

THE SUM OF ALL OUR FEARS

By Dr Chong Yeh Woei

I bring you back to that weekend of 25th April when I picked up the papers and news had broken about a new influenza virus in Mexico. I recall having a very bad feeling about the news. I also recall, clearly, the cold wave of a fear that is familiar, for it stems from my previous encounter with another virus in 2003.

The fear was for ourselves, our loved ones whom we go home to, our brave clinic assistants and our colleagues. The situation back then was bleak; we lost nurses and we lost some of our colleagues.

I felt the fear again when we held the seminar on 2nd May, when some 700 colleagues crowded into an auditorium that was too small, the seminar thus quickly organised to mirror the urgency of the situation no doubt. They came to listen to the latest that we had learnt about the virus, and this time I could feel the fear and anxiety emanating from the individuals as they spoke and listened.

As doctors, we know the score; our immune systems are capable of great response, and we are challenged daily by patients coughing and sneezing in our faces as we peer down their throats. So what went wrong in 2003? Why did our nurses and doctors perish? This is because when our bodies encounter an alien virus with a huge viral load, our immune systems will mount a massive response. In the ensuing battle, our lungs will be destroyed. In the autopsy of our fallen colleagues, their lungs



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were filled entirely with white blood cells and inflammatory fluid. They literally had their lungs decimated by what is now known as a cytokine storm, and drowned in their own froth and fluids.

I have had the privilege of working with two colleagues who had contracted SARS and lived to tell the tale. Surprisingly, they remember very little of the experience. I put this down to hypoxia or the fact that no one wants to recall a bad experience. I

have patients who have fought in actual combat and have no desire to even broach the subject.

So what of this present virus, will things be different? Well, for one we have Tamiflu. Although not a panacea or a magic bullet, the role of Tamiflu is to give us a chance to reduce the viral load and to produce an asymmetry of the viral load versus the immune response. What we want is this: a lower viral load in the face of an overwhelming response. The drug is

not there to cure us but as doctors and nurses with good immune responses, we need the drug to give us a fighting chance.

The other thing that we have learnt is that the virus has a higher mortality rate than the seasonal flu. The nature of the beast is that it seems to have predilection for pregnant women, it attacks a younger age group, it can wreak havoc with immune-compromised patients, and causes complications in patients with cardiac disease and respiratory ailments.

From the data coming out of North America, I understand that about five to seven percent of patients are hospitalised and a fifth of those admitted may need intensive care. I also learnt that there is a coefficient called R and the magic number here is 2.2 to 3. What this means to us is that each confirmed case would infect 2.2 to 3 patients. This is why there is a fast-advancing wave-front sweeping across 74 nations. With this rapidly advancing tsunami of pestilence, we are worried that the virus will re-assort itself or pick up genes along the way; especially genes for a cytokine storm trigger. The lessons we have learnt from previous pandemics in the last century were that successive waves were always deadlier.

We have had 47 confirmed cases in Singapore to date and there is a mechanism at work to contain and ring-fence these patients and their contacts. We have obviously learnt well from our previous experiences. What I find encouraging is that these patients have come forward when they feel unwell, called the ambulances directly to fetch them to Tan Tock Seng, consulted their GPs and declared that they have a relevant travel history. As much as we doctors have to do our part, I am grateful that these patients have also done theirs. I was told by one GP that a patient stayed outside his

clinic and did not wish to come into the waiting room as he was concerned he might infect those waiting there. The patient was eventually diagnosed as a confirmed case.

Surely when we move into the next phase of mitigation, I hope that patients will understand the greater need to be responsible to their families and their

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work colleagues. The onus will be on those who are ill to seek treatment early, isolate themselves from loved ones and to stay well away from work till one fully recovers. All these will surely test the fabric and cohesion of our society.

That test may not be far away; I see the end of our school vacation looming, when our student population will be returning from their holidays and carrying the risk to bring the virus home into our midst. The epicenters of New York, Melbourne, Kobe and Osaka started with outbreaks in schools and institutions. Perhaps there may be a case to close our schools for a while to break the possible chain of transmission.

Inevitably our containment measures will be overwhelmed and the virus will insinuate itself in our midst. Hence, the

Pandemic Preparedness Clinics will be activated, their supplies of masks and Tamiflu replenished and we will be in for the long haul.

I worry for the prolonged stress that our GP colleagues will undergo, for the fear of bringing home the virus to their families, and the loss of clinic assistants as they succumb to the virus or quit their jobs because of family pressure to stop working.

At the SMA, we have organised two seminars, kept our Members informed through email blasts, distributed masks obtained from the Ministry of Health, MOH, given accurate feedback and suggestions to MOH regarding communications and difficulties with compliance of DORSCON requirements, as well as dealt with a myriad other operational issues in these last seven weeks.

We hope to do more for our frontline colleagues and have been trying our best to answer their queries, complaints, grouses and rumblings, calming their anxieties. We recognise that these are indeed difficult times but we also acknowledge that all of us are better-prepared this time around.

As we move into the days ahead, what will stop us from protecting our loved ones? Closing our clinics? Running away from disease and abandoning our patients? Our training, professionalism and resilience will be all that will stand between us and the sum of all our fears. We at the SMA promise to walk with you in the difficult days ahead. **SMA**



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...