

Hope in a global pandemic

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There will come a time when everybody will know why, for what purpose, there is all this suffering, and there will be no more mysteries. But now we must live ... we must work, just work!

Anton Chekhov, The Three Sisters

n the midst of the coronavirus disease 2019 (COVID-19) global pandemic, there can be only one subject for any medical journal editorial now and for the foreseeable future, with so many of our previous certainties and ideologies overthrown.

My process for writing editorials is, like most writing, solitary and personal. But the onslaught of the COVID-19 pandemic overwhelms and calls out for collective wisdom and action. This month I canvassed some family physician colleagues across the country and asked them to share their personal reflections about the effects of COVID-19 on their practices, their communities, and themselves. I also asked them to share their thoughts about the future as we emerge and learn the profound lessons this pandemic is offering to us. Consider it a small qualitative study from which emerged 2 overarching themes.

Transformation

The first was how COVID-19 has rapidly transformed the way that family doctors practise. What was once thought difficult or impossible not long ago-the widespread adoption of virtual care—is now a reality. In practices across the country there has been a massive shift to virtual care (telephone or video) to maintain social distancing while still caring for our patients. It has taken not years, but days.

Some physicians in Italy—one of the countries hardest hit by COVID-19 so far—have advocated we manage as many COVID-19 patients as possible in the community,1 where there is a crucial role for family physicians. Family medicine colleagues in the United Kingdom, which like Canada has had a limited capacity to test symptomatic patients, developed a high-quality, consensus-based algorithm to help GPs provide safe and effective virtual care to such patients.2 With the evolving nature of the pandemic, there will be ample opportunity to evaluate such tools—a legacy of care for future pandemics as well as routine care in family medicine.

Colleagues reflected that the pandemic has exposed the problems of the small-business model of practice,

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with many such clinics laying off staff and even doctors for lack of patient traffic. Fee-for-service is a precarious way to be paid in a global pandemic, and this will accelerate the move to other funding models in Canada.

There is a sense of energy and pride in family medicine's response to the pandemic, but also a sense of loss—loss of the traditional waiting room and the human connection of the face-to-face encounter. Every colleague feared the effects of COVID-19 on the most vulnerable and disadvantaged in society—the old and isolated, those trapped with an abusive partner, the poor, and the homeless. The socioeconomic gradient of health is steepest in a pandemic.

Hope and optimism

The second theme was hope and optimism—hope that we will learn some vital lessons and optimism that we will change as a result.

There is hope for restored faith in science and public institutions that societies have created to protect them from disasters like global pandemics. It is still too early to say how countries will fare, but we know that highincome countries like the United States and the United Kingdom that hollowed out such public institutions will fare less well, and that low-income countries that lack such strong institutions will fare even worse.

There is faith in community, connectedness, and our common humanity and vulnerability. There was hope that one of the lessons we will learn in high-income countries like Canada, the United States, and the United Kingdom is the importance of robust economic safety nets, because almost all but the very wealthiest of us have been shown to be vulnerable now.

There is recognition that we are learning so much from our global colleagues in this moment of crisis³ and optimism that we will learn humility from this. And there is hope that as we are coming together as a global community to fight a global pandemic, so too can we finally address other important global problems like climate change and poverty.

Acknowledgment

I thank my family physician colleagues Drs Mike Allan of Salt Spring Island, BC, Sarah Fraser of Antigonish, NS, Brent Kvern of Winnipeg, Man, David Ponka of Ottawa, Ont, and Jeff Sisler of Winnipeg, Man, for generously sharing their reflections and wisdom with me.

References

- Begley S. A plea from doctors in Italy: to avoid Covid-19 disaster, treat more patients at home. Stat 2020 Mar 21. Available from: https://www.statnews.com/2020/03/21/coronavirusplea-from-italy-treat-patients-at-home. Accessed 2020 Apr 1.
- Greenhalgh T, Choon Huat Koh G, Car J. Covid-19: a remote assessment in primary care. BMJ 2020:368:m1182.
- Emergence: family medicine in the COVID-19 global pandemic [podcast series]. Mississauga, ON: College of Family Physicians of Canada; 2020. Available from: https://cfppodcast.libsyn. com. Accessed 2020 Apr 6.