

PSYCHOLOGICAL FALLOUT

Doctors in the COVID-19 Pandemic

Text by Dr Tina Tan, Editor

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Day 1. I don't remember what day that was – some time in February. I took off my watches and decided not to wear them to work anymore. I kept only the two rings on my fingers – my wedding ring and a ring from my sister that I'd worn since university days.

Day X. I don't recall the exact day when I took off my rings and locked them up. The infection risk had become too high. I'd never taken these two rings off for an extended period of time. I stared at them with fondness before I secured them at home. It was around the date that the circuit breaker was announced.

COVID-19's mental effects

By now, all of us would have had moments that made us pause and reflect, just before we adjusted to a new reality. I've read countless accounts

and social media posts and they are all similar – we are hurting in various ways even as we soldier on in this battle against COVID-19.

I'm a psychiatrist. Technically I'm not on the "front line" as we traditionally understand it, though my hospital is actively supporting this national crisis in terms of manpower and essential mental health services. However, slowly but surely (rapidly in the past few weeks), the semblance of normal life at the Institute of Mental Health and everywhere else, has been eroded by COVID-19. The physical toll of this pandemic exists, as my friends and colleagues working in other settings and doing shift work can attest to. The psychological toll on doctors, though easy to ignore now, is very real. Downplaying this would come at great cost to us, and to those whom we live and work with.

Being human, doctors are subject to the same problems that the general population faces under constant stress, if not more so because of the work we do. We might experience anything from anxiety, to post-traumatic stress disorder (PTSD)-like symptoms, to alcohol dependence. Suicidal thoughts can occur as well – I have heard of doctors in Italy who were suicidal because they had to choose who lived and who did not, and an American physician, who treated coronavirus patients, did in fact kill herself back in April.

Mental impact on doctors

Let's look at the reasons why the mental well-being of doctors might be affected.

1. Infection fears

The act of donning and doffing personal protective equipment (PPE), and having to be conscientious of what you've touched and what part of you is clean or contaminated, involves a heightened vigilance bordering on obsessiveness. You cannot be distracted or you will make a mistake. Thankfully, in Singapore, we have enough PPE. But in other parts of the world, PPE is a privilege, not a given, and that adds to the fear of infection.

2. Stigma

It is natural to fear what could kill. In India, there were news reports of healthcare workers being forced out of their homes once COVID-19 hit. In Singapore, some healthcare staff working in a nursing home were apparently evicted from their homes by their landlords when a cluster of cases was discovered in the nursing home. Thankfully, the stigma of healthcare workers now seems less profound than during SARS in 2003. The public are more aware of how the virus transmits and the care that healthcare workers take in protecting themselves at work.

3. Our loved ones

Many of us have families whom we are worried about passing potential illnesses to. This is more so for those on the front line where the risk of exposure is greater. Some doctors want to, or have chosen to, stay in hotels or similar facilities, away from their families in order to answer the call

of duty. It is a genuine dilemma that many of us have had to ask ourselves, and answer in our own ways.

4. Constant change

There is a constant upheaval, with no end in sight and no chance to catch a breath. For most of us who are not public health experts, we often do not know “what’s next”. All we have to rely on are what is available in mainstream media and instructions and updates from our clinical leaders. Sudden changes mean we have to scramble. It’s hectic, not what we are used to, and over and above our usual clinical and administrative workloads. Plus, so much has happened in the past few weeks alone. Many of us, as dutiful healthcare professionals, have carried on looking after our patients according to our ethical and moral code. We continue with our work, with smiles on our faces and jokes a-flying as usual. But over the past few weeks, I’ve seen more strain, irritability and grimness in my colleagues’ faces than before. Yet few of us have allowed ourselves to process what has happened and allow a catharsis of our emotions – fear, anxiety, anger and stress. Practically, there is no time to; psychologically, the pressure could be building up unbeknown to us individually.

5. Having to make no-win choices

As global COVID-19 numbers increase, and hospital beds become occupied by COVID-19 patients, doctors in some countries are faced with the heavy task of deciding who gets the ventilator, and who doesn’t. Who needs the hospital bed, and who can be discharged? Healthcare systems aren’t just dealing with COVID-19 patients. There are other competing healthcare needs – patients with cancer, stroke and other emergencies. Having to decide the fate of patients when resources become scarce is an overwhelming responsibility and burden. I am grateful that such a scenario has not happened in Singapore at the time of writing. We do not want to play God. We want as many people to recover and walk out of the hospital as possible.

6. The morale of our doctors

Service needs have taken precedence. You are deployed where you are

needed, not where residency wants you to be. Your exit examination is to survive each day, with endless dilemmas and choices to be made and planned for. There is no more pass or fail – human lives and limited resources are at stake. And if you make a careless mistake, there’s no examiner to prompt you – you risk catching an infection and becoming another case number. And I can’t even begin to talk about the psychological effects of safe distancing.

Getting through this pandemic

Here’s what we must do to get through this and emerge on the other side:

1. Rest well

When we are tired, we will make mistakes clinically, and in our donning and doffing of PPE. Resting well also builds up our immunity.

2. Make a conscientious effort to unwind

Switch off from your emails, carve out an hour to do something unrelated to work. Socialise with friends and loved ones virtually. You are not a robot, you are human. The great blessing is that this crisis comes at a time when technological advances make staying connected possible, and relatively easy.

3. Catharsis

Talk to someone. Cry if you have to. Allow yourself the space to grieve for the way things were, the patients who are sick, and the demise that has just happened.

4. Be aware when you need help

Now is not the time to worry about your reputation or what your colleagues might think of you. If you are not coping well, seek professional help. Each institution in Singapore has peer support, and there are free psychological services for healthcare workers that we can access.^{1,2,3}

5. Change your perspective

Stress is not always a bad thing. Stress can refine you and build your endurance. What goes through your mind when you wake up each morning and head for another day of work? Is it fear? Anxiety? Dread? Think of the positives in your life, and hang onto the hope that in time to come, this too shall pass.

6. Support your leaders

You may wonder why this point is here. We are in unprecedented times and our leaders have to make decisions that even they were not trained to do. None of these decisions are easy, because they all involve a balance of breaking the chain of transmission versus sustainability, being mindful of the consequences of every decision without acting too slowly. Giving criticism with the benefit of hindsight is easy, but providing on-the-ground feedback that is constructive and an accurate forecast of things is what matters, and that is where we can make a difference.

The psychological fallout of COVID-19 on doctors won’t be as obvious as its direct effects, though we can be worn down in ways that aren’t so immediately apparent. I implore my fellow doctors to look after yourselves and your mental well-being. A special note goes to my fellow practitioners in the mental health field: our role is to tend to the psychological needs of those who have suffered COVID-19’s direct and indirect effects. Even as we care for those who have suffered from them, let’s not forget our own mental health. Burnout and PTSD in mental health workers can happen as it would to doctors in other fields during this time. So do take care.

As obvious as all this seems, oftentimes in the daily work grind, we may lose sight of the simple but important things. We are in this fight together. This is a war with many battlefronts of varying intensity. Let’s be there for each other as an extra pair of hands, and a shoulder to lean on in tough moments. We are all in this together. #SGUnited ♦

References

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