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These Are Still Good Days to Heal: Cancer Care and the Covid-19 Pandemic

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Abstract

In this article, I narrate my experiences with telemedicine in cancer care as a medical oncology fellow-in-training during the period of enhanced community quarantine in Metro Manila due to the Covid-19 pandemic. Telemedicine has not only helped me communicate with and coordinate treatments for my patients but also offered me a way to offer encouragement and hope.

Keywords

telehealth, telemedicine, communication, clinician–patient relationship, cancer, COVID-19, oncology

Enhanced Community Quarantine and Limited Clinic Capacity

On the night of March 12, 2020 (1), the Philippine government declared a state of enhanced community quarantine in Metro Manila. I went to work that day. The train was packed, the passengers wore masks and eyed everyone else with suspicion. It occurred to me that these were strange times—and getting stranger still. The Covid-19 pandemic in China, once a remote issue, had landed on our shores.

The Cancer Outpatient Clinic still bore a semblance of normalcy that morning. I started my clinic by greeting the staff. I talked to my patients face to face. I held their hands, added a little extra squeeze to offer the assurance that they would be well—they were strong enough to complete that day's chemo sessions. I broke the news to a middle-aged woman that she had metastatic breast cancer. I also shared the news to a young single mother that her cancer was on remission. I had my dose of grief and joy, suffering, and celebration—the bittersweet life that I have come to accept as a physician. "Talking to you gives me hope," a patient told me. "Thanks for all that you do for me."

It was a good day to be a doctor.

Since the lockdown, however, the clinic has ceased its regular operations. After it was declared closed for a few days, it was later on reopened at limited capacity. The hospital administration decided to prioritize patients infected with Covid-19. Even medical oncology trainees were asked to go on shifts in the noncancer wards to help with the lack in manpower. I had to choose which patients were to be prioritized in the list for immediate chemotherapy and which patients to delay.

Building Communication Bridges

But my calling as a physician did not end with the lockdown. I had patients to care for. The clinic adopted telemedicine to tide me and my colleagues through the current arrangements. Because I gave my patients my email and phone number in the past so they could reach me if they needed to, adjusting to this mode of patient–physician interaction was not difficult for me.

Telemedicine has opened opportunities for me to interact with my patients in the absence of actual face-to-face meetings. It has been useful in my context, since my patients live in distant provinces and use public transportation, currently unavailable because of the lockdown, to reach the clinic. Technology has offered an innovative way for me to instruct, advice, remind, even encourage my patients.

My phone and computer have become my consultation rooms. At any given time of the day, usually mornings, I would compose brief replies to emails and text messages.

Consider, for instance, my patient, a coconut farmer with stage III colon cancer who asked if his final chemo session would push through. The email contained the results of his laboratory tests, a note that he felt well and did not

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experience the side effects I had warned him about. He assured me that he was praying for my safety. He lived in Leyte, an island province 950 km from Manila. To save money, he would take the night bus to the hospital on Sundays so he would make it in time for his Monday appointments. After his sessions, which would typically end after lunch, he would take another 24-hour bus ride home. I emailed back to say that we would push through with the scheduled chemo as I had already reserved a slot for him. He said he was able to use their village's ambulance to reach Metro Manila. I emailed him a medical certificate so he could pass through the checkpoints to the capital. Telemedicine has given us an avenue to communicate, coordinate, and facilitate his treatment.

Another patient, who completed treatment for locally advanced breast cancer, texted if she should be worried about the tingling sensation in her palms and soles. She was detained in a women's correctional facility in Metro Manila but was allowed supervised access by the police to communicate with me through the facility's official phone, especially during the pandemic. I told her that the neuropathy was an expected complication of one of the chemotherapeutic drugs (docetaxel) she had received, and that this might resolve partially in due time.

Consider, too, my 75-year-old patient, a former English teacher from Manila, who was undergoing palliative hormonal treatment for metastatic breast cancer. With the help of her daughter, she would compose text messages as if they were handwritten letters to let me know how she felt—proof that even the elderly, with enough family support, could benefit from telemedicine. I replied that we could delay her follow-up until the end of the enhanced community quarantine. I could imagine her in her wheelchair at home, smiling, as if she had no cancer at all.

A Hope

Online interactions cannot completely replace actual human interaction between the physician and the patient, but through these remote meetings, we can able to offer communication bridges. With telemedicine, these are still good days to be a doctor. But I still wish for better days ahead when the pandemic is over, when I can talk to my patients face to face, hold their hands, and celebrate our shared humanity.

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