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Walking Together... Pandemic Issues

By Dr Chong Yeh Woei

This has been a long nine weeks since we have received news of a pandemic from the World Health Organisation (WHO) in late April.

As of today, after attending the seminar for the PPCs (Pandemic Preparedness Clinics), we have had a total of 234 new cases over the weekend. We are staring at the abyss and the most important thing that we possess now must be the brotherhood, camaraderie and unity of our medical colleagues from both the private and public sectors.

In the last weeks, as we prepare to move into mitigation phase, we have been in constant communication with our counterparts at the Ministry of Health. The email traffic, phone calls and SMSes have been streaming in endlessly to sort out all manner of issues regarding PPC registration, Tamiflu, PPE (Personal Protection Equipment), 993 ambulance services, clinical matters, high risk groups and extended medical leave for H1N1 patients.



PPC REGISTRATION

The initial issue was that of PPC

registration; in order to

qualify as a PPC, the GP must fulfill certain conditions. They must have attended a pandemic training course conducted by the SMA, have broadband facility to communicate with the Ministry and be willing to be part of the PPC framework with certain conditions.

We were dealing with several hundred clinics and some of the difficulties we were facing were with regards to segregating those who have fulfilled the requirements from those who have not. There were some clinics that wanted to become part of the framework, but the GPs had not attended the necessary training. Some clinics did not have the broadband prerequisites, while some were specialists and others were located in offshore islands like Bukom or Jurong.

Additionally, when it came to email verification, there were the usual snafus regarding the bulk filling in of electronic

forms, wrong email addresses, and email addresses with bounced mails due to over quota. Other challenging issues were consolidating lists of GPs who attended the pandemic courses with the actual registrants of the PPC schemes. Some of the GPs submitted different practice addresses at different times to different parties, some submitted different or wrong email addresses, yet some others did not submit practice details or email addresses at all.

All in all, staff from the SMA and the Ministry had a rough time ironing out the different data banks and missing data to finalise the list of PPCs on the framework.

993 AMBULANCE ISSUES

There were multitudes of complaints and suggestions about the 993 ambulance service, from the patients who wanted to go to Tan Tock Seng Hospital via their own transport to those who did not want to go at all. There were those who wanted to travel via public transport with masks on!

Initially as the wave-front of the pandemic spread across the world, there

were patients with travel histories that were not considered to be relevant. These patients were turned away from testing and that caused a lot of unhappiness with the patient and GPs who were convinced that these patients were infected with the virus.

Then there was the waiting time; for those who were swabbed, they had to wait for six hours for the results of the PCR test. Sometimes the patients were tested in the afternoons and had to be warded till the next morning for the results to be ready. The issue of charging for the overnight stay came into contention.

As we head into the fifth week since the first case, the labs are processing a thousand samples daily and patients have been asked to go home to await results.

TAMIFLU

Tamiflu issues were also a recurring theme. Early on were issues regarding the use and pricing of Tamiflu. There were discussions on the pricing mechanism and distribution mechanism. As the Tamiflu was pushed out to PPCs, expiry dates and extension of expiry dates by HSA (Health Sciences Authority) came to the forefront.

Through our discussions, we had to get the message across that Tamiflu expiry dates and the extension of expiry dates were an issue that needed public education prior to the mitigation phase.

One of the important issues regarding the pricing was settled at the latest briefing by the DMS (Director of Medical Services) on 28 June 2009, where we urged all present to charge their consult fees and practice costs as deemed fit with the caveat that they should then charge Tamiflu at the same price as the polyclinics – \$48.15. We also asked about the impact of the pricing of Tamiflu for the lower socio-economic classes and the answer we received was welcomed. DMS said that we had to treat the patient first and worry about the bill later.

PPES

When the news of the H1N1 pandemic broke, we asked the Ministry to release

masks from their stockpiles to our fellow colleagues, as there was difficulty in getting masks on the open market. These masks had expired but their shelf-life was extended by the manufacturer; these were also N99 instead of the usual N95 and were expensive.

We had lots of GPs who bought the masks and lots of GPs who complained bitterly about the pricing. Some had echoed that the pricing seemed punitive in nature. We had assessed that the pricing was stiff and hence distributed the masks with a declared margin of 8 percent – transparent to all.

Finally the promised PPEs were distributed to all PPCs but they were not allowed to use these yet. We are happy to observe with feedback from the latest briefing by DMS, the Ministry has approved the use of Tamiflu prophylaxis and treatment along with use of PPE for clinic staff and doctors. We have been concerned as the clinics have been using their own PPEs for six weeks and as good employers, we have to ensure that our staff is well protected.

H1N1 READY DECALS

The decals were issued to the PPCs and the public had misunderstood that these clinics would offer testing as well as treatment. Some clinics had to tear off the decals as the misunderstanding was too disruptive. Hopefully these same clinics have since restored the decals to their rightful place on their clinic entrances.

EXTENDED MEDICAL LEAVE

As we are about to enter the mitigation phase, the issues have evolved and concerns over the issue of extended medical leave is rife. In particular, the concern for the staff of operationally challenged workplaces like factories, restaurants and essential services are at the back of the minds of many GPs. Some have concerns about parents insistent on getting their children back to school for various reasons. Others have nightmares about childcare administrators requiring GPs to certify that a child is free of the H1N1 virus

before allowing the child to return to the childcare centre.

CLINICAL MATTERS

The situation up to now is to identify the suspect case and ship the patient off in a 993 ambulance. I believe with mitigation around the corner, there will be a flood of issues on assessing cases for treatment. We will have to figure out who are at risk, who will be fine and who will deteriorate rapidly. In the end, it will be up to good clinical acumen and risk stratification, and there will be treatment issues with regards to Tamiflu.

HIGH RISK GROUPS

Some of the high risk groups will have to be handled carefully as in the case of pregnant women. There will be those who are under the care of an existing specialist and there will be a need to work closely with the specialist. There will be women who have just conceived and not under the care of an obstetrician. The considerations will be to get the newly pregnant patient to an obstetrician with minimal exposure to the virus and a decision on the risk and benefits of treatment with Tamiflu.

The overriding principle to solving these problems was to get accurate feedback from the ground GPs, discuss the matter with the Ministry and try to find practical solutions. In many cases, public messages that were appropriate formed part of the solution. On our part, engaging the media and sending congruent messages were also part of the solution.

In my last President's forum, I had said that we at the SMA will walk with you in the dark days ahead. I intend to keep my promise. **SMA**

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Dr Chong is the President of the 50th SMA council. He has been in private practice since 1993 and has seen his fair share of the human condition. He pines for a good pinot noir, loves the FT weekend and of course, wishes for world peace...