

Stay safe, Stay home

Mar 29, 2020 | 0



[COVID-19](#), [Insights onthewards](#), [mental health](#), [Mental health for doctors](#), [ontheblogs](#), [Working & trai...](#)

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Being a GP during COVID-19

I am a GP, and a single week has rattled me. Things have changed when I look on social media trying to make decisions. I really do. In February, all the GPs at [Corners COVID-19](#) do in China.

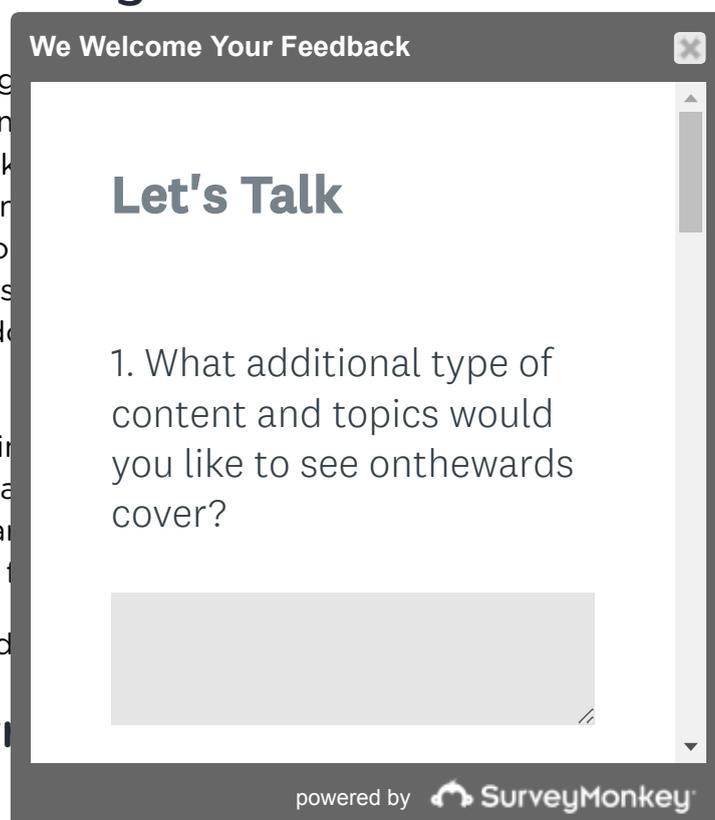
There were distressing scenes of police carrying screams. Murmurs started. It felt so very unusual. It felt so very

But in a world linked

COVID-19 and

The game had now changed. Slowly, [returned travellers](#) started presenting to us - one, maybe two per week, then one to two per day. By the week of 2 March, there seemed to be a steadier flow of high-risk cases, who we saw outside in the car park. We had to analyse conflicting guidelines from various sources. We had to find out where to send these people for testing. We were calling the Public Health Unit almost every day for real-time updates and advice.

The rising pressure we felt came to head on Friday, 6 March. A GP from Melbourne had been diagnosed with [COVID-19](#), and the entire clinic was now closed. A Member of Parliament was quick to criticise our colleague when in fact, he should have been praised for using his clinical judgement to test himself outside of the testing guidelines. Doctors felt angry and vulnerable. I also felt uneasy. I wondered, how many other infected people were roaming in our community undetected? The Government's reaction was to order mandatory testing in all health care workers who displayed symptoms of a sore throat, fever or a cough. The following week at work, 4 of our 17



Over the past few weeks seems to have been pouring information on difficult family planning.... On 25 I glued to the [Four](#) s occurring in

ed quarantine with building doors was business as

s.

doctors called in sick, unpaid, for 48 hours while waiting for test results. Unfortunately, I was one of them.

Seeing patients at high risk of COVID-19 as a GP

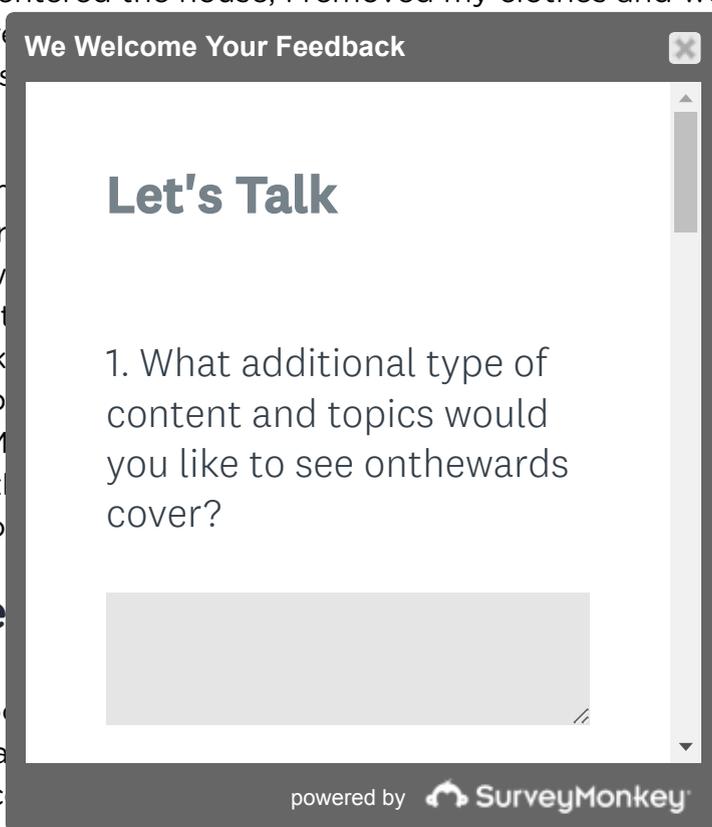
Two days after returning to work, despite our large visible signs, and screening by both a receptionist and a nurse, a high-risk patient managed to make her way into my consulting room. Growing panic rose within me and I immediately left the room, put on Personal Protective Equipment (PPE), and completed the consultation. After I notified the Public Health Unit, I thoroughly cleaned my equipment, moved rooms and continued seeing my mounting queue of patients. I tried to push my anxiety aside and attempt to focus on the patients' concern about their high cholesterol or their sore knee. It really didn't seem to matter anymore.

That night, before I entered the house, I removed my clothes and went straight upstairs and showered before bed. My test result was negative, but I remained deeply uneasy.

Following the social media storm that hit our practice with their message, the risk was confirmed, the risk of COVID-19. We just wanted for medical certification. I wore a mask, I hoped luck would be on my side while I would have played the roulette. You see, I am an asthmatic. My asthma and the natural anxiety that still need me, fear roared.

Looking after my children

I spent many days protecting my children from day care transmission. They could bring it home to them.



It began flooding our community transmission of infection could be through or the request. I started wearing a roulette. You see, it dawns on me that it could combine that with young that they

remove my or disease likely than I was to

But who could look after my children? All I had were my parents who really needed to be kept out of this scenario. However, it was early days, there were only a few confirmed community transmissions in Queensland. If they were to mind my children, it was now or never. I made the gut-wrenching decision to send them to the country with my parents, while they were still low risk. When I said goodbye I honestly didn't know when I would see them again, but I told my 4 year old it was "just for a week" and that I loved them.

COVID-19 cases continue to grow

I focused on work and immersed myself in learning more. I began to be very vocal about my concerns of seeing respiratory cases without PPE. I have wonderful practice owners, and they quickly met and planned to build an isolation area in the clinic.

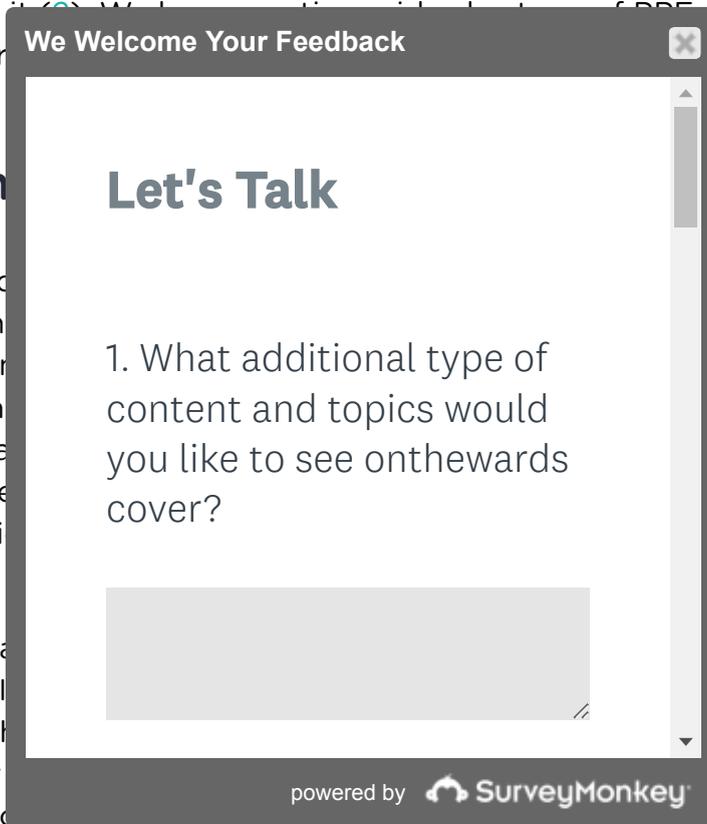
Construction was completed in 5 days. Glass walls were built, air conditioning ducts were rerouted. We now have a dedicated “infection zone” where doctors can wear full PPE to see respiratory cases. The rest of the clinic is now the “safe” zone. Triage improved. A Medicare rebate was made available for phone consults. I went to work feeling far more in control of my environment. I was still only allowed one mask per day but I was grateful to have something, just in case someone slipped through the cracks again.

Despite new social distancing measures, and mandatory quarantine for all international arrivals, the numbers of COVID-19 cases continue to grow exponentially. From my reading, it is clear to me that the countries who have managed to halt the spread and flatten this curve are those who either did early widespread testing or strict social distancing, early school closure and enforced strict quarantine. And we are not doing either here in Australia. Furthermore, 20% of these cases require hospital admission and 3-5% require an ICU bed (1). The 2200 ICU beds that we have in the entire country just are not going to cut it (2). We have a testing strategy that is not working (3). We have a shortage of testing reagents (4). Our only hope is that a strict quarantine and lockdown is our ONLY hope.

Social distancing

Knowing this, I had to focus on my own phone at being outside alone lived. I ran past running young men kicking a me and I asked myself oblivious to how quiet DISTANCING.

Now that my anger at of what lays ahead. I in while the rest of the many still think they the Australian way to



my phone down and of course. My joy morning was short und, a group of despair rose inside ble, who seemed OT SOCIAL

despair and sorrow ning a tsunami roll being vigilant, but y won't matter. It's our downfall.

Being a GP in COVID-19 limbo

Meanwhile, medical social media groups explode. We are pleading, crying, not sleeping. *The doctors who will be looking after everyone are alarmed.* We are not as prepared as we could be. So we channel our fear to make plans. We set up Facebook groups to link university students with health care workers to babysit our children when the daycares close. We talk about supporting small businesses, like cafés, by asking them to deliver food to hospitals and clinics, as we mentally prepare to work 24-7. But the limbo we are in is torturous. We can't afford daycare AND a nanny. We still have to go about life like normal. We want to move forward, take charge, but we are stuck. Waiting. Waiting, and watching the curve. Waiting with a fading glimmer of hope for us to go into lockdown.

Useful Resources

- Doctors' Health Advisory Service
- Beyond Blue
- Lifeline 13 11 14

Tags: #beyond blue doctors mental health,#coronavirus,#COVID-19,#doctors health and well being,#emergency,#GP,#infectious disease,#interview panel,#junior doctors health,#pandemic,#personal protective equipment,#PPE,#public health,#public health emergency

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Let's Talk

1. What additional type of content and topics would you like to see onthowards cover?

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