Opinion

We are the scars we bear

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"Oh Lord, your sea is so great, and my boat is so small." – Breton Fisherman's Prayer

Every journey starts the same way, you push off from shore. It doesn't matter how far you are going, across the cove or across the ocean. You might have been preparing for ages or not prepared at all. The journey might have been your idea or imposed on you by someone else. At some point, ready or not, you have to push off.

This certainly is an interesting time to be starting anything. The world is trying to emerge from the largest health emergency in living memory. The health turmoils are only one aspect of that story. Millions dead, long COVID still an entity for study. Mourning and grieving alone because of lockdowns. Isolation, separation, children learning from screens. If the notion of humans as social beings was questioned prior to the pandemic, it will not be again any time soon.

The societal impacts of COVID are actually just beginning to be documented, though it feels like we have been doing this far longer than we have. As historians have noted after other health crises like this one, society's basic conventions have been thrown into flux. The Great Resignation might yet prove to be a media phenomenon more than a sociologic one but if you aren't considering your life options you are the exception. The strata of society on which we depend were in stark highlight during the last two years; they were the ones not working from home. They worked to make sure those of us with options could still live and many of them are our least reimbursed workers, or, at least, they have been until now. Employers were forced to do things they wouldn't have done otherwise and now they are having trouble forcing workers to "go back" to the circumstances that benefit the employer. Unions are coming to Starbucks and Amazon.

Medicine is an interesting business. We see people at their most vulnerable, they will bare their bodies and their souls to their physician in the hope that we will provide them with the relief they seek. In a recent column by Ed Hollett, he talked about transactional versus relational care.[1] Transactional care is one off; a person breaks their arm, shows up in emergency, x-rays are done, casts are applied and the patient leaves with a note with respect to follow up care. No emotional investment, keep the line moving.

Relational care is when that patient shows up at their family doctor's office (the family doctor is the one who has to mop up everyone else's leavings). They know the patient as a person, know what else is going on in the person's life and can put this episode into the person's life perspective. They have a connection with the patients that translates into care. Today's problem (the transaction for today) is put in a context and the patient is better for it. People want this kind of care, they just like the speed of the transactional model better.

Want a practical demonstration of how our society is moving from a relational to a transactional basis? Drive by a Tim Hortons and count the number of people in the drive through versus the number in the store.

Into this societal change dropped COVID. In February 2020, the Canadian Medical Association (CMA), the Royal College of Physicians and Surgeons of Canada (RCPSC), and the College of Family Physicians of Canada (CFPC) published 19 key recommendations that were intended to outline how Canada needed to prepare for the adoption of virtual care.[2] One month later, virtual care became the way all non-essential medical care would be delivered. It was like determining the depth of the water by jumping in feet first; at least we didn't all break our necks. What we provided was not virtual care, it was the best we could do in the circumstances. The care at a distance we provided virtually (as opposed to virtual care) lent itself to a transactional mindset; most of it was accomplished by phone, which is implicitly distancing. Many – most – people didn't want to be seen in person even when it was wiser to do so. Government spun up an 811 line, initially to provide COVID information but then morphed it into a virtual walk-in clinic; it survives in that

manifestation to this day. Primary Care trivialized to a three-digit number. Family Medicine devalued and marginalized.

For the last two years, much of the care has been forced to be transactional and virtual because of the distances imposed by the pandemic and its restrictions; must it remain so?

Disruption drives change and, as mentioned, technology has also been part of that change in the two years. New technologies come along every day, so what differentiates the tech that lasts from the tech most never hear about? There were MP3 players before the iPod, phones before the iPhone. Neither, as examples, invented the genre in which they found themselves, but each so changed the way people thought about their categories that, disrupted, there was no going back. Veil lifted, eyes wide, disruptive technologies change the way we do things, forever. Disruption, like revolution, is painful in itself but can be an opportunity if recognized. The history of surgery shows that a great deal of progress in surgical technique happens in wartime. Presented with large numbers of patients suffering from injury, sometimes of a kind not encountered before (each war brings new weapons that damage differently), surgeons must adapt. This is not to say war is welcome, just that even in the face of that evil, opportunity presents itself.

Dovetailing with societal disruption are technologies set to cause further havoc in many aspects of life but especially our profession. Payers seem intent on replacing our profession with … anything. Other professions, computers, care virtually or otherwise. Artificial Intelligence is already very good at reading pictures. Pathology slides can be treated like pictures. Radiology is basically reading pictures. Dermatology diagnosis can be done using well taken pictures. How many robots does it take to replace a surgeon? When diagnosis and treatment are defined algorithmically, where does the human fit in the equation? Dr. Google is the bane of many a physician's busy day. Not enough doctors to keep the emergency room open? Hire a nurse practitioner and make it a "virtual emergency room." Not enough Family Doctors? Let's expand the seat availability … in the School of Nursing for more Nurse Practitioners. Not enough Cardiac Surgeons (because the two MUN grads who came back to practice here left)? I don't even want to go there (did we just jump the shark?).

The role of our profession in the delivery of health care is being challenged. As has been already mentioned, technologies change over time as newer, better ones come along. We have a challenge: prove our worth or step aside. Blackberry did not fall from grace just because the iPhone came along. Once the iPhone came along, Blackberry did not react to the new reality. Blackberry allowed itself to be left behind. Microsoft almost did the same thing when the internet as a consumer commodity was just emerging; they almost missed it. When the penny finally dropped in Bill Gates' head that this internet thing was going to be big, Microsoft pivoted to an Embrace and Extend approach that saved the company from becoming Sinclair Computing.[3]

For your consideration: the medical profession needs to embrace the challenges of our current circumstances and show the value of what we bring to providing care and do it humbly. The reason there are different professional health schools (ex., Nursing and Pharmacy) is because the education is expected, indeed, designed, to produce different outcomes. Please note, not better or worse, just different. Our challenge is to remind and reinforce with our patients what our differences are and what they add to their care. If we don't, the fear is that we will be marginalized for at least the foreseeable future.

Or become Blackberry.

REFERENCES

1. Hollett E. The mechanisation of medicine. *Substack*. https://edhollett.substack.com/p/the-mechanisation-of-medicine?s=w&utm_medium=web. Published 2022.
2. CMA Virtual Care Task Force. *Virtual Care Recommendations for Scaling Up Virtual Medical Services.*; 2020. https://www.cma.ca/sites/default/files/pdf/virtual-care/ReportoftheVirtualCareTaskForce.pdf
3. Evanson N. Sinclair Computers: Gone but not forgotten. Techspot. Published 2020. https://www.techspot.com/article/2079-sinclair-computers/