

Renaissance of family medicine in Romania during Covid-19 era

1,229 words

[No conflict of interest statement in article file; authors declare in the submission form that they have no conflicts of interest.]

In this paper, we would like to share the experience we had during the pandemic and how we reacted locally to the challenges induced by this tragic, difficult to control period. We are located in a large urban area and the office is part of a polyclinic. The number of patients registered is over 2600, with a relatively equal distribution by age categories.

In Romania, all general practitioners worked during the pandemic (<https://snmf.ro>, n.d.). During the state of emergency (15 March – 15 May) the general practitioner offices operated according to a normal schedule with a slight decrease in the number of classic consultations due to the limited mobility of the population. At that time, the suspicious cases were evaluated by telephone by the general practitioner - when the patients did not initially call the emergency department - and redirected to the hospitals of infectious diseases where the testing and evaluation was performed by the infectious disease specialist. At the same time, hospitalization was mandatory until the test was negative and the remission of the symptoms specific to SARS-CoV-2 infection completed. Patients with moderate to mild or asymptomatic forms who chose to be discharged on request were supervised by their general practitioner, with the establishment of the alert state when the obligation to hospitalize until the RT-PCR test was negative was no longer in force.

Teleconsultation or video consultation was a challenge for our practice (Mallen, 2020) because on the one hand we had no experience in evaluating patients suspected or confirmed with SARS-Cov2 infection, and on the other hand the technical resources of patients were often insufficient.

During the state of emergency, the access of chronic patients to periodic and specialized evaluations was limited due to the cessation of the activity of specialized outpatient clinics and day hospitalizations. The management of exacerbations in their case returned to the general practitioners, episodes for which the non-specific knowledge of family medicine was acquired at an accelerated pace. Also, the national immunization program for children continued and the

organization of the appointments took into account this aspect. Compared to the pre-pandemic period, a favorable evolution was observed in the behavior of Romanian patients regarding the scheduling time and the avoidance of the crowding in the waiting rooms.

There was an increase in addressability for minor surgical emergencies (wounds, second and third-degree burns, cutaneous abscess, etc.) diseases for which, during the pre-pandemic period, patients would have requested emergency specialized consultation. Also, in the extended state of alert that followed, the patient preferred postoperative wound monitoring at the general practitioner's office rather than going in an ambulatory setting to be seen by a surgeon.

Triage and evaluation of patients suspected of being infected with the new coronavirus were performed either by teleconsultation (Kelly MA, 2020) or by receiving patients in specially designed - isolating spaces. Following the evolution of health status in patients tested positive who refused hospitalization with the entry into force of the law that allowed this, also returned to the responsibilities of general practitioners with the amendment that the diagnosis and initial recommendations were made by infectious disease specialists in the first 48 hours after testing. In some cases, although there was a moral obligation on the part of the patient or the Public Health Authority, the general practitioner was informed of the diagnosis of COVID-19 or the status of "quarantined / isolated" only if a medical leave was required.

We would like to emphasize that, from our own funds, we managed to ensure our protective equipment and disinfectants even before the first cases of SARS-CoV2 infection in Romania, being warned of the initial outbreak in Wuhan, China, followed by rapid spread of Sars-Cov-2 virus.

Almost 8 months after the onset of the COVID-19 pandemic, a special platform dedicated to reporting SARS-CoV-2 infections has been made for the general practitioners from Romania. Although in Romania, there is an integrated informational system, at this time there are still doctors who have difficulties in using data base programs, resulting in the need for specialized training.

The current legislative framework allows the family doctor to evaluate and manage asymptomatic cases, as well as mild to moderate cases, along with the follow-up.

The management of these cases is done in accordance with the legislation adopted in our country, but we must note the support from the general practitioner societies by developing phone / video consultation models, but also professional discussions on social networks with our colleagues, general practitioners from our country, as well as from other European countries that were affected by the first pandemic wave.

The problems that most patients encountered during the pandemic period, brought the general practitioner in the position of providing continuous psychological support, both to patients diagnosed with COVID-19 and to other categories of patients. One of the biggest challenges was to answer the question: *To be or not to be Covid-19 infection*. We needed to be continuously informed not only about the diagnostic and treatment methods of Covid-19, but also to improve our communication techniques with the patient.

During the state of emergency, in our country, due to isolation at home, cases of infection were very few, practically in our area we cannot say that there was a first wave of SARS-CoV-2 infections. The following state of alert led to an exponential growth in case numbers. Two weeks after the establishment of the first relaxation measures and with the return from vacation and the

resumption of schooling, the accelerated increase in the number of infections brought Romania to over 5,000 infections in 24 hours. From these figures can be highlighted another difficulty, of an ideological nature this time, which general practitioners had to prevent and manage, namely the population's distrust in the existence of the new coronavirus, distrust propagated either religiously or associated with other types of fake news and psychologically comfortable conspiracy theories in times of maximum social pressure.

Resident doctors in family medicine worked in GP offices or in COVID support or non-Covid hospitals, so many of them treated Covid-19 patients after short-term training. Secondary, during this period, the modular training of residents in family medicine suffered some logistical modifications. We hope that these changes do not affect their final preparation.

Some general practitioners, residents and part of the staff were infected. Unfortunately, there were colleagues who died. We have suffered, we are moving on, but, many times, we feel tired and we, GP, also need psychological support. Aside from the fear we have to manage day by day, that we will become even more infected, we are frightened that we will also infect our family members.

Last but not least, we are facing the sequelae of Covid-19 infection in symptomatic patients. Frequently, we encounter persistent cough, difficulty breathing, but especially anxiety. We evaluate clinically, we request specialized consultations, but again we are hit either by the patient's reluctance to enter another office than ours, or by the accessibility problems of the medical services during the pandemic. The ambiguity and continuous change of the legislative framework led to numerous impediments during the state of emergency and the state of alert due to the COVID-19 pandemic, problems that family doctors managed as much as possible without being particularly rewarded comparing to other health professionals, although professional

satisfaction increased during the pandemic for GP in Romania, as well as the increase of respect from patients for our professional category.

References

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