



Editor's Page

COVID's Hidden Penalty

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Reams have been written about the changing patterns of communication prevalent in our modern society. Digital communications and social media have transformed daily life, with both attendant benefits and detriment. With a smart cell phone, we now hold in our hands the ability to almost immediately access huge stores of information. We can also use these devices to communicate with each other at almost any time and place, including the toilet. We can rapidly send text messages with attached photos and with good quality. In addition, with social media platforms such as Facebook and Twitter, we can contact large groups of people, even those we have not interacted with in-person for many years. Gone or majorly reduced is the typewriter, the newspaper, telephone booths, letters and on and on.

The digital revolution has also had an effect upon medical journals. It has been predicted for many years that, with the onset of online journals, print journals would disappear. Surveys often indicated that the attraction to print journals was primarily related to age. Older physicians liked to read print journals. Conversely, younger physicians were more comfortable with online publications and the advantages that they conveyed such as real-time videos and rapid access to references, etc. In addition, an alternative to the traditional Impact Factor as the major measure of the "quality" of a journal, termed altmetrics, has been proposed. Altmetrics assigns values for citations in the lay media, including newspapers and television, Wikipedia, Facebook, Twitter, and even blogs. But this essay is not about journals, more will come regarding that in another Editor's Page.

The benefits of digital communications and social media described have not come without a detrimental effect. Direct person-to-person contact provides an excellent opportunity to express and observe emotion. Body language and facial expression can convey enormous amounts of information. Spoken words can often deliver important thoughts that are difficult to put into written words. Sharing food or drink often provides a milieu that facilitates communication that might be difficult in other circumstances. All of this is, of course, lost or greatly diminished when interactions are conducted on email, text, or social media. Gone are the opportunities for hugs, pats on the back, or a warm, understanding hand on the shoulder. Communication is less effective, and society is a bit poorer when direct person-to-person contact is absent.

Medical practice is not immune to the detrimental effects of digital communications, and this has been particularly true during the COVID-19 epidemic. The effects of the pandemic upon communication have been experienced in both doctor/patient and doctor/doctor interactions. Virtual clinic visits conducted on zoom were primarily of value for gathering information and renewing prescriptions. A patient might appear ill or frail, but even that could not always be determined with the same certainty as direct interaction. Dealing with any patient even suspected of COVID put all interaction at a distance separated by bulky medical protection. Even now patients and doctors are required to wear masks in outpatient clinics and all inpatient activities. In my opinion, this has had a significant effect upon the art of medicine.

A perhaps less-appreciated detrimental effect of COVID upon communication has been that between physicians. Conducting conferences virtually by zoom or other platforms is usually successful in conveying information and has the benefit of enabling lecturers from far distances to participate without major financial expense. However, it eliminates the comradery that direct in-person participation provided. Friendly inquiries about "how are you doing" or about family are not easily accomplished in a virtual gathering, nor is a sense of belonging. In my view, this detrimental consequence of COVID has occurred to its greatest extent in the interaction between teachers and trainees. The lack of person-to-person contact at meetings and conferences has eliminated the potential for casual conversation, curbside career counseling, and just the opportunity to lend a friendly ear. Coupled with the burdens of caring for patients, getting an education, and being somewhat isolated from other trainees in the era of COVID, the diminished chance to interact directly with faculty has placed a heavy burden on trainees. This burden has also been observed by my faculty colleagues, been verified by many of our fellows, and resulted in a commitment to pursue faculty to trainee interaction whenever possible.

The COVID epidemic has created a plethora of adverse effects, up to and including death. In that context, difficulties with communication seem to pale in comparison. However, I think these difficulties are significant in being somewhat hidden and underestimated. It has long and often been reported that COVID produced a degree of depression among

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the general population due to being isolated and quarantined. I believe that this effect was as great, and likely greater, among the medical profession, especially trainees. Interestingly, these consequences of COVID seem to have become more apparent as restrictions on in-person activities have begun to be lifted. Perhaps the only good result of the decreased direct personal communication is the recognition of how important the comradery and sense of belonging it produces is to our profession.

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