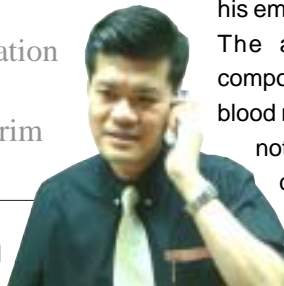


SARS Hotline - Help is only a phonecall away

By Dr Lawrence Ng Chee Lian, Doctor in-charge-of College SARS Hotline for Frontline

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.



Dr Lawrence Ng

INTRODUCTION

In the outbreak of SARS in Singapore beginning in March 2003, the rapidly evolving situation took place within a short space of a few weeks. Information and recommendations were changing almost on a daily basis. Furthermore, many recommendations were developed with hospitals in mind and it was very difficult to translate into practical responses by family physicians at the frontline. The College therefore decided to set up a hotline to fill in the information gap.

More important than information was the moral support and the validation of one's effort. Doctors often have to face the deadly virus in their clinics all alone. The stress can become quite tremendous. As humans, we develop real worries for our personal health and the health of our loved ones. Hence, peer support was very important for psychological and professional reasons. This can come in the form of the physical company of other doctors or support via telephone.

Below are examples of some of the questions that were asked and the responses that were given. With hindsight things may have a different perspective. The cases illustrate the difficulties faced by family physicians on the ground. It also shed some light on the difficulties of applying general recommendations on very unique and specific encounters that real life throws up.

CASE 1. Diagnostic issue

Question: Dr J L saw a young working girl with persistent PUO; started on 28 Apr 03, low grade of about 37.4 to 37.7 for past 2 weeks, TWDC showed leucocytosis while CXR was normal. Given Ciprobay which did not resolve the fever. Question now is should he continue her with voluntary home medical leave?

Hotline: Our prior medical training in handling viral fevers still applies. So, the management you have described sounds valid. The only

question is how high a level of suspicion to pitch at and what action to take when your level is reached. This is where each individual Dr reacts differently, judging from the callers we have had thus far. The duration of MC rests in each Dr's discretion. Probably useful to see how the Emergency Departments manages the cases referred by GPs and what is the outcome after these are sent home with prolonged MC. But, without a quick diagnostic kit, we are left with the FBC which will give a picture similar to other viral infections such as influenza, EBV, RSV and rhinovirus. Probably good to have FBC if NO contact or travel history. (Not always possible in HDB practice where patients either refuse or cannot afford to pay). CXR only shows late SARS (refer Lancet papers).

Dr JL's fear is that without any confirmatory test, in an off chance, it later turn out to be SARS, and he had dismissed the presence of the low grade fever as poignant and had allowed her to go to the office, it will be difficult to explain one's action. I am not saying we should overreact; just that it is a difficult time to justify having under-reacted.

CASE 2. Diagnostic issue

Question: Dr Y called about a case of high fever in a male Malay farmer from Sabah seen on 20/05/03. Has backache but no cough no cold. Treatment consisted of Klacid and Paracetamol. Advised to return early for review but only came today. Yesterday, employer also developed fever and diarrhoea – now well after treatment. Farmer's **Viraemia Screen** showed abnormalities: Thrombocytopenia of Platelets 10,000 (low) TW 6.2 Lymph Normal. Mono 25% CPK 764 LDH 1079

Dr Y has advised him to go ED TTSH. Dr is worried for himself and his staff. Dr asked if he needed to quarantine himself. Has real fear of patient and employer turning around to sue him for wrongful diagnosis and

consequent loss of income. He wanted medicolegal advice.

Hotline: Two cases of fever in a farmer and his employer implies certain level of risk here. The abnormal blood viraemia screen compounded this case. Notwithstanding the blood results, strictly speaking, this case does not qualify for Sars. (Later, I discussed the case with Dr CHL and we concluded that probably the diagnosis is Dengue Fever.) But, since blood tests are so abnormal, he was advised to treat with suspicion and call for Sars

ambulance to fetch patient and employer to TTSH for screening. Apparently, employer was very unhappy and resistant to going to TTSH. Instead, he wanted to go a normal ED. I left it to Dr Y to make a judgement call on both the diagnosis and the type of ED to send to. As for possible missed diagnosis, he was told to call his own medical defense organization for medicolegal advice. Told him that, as for MPS, we cover for practice decisions related to Sars.

CASE 3. Temperature issue

Question: Nanyang Polytechnic students are having exams and are screened by temperature check. One student had a temp of 37.5 C (so far this is the only reading of his temp) and claimed that this is his normal basal temp. He was allowed to take his exam in an isolation room. Doctor asked what is he to do for the future. Next exam is in one week's time.

Hotline: The best solution is for the student to record his/her temperature daily for a week to establish whether his basal temp is really 37.5 degree C. It is true that some people have a higher or lower body temp compared to others. Variation from one's norm is more important than variation from the so-called norm.

CASE 4. Housecall for suspect SARS case

Question: Can Dr decline to do house call on febrile pt suspicious of having contact history. Is there any medico legal implications? What if patient later refuses to go to TTSH?

Hotline: Yes, he can decline as patient is a suspect SARS. Suspect SARS is best handled by dedicated SARS ambulance and it would be defensible in not going as one is not equipped to deal with a suspect SARS housecall. Advised to call for dedicated SARS ambulance. If decide to do housecall, he will need full PPE. To inform MOH by calling help-line number.

College E-learning is now online

Do CME and lose weight at the same time

Power up your computer. Open up your internet browser. Go to the college website www.cfps.org.sg. Go to the right hand corner and look for a line that says "Log on to: onlinemedlearning.org". (See Fig. 1) Click on it and the brave new world of e-learning Singapore style is at your finger tips. One is tempted to say "Let your fingers do the studying" but then you may not get your CME points because you need to take a simple test at the end to verify that the synapses in your brain had been beneficially re-arranged by this new learning experience.

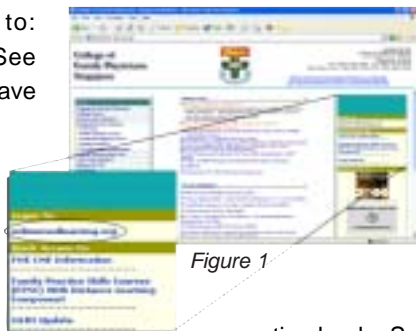


Figure 1

to do than just mug all day? Well, if you are thinking of beating the system and going straight for the test, you can forget it. The system would not let you access the test module until you have gone through the materials. The questions are easy but not that easy. In any case, the questions are randomly selected from a multiple choice question bank. So it probably takes you less time to go through the materials than to try to copy the answers from your more studious colleagues.

The first module, which was open for trial during the SARS webcast on the 24th May 2003, was very well received. Many were impressed by the professional quality of the streaming videos. The dramatization of a difficult consultation starring our own Prof Goh Lee Gan (See Fig 2.) was very moving. Many users said that it was very realistic and some were almost moved to tears. On the other hand, users without broadband access were disappointed because they could not access the streaming videos. Nevertheless the videos are an optional enrichment segment that is not compulsory. Those with dial-up access can still do the text-based main

program and be eligible to take the test for CME points.

What most users were pleased about was that they could now do some serious CME without having to burn their weekends. The spouses and children of doctors can look forward to more quality family time. It also saves them the hassle of driving, parking and waiting. Nothing worse than having to sacrifice a good golf game, drive half way round the island to a hotel for CME only to be bored into taking an involuntary post prandial siesta. What most people would miss is probably the sumptuous meals that has become pathognomonic of sponsored CME. For those with a weight problem, this may be counted as another blessing. Perhaps they should state the number of calories you can gain right next to the number of CME points. Anyway, CME is supposed to feed the mind and not the body, or is it?



Figure 2

"Don't worry about the test. It is not designed to make people fail. All the answers are in the content. It is like an open book test. Actually it is more like a comprehension test really," says Dr Lee Kheng Hock the Project Director.

"It is a one stop learning station for us to find current knowledge, to test what we retain and to earn the points that we deserve," says Prof Goh Lee Gan, the head honcho of the content development team.

What about doctors who have better things

◀ Page 9 - Sars Frontline Hotline

CASE 5. House-call for febrile elderly

Question: 80y/female last discharged from TTSH Dec 02. Now p/w fever and SOB at home. No contact and no travel. Shall I do house-call? Shall I call SARS ambulance?

Hotline: Phone triage showed no indicators of SARS. Caller was advised make a house-call with the caution to wear full PPE and observe infection control measures. Advised to call any ambulance to fetch to any ED, if patient is critically ill.

CASE 6. Patient Declaration

Question: Subject refuses to make self-declaration or have temperature taken. Caller asked if patient can refuse to make self-declaration or have temperature taken? Is there any law to compel them? Would it be medicolegally acceptable if they are not seen?

Hotline: In the early phase of the outbreak,

there was no law to compel them. But I would be suspicious of such patients and would not see them since their refusal in the first place nullifies any contract of consultation. If it were an emergency, you'd have to attend to him regardless of him being truthful or evasive. Tough being there when this happens.

A person who refuses proper history and examination actually voids the contract; hence there is no doctor-patient relationship. If they refuse to be truthful, they are not cooperating with the consultation process. As far as I understand, most of these cases have no grounds for complaint. I would certainly check SARSweb and see if their names are there. I would certainly check SARSweb and see if their names are there.

CASE 7. TRIAGE

Question: What is the point or purpose of triaging by clinic assistant?

Hotline: Screening by a clinic assistant does not replace consultation and diagnosis of suspect SARS by the doctor (as only the doctor can diagnose probable SARS). It serves to decide the level of risk category, i.e. whether the patient is normal risk, caution or high risk.

Hotline for Frontline Advisors

Dr Cheng Heng Lee, Director, HMO Pte Ltd
A/Prof Goh Lee Gan, Consultant, Institute of Family Medicine
Dr Jonathan Pang, Senior Family Physician, Everhealth Family Clinic
Dr Lawrence Ng, Doctor in-charge-of College SARS Hotline for Frontline and Medical-Legal Advisor, Medical Protection Society
Dr Tan See Leng, COO, BUPA Healthcare Singapore