

A conversation from sometime in the future

“Hey, great-grandpa, how did you survive the COVID-19 pandemic?”
“Mostly, I just sat around and sent funny memes to my social media contacts.”

Back in February, I wrote an editorial about the novel coronavirus and my hope that if it became a global pandemic humanity would respond with kindness and grace (published in the April issue). As I now sit in front of my computer in early April and reflect on the staggering spread of COVID-19 and the resulting unheard of societal adjustments, I am pleasantly surprised by the positive response to this pandemic. Sure, there have been cases of people fighting over toilet paper or gouging their neighbors by reselling medical supplies at ridiculous markups. But these are exceptions. I have been impressed by how the majority of people are reacting. There are numerous reports of individuals reaching out to the vulnerable in their communities by picking up their groceries, prescriptions, and other necessities. Others are trying to ease the social isolation many elderly are experiencing by sharing music and conversation. Groups that aren't using their personal

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protective equipment (PPE), such as dental offices, have been sharing with those who need them. All manner of organizations in unrelated fields have asked what they could produce and are now manufacturing gowns, masks, gloves, face shields, and more. Some companies are even designing and looking to make ventilators if need be.

I have been touched to my core by the 7:00 p.m. shout-out to health care workers and first responders. The banging of pots and clapping of hands brings a tear to my eye every time. Restaurants

that might be forced to close due to a drastic reduction in their business have been selflessly providing much-needed meals to health care workers at local hospitals. The outpouring of support and gratitude has been truly amazing during this difficult time.

People's creativity has also been on display. Window decorations with hearts and positive messages adorn many neighborhoods. Colorful decorated rocks now line pedestrian paths and walkways. Social media is providing a constant stream of funny memes to lighten the load and share joy as we navigate this pandemic.

The people of BC have been asked to physically distance themselves, self-isolate, and avoid gatherings. I have been beyond impressed by the general response to these measures, despite the significant financial and social losses incurred. The general population is being respectful yet kind while doing their part to flatten the curve.

My spirits have been lifted, as has my belief in the basic goodness of people. Despite fear of physical illness and financial ruin, so many are reaching out to others less fortunate than themselves. I am confident we will get through this pandemic together with perhaps a kinder and gentler world waiting on the other side. ■

—David R. Richardson, MD



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Is there a new, better normal?

Most of us could enumerate fairly closely the number of deaths reported to have occurred on 11 September 2001: 2977 victims and 19 hijackers. But our focus on the tragedy would leave us mistaken in our answer. In truth, in the US, about 7500 people die each day, so the vast majority of people who died on 9/11 did so in the more usual way. That day, approximately 100 people likely died in motor vehicle accidents and 31 in firearm incidents. In Canada, approximately 600 people were likely diagnosed with cancer and 22 died by suicide. It's easy to lose track when everything is focused on one huge event.

COVID-19 is a new disease, a novel virus, a puzzle with unpredictable and cruelly shaped pieces that we are trying to assemble in the dark. Living through the effects of physical-distancing guidelines, watching the news, and seeing the economic consequences, we may forget that most of the usual medical statistics are still ticking along. Front-line health care workers are not *all* looking after COVID patients; the majority in many centres are looking after the ordinary illnesses, injuries, and complications. Kids will get leukemia, women will get breast cancer, elderly people will break their hips. Caring for these issues is always challenging, but doing so during a serious pandemic is many degrees more

difficult. Most patients are not allowed to have family members with them in hospital—when they are vulnerable or unable to advocate for their own needs. Most face-to-face and hand-to-hand interaction is limited or distracted by the protections needed. Appointments are limited and less timely. Rounds, education, meetings, communication, students, and residents all have a weakened or distracted presence, and some may bear the scars long term. Learners graduating during this time may not have the same experience or rigor of evaluation in their fields. Studies are being fast-tracked into the public domain and being interpreted and dispersed prior to full peer review. Funding for research is devastated by economic predictions. International fellowships may be practically impossible for the time being. Technology is being used more than ever as we slowly distill what is important and what is possible, and accept that not all things fit well. This pandemic will have implications for medicine, practitioners, education, and non-COVID patient outcomes quite possibly for years.

We will eventually become a physically closer community again. Elective surgeries will again be slated, people will see their more usual lives, illnesses, and injuries somewhat prioritized again. But even with the possibility of an effective vaccine or scientifically supported treatment for COVID-19, it is more likely than not that there will be another SARS, or MERS, or Spanish flu on the horizon. Hopefully things will have changed so we can respond effectively with less drastic reactions, or maybe even have reduced risks for our population. We in health care, who hold many of the stakes directly and on behalf of our patients, may have to be the ones to spearhead changes during our return, even if economic benefactors of the status quo push in other directions.

Can we take this time to think about ways to encourage a new, perhaps better, normal? Could safe shopping be the standard? Do we need to have 10 000 whateverologists fly to attend a national meeting, or can we have adequate knowledge transfer and social interaction in a different, safer way? How much business *has* to be conducted in person, versus over a 30-minute Zoom meeting? Do we need to have thousands of people crowd together for football, basketball, and soccer games? Maybe there is a way to maintain the enjoyment and fellowship while reducing public

risk. Can we appreciate the performing arts in a safer way without sacrificing the power of artistic immediacy? Will necessity give birth to ideas that would previously have been overpowered by the status quo? Can our patients, and communication of their issues, be treated more effectively in the ways we are using now?

Life may not go back to the way it was. It shouldn't. But as we have done already with airline security, electronic ID tags, recycling and composting, smart phones, and electric vehicles, we change when things need to change, and we can handle it.

COVID news is updated, and some days—sometimes hourly—contradicts its previous iterations. By the time this editorial is published, we may have a new set of rules in place. There are likely to be active protocols affecting life for many months. But we will at some point have to reprioritize the more ordinary things that will need to be done in our practices. We likely will have to do this during a time of serious economic consequences and a scarred, overrun system. I hope open minds, kindness, team playing, and long-term vision will lead our way. ■

—Cynthia Verchere, MD

Will necessity give birth to ideas that would previously have been overpowered by the status quo?

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BCMJ Blog: Stopping the spread: Managing substance use disorders amid SARS-CoV-2

Many people with untreated or undertreated substance use disorder are currently facing dual public health emergencies—the SARS-CoV-2 pandemic and the overdose crisis.

Read the post: bcmj.org/blog/stopping-spread-managing-substance-use-disorders-amid-sars-cov-2



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