

A journal of the 2020 plague year

Nicholas Pimlott MD PhD CCFP FCFP, SCIENTIFIC EDITOR



Another plague year would reconcile all these differences; a close conversing with death, or with diseases that threaten death, would scum off the gall from our tempers, remove the animosities among us, and bring us to see with differing eyes than those which we looked on things with before.

Daniel Defoe, *A Journal of the Plague Year*

Coronavirus disease 2019 (COVID-19) is the fourth viral pandemic to directly affect my medical career (after AIDS, SARS, and influenza H1N1) and at least the sixth to emerge since I became a family physician, if we include Ebola¹ and Zika.² I regret not keeping a journal in previous pandemics, especially during the AIDS crisis, which began in the formative stages of my career. Beginning in January 2020 I kept just such a journal of this pandemic, and in the past weeks, as news of effective vaccines has emerged and 2020 has drawn to a close, I have been reflecting on my professional experiences in the past year—the lows and the highs.

The lows, of course, came early. My first entry was January 26. The previous evening my family and I took my mother-in-law out for a birthday dinner. In the background a television was on, and the news reported that a man with the first suspected case of COVID-19 had been admitted to Sunnybrook Hospital in Toronto, Ont, near where we live. The mood was light and festive, but mine was darkened by the news. Memories of the months when in 2003 SARS blighted our work and either killed or made gravely ill some of our friends and colleagues came flooding back. The next day the National Microbiology Laboratory in Winnipeg, Man, confirmed that the man in quarantine was, indeed, Canada's first documented case. This date might turn out to be one of those "Where were you when ...?" moments for a younger generation that includes my young-adult children—like "Where were you when Neil Armstrong landed on the moon?" was for me, a tail-end baby boomer.

The next few weeks my journal was bare, until March 11, when the World Health Organization declared a global pandemic. I suspect that, like others, I was either oblivious to the threat or quietly, anxiously waiting for all hell to break loose. Another low came on March 18 in my first evening urgent care clinic of the pandemic. On my list was a young woman, just returned from sub-Saharan Africa where she had been doing volunteer work. With her travel history she was presumed to be at risk of COVID-19, and she had

minor symptoms. I was anxious and flustered having to gown, glove, mask, and wear a face shield for the first time since SARS. I felt resentful of this affluent young woman, putting me at risk. I was ashamed of feeling this way, as in previous pandemics; such feelings were unfamiliar to me.

The highs began early too, with the rapid pivot of our family health team to virtual care. I was redeployed with some of my colleagues, to set up and run a family medicine-led virtual COVID-19 clinic in my hospital. In addition to the camaraderie and rewards of teamwork,³ we were able to demonstrate that, in spite of limited experience with COVID-19, we were able to effectively and safely care for patients⁴ and share what we learned with a larger audience.

My first real glimmers of hope for an effective vaccine and end to the pandemic came in August from eminent Canadian scientist Dr Alan Bernstein.⁵ His optimism for safe and effective vaccines by late 2020 or early 2021 was based on early promising trials along with the number of different approaches taken to vaccine development. The article included the great line, "As we say in Canada, if you want to win, you have to take many shots on goal."⁵

In early December Dr Bernstein's optimism was validated when Prime Minister Justin Trudeau announced that by the end of the year the first 249,000 doses of vaccine would arrive in Canada.⁶ Of course, optimism was tempered by the practicalities of rolling it out along with concerns that a fifth of Canadians might be vaccine hesitant (19% somewhat likely to accept) or refuse vaccination (14% somewhat or very unlikely to accept).⁷ Support to help family physicians address vaccine-hesitant patients has been previously published in the journal.^{8,9}

This year begins with as much uncertainty as did 2020, but the unprecedented scientific and medical achievements of the past year in the face of worldwide suffering and loss should give us hope for the future and leave us a legacy of the unforgettable lessons of the recent past. Perhaps the arrival of the COVID-19 vaccine will be this generation's moon landing instead. 

References

- 2014-2016 Ebola outbreak in West Africa. Bethesda, MD: Centers for Disease Control and Prevention; 2019.
- 2015-2016 Zika virus epidemic. Los Angeles, CA: Wikipedia Foundation Ltd; 2020.
- Pimlott N. Rediscovering the rewards of teamwork. *Can Fam Physician* 2020;66:474 (Eng), 475 (Fr).
- Pimlott N, Agarwal P, McCarthy LM, Luke MJ, Hum S, Gill S, et al. Clinical learnings from a virtual primary care program monitoring mild to moderate COVID-19 patients. *Fam Pract* In press.
- Bernstein A. I'm optimistic that we will have a COVID-19 vaccine soon. But will everyone be able to get it? *The Atlantic* 2020 Aug 29.
- Tasker JP. Trudeau says 249,000 vaccine doses to arrive in Canada by the end of the year. Toronto, ON: CBC; 2020.
- Frank K, Arim R. Canadians' willingness to get a COVID-19 vaccine: group differences and reasons for vaccine hesitancy. Ottawa, ON: Statistics Canada; 2020.
- Shen S, Dubey V. Addressing vaccine hesitancy. Clinical guidance for primary care physicians working with parents. *Can Fam Physician* 2019;65:175-81 (Eng), e91-8 (Fr).
- Pimlott N. Vaccine hesitancy and the art of family medicine. *Can Fam Physician* 2019;65:159 (Eng), 161 (Fr).

Cet article se trouve aussi en français à la page 11.

Can Fam Physician 2021;67:9 (Eng), 11 (Fr). DOI: 10.46747/cfp.67019