



COVID-19: early reflections

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Dear Colleagues,

We are facing extraordinary circumstances. At the time of writing, we have more than 3 million confirmed cases of coronavirus disease 2019 (COVID-19) worldwide and almost 50 000 in Canada, with a steady increase in the number of cases every day.¹ In sharing a few reflections, I thank our many colleagues on the front lines and in the academic community who have shared the new reality of their life with us.

- How we respond to this remains about trust and caring for each other in all sectors of our society and economy. We have not since the influenza pandemic of 1918-1919 experienced a global disruption of supply and demand on this scale. How we manage this crisis depends in part on the level of *trust* citizens place in their leaders; the *strength of our health care system*; and our individual and collective *attitude to dealing with uncertainty*.² How we look after each other in our families, family practices, and communities is a key element. Our universal health care system has been strained; let us hope it can weather the storm.
- Virtual care approaches have become mainstream and are being scaled up. Billing codes to facilitate virtual care are now in place in most provinces, with webinars to support providers in delivery of care using this technology. We will likely make more progress in this area than we would have without the pandemic.³
- We have a renewed respect for public health. We have not learned enough lessons from SARS (severe acute respiratory syndrome) and H1N1. Insufficient attention to early warning signs, inadequate stockpiling, lack of access to testing kits and personal protective equipment (PPE), and nationwide variability in the approaches to testing, distribution of PPE, and timing and degree of social distancing measures likely all affected the spread of the disease. Countries such as South Korea successfully contained the disease with robust testing, quarantine measures, monitoring, and contact tracing.⁴
- “Pluripotential” family physicians have been revealed by COVID-19. In many communities, family physicians are meeting the demands of this situation by working in COVID-19 assessment centres and caring for patients in hospitals, emergency departments, and long-term care.
- It is important to acknowledge the fear, anxiety, and uncertainty experienced by family physicians and all health care workers. It is essential they be provided

with the recommended PPE to perform their duties safely in all practice settings, and that they be appropriately supported in their community practices.

- We need to be prepared to make considerable changes in recommendations, with incomplete evidence if the health and safety of all justifies it. At the time of writing, wearing cloth masks when social distancing cannot be done is now supported, even though it had not been in the past. Health Canada is considering sterilizing used N95 masks for reuse (further evidence is sought).
- This situation emphasizes the importance of a robust primary care research agenda. With more than 80% of infections managed in the community, limited availability of testing, and increased risk in vulnerable populations such as the elderly, Indigenous, and rural and remote populations, we need “just-in-time” data and analysis to identify and monitor spread, contact tracing, and rapid clinical studies; we need to capture best community practices in this pandemic to inform preparation for the next one.
- The College has postponed the spring 2020 Certification Examination in Family Medicine to this fall and canceled the oral examination component. These decisions were not made lightly, and we considered the safety of all concerned. We fully appreciate how disruptive this is for everyone—graduating family medicine residents in particular. We appreciate the collaboration of candidates, examiners, and staff. We are monitoring the situation very closely and are prepared to make further adjustments should the public health situation require it.
- I want to highlight the excellent collaboration with other organizations during this very dynamic time: the Royal College and the Medical Council of Canada for examinations; the Federation of Medical Regulatory Authorities of Canada for licensure; the Association of Faculties of Medicine of Canada for education; and the Canadian Medical Association for collaborative advocacy and members support, particularly on virtual care.

Preparedness includes notions of competence, confidence, and adaptiveness. I thank you and all health care workers for your commitment to serving your patients and communities. And, as we now all say, stay safe! 🍁

References

1. Cononavirus Resource Center. *COVID-19 map*. Baltimore, MD: Johns Hopkins University; 2020. Available from: <https://coronavirus.jhu.edu/map.html>. Accessed 2020 Apr 20.
2. The politics of pandemics. *The Economist* 2020 Mar 14-20.
3. Virtual Care Task Force. *Virtual care. Recommendations for scaling up virtual medical services. Report of the Virtual Care Task Force*. Ottawa, ON: Canadian Medical Association, College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada; 2020.
4. The lockdown and the long haul. *The Economist* 2020 Mar 21.

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