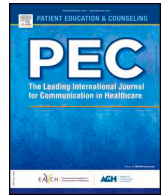




Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pec

Reflective practice

A family doctor contends with the unspoken face of the corona pandemic for the *Reflective Practice* sectionRuth Kannai^{a,*}, Aya Rice^b^a Department of Family Medicine, Division of community health, Faculty of health sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel^b Department of Counseling and Human Development, Haifa University, Israel

ARTICLE INFO

Article history:

Received 30 December 2020

Received in revised form 19 August 2021

Accepted 29 August 2021

Available online xxxx

Keywords:

COVID-19

Domestic violence

Anxiety

Doctor-patient relationship

Patient narrative

ABSTRACT

A family physician discusses the indirect effects of the Covid-19 pandemic on her patients and their families. Although her clinic did not suffer any deaths due to the virus, two cases are presented that depict what she terms the “unspoken pandemic” – the detrimental psycho-social effects of Corona. The narrative illustrates how a family doctor who is authentically engaged with her clients over the years has the advantage of being able to identify and address these psycho-social issues, despite the limitations imposed due to Corona. It is suggested that the potentially destructive impact of issues such as violence, anxiety and depression on families and society is no less significant than that of the virus itself.

© 2021 Elsevier B.V. All rights reserved.

In my small clinic in the country we did not have a single serious case of Covid-19. Our patients remained at home, took care of their elderly parents from afar and shopped at the local grocery that suddenly blossomed. The distance and isolation of small village life became an epidemiological advantage.

However, alongside the unfolding worldwide disaster, another “unspoken pandemic” quickly introduced itself – the harmful psycho-social effects of Corona. The potentially destructive impact of issues such as violence, anxiety and depression on families and society have become no less significant than that of the virus itself. COVID isolation and anxiety has increased incidences of domestic violence, depression, anxiety and loneliness, even in small communities with strong traditions of mutual support. The region in Israel in which I work is a rural conglomerate of settlements from the 1960s characterized by three and sometimes four generations living in close proximity and mutual inter-generational support, in units built on the same property. Due to its peripheral location, far from many medical and psychiatric services, the family doctor often addresses a much wider range of issues in this region than in most communities.

The following two vignettes emphasize the universal nature of the detrimental psycho-social effects of Corona, by illustrating how they have filtered even into such closely knit societies.

Ami was a wonder child: he had a voice that made hearts tremble in the local synagogue. Unfortunately, his fame eventually led him to drugs and addiction. I have been accompanying Ami and his family as their family doctor for many years. My attitude towards him has wavered between a strong desire to strengthen and lovingly support him, and a deep frustration and anger when witnessing his self-destruction, theft from his parents and the circle of violence in which he is both victim and perpetrator. A few years ago Ami fell off the roof of his house while trying to inhale air-conditioning gas. His head was badly injured and he became deaf, after which he could no longer sing. However, for his parents this was a period of relative peace in which they could heal their relationship with him and they bestowed much compassion upon their young and now handicapped son. They built him a small and quaint unit on their premises, invested in the surrounding gardening, and built him a small carpentry workshop – a hobby Ami cultivated from his youth. They dreamt of his full rehabilitation from his addiction.

During the days when the Covid-19 began, Esther, his mother, called me repeatedly, complaining of chest pain. Sharp, intense beyond description “like something is being torn across my chest and all the way to my throat.” She went to the emergency room once on her own, despite her fear of the virus. The second time her children ordered an ambulance. Hours of waiting ensued, followed by a

* Corresponding author.

E-mail addresses: rkannai@gmail.com, kannai@post.bgu.ac.il (R. Kannai),aya_rice@hotmail.com (A. Rice).¹ 6B Apt. 2 Reuven St. Bet Shemesh Israel 99544

negative Troponin test and recommendations for further investigation...and now, once again....

Despite her 72 years and coping with a large family and Ami's addiction, Esther remained beautiful: her skin is soft and her eyes large and sad. She suffers from hypertension and diabetes. Chest pain, even if not characteristic of a heart attack, rings all of the warning bells. On the other hand, every time she enters the hospital emergency room she risks exposure to Covid-19. If she contracts Covid-19, she is at high risk for complications. I speak with her on the phone, and I can't see her expression or conduct a physical examination. Due to the distance conditions imposed by the pandemic, I calculate the pros and cons: An EKG will not change my clinical assessment: a woman with so many risk factors with chest pain for over an hour should be in the emergency room. Sighing, I face the disadvantages of "tele-medicine": an experienced doctor such as myself, who is very familiar with her clients, sends a dear patient to the emergency room, without any eye contact, without an in depth physical examination, without a warm hand on her shoulder...To my surprise, Esther is unrelenting: "I went to the emergency room twice already, I want you to see me." "Meeting" during pandemic means both of us will wear masks, sit far from each other, and we will have to keep the meeting as brief as possible. Esther sits in my office for a full hour. We are both in tears, sometimes we have to remove our masks. Ami is making everyone's life miserable: yelling at his parents, breaking objects in the house, threatening his sister who is a single parent to a two year old infant. In this way I also discover Esther's daughter has returned to her parents' house since her son's day care closed due to Covid-19. When Ami curses his mother, her pain emerges: "It breaks my heart" she whispers. "What a suitable metaphor, isn't it?" I ask her. I suggest submitting a complaint to the police: Ami is endangering the extended household members, including the infant. Sighing, Esther agrees. Sadly, it is the appropriate thing to do – a restraining order. "Write to the court that I could get a heart attack" Esther pleads. I agree. "But where will he go?" she asks, as her eyes fill with tears. "Especially now, during the pandemic, he has nowhere to go." And so we are right back in the vicious circle we have been stuck in for the last twenty years. Domestic violence has increased during the pandemic and lockdown, this is already a well-known fact. Esther's family is simply another statistic.

Due to our close relationship and the nature of the community - far from psychiatric or welfare services - I was the contact person for Ami's mother for more than just medical issues. I could not alleviate her pain or find a solution for her son, but I could share in her distress for at least a moment, and help her understand her medical symptoms, perhaps preventing additional suffering and hospitalizations.

Even when the second wave of the pandemic came to an end and restrictions were lifted, Shelly did not emerge from her cocoon. I have known Shelly since she was ten years old. She is now a thirty year-old girl-woman. She is pale, small and fragile. She was born to a family under my care with a Ventricular Septal defect (VSD) and a tracheo-esophageal fistula. She underwent an operation as an infant and is currently healthy and functions normally. Her parents were extremely overprotective of her throughout her life and instilled in her their incurable anxiety. As their family physician over the years I also internalized their message and saw her as a "sickly child." Shelly graduated College, obtained a profession and married. Shelly internalized her mother's concerns about having a baby, being so fragile and sick, but I empowered her, as her family physician, to make her own decision with her cardiologist and her partner. Her daughter was born healthy after a completely normal pregnancy. Shelly suffered a short post-partum depression. Breastfeeding was difficult, as it is for many new mothers, and she felt guilty, ashamed and helpless. However, with the support of a lactation consultant, home visits and her parents' help, she was able to overcome the crisis and raise her lovely daughter.

Just as COVID-19 began, Shelly gave birth to a healthy boy, who joined his now three-year-old sister. The well baby clinic was available for vaccination only by the Ministry of Health orders. The nurse gave Shelly the Edinburgh Postnatal Depression Questionnaire. The results were borderline. Once again she suffered from exhaustion, loneliness, a young jealous daughter who did not have kindergarten, a husband working from home and anxious parents who were in the "risk population" for contracting COVID-19, and thus decided to refrain from any contact with their daughter and grandchildren, even though they share the very same garden.

After a few telephone calls that indicated the severity of the situation, Shelly finally agreed to come to the clinic. She came without her baby, covered with two pairs of gloves and a mask that nearly concealed her eyes. She described her depression and anxiety. I surveyed the various sources of potential support: the lactation consultants could not conduct home visits. Ever since completing her studies, she was not in contact with any of her friends, and her village was isolated. "What about your mother, your brother, your sister-in-law..." I suggest. Her brother also lived in a unit the parents built for his family on the same land and they have a son the same age as Shelly's daughter. "Perhaps you can send your daughter to their house for a few hours a day to play with her cousin?" I offer. Shelly immediately dismissed this suggestion. "My parents are at risk because of their age. My brother doesn't even go shopping in the nearby city. We remain enclosed, protecting ourselves and our children." I try to overcome the barriers in any way possible, but to no avail.

The community cohesiveness that once served as a source of strength has crumbled and transformed into a source of fear, distancing family members out of a desire to protect each other.

What we can learn from this complex dilemma in future care is the crucial importance of continuity of care. It is also critical for family doctors to have a deep understanding of the particular nature of the community they serve. Each community has different customs, relationships and expectations; each community has suffered in its own way, and medical professionals should be aware of the particular characteristics of the community which they serve. Cultural and social nuances are important to anyone tasked with healing and support in our pluralist world in the face of a universal challenge from the COVID pandemic.

Family physicians may find themselves caught between their institutional obligations and their community's needs. In times of extreme distress in the community, it is the physician's task to remember our duty is first and foremost to alleviate human suffering. Luckily, the masks do not conceal our eyes, so necessary for our human connection, enabling us to see into each other's hearts. Our patients need a human bond, which can be given through an intimate conversation, a restful gaze, a calm voice. As individuals and as professionals, we need to speak about the psycho-social consequences plaguing us since COVID began. I believe this is one way we can both metaphorically and literally face this unspoken face of the Corona pandemic.

CRedit authorship contribution statement

Ruth Kannai: Conceptualization, Writing – original draft, Visualization. **Aya Rice:** Conceptualization, Writing – review & editing, Visualization.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.