

A family physician or a dear friend?

by Daniela Keren MD MSc



As a family medicine resident, I have adapted to COVID-19 just as everyone else has. At least a few days of the week, I work from home. There were kinks initially, naturally; many patients screened my calls at first when they saw "No Caller ID" appear on their phones. I wasted precious appointment minutes giving my spiel regarding security over the phone and the limitations of not having the physical exam, explaining "but we are adapting, because of COVID." I waited on hold for many minutes to speak with a pharmacist before realizing that I could leave prescriptions by voicemail. I went to sleep many nights with a cramp in my neck from holding my phone steadily between my ear and my shoulder as I typed my clinic notes.

Despite this, there have been patients to be seen. Or heard, I should say. I heard their stories, as family physicians do, only now through the telephone line. I heard the man in his 90s who lost track of the days as he camped out at home with his wife. I heard the man's daughter, who takes her parents on daily drives along nearby country roads to provide an escape for the day. I heard the woman addicted to street opioids, who grew increasingly frustrated as she remained trapped at home, unable to access her vice. I heard the pregnant woman, who spoke to me of her worries from her car while a grocery-employee filled her trunk with a week's supply of groceries. Then I heard her son, who told me stories about life without school while his mother fumbled to learn how to use her home blood-pressure monitor for the first time.

COVID-19 has changed our work. In my phone appointments, it has taken away my stethoscope, my otoscope, my own two hands. I have lamented regarding the effects of COVID-19 on my training. I have stressed about the loss of the physical exam. But there is one tool in my physician's briefcase that has only become more valuable: my ears. Part of our training involves developing our professional identities as family physicians. Family physicians wear many hats. We are diagnosticians and we are problem-solvers. We jump between areas of focus, from one patient's sexual health to another patient's cardiac health, and the list goes on. But no single area of focus or medical skill is as relevant as the patient in front of me is. I went into family medicine because I wanted to get to know patients as people and, with my listening ears, COVID-19 has allowed me to do this better than ever before.

Over time, the kinks of the phone visit have smoothed themselves out. I have learned to give my initial spiel regarding phone appointments much more succinctly. I have learned to e-fax prescriptions. Patients have learned to expect my call. With these obstacles becoming smaller, I am able to lend more focus to the stories that I am being told. And, as I listen to patients describe their experiences during the COVID-19 pandemic, I am learning about my patients, not just about their medical ailments. At the end of one recent phone visit, a geriatric patient said to me: "thank you for being a dear friend during this time." I know that, in the interest of the therapeutic physician-patient relationship, I am not to befriend my patients. Still, I felt touched by the comment. I may not be able to refine my physical exam or procedural skills at this time, but I can practice seeing my patient as the person - the mother, the daughter, the friend, or the neighbour - that they are.

Though I anticipate a greater role for virtual care in the post-COVID-19 medical world, I look forward to the return of the in-office visit. But, rather than grieving the aspects of my training that have been lost during this unprecedented time, I will celebrate the opportunity that I have gained. If we use this time to sharpen the best tool that we have in our repertoire, our listening skills, we will surely return to our clinics as better physicians.

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