

# A year of solitude & A year of solidarity

by Colin Siu MD BMSc

It has been a little bit over a year since the first reported case of COVID-19 in Canada. When we made our new year's wishes in the last few seconds of 2019, who would have guessed that 2020 would be a year of solitude? We also could not foretell that it would be a while before we could once again gather with our friends and family members. Social isolation is hard; the definition of social isolation is to avoid social interactions and isolate oneself. Understandably then, we are seeing increased rates of loneliness in our patient populations now that we are home alone. As family physicians, we are uniquely positioned to help our patients with their loneliness.

Loneliness is defined as the perception of a lack of meaningful relationships. The widespread prevalence of loneliness has long been recognized and the US Surgeon General declared a "loneliness epidemic" even prior to the advent of the current pandemic.<sup>1</sup> Furthermore, loneliness has been associated with depression, and suicidal ideation.<sup>2</sup> Rates of loneliness have been significantly elevated during the COVID-19 pandemic with up to 35% of the population reporting often feeling lonely.<sup>2,3</sup> Groups that are at an increased risk of experiencing loneliness include women, individuals that are living alone, elderly folks, those with low household incomes and young people.<sup>3,4,5,6</sup> Protective factors against loneliness include employment and living with a partner.<sup>3</sup>

The biggest question is how do we treat loneliness amidst a pandemic? One study has postulated that perhaps the answer lies in man's (and women's) best friend: dogs. The study noted that dog ownership is a protective factor against loneliness (notably, cat ownership did not demonstrate a similar effect).<sup>7</sup> Though many children may rejoice at the prospect of us doling out prescription for puppies to all our patients, it would be irresponsible to do so given the commonly forgotten physical, financial, and mental responsibilities associated with pet ownership. However, what we can learn from this study is the importance of maintaining social networks. It is imperative for patients to keep in contact with friends and family members, and the idea of a social prescription (similar to that of an exercise prescription) has been brought up in the past. Creative individuals have used group chats on social media and messaging platforms to keep connected.<sup>8</sup> We can also encourage patients to call and check in weekly with friends and family members that may not be as technologically savvy. Social interaction is so important that even greeting a stranger you meet at the grocery store can strengthen resiliency by giving a sense that we are all in this together.<sup>9</sup>

But how does one spend the rest of their days when socially isolated? Perhaps one way to combat loneliness is to fling open one's windows and belt out one's favourite tune (while socially distanced, of course, to avoid expelling aerosols directly into another singer's face).<sup>10</sup> Unfortunately, this study was conducted during Italy's temperate spring season while the bitterness of our current Canadian winter may cause us to think twice before opening our windows. That being said, the pandemic is ideal for the pursuit of long-forgotten hobbies which may include singing, puzzles, and woodworking. Additionally, we should encourage our patients to adhere to an appropriate exercise regiment and sleep schedule.

Family physicians have a central role to play in helping our patients combat loneliness. We have the privilege of understanding our patients' lives: do they live alone, do they have adequate social supports, do they have any risk factors for loneliness? Most of us have relationships with our patients that allow us to talk genuinely about the challenges of living in a pandemic. Loneliness, hence, is an issue that fits perfectly in the scope of primary mental health care. When talking to patients, it is important for us to acknowledge the effects of loneliness and to think about creative solutions. This may include but is not limited to connecting patients to formal resources such as the [Government of Canada COVID-19 Resources](#).

I think that many of the new year's wishes made in the final seconds of 2020 were around returning back to the world that we knew before. The arrival of the COVID-19 vaccines certainly seems to herald a year that will start to return back to normalcy. But until then, we must stand together to continue this journey. Most, if not all, of the

suggestions listed in this article are things that we, as family physicians, already know and likely practice daily. The importance lies in our acknowledgement of loneliness as an issue impacting our patients and our commitment to finding ways to get through this together. Instead of ruminating on solitude, let us make this a year of solidarity.

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