

# SARS and the Emotional Toll on GPs

*SARS exacted an emotional toll on GPs across Singapore as they fought real fears while remaining at their positions of work and duty. Here, Mirror reproduces some real life sharing from fellow colleagues.*

*Dr Tan Cheng Bock, GP and Member of Parliament, relates his personal experience of first contact with SARS patient at time of the Pasir Panjang Wholesale Market Cluster Outbreak. (As Shared in Live SARS Webcast-edited)*

*"...what I went through, I am sure many practitioners would wish they don't want to go through. It is actually a very scary experience. And to say I am not afraid, I am not telling the truth."*

## First impressions, First Contact

I saw the patient on the 15th of April. And he is just like an ordinary patient coming to see you with a fever, 39°C, no other indication that he has come into contact with SARS patients or visited hospital or travelled abroad, nothing of that sort. Just an ordinary Singaporean citizen delivering goods from markets, from the Pasir Panjang Wholesale Market to the other markets. Now at that time the Pasir Panjang Wholesale Market was not on the radar screen of the SARS picture.

## What I did

So I saw him and I did not think he was SARS. I said he can't be SARS but what I did was.... and it was a standard procedure in my clinic ...was to keep on monitoring him. So I gave him some treatment and told him what to do and he must keep in close contact with us and be honest with what he has been telling us. So the next day my nurse called him and asked him what was his temperature. He said 32°C. My nurse was shocked and said "No..no..no, it can't be 32." Then after some hesitation he said 37. So I told my nurse he is not telling the truth and better call again in an hour's time. So in an hour's time we called again. He said "I ( my temp) am down already, tell Dr Tan I am not a SARS patient. I'm OK." But I said no. I told my nurse call again.

## Losing Contact

We lost contact. No more contact. Next day we call again, no contact.

## Breaking of news and my immediate response

Then on 20th morning, I received a phone call from Ministry of Health, telling me the patient had SARS and apparently he died. I just could not believe it. I said no..he is not SARS. I wanted to argue with him,.. but then how can I argue with him...I mean...this is what is told

to me. My immediate reaction was what to do...immediately what shall I do. So I take my own temperature 36.4°C. I remembered very clearly and I said OK, and took temperature for my nurses quickly and decided I must go into quarantine. Quarantine because I am a public figure and if anything happens to me, I may be spreading the illness to a big group of people. So I went to hide for 10 days and made the nurse who came into contact with the particular patient to



"... And if anyone of them should be struck down, I tell you, I can't forgive myself too so the least I could do was I just had to go and hide."

-Tan Cheng Bock on going into voluntary home quarantine for fear of infecting parliament

go and also self-quarantine.

## Self- quarantine and follow-up

It is not easy to self-quarantine, I can tell you. You have got to be extremely strict and I really had no contact with anybody. The only contact was a telephone and even then a dedicated telephone to make sure all calls that I receive must go through this line. In the meantime, to make sure there is no trauma for the other patients who were in close contact with this particular patient, my partner called up and my other nurses called up the other patients that was due for this home quarantine order. I think that was an important thing because then the patient won't feel so frightened when they receive a phone call at home from MOH. But in spite of that, quite a few of them were very traumatised after the home quarantine. Because I must say the home quarantine process then was not so well

carried out and in fact every time we call the patient to check on them, they get so..so so frightened that we had to give one or two of them some tranquilisers to make them more steady.

## Lessons learnt

We have to be very vigilant. You have to assume everyone is a potential SARS. So now (at time of sharing) every patient that comes to the clinic, I'd advised all of them : give them

a mask whether they have a fever or no fever. I give them a mask, temperature taken. Everyone has their temperature taken, the time of arrival, the time of departure, and if they have a higher fever, we make them wear two masks ( surgical masks). It is a bit overdoing it but I guess it is also much better and I gown now. When I saw that patient, I was not gowned but I had gloves on and I had my mask on and that was all the protection I had. But I think it is an experience that I don't want to go through again.

It is really traumatising especially when you feel that your loved ones are also involved, your friends and I know I had so many meetings, with so many of my grass-roots. I attended even a parliamentary lunch with all my parliamentarian. And they were all there... what would happen if they were all infected. The whole parliament will be gone. You know, they will all have to be on home quarantine. And if anyone of them should be struck down, I tell you, I can't forgive myself too so the least I could do was I just had to go and hide.

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*SARS exacted an emotional toll on GPs across Singapore as they fought real fears while remaining at their positions of work and duty. Here, Mirror reproduces some real life sharing from fellow colleagues.*

*Dr Lee, a GP who works in a group practice encountered a SARS patient on 10th of April 2003. He requested anonymity in this report.*

*"..the first thing that I did was actually to send my family away. I actually send my family to my in-laws even before I reached home and my mother went to another person's place and I actually stayed alone until day 10 in my own home..."*

College Mirror asked him to try to describe his fears at that time.

Dr Lee said that, "Fear occurred at several levels. First, is that despite being fully so called protected, there is always this fear that I am not actually. I've never work in an infectious disease ward before and therefore, whether I was doing it correctly, that was the first point. In other words, whether there was a break in infection control, whether I had unconsciously rubbed my nose or even with the mask on, that was one concern. That was a major concern.

Of course, the other level of concern is that if I get hit by the SARS, then my family, my kids, my little toddler and my kid and my wife will

be also at risk. Of course, also the other fear is that the patient is a very highly infectious chap that knocked out the chaps in my practice and that will create another cluster. So, I think the fear is at the personal level and family level as well as the concern at the patient level. Definitely, my morale in terms of that first few days was quite low, even for my nurses."

In reply to the remark that everybody was scared, he said: "Yes, I think the word is scared. I think that is the correct term to use."

As how he coped with his emotions during that time, he elaborated: "For me is that my first concern was basically the family. So, after getting that particular piece of news, the first

thing that I did was actually to send my family away. I actually send my family to my in-laws even before I reached home and my mother went to another person's place and I actually stayed alone until day 10 in my own home, because that period actually stretched over the holidays, so there were only two days that week. The employers were actually quite understanding, I actually asked for urgent leave to sort out some of this things and I went on leave until day 10, so I spent the next few days at home reflecting on this potential concern about the SARS and of course, I took the troubles to check the temperature 4 times a day, same for my children and my wife. I actually advised them."

## Announcements

### 1st HSA Drug Safety Seminar for Healthcare Professionals

Venue : Clinical Research Centre (CRC) Auditorium  
National University of Singapore  
Faculty of medicine, MD 11  
10 Medical Drive  
Singapore 117597  
Date : 25 October 2003 (Saturday)



Time	Topics
2.00 pm	Opening address- <i>Clinical Prof. Goh Chee Leok, Chairman, Pharmacovigilance Advisory Committee, Health Sciences Authority</i>
2.10 pm – 2.35 pm	Diagnosis and treatment of adverse drug reactions (ADRs) - <i>Clinical A/Prof. Chng Hiok Hee, Tan Tock Seng Hospital</i>
2.35 pm – 3.00 pm	Overview of the ADR reporting program in Singapore with case illustrations - <i>Ms Chan Cheng Leng, Health Sciences Authority</i>
3.00 pm – 3.25 pm	Polypharmacy and ADRs in the elderly- <i>Dr Ding Yew Yoong, Tan Tock Seng Hospital</i>
3.25 pm – 3.50 pm	An update on the safety of hormone replacement therapy- <i>Dr Loh Foo Hoe, President of Menopausal Society</i>
3.50 pm – 4.10 pm	Q&A Panel of speakers
4.10 pm	Refreshments

Admission is free. CME points will be accredited.

Please register with the Pharmacovigilance Unit, Health Sciences Authority, at Tel: 6325 5604 or e-mail: HSA\_drugsafety@hsa.gov.sg by **4th October 2003**.

Supported by :



### Congratulations

The college would like to congratulate the following doctors who have passed the GDFM Examinations 2003.

Dr Chiang Wing Chiong  
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