

From geographic to social isolation

by Jamie MacKinnon MD



I was in the Falkland Islands when international borders began shuttering and the world accelerated its descent into the COVID-19 era of lockdowns, quarantine, social distancing, and economic uncertainty. I was working in Stanley, the island's capital, as a resident family physician at the King Edward VII Memorial Hospital (KEMH) through a partnership between the Department of Family Medicine (DFM) at Queen's University and the Falkland Islands' government. I was five weeks into an eight-week rotation that provides an opportunity for resident family doctors with an interest in rural/remote medicine to work in one of the most secluded environments in the world. Like many remote settings, when patients come into 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 welcomed adventure

The Falkland Islands are a small archipelago located nearly 500km east of the southern-most tip of South America. It is a self-governing British overseas territory and one of the most remote, inhabited regions of the world. The landscape is barren and largely untouched. The weather is often dreary and unforgiving. 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/remote medicine and fascinated by travel to such places, the opportunity to spend two months working in the Falklands was one of the reasons I wanted to train at Queen's University as a family doctor.

March 15 was a Sunday. There were no cruise ships sitting in the outer harbour of Stanley. I'd returned that morning from two nights on Carcass Island 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 islands shores and a variety of birds of prey spy on your every move. On nearby West Point Island, a colony of black-browed albatross 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 meters 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 Falklands, had been briefing the medical staff nearly daily on both the hospital's and the government's preparation for the inevitable arrival of COVID-19. In the evenings, I was mostly at home watching the Italian death count rise while other European governments clamoured to protect their citizens. The western hemisphere was taking notice, and Carcass Island was a welcomed escape.

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

Once back in Stanley on the 15th, I received a mid-afternoon call from Beccy Edwards. The tone of her voice hinted at relief when I answered.

"Have you checked your email?"

"No..."

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

Unaware of the rapidly expanding international travel restrictions over the previous 48 hours, I failed to appreciate 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 three 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?"

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

After that, things moved quickly. Within a couple hours of giving the go ahead, Queen's had coordinated my flights and arranged accommodations for 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 U.S. Rebooking fees are not a problem."

On March 17, Chile and Argentina closed their borders. The UK was moving to repatriate all non-essential personal from its military base in the Falklands. KEMH was preparing to send all high-risk patients with chronic co-morbidities back to the UK to have access to specialist services over the coming months. The Falkland's government was preparing for a lockdown. There were not yet any confirmed cases on the island. I hurried to tie up loose ends at work and took the last afternoon to make a five-hour return drive to visit a remote king penguin colony. I was receiving daily check-in emails from the Family Medicine team at Queen's. "People here are rooting for you," said one.

My flight to Sao Paulo was the last commercial flight scheduled to leave the Falklands for the foreseeable future. My anxiety level inched up over the 24 hours before the flight as there was quiet chatter that the weather was going to ground the plane, a common occurrence for 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 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 Sao Paulo, there were few hints that a global pandemic was occurring. There was no signage or announcements at the airport to promote social distancing or to educate on COVID-19. A few people wore masks, however, it seemed most of them had them tucked under their chin while out for a cigarette. The exception, however, was at the check-in for the Air China flight to Barcelona where masks were ubiquitous and ticket agents were checking temperatures. In the Air Canada line, no temperatures were checked, few masks were worn and people queued, as usual, closely next to each other. 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 five weeks earlier when I arrived in Stanley. She was finishing her last week of a six-month contract at KEMH. Three years ago, she too participated in the Queen's Family Medicine-Falkland Island program while completing her residency. She had spent the previous four weeks travelling through Brazil and she, too, had scrambled back to Sao Paolo over the last two days following a last-minute flight change. With public transportation shut down and regional flights grounded, she had relied on the goodwill of strangers to drive her the nearly fifteen-hour trip. When we were last together, a hug or handshake would have been a natural gesture, but now such touch was taboo. The flight home provided no surprises; however, following appropriate physical distancing recommendations obviously proved impossible.

Home

I am now at home in self-isolation. I consider myself fortunate to be back in Canada and close to family. Without the team at Queen's Family Medicine I would likely still be abroad. I am grateful that the level of commitment to a resident's wellbeing is not the exception, but the norm.

I spend these days of self-isolation distracting myself with a makeshift routine, working to avoid the monotony of being alone. I am available for medical consults for patients of the Queen's Family Health Team, but calls are scarce and the clinic schedule is eerily bare. In the evenings I FaceTime with my wife, who is staying with her parents. I try to provide reassurance that things will be okay. She's afraid of how COVID-19 may impact her health and pregnancy. She worries about the impact that public health restrictions will have on my participation in the pregnancy. Can I go to routine appointments or attend ultrasounds? Will I be allowed in hospital when she goes into labour and our first child is born? I don't know. Uncertainty has become the new norm and change the only guaranteed constant.

And to that, we adapt.







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