

I woke up one morning extremely exhausted, but still had to go to the hospital for ward rounds; moreover, I was on call. Engineers should do their jobs properly and invent things that people really need, like a car bed. That way, one could drive to work in their bed and still be on time. My workplace, National Universal Hospital (NUH), had already invented comfortable office wear that doubles up as pyjamas, so all we required was someone to do the laundry, then life would be almost perfect.

Upon reaching NUH, I felt highly irritable and could only speak in monosyllables. I could barely read with or without corrective eyewear, though I could still discern a 3D movie in all its spectacular glory. And I could not use alcohol handrub as my skin was shedding more layers than a molting snake.

So I confided in my good friend and colleague who, with great compassion, immediately discharged all my patients to St Lucas Home and St Andy's Community Hospital (bless all these saints with facilities!). He then sent me to the staff clinic, where there were already 399 others in line. I thus retreated to the comfort of my office and monitored the clinic waiting area through an internet webcam feed until it was time for me to be there in person.

### Diagnosing my illness

After hanging around for a short three hours, it was finally my turn to be seen by the doctor on duty. But it was already way past lunchtime, so I ended up consulting her over a meal.

Physicians do make the worst patients! After listening to my complaints, she sagely pronounced, "Diagnoses are made from history taking 90% of the time, and you have the classic case of *allergis hospitalis* or more precisely, *allergis hospitalis laborus comitans* since you are a healthcare worker."

She then shared that according to renowned epidemiologists from NUH, the incidence and prevalence of acute-on-chronic *allergis hospitalis rejectus extremus* was at an all-time high, and referred me to an allergist colleague, who hailed from the Swiss Alps.

After consulting this pre-eminent allergist, I discovered that the only Class A evidence-based practice guideline recommended for this condition was desensitisation. But this disease could easily be prevented with good public health measures like strong labour laws and inelastic work hours. He also cited an article published in the *International Medical Journal of Singapore* (a Tier 1 publication with a super high impact factor), which described a large multi-centre, randomised controlled, open-label trial involving more than 30,000 participants. These subjects were randomly assigned to either a two-week sojourn in an isolation ward in Hotel Bali or a placebo (isolation ward service in a hospice). The primary composite outcome of reduction of symptoms and increases in the University Vigour Scale and Happiness Improvement Index were statistically significant with a p-value of  $<0.001 \times 10^{-21}$ , in favour of isolation in Bali.

Concurring with my previous medical assessment, the Swiss allergist then referred me to the Chief of Occupational Medicine for Southeast Asia to evaluate my case for workman

compensation. Additionally, under the protection of the Healthcare Workforce Act of 2015, he prescribed me with two weeks of hospitalisation leave and placed me under quarantine at Hotel Bali with immediate effect. I proceeded to submit my claims under the Act to both the human resource department and my employer-provided medical insurance, Medicare Life.

The Head of the Division of Allergy at NUH promptly reported my affliction to the Head of Medicine and hospital authorities. DORSCON Orange was declared and our hospital was put on diversion. Fortunately, the Ministry of Wealth had anticipated this and quickly put the newly built Pasir Laba General Hospital on surge notice. Emergency patients were also ferried by fast response ambulance boats to the recently reclaimed pair of islets, Ellis and Alcatraz (located off the Second Link at Tuas West Extension Plus), for triage. All of these measures had been proudly paid for under the Good Samaritan agreement with our neighbour, and funded in part by the recently increased Causeway toll charges.

Due to labour shortages, well-socialised macaques from Bukit Timah Nature Reserve also participated in ancillary support. Ah! No one is really indispensable. ■



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## THE CURIOUS CASE OF MY ALLERGY

— OR WHY HEALTHCARE COSTS ARE HIGH IN SPECIALTY-DRIVEN CARE

By Dr Jimmy Teo, Editorial Board Member