

COVID-19 and Family Doctors

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Here in Washington, our governor ordered all restaurants and stores closed tonight. Last week, the schools were closed. Most people are working from home. Store shelves are bare.

It's been 2 weeks of frantic preparation for COVID-19. In the early days, our clinics and hospitals were facing questions without answers. How long will this last? How bad will it be? Within a matter of days, we've developed testing criteria, triage protocols, ambulatory screening processes, evolving recommendations on PPE, as well as a constant emphasis on hand washing, covering your cough, and droplet precautions.¹

This is life in the first US city affected by COVID-19, but the whole nation is now facing the same challenges. We are currently still in the early stages of the pandemic here in the United States. Nobody knows how bad it will get, but we are preparing for the worst, as best we can.

Family doctors are in the midst of, and oftentimes leading COVID-19 response efforts. We have had to create and implement plans for ambulatory clinics, testing, triage, and workforce protection. Many of us are examining upcoming patient appointments in an effort to keep well patients away from our health care facilities. Telemedicine has become a key innovation opportunity as nonurgent visits and viral respiratory triage visits are increasingly done through telemedicine.²

At the same time, family physicians are recognizing the equity challenges of pandemic response. Homeless and underserved populations are at particular risk but may not have resources for drive-through testing clinics.

Similarly, telemedicine is not available for all patients.

As educators, many of our institutions have already limited or cancelled medical student clinical rotations. Residents remain a vital part of the COVID-19 response in most settings and their safety and learning remain a top priority for us as teachers.

We are seeing extraordinary leadership from family physicians across the country. Our focus on community, public health, and process improvement has put many of us in leading roles in our institutions.

We are also especially familiar with the management of uncertainty, anxiety, and fear—not only in our patients, but also in our staff and colleagues, all of whom need our leadership and reassurance. In addition, planning and clarity are in short supply as fear of the pandemic increases. In times like these we are reminded that medicine is not only a calling, a passion, and a rewarding career, but also a duty. A duty to serve, and to relieve suffering, even at the risk of disease or death. As one of my colleagues reminded us, “this is what we signed up for.”

For STFM, we have just announced the postponement of our annual meeting. In light of the national-level states of emergency, widespread travel disruptions, and social distancing it was clear that this was the right decision.³ We do not know how long this pandemic will last. We will remain vigilant for the safety and support of our members.

We will get through this. Family doctor colleagues in China, South Korea, Taiwan, and

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Singapore have shown that it can be done.⁴ We will learn valuable lessons about pandemic response, preparedness, and telemedicine. We will learn much about ourselves and how we respond in times of crisis and need. We will be called upon to treat, heal, and comfort patients, families, and communities. This is who we are, what we do, and how we excel, survive, and prevail.

I'll close with my favorite prayer, the benediction:

May God bless you and keep you; make His face shine upon you and be gracious to you; may He lift up His countenance to you and give you peace. (Numbers 6:24-26)

Stay safe and well. Know you are not alone.

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