

Practicing Full-Spectrum Family Medicine During the COVID-19 Pandemic
Mary Ann Dakkak, Boston University and Manet Health Centers

When the COVID-19 crisis started, Family Medicine physicians were one of the first groups mobilized. Family medicine attendings were pulled from clinic and dispersed to inpatient medicine floors and to additional obstetrics backup. As someone relatively healthy, relatively young, and with children who are relatively independent (school aged), I was assigned a COVID-19 team.

The learning curve has been steep, but also quickly changing with changing algorithms and recommendations. When I started my week, I preferentially placed a pregnant patient (starting with one, but there will inevitably be others), onto my service. My reasoning was, one exam, one exposure, and done.

I am a board certified family medicine physician with a fellowship in surgical and high-risk obstetrics. With my inpatient and obstetrical training, I am well trained to provide this level of care in concert with maternal-fetal medicine and infectious disease by phone. By her third day of hospitalization, my pregnant patient required intubation. She held my hand tightly as they pushed the propofol to sedate her for intubation. In just a few seconds, she was asleep, her hand let go, and the tube was in. Her O2 saturation jumped to 99%, and while I didn't say anything, my chest felt a weight come off of it. My previous patient who had to be intubated didn't make that jump we hoped he would and did not recover.

"I'm from the OB team," I'd explained when I came in. "She was my patient on my medicine team yesterday," I further explained. They nodded. They knew me from both places, it made sense. It just was the first time we were intubating a pregnant woman with COVID-19 multifocal pneumonia in our ICU. I had operated with the same anesthesia team just weeks prior doing a cesarean section. With the intubation finished, I helped the nurse get the patient in restraints and position her while I also slipped the non-stress test monitors to trace the fetal heart rate and contraction pattern. Doing an NST is at least 20 minutes. All in all, I spent 40 minutes in her room tonight. The previous day, with the rounding, and then the rapid response when she needed to have additional oxygen and sent back to the ICU, I spent upwards of an hour and a half with her. Per our current COVID-19 guidelines, we are to wear an n95 mask if we are spending extended periods of time in a confirmed patient's care, which this certainly qualified for. I could imagine the regular flow: during morning rounding exams she'd have had a separate fetal non stress test by a nurse, a separate obstetric exam, a separate medicine exam and then repeated the whole sequence with the rapid response. With her COVID-19 positive status, that would have been tripling exposures. Instead it was simple. I went in, did the full obstetrical and

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medical history and exam, did the NST. Family medicine has long been able to provide comprehensive care with lower costs and streamlined care.¹

When I left her ICU room, with her intubated, I chatted with the ICU attending. We talked about typical lab results in pregnancy and how they can differ from non-pregnant patients, blood pressure control in pregnancy, and that under no circumstances would we hesitate to provide her any life-saving medication and intervention.

As I finished there, I went back to labor and delivery to continue my shift. I delivered a baby. And later that night, a man who needed intubation on my COVID service three days prior died.

I send many more people home with COVID-19 than I keep, but it's the ones that we keep that stick with me. And after a post call sleep day today, I start back on the COVID medicine inpatient team tomorrow. It is also precisely why I trained the way I did, to be able to take care of the whole person, at any point in their life, in the hospital or outside of it. As a family medicine physician I am trained in inpatient medicine, have training in the ICU and step down units. To be honest, I have never done as many ABGs as I have done now, and it is fortunate that I am so well trained for it. Additionally, my training in obstetrics makes care of the prenatal, postpartum and antenatal patient second nature to me now. In a regular month, I manage patients with gestational hypertension, gestational diabetes, twin pregnancies with my additional training in ultrasound and high risk obstetrics. I perform cesarean sections and tubal ligations as well as vaginal deliveries and complex repairs. I do inpatient medicine as a hospitalist about eight weeks a year, caring for adult medicine patients who are hospitalized. I understand the different requirements and recommendations and medications that are recommended, without hesitation or fear of treating them.

As we grow our COVID-19 teams, I am working to create a COVID-19 team staffed by family medicine that will encompass prenatal, antenatal and postpartum women to streamline their care. My goal is to staff this team with family medicine residents as well as their obstetrician gynecologist resident colleagues, to build partnership and common training and break the silos that exist between the practices. As we take care of these vulnerable populations with our unique training, we can provide them higher quality care and advocate for them in the health care system. In a safety-net hospital with patients who are homeless, sheltered and in multi-family dwellings, it more important during this pandemic to provide comprehensive training on how to care for these patients.²

While my face hurts and shows the mark of PPE, which I am so grateful to have, I know that my expertise will also inevitably increase the duration of my exposures. I have chosen to send my family away to live with my parents while I work. While I see many friends have less hours, or work from home partially or completely, my hours are only climbing, and I am working hard to maintain a balance so that I still get days off to relax, to garden, to write and to exercise. I do

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cry, just a little every day, just to let the pressure out of everything I am seeing, learning and holding. Otherwise, I am doing exactly what I always wanted to be doing, practicing full-spectrum family medicine, during a time when, more than ever, our country needs it.

References

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