



Has Homeostasis been killed by COVID-19? The purpose of Tension when advocating for our patients and colleagues

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by Dr Kate Grant

As we move into 2021, embracing the challenges of the COVID-19 pandemic, it is difficult not to compare with previous apparently tensionless times. We thought we knew how to advocate as service providers within the medical world. We knew our local demographics, knew the capacity and reach of available healthcare. Like gas

circulating in a bell jar, what resources we had expanded to fill the available space. Whether providing care in a system supported by medical insurance, charity, or services that were free at the point of delivery, we knew where we stood, even with the reality of rationing. We worked within familiar systems where we knew we

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had the same 24 hours as everyone else, the same physical, mental and emotional energy to provide healthcare within our known closed systems...supposedly.

This year of pandemic continues to hear the worldwide plea of the healthcare profession, which goes up like the illumination of distress from a flare gun. Every nation has been beseeched to stay at home, wash hands, socially distance, and wear masks. To reduce the burden on strained systems.

We also fight the invisible virus, embodied by human consequence. We should not be fighting the pandemic deniers who should be ashamed enough to skulk back to their holes of ignorance. We war within ourselves to stay working. We keep our focus on one patient at a time. We don't stare up the stairs, just step up the steps. We press on and on and press down the distraction of fear and the shapelessness of the immediate future. One challenge is giving each life equivalence in inherent dignity. Rationing is a sobering enemy of those heady first optimistic memories of medical school,

Viktor Frankl, the Neurologist and Psychiatrist who survived the horrors of four Nazi Concentration camps would have much to say about our approach to those suffering as healthcare providers, patients, and relatives during this pandemic: "But today's society is characterized by achievement orientation, and consequently it adores people who are successful and happy and, in particular, it adores the young. It virtually ignores the value of all those who are otherwise, and in so doing blurs the decisive difference between being valuable in the sense of dignity and being valuable in the sense of usefulness. If one is not cognizant of this difference and holds that an individual's value stems only from his present usefulness, then, believe me, one owes it only to personal inconsistency not to plead for euthanasia along the lines of Hitler's program, that is to say, 'mercy' killing

of all those who have lost their social usefulness, be it because of old age, incurable illness, mental deterioration, or whatever handicap they may suffer. Confounding the dignity of man with mere usefulness arises from conceptual confusion that in turn may be traced back to the contemporary nihilism transmitted on many an academic campus and many an analytical couch."[1]

We see COVID-19 rip through populations in care homes, those with pre-existing conditions, and the socio-economically deprived. How can we confer value to every life rather than choosing whether an individual has an inherent dignity or is merely useful in society? How do we ration and advocate at the same time?

To paraphrase Frankl, he argued that we should not be striving for homeostasis in our mental health, where we remain unchallenged in thinking about the way we care, or the way we react to pain and suffering. He argues that. 'What man actually needs is not a tensionless state but rather the striving and struggling for a worthwhile goal, a freely chosen task. What he needs is not the discharge of tension at any cost but the call of a potential meaning waiting to be fulfilled by him.'[1]

Suffering is ineradicable. Witnessing the suffering of those we care about infects our own souls and the only thing we can do is choose how we react. Clinging to mental homeostasis where we refuse to let it affect us is like having asymptomatic COVID.

For healthcare providers, mental homeostasis is not always achievable, and rates of physician suicide as a subset are well documented.[2] Evidence suggests that doctors are approximately 1.87 times as likely to commit suicide than those working other occupations.[3]

I write this looking back three years to the death of a much-loved colleague and friend,

Dr Alastair Watt, a Consultant Endocrinologist in Devon, UK, who died by suicide. The cover portrait is of the hands of his wife, Ruth, a General Physician, their twins, and his inexhaustible dog Oscar. Three years ago, I attended his funeral, where there was standing room only, several hundred family, friends, colleagues and patients from all over the country and abroad. To have touched that many lives at the age of 45 is something he should have seen and known.

After a head injury two years before his death, Alistair began the journey back to work as a Diabetic Consultant. His journey was challenged by physical recovery, depression and anxiety. He was pressured to return to a job with occupational health support that was inadequate for his needs, in a health system that needed him to perform at a physical and mental level as if he had never been away. It was a world where the physician can only be physically unwell, not mentally. A world where doctors function at 100% of emotional and psychological wellness.[4] A world of homeostasis with no room for the disruption of suffering.

Center, et al (2003) summarise this well when they say: 'The culture of medicine accords low priority to physician mental health despite evidence of untreated mood disorders and an increased burden of suicide. Barriers to physicians' seeking help are often punitive, including discrimination in medical licensing, hospital privileges, and professional advancement. This consensus statement recommends transforming professional attitudes and changing institutional policies to encourage physicians to seek help. As barriers are removed and physicians confront depression and suicidality in their peers, they are more likely to recognize and treat these conditions in patients, including colleagues and medical students.[5,6] Alistair's Wife, Dr Ruth Watt, still advocates

for him, challenging the system that could not meet his needs and contributed to his death.

The world is in the grip of a change in homeostasis. Alastair could not hold on any longer and he left us. I know that were he still with us today, he would have increased the size of his own bell jar and allowed the circulating gases of clinical care and his own enormous capacity to love his family and patients expand to fill the bigger space. During this pandemic, we all work alongside colleagues who are feeling such tension at work that they will sit down on the homeostasis of one step, rather than climbing to the next. If we personally are not in a position to advocate for larger groups and bigger causes just now, then, if we just do one thing, it might be to acknowledge the pain our colleagues feel. As Frankl said "But there was no need to be ashamed of tears, for tears bore witness that a man had the greatest of courage, the courage to suffer." [1]

For every physician or healthcare colleague that takes their own life, there now cannot be hundreds at their funeral, but maybe serving each other by reaching out to take the hands of our contemporaries may lift them to the next step. We could use the positive tensions of change to bring meaning and dignity into each moment for them and for their patients, and, thus, ultimately renew the concepts of inherent dignity so as to not just consider usefulness.

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