

(continued from Page 15: Empowering our GPs Early in the Covid-19 Fight)



Taking every step seriously to ensure that mask type and fit is well for all

Images courtesy of SingHealth Community Hospitals and Clinical Networks Team, SingHealth Office of Regional Health

Colleagues from the Clinical Networks team at SingHealth Office of Regional Health sprang into quick action starting from Chinese New Year's Eve and over the first two days of Chinese New Year, steadfastly contacting over 170 GPs to arrange for mask fitting sessions during the holiday period. Early mask fitting was critical as patients who potentially have the virus could visit their GP unknowingly, and GPs must be prepared then. By mid-February, teams from SingHealth Office of Regional Health, together with SingHealth Community Hospitals and SingHealth Polyclinics, had conducted more than 10 mask fitting sessions and mask fitted over 300 GPs and clinic assistants from the SingHealth DOT<sup>1</sup> Primary Care Network and iPCARE<sup>2</sup> Network. The team included locations in the community such as Kreta Ayer Community Club as well, to better reach out to our GP partners. GP partners, together with their clinic assistants, were appreciative of timely assistance and outreach to ensure each individual was fitted with the

right mask model. The teams from SingHealth are glad to be part of the early efforts in enabling our GP community in fighting the COVID-19 pandemic.

<sup>1</sup> SingHealth DOT (Delivering on Target) Primary Care Network is a programme that right sites patients with stable chronic conditions from SOCs to partnering GPs.

<sup>2</sup> iPCARE (Integrated Primary Care for At-Risk Elders) is a programme that empowers GPs with community hospital resources such as case managers and allied health professionals to transit elderly, socially complex inpatients to the community, and anchoring them with GPs.

CM

## “Cough and Cold” and Covid — A GP's reflections

by Adj Asst Prof Chan Hian Hui Vincent, FCFP(S)

These days it would seem that the simplest case, is also the hardest. All these years, I would hear about how the College has been fighting the notion of General Practitioners (GPs) being “mere cough and cold doctors”. That we are much more. That we can and are trained to be Family Medicine specialists, capable on taking on the most complex of cases. Yet as I sit in the clinic, alarmed at the dramatic collapse in healthcare demand, I realise that the world is being held hostage by a “cough and cold” called COVID-19.

### Initial Fear

The evening clinic session of 29<sup>th</sup> January 2020 began like any other. Then at about 8pm, one of the patients exclaimed that there were 2 confirmed cases in Lorong Lew Lian. What started as some serious disease many thousands of kilometres away has arrived in Singapore, and more specifically, arrived right here in my neighbourhood. A chill ran up my spine. No, they were not our patients for we were on leave over the Chinese New Year period,

but it was frightening none the less, especially since those were the early days of this pandemic and information was scarce. Fear is multi-dimensional, there is the fear of getting Covid-19 from the patients, and then the fear of spreading this to family.

The problem is that Covid-19 starts just like any other cough and cold. “Fever, dry cough, fatigue, shortness of breath, chills, sore throat, muscle aches, loss of smell and headaches”<sup>i</sup>. It would be fair to say such symptoms could present in any cough and cold case. The question is therefore how to effectively tease out the real Covid-19 cases among the many other upper respiratory tract infection (URTI) cases. There was a mad scramble to know more, and I found myself signing up for as many webinars as possible on Covid-19.

### Conquering Fear

One thing I really liked, was how Singapore managed the pandemic in a practical and impassionate manner, thereby conquering fear. As the number of Covid-19 cases rose, we started using our clinic reserve stock of Personal Protective Equipment (PPE). Many suppliers swiftly ran out of face masks and other PPE, leading to worries about how to secure these vital supplies.

I remembered the exact date when the government announced the activation of GPs under the Public Health Preparedness Clinics (PHPC) scheme - it was the 14<sup>th</sup> February 2020 (St Valentine's Day)<sup>ii</sup>. What amazed me was how we received the initial batch of PPE the very next day. With the worldwide scramble for PPE, I am (as a GP) grateful that the country is assisting us frontline doctors. Our clinic then implemented PPE and patient workflow guidelines as recommended by the authorities.

PPE is not a small matter; it is the difference between safety, morbidity, mortality and economic viability. As GPs, we cannot afford to be sick, in fact we solos have to be ‘immortal’.

### Social Distancing and the Circuit Breaker

Like all other shop units in our estate, we had to place various markers on the floor and benches to guide patients in keeping a minimum of 1 metre apart. For patients with URTI, we gave them masks. This became less of a problem, after the wearing of masks was made compulsory for all who venture out of their homes. Then came the circuit breaker and caps on the number of staff who can work on site. With the first email order from the government on 24<sup>th</sup> April 2020 to submit manpower details, there was much initial confusion on the number of staff (including doctors) allowed on site. There was much relief later on as the government recognised the role of part time staff in GP clinic operations.

Under the government's Circuit Breaker (CB) measures, the clinic was only allowed to provide essential services. This also meant that clinic takings fell. Fortunately, the government provided assistance for all the mom and pop shops in the estate, including mine.

One interesting observation was how the number of URTI cases rose initially and dramatically dropped after the “5-day Medical Certificates (MCs) with the legal requirement to stay at home” was gazetted into law on 25<sup>th</sup> March 2020<sup>iii</sup>. Up to this time, I have never seen so much fear of Medical Certificates, especially when I adhere to the law in giving 5-day MC for URTI cases. Thus, the huge drop in URTI cases could either be attributed to the success of social distancing measures, or that URTI cases have “gone underground”, or a combination of both.

### New Ideas

One new way of seeing patient has come to the fore, that of Telemedicine. I am grateful to iCare Primary Care Network (PCN), for helping the PCN obtain an appropriate Telemedicine platform and going so far as to secure a medicine delivery service for us. I suppose this will need a lot of getting used to, and hopefully we can find a solution to Telemedical clinical examination. The adoption of this new medium of consultation would have been much easier, if only I could emerge from the screen and conduct the full history and clinical examination.

### Hope for Covid-19 to end

As this pandemic drags on, initial fear has turned to zen. Society must still be vigilant still with social distancing. While it is alright for me to have lighter clinic sessions (hopefully for not too long), we must not allow our hospital colleagues to be overwhelmed. I do hope for a quick end to this pandemic and wonder when healthcare demand will recover. But in the grand scheme of things, I am proud to play a role in this Covid-19 fight, an infection that begins as a “cough and cold”. Yes, we GPs are “cough and cold doctors”, among our many other roles.

<sup>i</sup> Section 2, Position Statement from the National Centre for Infectious Diseases and the Chapter of Infectious Disease Physicians, Academy of Medicine Singapore, dated 23 May 2020

<sup>ii</sup> Public Health Preparedness Clinics reactivated to reduce risk of Covid-19 spread, CNA 14 February 2020.

<sup>iii</sup> Infectious Diseases Act (Chapter 137), Infectious Diseases (Covid-19 – Stay Orders) Regulations 2020, No. S182

CM