



LETTERS

POSSIBLE LESSONS FROM COVID-19

Lessons from covid-19: visiting patients at home and assessing comorbidities

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What might we learn from the covid-19 pandemic?¹ Before the pandemic, a patient with complex comorbidities who was unwell at home would have been visited by a general practitioner. This would sometimes be followed by a visit from a district nurse to check blood tests, a visit from a relative who needed to fetch medication from a pharmacy, a referral to the local Health Hub for an assessment, and an increase in care visits until the patient was feeling better. Is it possible to continue with this level of activity?

We need to think hard about whether patients should be visited at home by primary care teams and if so in what circumstances. Do we risk spreading the virus by visiting and doing more harm than good?

We must also consider what we might miss if we assume that the only problem a patient has is viral pneumonia aggravated by bacterial infection. Currently a lot of patients are rightly being assessed remotely as needing antibiotics, but they might have other needs.

Patients at home might also experience exacerbation of chronic obstructive pulmonary disease or asthma, urinary tract infection, worsening of heart failure, and acute kidney injury due to

medication interactions and dehydration. When we are conducting assessments in older people, we need to include a review of comorbid conditions so that we can prescribe inhalers and spacers, increase diuretic medication in heart failure, or stop interacting medications in suspected acute kidney injury. Creating a comprehensive covid-19 template that includes a review of comorbidities and a safe way of managing these by making short term adjustments in medication is something we quickly need to include in our new management pathways.

Finally, how can we integrate patients' wishes for their chosen place and style of care into the current medical model? More work needs to be done on the logistics of respecting patients' wishes within the confines of what is possible and safe for patients and staff in the coming months.

Competing interests: None declared.

1 Salisbury H. Helen Salisbury: What might we learn from the covid-19 pandemic? *BMJ* 2020;368:m1087. doi: 10.1136/bmj.m1087 32184276

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