Seeking a better future

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When the coronavirus disease 2019 (COVID-19) pandemic began we were heroes and people banged pots on their balconies to honour health care workers. Now, as the fourth wave gathers strength, I am dismayed and angered by the growing energy of the "anti" protests—anti-vaccination, anti-passports, and, it seems, anti–health professionals. "Against Medical Tyranny," a sign reads, as protesters block access to hospitals. Peaceful protest is a right; interfering with access to health care is unacceptable.

Looking for an antidote to these depressing events and reflecting that the pandemic has shown we are capable of rapid and radical shifts to new ways of working and living, I googled "positive impacts of COVID."

I found *From Risk to Resilience: An Equity Approach to COVID-19*[1] by Dr Theresa Tam, and imagined that family medicine and public health could be allies in implementing a health equity approach to pandemic preparedness, response, and recovery. We can use what we learned to reduce shameful inequities in Canadian society.

Inequities that led to thousands of deaths in nursing homes; racialized essential workers contracting COVID-19 at much higher rates; incarcerated people not being prioritized for vaccination; and women disproportionality impacted by the economic downturn—the "shecession."

When analyzing the effects not only of the virus but of the public health measures implemented to control the virus, a double jeopardy emerges for some populations. For example, crowded, low-quality housing both increases the risk of contracting COVID-19 and increases the burden of stay-at-home orders. Precarious, low-paid workers (personal support workers, meat-packing plant employees, cleaners, etc) do not have the luxury of working virtually, are at higher risk of contracting the virus at work, and may not have any paid sick days.

The health equity framework in Figure 6 in *From Risk to Resilience*[1] could organize our pandemic approach so that we emerge from the pandemic improving health. The figure illustrates how the initial crisis response (eg, rapid innovations and deployment of new actions) leads to changing awareness and shifts in values and attitudes, which in turn lead to new ways of living and working. Using the knowledge and impetus of the actions taken during the pandemic, we could transform work, housing, health, social and education systems, and our environment.

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Many of the directions in *From Risk to Resilience*[1] are not in the realm of family medicine but can guide us as we counsel and advocate for our patients and communities. Successful examples of pandemic-inspired actions include the Northwest Territories quickly reserving 130 housing units for people who need space to self-isolate.[1] The territorial and municipal governments then collaborated to transition those units to affordable housing, reducing overcrowding, homelessness, and wait times for subsidized housing. Housing First is an initiative in many communities that moves people as quickly as possible out of emergency shelters into adequate, affordable, long-term housing so that issues such as employment, substance use, and mental health can be effectively addressed.[2]

Harm reduction approaches to substance use were improved in some areas by removing barriers to creating safe injection sites, and improving access to a safe supply of opioids and opioid agonist therapy.[1]

We can capitalize on the rapid shift to virtual care using what we have learned to improve access to health care, including virtual mental health care. As always, from a family medicine perspective virtual care is best delivered in the context of continuity of care and information in an ongoing relationship with a primary health care provider.[3]

Of the foundational requirements for health equity, while data systems and governance are critical, communication is at the heart of family medicine and where we contribute in meaningful ways. In the context of trusting relationships, family doctors can make important contributions to ensuring our patients are accurately informed and their questions and concerns are sensitively addressed. As credible voices in our communities, provinces, and territories, we can engage in public education.

Despite the negativity and chaos engendered by the pandemic, there have been many examples of people and communities displaying kindness, compassion, solidarity, and innovation. Working together to solve a common problem can build community, lessen feelings of isolation, and give people a sense of agency and pride. This is a heroism of a different sort and we as family doctors can do this for ourselves and our patients.

References

1. Tam T. *From risk to resilience: an equity approach to COVID-19. The Chief Public Health Officer of Canada's report on the state of public health in Canada 2020.* Ottawa, ON: Government of Canada; 2020.
2. *Housing First.* Toronto, ON: Canadian Observatory on Homelessness/Homeless Hub.
3. *Position statement. Strengthening health care—access done right.* Mississauga, ON: CFPC; 2021.

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