

## Pandemic and demonium



Just when I thought April was a slow month, we were suddenly faced with the greatest destructive force the world has ever seen in recent times. It was unleashed with such unbridled virulence and naked toxicity that all of us were caught completely off-guard.

We are of course talking about women’s wrath and AWARE. The pandemic Influenza A (H1N1) virus

is a cross between Mickey Mouse and Elmer Fudd compared to angry women. So it was no surprise that when I was asked to attend the AWARE EOGM on 2 May 2009 at Suntec City, I quickly said “No” and scampered off to the MOH/SMA/CFPS GP Forum held in the Auditorium of the College Of Medicine Building (COMB), held also on the afternoon of 2 May. I figured squeezing into a room filled

with 500 high-risk GPs was a whole lot safer than 2000 women. With the influenza virus, I have Tamiflu; with angry women, I have nothing. The case fatality rate for Influenza A (H1N1) flu is 5%, and for angry women, 200%.

Anyway, I was told I didn’t miss much by skipping the AWARE meeting. Here’s a comparison of the two meetings compiled by alert readers of this column, Dr Lau Bee Chui and Dr Tua Kar Sau.

	AWARE EOGM	MOH/SMA/CFPS GP FORUM
Time	2 May 2009, Afternoon	2 May 2009, Afternoon
Venue	Suntec City Convention Centre	COMB, MOH
Attendees	3000, mostly angry women, some men. Sexual preference not disclosed.	500, mostly angry GPs, more men than women. Sexual preference not disclosed.
Mentor	Dr Thio Su Mien (feminist type)	Prof Goh Lee Gan (family medicine type)
Mood	Not-Inclusive	Orange (Dorscon)
Fashion Sense	White or red T-shirts	Absent
Battle-lines	Secular vs. Religious Heterosexual vs. Homosexual	Human vs. Virus N95 vs. Surgical Masks
Parking	Ample parking	Double/Triple parking
Most Memorable Line	“Shut up and Sit Down!”	“Please Stand up and Ask Questions.”
Voting Results	Two-thirds voted for the old guard.	Two-thirds say they don’t have one week’s stock of PPEs.

## For those of us left standing after this, things will return to normal. Management consultants will return, administrators will talk again about Balanced Scorecards and Six Sigma, and Managed Care will still be a bigger pestilence to us than the ‘flu.

One last point on the GP Forum – you are not getting any CME points for attending, even though it was held in and organised by MOH.

The first thing about pandemics or any communicable disease outbreak is that you will notice one group of people who have been constantly by your side mysteriously vanish. Yes, I am talking about the management consultants. These are the guys who had told you they know everything about running hospitals and making you great, as long as you pay them the arm and leg they asked for. But at the first sight of real life and death situations, these guys are nowhere to be seen. So there is a positive side to this pandemic business: No more wasting time on Balanced Scorecard, Six Sigma, Toyota Way and the like.

Next, for most of us who are a bit rusty with our infection control, virology and communicable disease epidemiology knowledge, here’s a brief overview of some completely useless facts and falsehoods. We first start with N95s:

- The press coverage of the AWARE saga was “breathless” because the reporters were wearing N95 masks.
- The exorbitantly priced N95 masks you bought from SMA after the GP Forum were actually N99 masks from

MOH. By the time the pandemic is over, you would have developed hypertrophic diaphragm and intercostal muscles plus polycythemia from using the N99s. Or you would have dropped dead from cardiorespiratory arrest.

- If you really can’t get your hands on N95, try getting them from Mexico, where much of them are produced.
- Managed Care may not reimburse you for using N95s without first seeking their permission.
- You are not supposed to dig your nose while wearing the N95s.

Other related pandemic-related information you should also know:

- A box of Tamiflu now costs about 85 bucks, if you can get them. Don’t be a cheapskate; chewing raw star anise has not been shown to help, no matter what the *sinseh* next door says.
- But eating Geylang Serai Indian *rojak* may be associated with better survival outcomes for influenza. Come to think of it, if you can survive the *rojak*, nothing wimpy like Influenza A (H1N1) or a nuclear fallout can threaten you.
- You still have to attend CME activities with other high-risk doctors and get your CME points.
- Our beloved President SR Nathan returned from a state visit to Japan just before Japan blew up with numerous influenza cases. Sayonara.
- Please wash your hands frequently. Especially if you dig your nose.

One piece of useful advice – please sign up your clinic as part of MOH’s influenza clinic response network. Being part of this network has numerous benefits. They include free PPEs and Tamiflu for you and your staff when Dorscon goes red. Other benefits the Hobbit hopes to see as part of this scheme include maybe getting a National Day Award should you perish in the line

of duty; for example a PBM if you die and a BBM if you die twice. Don’t just give such stuff mostly to TTSH like the last time, OK?

There is now some controversy over whether we should just guard our borders aggressively and prevent the influenza bug from coming in or we should just let the pandemic spread to us and get Singaporeans to develop herd immunity. There are upsides and downsides to both approaches.

There is some merit to the “let the bug in” argument because what makes us think we can keep the bug out of Singapore when we can’t even prevent Mas Selamat from getting to Johor Bahru? On the other hand, we must also recognise there is a certain limit to this herd immunity thingy because after nine years of clustering, most people still don’t know if SingHealth owns SGH or NHG owns TTSH or otherwise. Many will never develop immunity just as some people will always be *blur*.

The advantage of trying to keep the bug out is that we can prevent Tamiflu from hitting 200 bucks a pop and that the Pussycat Dolls “Doll Domination World Tour 2009” concert can proceed as planned in Singapore. The downside to this approach is that if the bug doesn’t come in, there will be far fewer National Day Awards given out. And given the fact it has been a long while since MOH has given any doctor a Public Administration Gold Medal to a doctor in public service – this is a real concern. We need one badly for morale, even if it’s a posthumous one.

Finally on a closing note, we need to remind ourselves as doctors that pandemics come and go. As surely this one will come to pass too. For those of us left standing after this, things will return to normal. Management consultants will return, administrators will talk again about Balanced Scorecards and Six Sigma, and Managed Care will still be a bigger pestilence to us than the ‘flu. 