

# The Best of Times,

## **The best of times, the worst of times**

It has been ten years since Singapore was hit by the SARS epidemic. Many who were involved in the fight against the disease still have events from those few difficult months vividly etched in their episodic and emotional memories. It was a period filled with fear and uncertainty, with many front-line healthcare workers (HCWs) unsure if they would see their families again each time they left for work.

It was also a period that brought out the best in the professionalism of our HCWs. The dedication, discipline and resilience they demonstrated in the face of adversity and stress were remarkable. Not even the morale-crushing deaths of colleagues could break their spirits, as they tirelessly cared for patients with SARS. In primary care, private medical clinics chipped in and remained accessible to patients who did their best to avoid going near any hospital. Suddenly, it became clear that the battle against SARS needed more than just hospital care and public healthcare facilities; it required contribution from primary and community care, as well as private healthcare services. Public healthcare gained a much more comprehensive and inclusive interpretation, and rightly so.

The conviction of our HCWs of their professional duty to care for the sick despite facing a potentially deadly virus was simply amazing. There were no reports of any HCW in Singapore refusing to care for SARS patients, and no mass resignation from a panic reaction due to the outbreak. The healthcare workforce remained virtually intact and committed. Our HCWs were focused and faithful to their professional duties, honouring their obligation to cure and to care in a time of national crisis. In fact, it was reported that some HCWs who had tendered their resignations before the outbreak even postponed their departures in order to serve alongside their colleagues. Despite reports of members of the public “running away” from uniformed HCWs during the outbreak, it was clear that the professional attitudes and dedication of our HCWs earned an unprecedented surge in the level of goodwill and respect from the public and patients. Public trust and gratitude were at a record high.

Post-SARS, there were a number of research studies on HCWs that looked at the psychological impact of caring for SARS patients during the outbreak. In these studies, a commonality reflected among the HCWs from different nations affected by SARS was the major concerns they had for their families while they worked in trepidation

**Photo: National University Hospital**



# the Worst of Times

By A/Prof Chin Jing Jih


behind their N95 masks. A significant number of HCWs experienced a conflict between their professional duties to fight the outbreak and their duties to care and protect their spouses, children and parents. Many feared that their loved ones might not receive adequate protection against the outbreak, while some with younger children were plagued with the worry that they might not survive the outbreak, and thus not be able to provide for their children's educational needs. These burdens formed even darker clouds than the mere fear of infection and death while on duty. However, despite such worries, these HCWs stood firmly by their professional duties, gave their best, and simply hoped for the best. To me, the professionalism of Singapore's HCWs was the most profound revelation from SARS.

## **Nurturing the professionalism of HCWs**

Sometime after SARS, I was asked whether Singapore needed either an ethical code or health regulations to ensure that our HCWs do not abandon their posts or refuse to provide care in the next national outbreak. My answer then, and still is, was a confident "no". The answer, I felt, lies less in a statutory or regulatory approach, but more in a consolidation of the professional values of HCWs and the development of social solidarity between HCWs and the rest of society; this is an opinion that I still hold today. Such an approach will more likely lead to "voluntary self-imposed conscription" by HCWs. Some key ingredients will help to ensure that history will repeat itself in future national outbreaks.

First and foremost, the healthcare profession needs to develop and nurture a strong professional culture and values at all times, even during non-epidemic times. The required courage and self-sacrificing attitudes to serve during an outbreak, like the aerobic fitness needed to run a gruelling 42-kilometre marathon, do not just appear miraculously out of nowhere. The discipline and internalisation of such values come from a concerted and regular endeavour to inculcate a sense of ethical duty, which should have its beginnings in the early days of apprenticeship.

Secondly, we need to develop a collective sense of solidarity between HCWs and the public and patients. The cultivated relationships and goodwill will be a unifying and sustaining force that will tide our society through a severe and prolonged crisis. The contrast between the letters expressing thanks and gratitude received immediately after SARS, and the harshly worded and unforgiving



Doctors on duty at one of National University Hospital's main triage stations during the SARS outbreak

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complaint letters received in the last few years from patients and their families come as a shock to me. Is it possible that the memories of the 2003 SARS outbreak and the professionalism of the HCWs then have such a short half-life in the hearts and minds of the public? How should Singaporeans show HCWs that they are grateful and appreciative? For a start, the sacrifices made by HCWs during SARS need not be recalled only during special anniversaries. Instead, memorial events can be conducted more often in key public events. In addition, our future generations should also be informed about such events and the important lessons learnt through their formal education curriculum and textbooks (hopefully as a mandatory and assessed subject in the school examination system).

Thirdly, and perhaps most importantly, we need to look at how society is able to support HCWs during such dangerous and serious outbreaks. Prominent bioethicist Ezekiel Emanuel, when discussing important lessons from SARS, wrote: “Affirming healthcare workers’ ethical duty to care for the sick imposes a correlative duty on healthcare administrators and senior physicians to quickly develop and deploy procedures to maximise the safety of frontline physicians and nurses.”<sup>1</sup> Some commentators have also pointed out that there needs to be provision of appropriate forms of social support. Setting up a formal framework so that it becomes routine for HCWs to receive benefits such as health insurance, disability insurance, childcare benefits and survivor’s benefits, just to name a few, are important because in addition to helping and reassuring HCWs, the conferment of these benefits also express society’s appreciation of the risks taken by HCWs.

In a 2008 *Journal of Medical Ethics* paper which discussed HCWs’ duty to provide care during dangerous epidemics, the authors James Dwyer and Daniel Tsai framed such initiatives as “ways to express respect, fairness, solidarity, and related notions”. Dwyer and Tsai reminded us elegantly that social support should not be regarded “merely as external goods that are owed healthcare workers for the role they assume during epidemics”. Instead, they suggested that we should also think of social support as “a means to help healthcare workers realise goods, ideals, and meanings that are internal to the practice of healthcare”.<sup>2</sup>

Ten years on, after the heroics displayed during SARS, would the dedication of the medical profession be weakened by the worldwide trends – “increasing commercialisation, poor morale, an emerging preference for easier professional lifestyles, and the pervasive self-

centred individualism of the larger society” – described by bioethicist Emanuel?<sup>2</sup> Personally, I remain optimistic that ethics and professionalism are more effective than legislation and regulatory measures – simply because the abovementioned trends were already present during the 2003 SARS outbreak. Yet, our HCWs did not disappoint; they provided treatment at the hazardous front line at personal risk, and emerged from the crisis with flying colours. This, to me, remains the most moving and enduring legacy of the SARS epidemic. What is imperative now is to ensure that the important lessons learnt from our fight against SARS are passed on to our future generations of HCWs and Singaporeans. **SMA**

### Postscript

*For those who may be too young to know much about the outbreak, there are quite a few good chronicles available. One could read A Defining Moment: How Singapore Beat SARS by journalist Chua Mui Hoong. Also recommended is the remarkable 13-part epic on SARS by the revered Prof Chee Yam Cheng, published in SMA News over a period of 15 months (from March 2003 to May 2004) that documented Prof Chee’s personal observations. A compilation of his articles can be found on SMA’s website at <http://goo.gl/Xja8Y>. These accounts have one thing in common – they all document the steadfast professionalism and noble ethical values held fast by our HCWs, who are role models for future generations of doctors, HCWs and Singaporeans.*

### References

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2. Emanuel EJ. The lessons of SARS. *Ann Intern Med* 2003; 139:7. Available at <http://www.impact-kenniscentrum.nl/doc/kennisbank/1000011243-1.pdf>. Accessed 14 May 2013.



*A/Prof Chin is President of the 54th SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.*