



VIEWS AND REVIEWS

WOUNDED HEALER

Clare Gerada: Some good must come out of covid-19

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Unlike other recent epidemics (HIV/AIDS, SARS, Ebola), which were mainly contained in specific countries or patient groups, the impact of covid-19 is affecting the whole world. For better or worse, we're all experiencing enormous changes to our personal, social, and professional lives. My life as a doctor—like everyone's—has changed beyond belief, maybe forever. Some of these changes are positive, such as reduced commuting time, using digital technologies to consult with patients, and learning new skills or different technologies. The negative changes include, especially, the loss of personal contact with peers and patients.¹

I have concerns about the impact of covid-19 on doctors' mental health, and predictions from previous epidemics and pandemics show that it may be profound.¹ Nevertheless, as we emerge from the first acute stage, I'm impressed by how many have shown remarkable resilience in the face of tremendous upheaval. Doctors (alongside the rest of the population) have rapidly adapted to their new ways of working, and some, especially those who have structured posts on the "front line," report feeling re-energised, in control, and connected to their colleagues in ways that were largely absent pre-covid.

Hospitals have re-created doctors' messes or welfare rooms, where staff can receive sustenance. In these spaces staff may have access to refreshments, recliners to rest on when not working, and psychological counsellors if needed. The requirement for annual appraisal, revalidation, and inspection have all been paused and systems put in place to fast track the reinstatement of doctors returning to clinical practice. And a decreased workload means that doctors have time to connect with each other—something that, certainly in my profession of

general practice, has otherwise been impossible because of the unrelenting demands on our time.

Around the world, healthcare staff are being applauded and thanked for their help and dedication to duty. The positive changes and public support seen with covid-19 are unprecedented in terms of other epidemics or pandemics,² such as Ebola—where, for example, staff who worked with infected patients were shunned in case they infected others, and there was little recognition of the efforts they had gone to when working with infected people.

Given that burnout (which was at dangerous levels before covid) is linked to being undervalued and overworked, one could hope that the changes we're seeing will reduce their levels in the medical profession—but only if, on returning to normality, we learn and retain these positive interventions. Most importantly, we have to acknowledge that people working so close to suffering, death, and despair will need spaces and time to recuperate, reflect, and re-energise their psychological health.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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- 1 Holmes EA, O'Connor RC, Perry VH, et al. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 2020 (published online 15 Apr). 10.1016/S2215-0366(20)30168-1.
- 2 Hartzband P, Groopman J. Physician burnout, interrupted. *N Engl J Med* 2020. 10.1056/NEJMp2003149. <https://www.nejm.org/doi/full/10.1056/NEJMp2003149?query=RP>.

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