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COVID-19: “JUST STAY AT HOME”

Long covid: doctors must assess and investigate patients properly

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Jensen’s article provides a poignant patient perspective and reflects well the experiences of many patients that were very sick at the peak of the first wave of covid-19 but were denied proper medical assessment and told to “stay at home.”¹ Of course it is important to “show you care” and empathise with the patient. But, as part of an online group of over 500 doctors (ever growing in number) affected by long covid, we are disappointed that the learning points don’t include “doctors should assess and investigate patients properly.” Before the covid-19 pandemic, symptoms such as low oxygen levels, tachycardia, and shortness of breath would warrant examination and investigation, especially when persistent and in previously fit and healthy patients.

It saddens us to hear such low expectations from general practice and secondary care. This is a new disease, and we are surprised about the lack of professional curiosity to explain new and sometimes seemingly odd symptoms. Numerous *BMJ* publications support the need for further assessment.²⁻⁴ Pathological consequences such as myocarditis⁵ or a thromboembolic episode⁶ may explain symptoms, and these have been noted to occur months after onset in long covid support groups. The medical profession needs to evolve rapid transformative pathways to deal with the long term sequelae of covid-19 that include full investigation of patients. This is becoming urgent, as new covid cases are increasing again and we are already starting to see a new wave of patients with long covid.

Competing interests: None declared.

¹ Jensen L. “Just stay at home” was lonely and terrifying. *BMJ* 2020;371:m3807. doi: 10.1136/bmj.m3807 pmid: 33154066

² Lokugamage AU, Taylor S, Rayner C. Patients’ experiences of “long covid” are missing from the NHS narrative. *BMJ Opinion*. 10 Jul 2020. <https://blogs.bmj.com/bmj/2020/07/10/patients-experiences-of-longcovid-are-missing-from-the-nhs-narrative/>

³ Alwan NA, Attree E, Blair JM, et al. From doctors as patients: a manifesto for tackling persisting symptoms of covid-19. *BMJ* 2020;370:m3565. doi: 10.1136/bmj.m3565 pmid: 32933949

⁴ Greenhalgh T, Knight M, A’Court C, Buxton M, Husain L. Management of post-acute covid-19 in primary care. *BMJ* 2020;370:m3026. doi: 10.1136/bmj.m3026 pmid: 32784198

⁵ Puntmann VO, Carerj ML, Wieters I, et al. Outcomes of cardiovascular magnetic resonance imaging in patients recently recovered from coronavirus disease 2019 (covid-19). *JAMA Cardiol* 2020;5:1265-73. doi: 10.1001/jamacardio.2020.3557. pmid: 32730619

⁶ Sartoretti E, Sartoretti T, Imoberdorf R, Dracklé J, Sartoretti-Schefer S. Long-segment arterial cerebral vessel thrombosis after mild COVID-19. *BMJ Case Rep* 2020;13:236571. doi: 10.1136/bcr-2020-236571 pmid: 32938654

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