

# SARS 15 years on - My reflection on how to motivate your team to overcome the crisis

Dessmon YH Tai

Severe acute respiratory syndrome (SARS) was a new infectious disease that emerged in mid-November 2003 in Guangdong, southern China. (1) By the time this global pandemic was declared contained on 5 July 2003 by WHO, it had afflicted 8090 patients in 29 countries. (2)

No other disease had such a phenomenal impact on healthcare workers (HCWs), as they formed about 21% of SARS patients. In Vietnam, Canada and Singapore, the percentages of HCWs were 57%, 43% and 41%, respectively. The SARS crisis had become a medical plague.

Tan Tock Seng Hospital (TTSH) was designated the national SARS hospital on 22 March 2003. (3) As Director of MICU in TTSH, I became the Director of the national SARS ICU by default. (4) I'll never forget that shocking one-week belated birthday present, mixed with conflicting feelings of responsibility, pride and that all-too human fear of the unknown. Being in the frontline, I hid my fear behind my N95 mask. I had to set an example of courage and confidence for others to follow. (5) Medicine being my vocation, I told myself that I could not turn my back on my responsibilities, however dangerous, especially in the thick of an unprecedented national crisis. (4)

We realised that courage was not the absence of fear. Instead, our devotion to duty became very powerful in the face of this adversity. (6) This com-

mitment was so strong that it overcame all personal dilemmas and kept us on the job. (5,6)

Theoretically, heroes are admired. But their loved ones would rather grow old with an ordinary person than live with the memory of a dead hero. (4) Honestly, who is not afraid to die? (7)

But the sad fact was that we had to be prepared to die in the course of our professional duties.

Is the accepted norm of professional responsibility for HCWs to be ready to sacrifice their lives for patients they do not even know during epidemics? (8) In reality, the medical profession will always carry an inherent occupational risk of being infected by their patients even during normal times.

What factors made HCWs continue "to give their heart and soul to the battle, even when their colleagues fall victim to the deadly virus" and to even step "foot outside the security of their home every day"? (9)

Firstly, it was their professional commitment to duty. The Hippocratic Oath embodies the doctors' moral identity by providing a broad ethical framework for the conduct and practice of doctors. (10) Although the Pledge has been modified since the 1948 Geneva declaration adopted by the World Medical Association, 3 important obligations remain, namely "duty to the public, duty to the patient and duty to the profession."

Dr Carlo Urbani eloquently exemplified this calling

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From Dept. of Respiratory & Critical Care Medicine, Tan Tock Seng Hospital, Singapore and Yong Loo Lin School of Medicine, National University of Singapore (Dessmon YH Tai).

## Address for correspondence:

A/Prof. Dessmon YH Tai

Senior Consultant

Dept. of Respiratory & Critical Care Medicine, Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 308433

Tel: +65-63577862, +65-63577875

Email: dessmon\_tai\_yh@ttsh.com.sg, dessmontai@yahoo.com.sg

in his acceptance speech for the Nobel Peace Prize for Doctors without Borders in 1999, "Health and dignity are indissociable in human beings. It is a duty to stay close to victims and guarantee their rights." (11) He passed away, aged 46, while taking care of SARS patients.

Secondly, a sense of altruism and self-sacrifice was very strong when facing the uncertainty of this new disease. (6) A study from Hong Kong reported that at least 90% of the respondents who survived the SARS catastrophe believed themselves to be more altruistic because the diversion of attention and en-

ergy to helping others helped them to conquer their own feelings of powerlessness and regain a sense of control over other aspects of life. (12)

Thirdly, an adequate supply of protective gear (12) and medical insurance coverage for all HCWs and their families were crucial for their physical and psychological well-being. After recognition of the syndrome and the implementation of full protective measures in TTSH on 17 March 2003, not a single SARS ICU staff was infected. (13) This testimony to the effectiveness of our protective gear was a crucial and potent psychological antidote to our anxiety about the safety of our work environment. To be a well-equipped and well-prepared combat ready professional is more useful than being a dead hero. (8) Fourthly, messages of gratitude and encouragement from relatives, friends and strangers in society at large were morale boosters. (14) Emotional support and positive affirmations from fellow HCWs were

also useful.

Lastly, many found calm and peace entrusting themselves to their Gods. (6)

Fifteen years on, as I reflect on the many joyful and tragic moments, I am glad that our HCWs have reaffirmed that their career is also their vocation. (4) This SARS scourge will go down in history as one of our darkest moments but it was also one of our finest triumphs. (15) This microbiological battle has been a great humbling experience, where our healthcare community has epitomised their Hippocratic Oath through their acts of selfless behaviour, sacrifice and love. (16)

For the frontline SARS HCWs who had soldiered on despite the risk, it was the badge of honour that they chose to wear. (7) Many HCWs now have a renewed appreciation for the meaning, nobility and importance of their profession. (12)

## References

1. Tai DYH. Severe acute respiratory syndrome. *Med Prog* 2005;32:317-24.
2. World Health Organization. Summary of probable SARS cases with onset of illness from 1 November 2002 to 31 July 2003 (Based on data as of the 31 December 2003) [Internet]. 2003 Dec 31 [cited 2005 Nov 16]. Available from: [http://www.who.int/csr/sars/country/table2004\\_04\\_21/en/index.html](http://www.who.int/csr/sars/country/table2004_04_21/en/index.html)
3. Centers for Disease Control and Prevention (CDC). Severe acute respiratory syndrome – Singapore, 2003. *MMWR Morb Mortal Wkly Rep* 2003; 52:405-11.
4. Tai DYH. A journey through the severe acute respiratory syndrome (SARS) crisis in Singapore – observations of an intensivist. *Crit Care Shock* 2004; 7:134-9.
5. Ng WC. Trench warfare in the intensive care unit. In: Lee JJ, Chan Z, Branson O, editors. *The Silent War: 1 March – 31 May 2003*. Singapore: Tan Tock Seng Hospital Private Limited; 2004. P. 95-109.
6. Khee KS, Lee BL, Chai OT, Loong CK, Ming CW, Kheng TH. The psychological impact of SARS on health care providers. *Crit Care Shock* 2004; 7:99-106.
7. Tai DYH. SARS plague: duty of care or medical heroism? *Ann Acad Med Singapore* 2006; 35:374-8.
8. Hsin DH, Macer DR. Heroes of SARS: professional roles and ethics of health care workers. *J Infect* 2004; 49:210-5.
9. Koh A. Medical heroism ... *The Straits Times*. 2003 Apr 7:17, col 1-2.
10. Nambiar RM. Physician's Pledge taking Ceremony. *SMC In-Touch*. 2005 Dec:4-7.
11. Cox News Service. WHO doctor Carlo Urbani warned the public of SARS but succumbed to the virus in a Bangkok hospital. *The Straits Times*. 2003 Apr 6:32, col 2-6.
12. Tam CW, Pang EP, Lam LC, Chiu HF. Severe acute respiratory syndrome (SARS) in Hong Kong in 2003: stress and psychological impact among frontline healthcare workers. *Psychol Med* 2004; 34:1197-204.
13. Loo S, Tai DYH, Tai HY, Ang B, Soon M, Leong HN, et al. Effective protective measures for healthcare workers in an intensive care unit dedicated for patients with severe acute respiratory syndrome. *Ann Acad Med Singapore* 2003; 32(S): S79.
14. Chee YC. Heroes and heroines of the war on SARS. *Singapore Med J* 2003; 44:221-8.
15. Tai DYH. SARS: Scourge of Western Pacific countries? *Crit Care Shock* 2004; 7:110-2.
16. Tai DYH. SARS Plague: Duty to care or medical heroism? In: Steinbock B, London AJ, Arras JD, editors. *Ethical Issues in Modern Medicine: Contemporary readings in Bioethics*. 7th ed. New York: McGraw Hill; 2008. P. 134-8.