

BIOTERRORISM, PDA, PATIENT CARE AND PROFESSIONAL DEVELOPMENT

Dr Matthew Ng Joo Ming

The Singapore Family Physician has been given a new look starting with the January – March 2002 issue. What is in common with the topics of bioterrorism, PDA, patient care and professional development? They all can be found in this issue of the Journal.

Bioterrorism

The 911 incident in New York and the anthrax outbreak that broke out the following month starting with the index case in Florida in a postal worker struck fear in everyone's hearts. Suddenly, the world is threatening to be an unsafe place to live in. Overnight, people are asking "Am I vulnerable?"

Bioterrorism has been dubbed asymmetrical warfare. The problem is that terrorism has no borders and attacks can come from anywhere. The attackers are not clearly visible. Terrorists are no different from you and me and it is impossible to tell who is a terrorist until you start talking to discover his ideas, concerns and expectations. Disgruntlement appears to be the root of many destructive acts. Perhaps in this statement lies the solution too.

Meanwhile, what is important is the vigilance that front-line doctors need to have as they see their patients. Just as a lookout for the unusual will allow the doctor to recognize the index case of an epidemic, the same strategy will be needed to detect an intentional disease outbreak. It can be easy to be caught off-guard. The anthrax outbreak starting in a postal worker in Florida tells the story of such an intentional disease outbreak.

In this issue are three papers to acquaint the reader of the subject. The paper on chem.-bio agents and the paper on what the primary care physician must know together give practical thumb nail sketches of the potential agents that may be used for terrorism. The paper on the role of the primary care physician defines the role that such doctors would need to play as frontline doctors. Unlike bombs and chemicals where the results are obvious and where the events will attract the police and security people, the effects of a biological attack is much more covert. The victims are likely to show up at the primary care physicians' clinics in the community or at the Accident & Emergency departments.

The primary care physician will hopefully be able to pick up the case and raise the alarm. This will be his first service role. His next service role is ensure the suspected patient is appropriately handled including measures to ensure that contamination and further spread does not take place. This is where the special precautions, droplet precautions, airborne precautions and contact precautions need to be applied. Once the suspected case is confirmed, the primary care physician is plunged immediately into his third service role of defining who have been exposed and dealing with prophylaxis for these people if such measures are available. The

fourth and final service role is to reduce fear and panic in the community. Fact sheets, timely information that is easily understandable, and reminders on special precautions where indicated will empower the people and reduce fear. There is a need to keep healthcare providers informed too.

What is published in these pages has been gleaned to some extent from the Internet. This will be a living source of information into the future on this subject.

PDA

The dream of writing and checking things on a palm sized gadget has finally come true. It is now possible to store information databases to be looked up at will, even while on the move. You may be glad to know that you can download ebooks and manuals on any medical topic from the Web. In this issue, the downloading of information from the Web is described and so are the website addresses of important information sources.

PATIENT CARE & PROFESSIONAL DEVELOPMENT

The topic of patient care takes us to a paper on developing a positive attitude towards older people, the management of acne vulgaris, and the principles and practice of dermatology. Caring for patients well begins with a positive mindset. To this is added knowledge of the principles and the skills of practice. The paper on older people and the papers on dermatology reminds us once again of the links between the three words of mindset, principles and practice.

Talking about mindset, you also need that to pass examinations. In this issue, Dr Marie Stella P Cruz shares with readers her winning mindset in preparing and sitting for the MMed(Family Medicine) Examination – an important step in professional development. She has several gems for any reader who cares to pick them from her article. Perhaps the best gem is “Prepare with the end in mind”.

Still on professional development, research is increasingly recognised as an important vehicle to advance the science and art of medicine and that includes family medicine. In this article, the relevance of qualitative research is examined and one of its methods, the use of the focus group is described. Number crunching may not be enough. You also need what numbers are worth crunching. This is where qualitative research points the way.

The next issue will focus on rheumatic problems in medical practice.

MATTHEW NG JOO MING, MBBS(S'pore), Grad.Dip.Occ.Med, MMed(FM), MCFPS
Honorary Editor, College of Family Physicians, Singapore