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Commentary and Opinions

Beyond the mask

Derrière le masque

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More than a year into this global pandemic, we have all witnessed how COVID-19 has radically transformed not only our day-to-day social exchanges but how physicians practice medicine. Strict visitor policies have become the norm in our workplaces, and protective gear renders physicians nearly unrecognizable. And yet, despite facing the health crisis of our generation, it is vital to remain cognizant that at the core of being a physician is human connection—one between patient and provider. Strengthening this human connection remains possible despite these challenges as times of crisis often present unparalleled chances to re-examine current practices through improvised or disruptive innovation.[1,2] By viewing the COVID-19 pandemic as a stimulus for change and committing to innovation through human-centred design,[3] we can ensure the patient remains at the centre of our healthcare system. Despite the many challenges faced and adjustments made this year, there lies newfound opportunities to continue and preserve compassionate communication with our patients.

News of hospital outbreaks and variants of concern cause many patients to be apprehensive about presenting to the emergency department. Physical barriers and sectioned-off seating areas transform previously familiar healthcare settings into alien spaces. The protective measures we enact create challenges in establishing personal rapport with anxious individuals and do little to alleviate pre-existing sentiments of disconnect. Nonverbal communication is instrumental in developing that therapeutic alliance between patient and provider. Research demonstrates that the emotional context of care has significant implications for patient satisfaction, appointment keeping, and service utilization.[4] Face masks, while necessary, may impede physicians' abilities to demonstrate empathy and attend to the relational elements of patient care. In one randomized controlled study involving mask-wearing and non-mask-wearing providers, there was a significant and negative effect on patient perceptions of empathy by those with a mask.[5] These observations are consistent with previous studies showing patients under contact precautions perceive greater challenges with their care including decreased contact time, increased adverse events, and lack of understanding of patient preferences.[6,7] Understanding the evolving patient experience within the context of infection control and broader health system changes is essential for all care providers and learners across the continuum of education as we reimagine how our hospitals and medical schools move forward.[8]

Yet, despite these limitations, positive healthcare transformation abounds. Urgency, resource scarcity, and collective identity all support improvised innovation during times of crisis.[1] The COVID-19 pandemic has created the impetus to adapt to changing circumstances. We actively listen to patients' words rather than passively absorbing them. Physicians have had to shift to more explicit verbal cues of empathy by acknowledging, validating, and making supportive statements—especially when conducting goals of care discussions. The change in physical surroundings spurred us to be more attentive to vulnerable populations who face considerable obstacles with communication. Translation services, hearing aids, healthcare navigators,

and other assistive devices are more important than ever to collect crucial information.

The supportive influence of caregivers and family members is an essential component of the healing process yet has been a scarce in-hospital resource during the pandemic. The implementation of no-visitor policies has led to troubling feelings of isolation and anxiety among patients who have had to go through these unprecedented health challenges in sequestered rooms alone. Moreover, the lack of family at the bedside creates challenges for disposition planning when loved ones may not be able to fully appreciate the decline and severity of illness that has transpired during hospitalization. Pandemic restrictions limit caregivers' ability to fully support and engage with their loved ones while in hospital, and this does not lend itself to safe discharges back home.

A collective identity is emerging across health disciplines as frontline providers experience high stress levels and an ever-changing environment, in which cooperation and collaboration serve as a unifying means of promoting safe and high-quality patient interactions.[1] And so, the norms and expectations of virtual communication with families have shifted during the pandemic. One member is typically identified as the point of contact to receive and disseminate information to the rest of the family. Having the healthcare team provide daily updates has become a recommended practice to foster critical rapport between family members and the healthcare team as well as reducing disjointed messaging. The value of this structured and direct channel of communication should not be understated as it has been shown to increase satisfaction of care.[9] Institutions are routinely seeking counsel from their Offices of Patient Experience because they recognize supporting patients through their hospitalization is fundamental to quality care. This thoughtful approach and collegial framework of person-centred design thinking has extended to our interactions and communications with colleagues. COVID has stimulated innovation by re-envisioning patient referrals and safe disposition plans. Collaborative relationships are being forged with consultants to collectively determine patient-centred management based on available resources and community supports. Virtual follow-up appointments, including video-based services that allow the mask to be removed, are becoming standardized with in-person meetings reserved for marginalized populations or when specific in-person physical exams and additional tests are required for safe care

COVID has disassembled the routine and familiar within our medical practices. It has compelled us to re-imagine and re-tool how we interact with the sick, their loved ones, and our healthcare teammates. And as we reflect on a year that brought upon much disruption, let us also look to the innovations that endeavoured to bridge the divide and defend space for compassion. Because in addition to the quantitative metrics of clinical care, the intangibles in medicine matter, especially in a global pandemic. As we gradually emerge from the pandemic and restrictions ease, we must commit to integrating and sustaining these innovative, human-centred changes into our everyday practice. We must preserve that human connection between patients and providers, no matter the physical barrier or mask that may separate us.

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