

# Observations From "Seeing" Patients on the Other Side of the Phone

Little did I know when I selected my sub-specialty during residency that 15 years later, we would be at the forefront of a pandemic. Over the last eight weeks, I have, just like many physicians trained in pulmonary and critical care medicine, spent countless hours in the intensive care unit (ICU) treating patients with COVID-19, the disease caused by the novel coronavirus. Medical literature surrounding the critical care management of COVID-19 has increased exponentially. The news is full of stories focusing on ICU shortages of personal protective equipment, personnel, ventilators, and medicines. My twitter feed is flooded with tweets about personal and professional experiences from frontline critical care physicians.

While there is a lot of discussion in our community about ICU management of COVID-19, little has been said about the other aspect of my field: outpatient pulmonary medicine. Just like many ambulatory practices in the country, we have moved to a telemedicine platform to "see" our patients. When not working in the ICU, I have successfully adopted this. Interacting with patients on the other side of a phone or video-call has allowed me to appreciate what they might be experiencing in this changing world. On a personal level, these telemedicine visits have become one of the most humbling, yet stimulating, experiences in this otherwise somber environment. I highlight some of my own observations and reflections:

Patients are lonely. I have been very impressed at how diligently my patients have obeyed physical distancing. The majority are staying at home, with the exception of a rare visit to the grocery store. Although this is tremendously useful from a public health standpoint, it became quite apparent to me during our video visits that they are lonely. While most of my patients have severe lung disease, many on home oxygen and with limited exercise capacity, they have always found joy in being able to walk around the block or to go pick up a newspaper at the convenience store. But now the pandemic has heightened the sense of self-isolation for these patients. I suggested to one such patient to call or FaceTime with her family or friends to keep herself socially connected. She responded, "I don't want to; they have lost their jobs."

Patients are grateful. A patient who is fortunate to still be employed donated to our hospital's COVID fund. Another woman who also has an infectious disease physician involved in her medical care asked me how that doctor was doing and said, "Tell him, I worry about him and am praying for him; I am praying for you all."

Every visit ends with best wishes and a big thank you to the medical community and everything that the frontline workers are doing to fight this virus.

Patients are worried. Stress is not good on many levels. But for my patients with lung illness, stress can trigger exacerbations of their lung disease such as asthma or chronic obstructive pulmonary disease. It can make it harder for them to breathe. I've always known this. During a recent telemedicine visit, my patient said, "Doc, I am worried I will start smoking cigarettes again." My mind raced through the names of many of my patients through the years who have worked so hard to successfully stop smoking. How I wish I could call all of them to check in on how they're doing and work together to avoid a relapse.

Patients may be angry. A colleague described her experience of speaking with her patient, who was quite upset that the focus of the entire medical system is on COVID-19, thus delaying medical care for those that do not have COVID. My state recently developed a public service announcement urging patients not to be scared about seeking timely medical care and welcoming them to the hospitals to get safe and timely care.

Med reconciliation is so easy. Many of my patients have long medication lists. Doing a medication reconciliation in the clinic is often challenging. Many may not remember the names of their inhalers, often leading me to ask questions such as, "Do you use a red or a blue inhaler?" The benefit of doing televisits is that they now have access to all their pill bottles and inhalers, and what was previously a difficult long process has now turned into a seamless and accurate process.

The technology challenge. We cannot take technology for granted. Telemedicine has hastened the need for physicians to adopt technology. Patients are in the same boat. Some patients do not have an email address to connect to our online platform; some do not have smartphones to be able to do a video visit, and some struggle with lack of consistent internet access. Not only are these barriers to allow for a successful telemedicine visit but also highlight the disparities that must be fixed before widespread implementation for telemedicine in the future.

For now, while I am eager to meet my patients in person again, till this pandemic slows down, I will continue to "see" my patients on the other side of the phone.