



# What the pandemic taught us

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This month marks the fifth anniversary of the first case of what would become known as COVID-19 being reported at a hospital in Toronto, Ont, where I live and work.<sup>1</sup>

Do you remember where you were when you heard of (or saw) your first case of COVID-19? I do. I was in a restaurant celebrating a family birthday when the news broke.<sup>2</sup> Having worked as a physician in previous pandemics, beginning with the AIDS crisis, the news cast a pall over the rest of the evening. Yet, I only vaguely sensed what was coming. The rest, as the saying goes, is now history.

In the long run, will we collectively remember the COVID-19 pandemic and its terrible impact on people and communities around the world? Will we apply what we learned and be better prepared for the inevitable next pandemic?

History suggests not, and public amnesia is already setting in.<sup>3</sup> This should come as no surprise given the collective amnesia that seems to have occurred after the 1918 influenza pandemic. In England, for example, memorials to those who served or died in the Great War can be found in almost every village, but memorials to those who died during the influenza pandemic seem to be found mainly on tombstones in local graveyards.<sup>4</sup> More proximally, in the early days of COVID-19 we were pointedly reminded of lessons we failed to heed after the 2003 SARS pandemic.<sup>5,6</sup>

In the interest of remembering the impact and lessons of the COVID-19 pandemic, this issue of *Canadian Family Physician* (CFP) features a report from the now dissolved Ontario COVID-19 Science Advisory Table by Dr Danielle Martin and colleagues entitled “Primary care in the COVID-19 pandemic and beyond. Lessons from Ontario” (page 31).<sup>7</sup>

This is an important article with several key findings. The first and most obvious message is that primary care, in which family physicians play an integral part, was and still is a critical health system entry point for both COVID-19 (the US Centers for Disease Control and Prevention have described COVID-19 as being endemic throughout the world)<sup>8</sup> and non-COVID-19 care. The second is that despite limited resources, family physicians and other primary care clinicians played key roles in the pandemic response, including testing, treatment, vaccination, system support, and health maintenance and restoration of care unrelated to COVID-19. COVID-19 was a stress test for primary care and, as the report highlights, it revealed the profound mismatch between the size and distribution of the primary care workforce and needs of the population. To that end, the authors make the case that, “Realizing a vision of primary care for all will require expansion of team-based care and other supports to increase clinician capacity,

improved integration with hospitals and other sectors, and robust health human resource planning.”<sup>7</sup>

In addition to our commitment to remember and learn from the pandemic, CFP, as always, is committed to supporting readers in caring for patients. This issue features a clinical review by Dr Philippe Harris and colleagues entitled “Common white lesions of the oral cavity. Review of clinical presentations and management” (page 19),<sup>9</sup> a neglected area of medical education and training. At a time when relationships between family physicians and our specialist colleagues have sometimes been fraught, medical student Helen Jin reflects on the continuing presence of hidden curriculum messages in undergraduate medical training that devalue family medicine and suggests ways to mitigate them (page 16).<sup>10</sup>

Finally, to enhance the selection of research content for the journal and align with other family medicine journals that publish research, CFP is introducing a statement about adopting the Consensus Reporting Items for Studies in Primary Care (CRISP) guidelines in an Insight article (page 66).<sup>11</sup> The CRISP guidelines were designed to elevate reporting of primary care research and are useful for reviewing manuscripts, designing studies, and teaching research methods. Incorporating the CRISP guidelines at CFP is one of the many ways the journal demonstrates its commitment to supporting the ongoing improvement of patient care. 🌿

The opinions expressed in editorials are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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