

Practising Medicine in times of COVID-19

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Singapore saw its first case of COVID-19 infection on 23 January 2020. This was a tourist who had arrived in Singapore and presented at one of our public hospitals with fever and respiratory symptoms. Fortunately, the hospital was on the alert for cases with symptoms suspicious of COVID-19 infection and a history of travel from China. The attending doctors were quick to place him in isolation, make a diagnosis of pneumonia and then perform the relevant tests to diagnose COVID-19 infection.

We have since seen rising numbers of COVID-19 infection occurring in nearly every country in the world. The outbreak has reached pandemic proportions and disrupted the livelihood and activities of many people globally. Singapore has seen several waves of COVID-19 infection over the last eleven months. The early cases were imported cases, from travellers who originated from different parts of China. However, these early cases led to several localised clusters of infection in the community in settings where there were communal activities and close contact between individuals.

Quick Mobilisation

Our healthcare professionals were quickly mobilised to deal with this novel infectious disease outbreak. Doctors were given guidance on how to recognise suspect cases of COVID-19 infection and to refer these cases to the hospitals for further evaluation.



A/Prof Kenneth Mak speaking at one of the Multi-Ministry Taskforce press conferences
Photo credit: Ministry of Communications and Information

They were also given instructions to adopt more stringent infection control measures in their places of work, whether in primary care, long term and intermediate care settings, or in the acute hospitals.

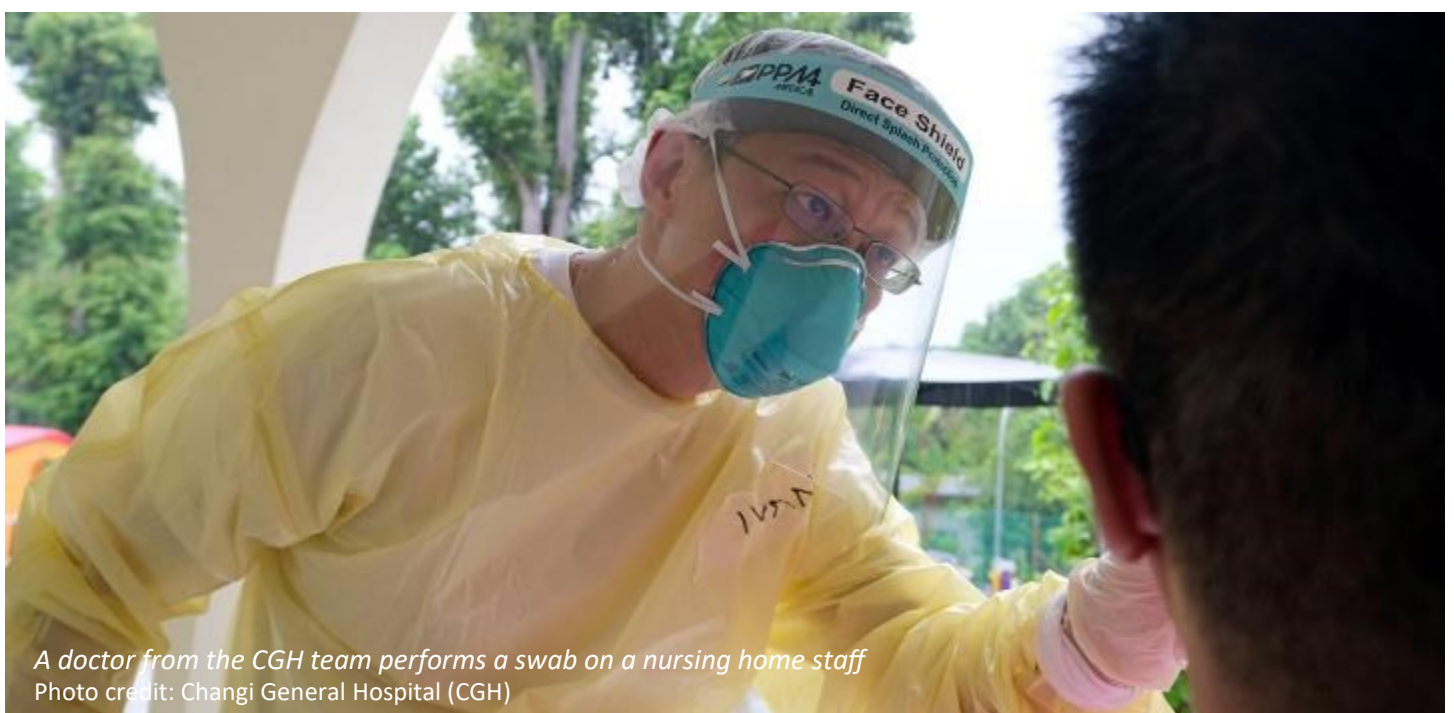
General Practitioners working in clinics designated as Public Health Preparedness Clinics (PHPCs) were mobilised to attend to patients presenting with respiratory complaints. These doctors received additional training to enhance their competency in using N95 masks and the Ministry of Health (MOH) also provided additional personal protective equipment (PPE) so that they were adequately resourced to triage and assess patients for possible COVID-19 infection.

Many family physicians took on these roles without complaint, donning masks and gowns to attend to their patients, fully aware of the risks they faced of being infected by the very patients whom they cared for.

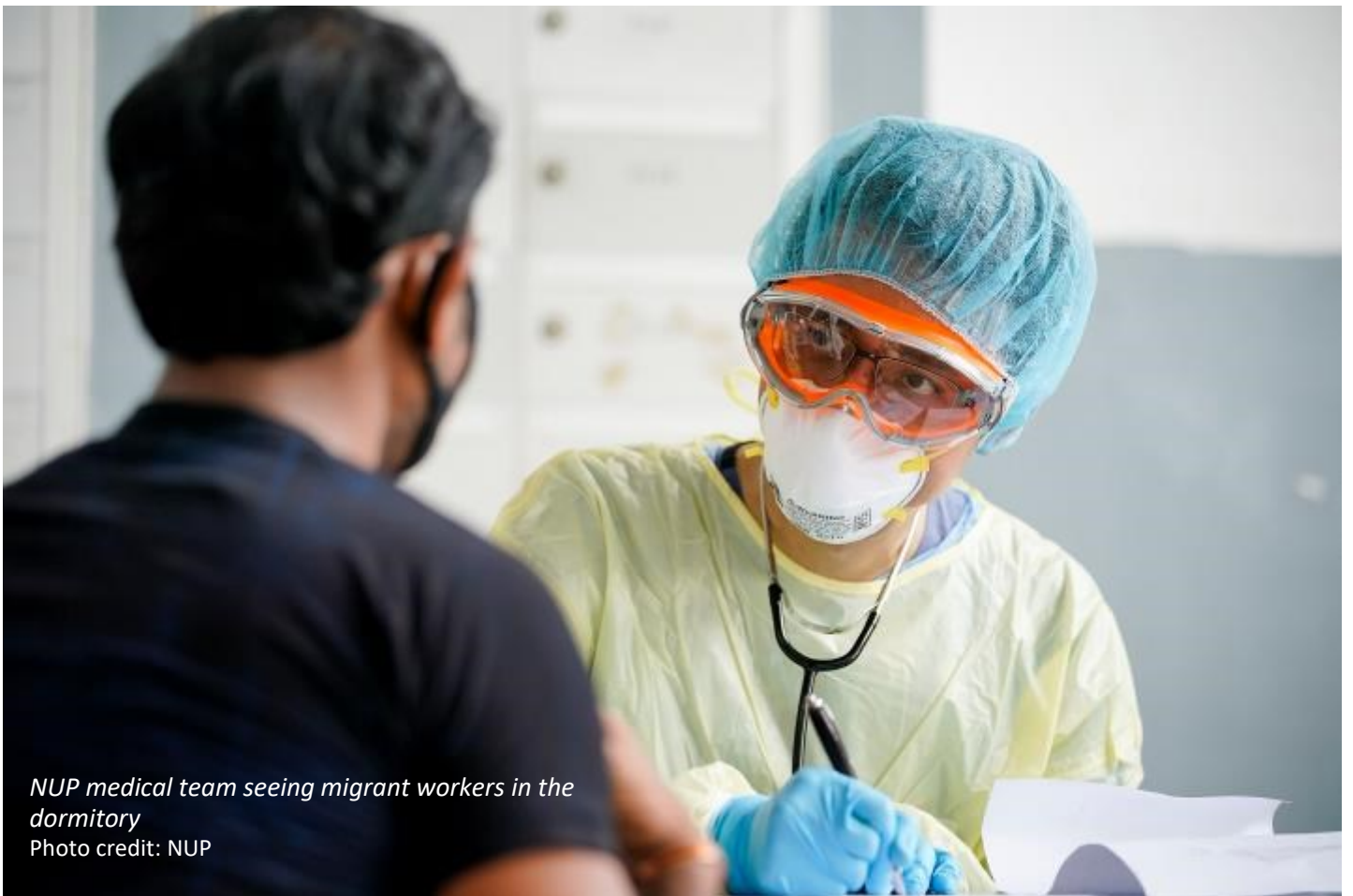


Medical doctor puts on Personal Protective Equipment
Photo credit: National University Polyclinics (NUP)

Our hospitals put in place enhanced measures to manage the risk of having COVID-19 cases amongst patients and visitors in the hospitals. Healthcare workers were drilled on the contingency measures to be undertaken if an outbreak were to occur within the hospitals. Doctors and nurses received further training at work to better prepare them for possible deployment in 'red zones', for example, in the emergency departments, isolation wards and intensive care units (ICUs).



A doctor from the CGH team performs a swab on a nursing home staff
Photo credit: Changi General Hospital (CGH)



NUP medical team seeing migrant workers in the dormitory
Photo credit: NUP

Medical Needs of Migrant Workers

By late March, we started to deal with a new wave of clusters that had risen amongst the migrant worker population in Singapore. These workers worked and lived in close proximity to each other, and shared communal facilities within their dormitories. The number of cases in these dormitories increased exponentially and soon contributed to an overwhelming proportion of new cases reported daily in the country.

To support the health needs of the migrant worker community, medical posts were established at the larger purpose-built migrant worker dormitories, with other similar posts established in centralised areas to provide support to smaller dormitories and worker accommodation facilities across a wider geographic area. There was a need to man these new medical posts.

Doctors and other healthcare professionals were deployed from public healthcare institutions to run these medical posts. They were supported by many healthcare volunteers who took time off their normal work in their private clinics and private hospitals to care for the migrant workers.

Community care facilities were also set up to provide for isolation of COVID-19 infected cases who had mild infections and did not require care in the acute hospitals. Again, many healthcare volunteers stepped in to run these community facilities and ensure that appropriate care was provided to these patients. Public-Private partnerships were forged to run these community facilities and such collaborations proved to be good testimonies of how healthcare professionals from both public and private sectors could work together for the common good of their patients.

New Models of Care Established

New models of care were also established to overcome treatment gaps and ensure that appropriate care was accessible to the migrant workers at all times. This included the adoption of tele-consultation services as well as tele-monitoring of vital signs for these workers in the dormitories and community facilities. In the hospitals, non-essential clinical services were temporarily suspended to allow for sufficient resources and capacity to be devoted to providing care to the rising number of COVID-19 cases. Telehealth technology was also embraced by many healthcare professionals, so that care could be provided to vulnerable patients with chronic medical conditions and prevent their condition from deteriorating due to difficulty in returning to seek care in the clinics and hospitals.



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High Level of Medical Professionalism

It was through these times, when a significant proportion of our healthcare system capacity was utilised to care for the large numbers of COVID-19 cases, that we saw the best examples of medical professionalism displayed. Many doctors worked long hours in the dormitories, at their clinics and in the hospitals to look after their patients. Despite being tired from working in often arduous conditions, they were committed to doing their best for the patients. They were unfazed by ethnic differences or language barriers that they encountered when communicating with their patients. Instead, the compassion, kindness and concern they demonstrated in caring for their patients stood out as clear examples of what it means to treat all their patients without discrimination. I have personally met with doctors who are strong advocates for their migrant worker patients and know that their passion is driven by a deep sense of commitment to doing what is in the best interest of their patients.



NUP medical doctors at the dormitory
Photo credit: NUP



A CGH nurse gears up in her Personal Protective Equipment (PPE) before entering the isolation room
Photo credit: CGH

Remaining Vigilant and Disciplined

The COVID-19 situation in Singapore has improved considerably. Presently, most cases of new COVID-19 infection are imported cases arising in travellers who are subject to a mandatory period of isolation and testing. There are few cases of community infection reported and our community surveillance suggests that the spread of COVID-19 infection within the community is under control. The recent announcement of our forthcoming transition to 'Phase 3' brought much optimism that more social and economic activities can resume in the community. However, this is not a time to be complacent. The prevalence of COVID-19 infection in many countries continues to be high and the risk of more imported cases coming into Singapore as we progressively open our borders remains high.

We need to maintain the discipline of mask wearing, practising safe distancing and good personal hygiene as a key strategy to protect individuals from being exposed and infected with COVID-19. Doctors continue to play an important role in educating their patients and encouraging them to comply with these protective measures.

We need to remain vigilant about the possibility of COVID-19 infection in patients who present to us with acute respiratory symptoms, fever or other symptoms associated with the infection.

We should remain wary about the possibility of atypical presentations of COVID-19 infection and of asymptomatic infections. Therefore, there remains a need for healthcare workers to be disciplined in complying with the relevant PPE standards in the different clinical settings at work.

The government has also announced its plans to procure COVID-19 vaccines and that healthcare workers and seniors who are at higher risk for adverse outcomes from COVID-19 infection would be given priority in its vaccination programmes.

Doctors should update themselves with information about the benefits and risks associated with the COVID-19 vaccines, so that they can appropriately counsel their patients and correct misinformation about the disease or about vaccination. This will empower their patients to make informed choices about vaccination.

SMC Supports Doctors during Trying Times

Throughout this year, the SMC has been busy, working actively to affirm the standards of practice for medical professionals and to ensure the safety of patients with the following changes:



Continuing Medical Education

C-reg doctors' extended place of practice



Amendments to Medical Registration Act and Civil Law Act

The work of the Council



Fulfilling CME through Online Platforms and Journal Reading

When “Circuit Breaker” lock-down restrictions were imposed in the community as well as movement of healthcare professionals across different care settings was restricted, SMC encouraged doctors to continue to meet their Continuing Medical Education (CME) obligations through the use of online teaching platforms and webinars, as well as journal reading and online readings with assessments. The Council increased the cap on the points for Cat 3A from 10 to 20 points so that it was now possible to get all the required core and non-core points online. CME activities concerning COVID-19 were accepted as core CME activities across all specialty disciplines.

Extended Places of Practice for Conditionally Registered Medical Practitioners

SMC has also worked closely with MOH and healthcare institutions to allow conditionally registered medical professionals to work in extended places of practice, to support the need for staff to be redeployed as clinical services had to be augmented to support care of COVID-19 patients. This was done with attention paid to ensure that proper supervision of conditionally registered medical professionals would continue and patient safety was not compromised.

Amendments to the Medical Registration Act and the Civil Law Act

With the amendments to the Medical Registration Act and the Civil Law Act passed in October 2020, the Council has started a review to identify the administrative and disciplinary processes that need to be strengthened. The legislative changes serve to preserve the trust upon which the doctor-patient relationship is based on and to clarify the principles guiding the practice of obtaining informed consent.

The SMC is committed to ensure that the revised disciplinary system is fair and transparent. It will set and apply clear standards consistently on what is required of doctors in their practice of Medicine.

The work of the Council

The Council election took place earlier this year with new colleagues joining as members and a few members re-elected. To comply with safe workplace restrictions, much of the work of the Council was conducted via video-conferencing and online platforms. This included Council meetings, disciplinary proceedings’ pre-inquiry conferences, processing of applications for registration and CME point accreditation. These revised work processes will continue even as we transit to Phase 3 by the end of 2020 and reflect the ‘new normal’ for the Council.

Appreciation to all Doctors

The COVID-19 pandemic has introduced many disruptive changes to the usual practice of doctors. **The Council is concerned about the welfare of our doctors and will work with various stakeholders to support the mental health and well-being of medical professionals during this challenging time.** Amidst the difficulties encountered in clinical practice during this period, many doctors have demonstrated what it means to work in service of humanity. I wish to express my deep gratitude and appreciation to all doctors who have walked the extra mile and worked hard in the best interests of their patients.

As we are approaching the end of 2020, I wish all of you a blessed Christmas and a new year filled with good health, happiness and fulfilment in all that you do.