspire confidence, the latter contempt. SMA