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### On Telemedicine and Artificial Intelligence

"If you talk about say Telemedicine, for an example as a case, we had an afternoon symposium on this a few weeks back ... The trouble is, you must have a platform where you have to be sure that the person at the other end of the platform is number one, truly a patient and number two truly a doctor. So there are these two fundamental things. So there must be some trust that this platform actually does that. The second thing is how well can you actually manage a patient just by looking down the telephone. Some people say yes, but many of us say no. Because you can't examine, you can't take things at face value that I am this, this or that, or the other. (Example on space station.) Very often, unless you are in that sort of situation (where) you have all the equipment, very often you are not able to fully assess. So for most of us, we would say we would be able to offer Telemedicine to our patient that we have seen at least once before. Those are actually

*in some of our guidelines. And then if our patients are known to us, we are able to offer them advice."*

*"Artificial intelligence..Where does the buck stop? If AI is going to be able to do it. If something goes well, that is fine. What if it goes awry, what if it goes bad, who is responsible for that AI decision? So these are things we have to contend with as medical professionals, because end of the day, the buck stops with us."*

### In Conclusion

*"If every Singaporean has their own family doctor. I think they will be very much more empowered than they are now, because they will have someone they can go to, with their problems. And if this primary care doctor, this family physician, this GP, is freely chosen by the patient, you will have much better outcomes. You will have much better cost savings, and the whole delivery of health care will be very much improved."*

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## 8th ASEAN Dengue Day Seminar – Primary Care at the Forefront

by Dr Cheong Siew Meng, MCFP(S)

The 8th ASEAN Dengue Day Seminar was held on 23 June 2018 at Tan Tock Seng Hospital. An annual seminar organised by the National Centre for Infectious Disease (NCID), the event aimed to keep general practitioners and healthcare workers up to date on the latest developments in dengue management. This is timely as May to October is the traditional peak dengue season in Singapore.

This year's event focused on dengue prevention efforts in the community, with the spotlight on primary care. Bringing together speakers from key stakeholders, who are Ministry of Health (MOH), National Environment Agency (NEA), College of Family Physicians (CFPS), Saw Swee Hock School of Public Health (SSHSPH) NUS and NCID, the seminar provided a comprehensive update covering the latest in vaccination, vector control, epidemiological trends and roles of the primary care physician in dengue control.

The seminar kicked off with Prof Leo Yee Sin, Executive Director of NCID, updating the audience on the mission and capabilities of the new NCID building, which will be operationalised from November 2018. With a 330 bed capacity and capabilities for advanced infectious disease treatment, control and research, the NCID will strengthen Singapore's ability to respond, contain and manage infectious disease outbreaks.

Mr Yuske Kita from MOH then shared the ministry's framework for dengue vaccine implementation, and shared key considerations for its use in Singapore. Using an evidenced-based approach, primary care and infectious disease physicians could adopt a risk stratification and shared decision model to ensure persons most at risk of severe dengue can be protected.

Vector control and bite avoidance continue to be the cornerstone of dengue eradication efforts, and the next 2 speakers sought to update the audience on the latest in these domains. Dr Christina Liew and Dr Wilson Tan, who are entomological experts from NEA, provided interesting insights in *Aedes aegypti* behaviour and how native disease-causing population interacts and responded to an introduced *Wolbachia*-carrying *Aedes* males. If I can quote Sun Tzu from his book "Art of War"

"If you know the enemy and know yourself, you need not fear the result of a hundred battles. If you know yourself but not the enemy, for every victory gained you will also suffer a defeat. If you know neither the enemy nor yourself, you will succumb in every battle."

For doctors, this was a good lesson not just of our enemy – the dengue virus, but also of its most important ally, the *Aedes* mosquito. It also provided a larger ecological perspective of dengue to clinicians, who usually only see and manage the human host.

I was privileged to share my views on the roles of the primary care physician in dengue prevention. I outlined the multi-faceted role of the primary care physician in dengue management, which are in clinical, public health and health promotion aspects. With the vast information available to the both doctors and patients, I highlighted key challenges for doctors, which are to assimilate the large body of evidence, apply it in a patient centred manner and helping patients navigate the healthcare network. A summary of the recommendations for mosquito breeding sites eradication and mosquito repellents was presented to help doctors provide evidence-based advice to patients.

Professor Vincent Phang from SSHSPH shared key findings of the knowledge, attitudes and practices of primary care physician during the 2013 dengue epidemic. This public health perspective was useful to give stakeholders and the practitioners greater insight on how we continue to do well and do better to respond effectively to an dengue epidemic.



◀ The other speakers for the event include (from left) Dr Lee Tau Hong, Professor Leo Yee Sin, Dr Christina Liew, Dr Wilson Tan Cheong Huat, Mr Yuske Kita, Dr Sapna Sadarangani, Dr James Cheong Siew Meng and Dr Vincent Pang

Finally, Dr Sapna Sadarangani, an infectious disease consultant from NCID, provided a succinct summary of the yellow fever, a highly fatal but vaccine preventable disease caused by the yellow fever virus, which like dengue, is also from the flaviviridae family. Besides listing key clinical characteristics of the disease and its management, key takeaway from the segment highlighted the important role of primary care physicians in travel medicine and ensuring our patients are advised on the appropriate vaccinations.

In summary, this year's event brought together regulators, environment experts, public health specialists and physicians to provide a broad and balanced perspective to a perennial enemy. Being a global hub to the world, Singapore is susceptible to communicable diseases, both indigenous and imported. Therefore as primary care physicians, we will need to be vigilant and ready at the forefront to respond to any emerging or persistent infectious disease threats.

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## Building Punggol Polyclinic — My Experience

by Dr David Ng Chee Chin, FCFP(S), Clinic Director of Punggol Polyclinic

I gave the editor quite a headache with my procrastination coming up with this article. The struggle I had was this - how to summarise the last 4 years of my life and the gamut of emotions in a matter of a few paragraphs?

Yes it took 4 years to build a polyclinic and I have learnt and gained so much from the whole experience. It wasn't often that one can have this privilege of building a new polyclinic. Having said that, you only need it once in a lifetime.



So I must thank the editor's persistence and persuasion which 'nudged' me towards self-reflection.

### 1 Polyclinic building itself

This is the most obvious and instinctive association most will have and that is certainly

true to an extent. But even before the first drill pierces the soil, the first 2 years were spent in deep discussion conceptualising the clinic itself, writing papers to secure Ministry of Health (MOH) funding and the negotiations that

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