

The GPs in the SARS Outbreak

By A/Prof Cheong Pak Yean President, College of Family Physicians Singapore

The SARS outbreak in Singapore in March 2003 caught everyone by surprise. Minister of State of Health Dr Balaji, in the Geneva World Health Assembly (WHO) meeting in May 2003 described the 4 rings of defence in the war against SARS. The GPs (General Practitioners) together with the other health care providers outside the hospital form the second ring of defence in the 4 rings of defence against SARS. The first ring is the hospital, the people and our border checks form the third and fourth ring respectively.

Influenza-like symptoms

The early symptoms of SARS are like that of influenza and other viral fevers commonly seen in GPs' clinics. In the early phase of the outbreak, contact history with known SARS patients in our hospitals and travel history were pivotal in the diagnosis of suspect SARS patients for prompt referral to Tan Tock Seng Hospital. However when the cluster in the Pasir Panjang wholesale market broke out, there was trepidation that the virus had broken into the community at large and therefore diagnosing suspect SARS patients became even more difficult as suspect and travel history could no longer be relied on.

Keeping our clinics open was critical in inspiring public confidence in this outbreak especially with the dearth of knowledge in the early stages of how the virus spreads and the symptoms that it may present with. Early referral of suspect SARS patients and hence minimizing community spread, reassurance and appropriate treatment of patients suffering from other ailments and continuing the care of chronic conditions like hypertension thus became constant challenges. Because of irrational fear of hospitals, we also had to deal with more ill patients usually seen there seeking interim medical attention.

College SARS workgroup

As early as the fourth week into the epidemic i.e. in late March 2003, the College of Family Physicians formed a workgroup comprising all sectors of primary care of both private and public sector to develop best practice consensus in dealing with the new disease as well as to form a channel for direct feedback to the authorities. The College issued its first advisory on 3rd April providing interim contextual information and advice to community doctors. Accurate information of SARS and the appropriate measures that GPs and their staff should take was speedily communicated subsequently in a series of advisories sent to all doctors practising in the community, both GPs and specialists.

When the Pasir Panjang market outbreak occurred, we braced ourselves for the worst that may be coming. We decided that a hotline for frontline will usefully complement the advisory we issued to GPs. We found that the telephone hotline manned by doctors was especially

pivotal in allaying anxieties and inspiring confidence that experienced colleagues were always at hand to provide advice and support. 239 doctors accessed the hotline over the first 8-week period. In descending order, the concerns were: diagnostic difficulties, personal protective equipment (PPE) & infection control measures (ICM), quarantine issues, ambulance and evacuation problems, triage and criteria of "fever". Such a system of information flow complemented the dissemination of interim advisories for the doctors on the ground.

Stress & Fatigue

It was stressful for all healthcare providers trying to combat the hitherto unknown disease and to stay uninfected. We began to know that this disease can infect healthcare providers and death can result. The emotional response of a veteran GP like our Member of Parliament, Dr Tan Cheng Bock after seeing a patient later confirmed to be infected with the SARS virus epitomizes the kind of stress that GPs faced every day. Our professional values dictate that we must not abandon our patients. Thankfully most if not all stood by their posts despite the personal fears. The public has acknowledged the healthcare community as heroes. The GPs, like the rest of the healthcare workforce feel proud that we have served our responsibilities in the war against SARS -- each at his or her station in the community.

The paucity of accurate information of the SARS in the early stage and the appropriate personal protective measures that healthcare workers must take generated fears that we need to grapple and help our patients to grapple too. Because fever and respiratory symptoms are common ailments seen in GP clinics, the possibility of any patient turning out to be suspect SARS was hence threatening and anxiety provoking. Wearing the N95 masks was suffocating and taking the strict infection control measures was onerous.

Many GPs during the outbreak took the added precaution of physically distancing themselves from their families and friends while not at work for fear of passing on the virus through being themselves infected but still undetected or through their clothing. They minimized contact with their spouses and children and slept in separate rooms. That there was no disruption of community medical services despite the risks and attending anxieties of the GPs and their clinic staff of themselves being infected by the SARS virus speaks volume for the professionalism and commitment to duty and nation.

The GP community takes pride that we have served our stint in the war efforts. We may be the unsung heroes. Within us, we have run the race and kept the faith of serving our fellowmen. We acknowledge the confidence that our patients have in us at their hour of need.

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