



VIEWS AND REVIEWS

WOUNDED HEALER

Clare Gerada: Doctors on the covid-19 front line also need to protect themselves and their colleagues

Clare Gerada *GP partner*

Hurley Group, London

I brought more than a fridge magnet back from my recent trip to New York. Unbeknown to me, I also brought back covid-19. I confused the initial symptoms of fatigue with jet lag. I thought that the dry cough was secondary to the effects of the cabin air. However, it was quite clear that a high temperature wasn't a symptom of jet lag, and very soon after arriving back in the UK I realised that I'd developed the illness that's been on everyone's mind for weeks.

The NHS was still routinely testing, although in the community this was only for people who had returned from a list of countries deemed to be high risk. At that time the US was not included among these. However, given my role as a GP and the fact that New York had just declared a state of emergency, I was given a test. Although it didn't change my management, it reassured me to know what I was dealing with.

The symptoms came on quickly. I went from being completely well to being poleaxed in the space of two hours or so. The symptoms are as they say on the tin—high temperature and dry cough. Add to that a headache, chest pain, muscle aches, metallic taste in the mouth, loss of appetite, and rigors, and you get the picture. I spent three days in bed, rising only to use the bathroom. I'm now left with fatigue and muscle pains, but even these are receding, and I hope that in a few days' time the only evidence that I've had this at all will be the antibodies, conferring (hopefully) immunity.

In time, other UK doctors will get this infection. Many around the world already have. As in any health crisis, the role of doctors is pivotal. We'll be on the front line of this pandemic. Patients and the public will look to us for guidance, support, treatment, and reassurance. Already, friends of mine who were planning to hang up their stethoscopes are staying on. Others are planning to come back from recent retirement to help out.

We know from colleagues in Italy that doctors are having to make difficult decisions (normally done only on the battlefield) about which patients should receive precious resources and which ones should be left to fend for themselves. Doctors will be making personal sacrifices to help—and they will, as history shows us, make the needs of their patients their first concern.

But doctors also have an ethical duty to protect themselves and their colleagues. Currently (and this may have changed by the time this goes to print), this means wearing protective equipment when in contact with patients thought to be infected, following personal hygiene guidance, and taking enough rest and recuperation between shifts. I appreciated the texts and emails I got from friends and colleagues. What also helped was receiving a call from the hospital where I'd been tested, to find out how I was. That simple act of reaching out meant that I didn't feel so frightened.

So much will already be different. For example, we're all gearing up to work remotely. Our practice is trying to move over 80% of all contacts remotely. Revalidation, appraisal, inspections by the Care Quality Commission, continuing professional development, and many more burdens on our working lives are already being removed. I'm through my covid-19 experience. I'm now keen to return to work and help my colleagues out, in what's going to be a long, tough, and no doubt anxious few months.

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