



From geographic to social isolation

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I was in the Falkland Islands when international borders began shuttering and the world accelerated its descent into the coronavirus disease 2019 (COVID-19) era of lockdowns, quarantine, social distancing, and economic uncertainty. I was 5 weeks into an 8-week rotation as a resident family physician at King Edward VII Memorial Hospital (KEMH) in Stanley, the Falklands' capital, as part of a partnership between the Department of Family Medicine at Queen's University (Queen's) in Kingston, Ont, and the Falkland Islands' government. The program provides resident family doctors interested in rural and remote medicine an opportunity to work in one of the most secluded environments in the world. Like many remote settings, when patients come into the hospital, you are all they have. You make do with what you have, improvise as needed, and adapt quickly. Uncertainty is a common foe.

On March 15, I learned I was being evacuated. On March 20, I arrived home in Canada.

This is the story of how that unfolded.

Isolation as a welcome adventure

The Falkland Islands are a small archipelago located nearly 500 kilometres east of the southernmost tip of South America. It is a self-governing British overseas territory and one of the most remote inhabited regions in the world. The landscape is barren and largely untouched, with often dreary and unforgiving weather. The geography and wildlife, however, are breathtaking. This desolate collection of islands has drawn explorers to its shores for centuries. As someone keenly interested in rural and remote medicine and fascinated by travel to such places, the opportunity to spend 2 months working in the Falklands was one reason I wanted to train at Queen's as a family doctor.

March 15 was a Sunday. There were no cruise ships sitting in the outer harbour of Stanley. I had returned that morning from 2 nights on Carcass Island (**Figure 1**) in the western Falklands. The name, although uninviting, comes from the HMS *Carcass*, a British surveying vessel that mapped the island's shores in 1766. Like many of the peripheral islands in the Falklands, the draw to visit Carcass is the wildlife. Gentoo and Magellanic penguins roam freely, hundreds of elephant seals pepper the island's shores, and a variety of birds of prey spy on your every move. Nearby, on West Point Island, a colony of black-browed albatrosses remains untouched by human interference. There are no fences or crowds. There is no admission price. Social distancing meant nothing more than staying at least a couple of metres away from the wildlife.

Descent into self-isolation

I was aware of what was unfolding globally. Dr Rebecca (Becky) Edwards, Chief Medical Officer of the Falkland Islands, had been briefing the medical staff almost daily on both the hospital's and the government's preparation for COVID-19's inevitable arrival. In the evenings, I was mostly at home watching Italy's death count rise while other European governments rushed to protect their citizens. The western hemisphere was taking notice and Carcass Island was a welcome escape.

The night before I left for Carcass Island, a resident friend in Canada suggested I consider an early return. I appreciated the concern, but I did not want to leave early. When would I next have this sort of opportunity? Little did I realize that while I was disconnected on Carcass Island, the global discourse, including that in Canada, had changed drastically. In response, the Department of Family Medicine administrative team at Queen's had already begun mobilizing resources to get me home. They were aware that travel restrictions were coming, but unsure of when or how drastic they would be.

After arriving back at Stanley from Carcass Island on March 15, I received a call from Becky in the middle of the afternoon. The tone of her voice hinted at relief when I answered.

"Have you checked your e-mail?" she asked.

"No"

"Queen's has become very concerned about you and wants you to come home Before you can't."

Being unaware of the rapidly shifting nature of international travel restrictions over the previous 48 hours, I failed to understand the gravity of the situation.

"Do I have to?"

"No, but if you stay it could be many months before you get home. We just don't know."

With my wife 3 months pregnant with our first child and the world clouded in uncertainty, I knew I needed to leave. Still, part of me wanted to stay.

"What should I do?" I asked.

The answer was unequivocal. "Go. Absolutely go!"

After that, things moved quickly. Within a couple of hours of me giving the go-ahead, Queen's had coordinated my flights and accommodations for the return trip, with a layover in Brazil. A message from my program director to the travel agent read: "Please arrange for Jamie to return home ASAP with as few stops as possible and no layovers in the US. Rebooking fees are not a problem."

On March 17, Chile and Argentina closed their borders. The United Kingdom moved to repatriate all

nonessential personnel from its military base in the Falkland Islands. At KEMH, staff prepared to send all high-risk patients with chronic comorbidities to the United Kingdom to have access to specialist services over the coming months. The Falkland Islands' government was preparing for a lockdown even though they did not have any confirmed cases. I hurried to tie up loose ends at work and took the last afternoon off to make the 5-hour round trip to a remote king penguin colony (**Figure 2**).

My flight to São Paulo, Brazil, was the last commercial flight scheduled to leave the Falkland Islands for the foreseeable future. My anxiety increased during the 24 hours before the flight, as there was quiet chatter that the weather was going to ground the plane, a common occurrence on the islands. The irony is subtle. I had come to the Falklands to find isolation, to embrace its

uncertainty and to learn from it. Now, I was scrambling to escape home to a world receding into it.

On March 18, my flight departed without issue. Every seat was filled with seasonal workers—mostly from Chile or Argentina—trying to find their way home through Brazil; long-term contract workers; and the last remnants of tourists, professional photographers, and explorers returning from expeditions to the South Georgia Islands and Antarctica.

In São Paulo, there were few hints that a global pandemic was occurring. There were no signs or announcements at the airport to promote social distancing or to educate the public on COVID-19. A few people wore masks; however, it seemed that most of them had the masks tucked under their chins while out for a cigarette break. The exception was the check-in counter for the Air China flight to Barcelona, where

Figure 1. Grass landing strip on Carcass Island



Figure 2. King penguins



masks were ubiquitous and ticket agents were checking temperatures. Meanwhile, in the Air Canada line, no temperatures were checked, few masks were worn, and people queued, as usual, closely next to one another. Air Canada's symptom screening questionnaire was half-hearted at best.

While waiting at the gate I was happy to find a familiar face in the crowd—a fellow family doctor, Dr Belle Song. I had met Belle 5 weeks earlier when I arrived in Stanley. She was finishing her last week of a 6-month contract at KEMH. Three years ago, she too participated in the Queen's Family Medicine–Falkland Islands program while completing her residency. She had spent the previous 4 weeks traveling through Brazil and she too had scrambled back to São Paulo over the past 2 days following a last-minute flight change. With public transportation shut down and regional flights grounded, she relied on the goodwill of strangers to drive her 15 hours to the airport. When we were last together, a hug or handshake would have been a natural gesture, but now such touch was taboo. The flight home had no surprises; however, following appropriate social distancing recommendations proved impossible.

Home—March 26, 2020

I am now at home in self-isolation. I consider myself fortunate to be back in Canada and close to family. Without

the family medicine team at Queen's, I would likely still be abroad.

I spend the days of self-isolation distracting myself with a makeshift routine, working to avoid the monotony of being alone. I am available for medical consultations for patients of the Queen's Family Health Team, but calls are scarce and the clinic schedule is eerily bare. In the evenings I video call my wife, who is staying with her parents. I try to provide reassurance that things will be OK. She is worried how COVID-19 might affect her health and the pregnancy. She wonders about the effect that public health restrictions will have on my participation in the pregnancy. Can I go to routine appointments and will I be allowed in the hospital when she goes into labour? I do not know. I can only accept that uncertainty is the new norm and change is the only guaranteed constant.

And to that, I adapt. 

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Competing interests
None declared

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