

## Out of Touch

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**Abstract:** Covid-19 has rapidly changed physician-patient interaction, from hands-on to hands-off medicine. In this essay, as two family physicians in different continents, we reflect on the meaning of touch in clinical practice and how virtual care is transforming this tacit aspect of patient care. We consider the traditional role of touch on day-to-day interactions such as physical examination and communication. We ponder how COVID-19 may change physicians' use of the different senses, to herald a new era of the visual and verbal. We emphasize the etymological meaning of touch, drawing on Derrida's notion of 'when our eyes touch', to explicate touch as not only skin-to-skin contact but as a way for physicians and patients to stay connected at a time when touch is taboo.

*COVID-19, family medicine teaching clinic downtown Calgary, Canada*

I present a completed screening questionnaire as my temperature is checked by an unfamiliar staff member, veiled in personal protective equipment, her eyes peeping above her mask. I'm unable to see if her facial expressions are one of fear or support. The teaming room, usually bustling with staff, residents and extended team, is empty. I proceed to a single office, which smells of disinfectant and alcohol wipes. The morning huddle is appropriately socially distanced, staff spread out like points on a fan. I sigh, another day, virtually alone in my room, I put the phone on speaker, dial my first patient and start my day.

*COVID-19, community clinic, Belfast, Northern Ireland*

The smell of coffee still percolates the air as I arrive in my family medicine clinic. However, everything is different. Instead of sitting down with my colleagues and discussing what they did at the weekend – now I dispense my coffee with a 'no touch' technique and huddle at a distance. The huddle is friendly, but marked with an air of anticipation and nervousness. I then enter my room, close the door and poise myself for remote consulting. Aside from the diligent cleaner, I have been the only person in this room in weeks. The sphygmometer lies idle, otoscope fully charged and unused.

*'When our eyes touch, is it day or is it night?'*<sup>1</sup> Derrida's opening lines to his philosophical reflection on touch seem a far cry from my routine clinical practice. But somehow, as virtual encounters have gone

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viral, and reality feels like science fiction, his question highlights a paradox brought sharply into focus during COVID-19 consultations, the meaning of *touch* in healthcare.

Historically, healing is associated with the laying on of hands, symbolizing physical care and compassion. Touch, in medicine, is most obviously associated with physical examination, diagnosis and performance of procedures. Even with eyes closed, experienced physicians can feel the heat of an area of cellulitis, the dry scale of eczema, the outline of a baby's curved spine in utero as fingers grasp the hardness of its head firmly positioned in the pelvis. Perhaps even, as suggested by Polyani,<sup>2</sup> physicians' sense of touch extends beyond the fingertips, into familiar tools such as the stethoscope, speculum or needle, instruments become extensions of the senses. Think for example of the rapid rise and fall of the stethoscope on the chest of a patient with tachypnoea, or sensing the recoil of the needle in a patient with good venous access. Alternatively, a sense of discombobulation, when using unfamiliar or new equipment to perform routine procedures.<sup>3</sup> But now, doctors' diagnostic acumen relies more on verbal histories, supplemented at best, by visual supports – video or photographs emailed securely, often out of focus with haphazard orientation. Medicine has been quick to prioritize visual information over less 'reliable' senses such as touch and auscultation.<sup>4</sup> The microscope and X-ray revolutionized clinical medicine, and visual insights continue to dominate our understandings of the body, for example with PET scanning to understand organ function. Currently, there is enthusiastic adoption of ultrasound as the new 'stethoscope' leading to debate about the role of bedside ultrasound as part of core curriculum for medical students. Perhaps the sound and vision of telemedicine, is the new future tool of clinical care?

A more tacit aspect of touch is its role in nonverbal communication. Physicians and patients greet each other by shaking hands; fist bumps or high fives with children. Many physicians receive hugs when delivering good news – the chemotherapy is working, delivering a healthy baby! Doctors and patients reach out to each other when sharing distress or sensitive moments, a gentle touch to the patients' arm, or the fleeting touch of fingers as we pass a tissue to mop up tears. Breaking bad news over the phone was traditionally discouraged. Being with the person emphasized the importance of physician presence. Now, we extend our senses to probe the moment of silence. It feels uncomfortable to tell someone a cancer diagnosis over the phone, without the ability to touch and physically acknowledge another's suffering. Even if our eyes touch, facilitated by video, there is an emotional sense of inadequacy, words

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are not enough. Touch feels lacking in these disembodied impersonal virtual encounters. Touch connects doctors and patients physically and emotionally as human beings, forming a primal bond.

But at present, touch is taboo. Never entirely without risk, touch is now virally suppressed; gone. Its hands-off medicine. To touch, we gown, mask, goggle and glove. Face-face communication is now more than just at arm's reach in GP offices – now meters away across such rooms. Virtual and video consultations are the new norm. We are in touch, but there is something missing, something evanescent– to quote Hall & Oates<sup>5</sup> song, *Out of Touch 'I'm waking up to a fantasy, the shades all around aren't the colors we used to see, we're soul alone, and soul really matters to me'*.

In one sense, medicine is well-prepared for this new virtual life, perhaps COVID-19 has merely hastened the inevitable; where once bureaucracy was slow and burdensome – has now become agile and creative. Physicians have never been more connected. Video conferencing enables clinicians to congregate in cyber-space, learn online and provide patient care. Our email in-boxes and other online communication channels are bulging with updates, invitations to virtual working meetings and even virtual dinner parties. Twitter updates, telemedicine, virtual physical examination and robotic surgery are readily incorporated into clinical practice. There is no doubt that these advances are to the benefit of patient, physician and trainee in this of time of hands free medicine, but perhaps it is timely to reflect on the unspoken ways in which we relate to each other so that distance does not mean we lose touch with what defines us as physician-healers. In this way, when our eyes touch, we can stay connected.

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