



Mass disruption: A time of great pain and great hope

You've probably heard the term *collective trauma* (a traumatic event shared by a group of people) being used to describe the COVID-19 pandemic. I often use this term myself. As a specialist in mental health, and as a child of parents who experienced homelessness and abuse, trauma is a familiar phenomenon for me, professionally and personally. But trauma carries different meanings for different people. For some, trauma means broken bones and ruptured organs. For others, it is a multigenerational experience of racism and oppression. And for others still, it stems from everyday experiences such as being called by the wrong pronoun or being told that you have dressed too provocatively. *Collective trauma* suggests that we have all been injured in some way, which isn't necessarily true of the pandemic.

That's not to say people haven't suffered; we have seen far too many deaths; too much illness, isolation, and loneliness; and too many racist attacks and lost jobs. There are some who have fared well, at least economically, during the pandemic. Health care workers have been differentially affected—having to make heartbreaking phone calls to family members of COVID-19 victims, hunt desperately for PPE in the initial weeks of the pandemic, and many seeing their practices and operating rooms closed due to pandemic restrictions. Again, there are some who were able to make a swift move to virtual care, and some have not seen a single case of COVID-19.

Sometimes we need to use different terminology to avoid preconceived ideas and experiences associated with certain words. That's why I use a different term to describe what has led us to experience so much fatigue, frustration,

and fear, while at the same time triggering self-reflection, innovation, and change. It is a term that encompasses the good and the bad, the injurious and the healing, the fatiguing and the motivating. I suggest using the term *mass disruption* to describe this unique time in our history.

The word *disruption* describes the rupture of our social connections, restrictions put on our usual ways of coping with stress, and the negative impacts on our economic security. It can also describe the collective awakening that has triggered global movements to combat systemic racism, gender-based violence, and inequality—movements that have gained considerable momentum in spite of pandemic restrictions. It should come as no surprise that a prohibition on social gatherings, while necessary to save lives, has not impeded these calls for change. The need for human dignity is universal.

In health care, this mass disruption has meant that some colleagues have and will experience problems such as anxiety, depression, and posttraumatic stress disorder. Doctors of BC's Physician Health Program has seen record-setting demand from colleagues in distress. And from what we know from previous global and regional disasters, we can anticipate this demand to continue increasing, peaking as much as a year or more after the pandemic before subsiding. We know that some of our patients, especially those who have been personally affected by COVID-19 or who have had protracted courses of illness, will continue experiencing challenges long after the last person is vaccinated. We saw this with SARS in 2003, MERS since 2012, and myriad other outbreaks of disease around the globe.

Mass disruption in health care has also interrupted the old ways of doing things. In the span of weeks, we went from less than 10% to more than 90% of medical visits taking place virtually. That number has dropped since we adapted to pandemic conditions and found a better balance between virtual and face-to-face care, but it will never fall to prepandemic levels. Health care is one of the last industries to see disruptive innovation brought on by the Internet age. The pandemic is exacting a heavy toll, but it is also triggering changes that will resonate for decades.

On occasion, you'll still catch me calling the experience of the past year a collective trauma; many people and some groups have certainly had a traumatizing experience. But more than that, we have experienced a mass disruption to our way of life, our way of coping, our way of doing business, and even our way of thinking.

A mass disruption need not be a negative experience. History is full of examples of how disruption can be the impetus for positive change. The change could be personal: a look at one's life goals, reconsidering one's career, reconnecting with friends and family. The change could be organizational: taking stock of how we responded to the pandemic, addressing gaps and shortcomings, doing better next time. Or the change could be global: awakening to the realities faced by disadvantaged and marginalized groups, highlighting the interconnectedness of nations, and motivating one another to build a better world.

COVID-19 has created a mass disruption for us all, but we choose how to respond. ■

—**Matthew C. Chow, MD**
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