Two years into the coronavirus pandemic and with, perhaps, a little light now visible on the horizon, there is much that we can learn by looking back on the last 24 months.

BEING CONTENT WITH LESS

Rather than constantly striving to gain more from this life, we would do well to be content to enjoy the gift of life we already have. We can eat, drink, and be merry, not merely because that is all that there currently is and that tomorrow we might die, but rather because today we are alive, and there is food, drink, and merriment here to be enjoyed. We should be thankful for all that we have already been given and encourage our patients to be thankful too, especially those who seem unreasonably dissatisfied with their minor concerns. Discontent breeds unhappiness and causes us to waste too much time in pursuing the unattainable.

MUCH OF THIS LIFE IS UNCERTAIN

We do not know what tomorrow will bring, still less that which will occur next week, next month, or next year. We are neither the master of our fate, nor that of those we love, or indeed those for whom we care. It is foolish to imagine or insist that we can control even our small corner of the world and, while not encouraging a careless disregard for the safety of others, it is foolish for us to try. Furthermore, we should not be too surprised when the unexpected occurs, regardless of how unwelcome that occurrence might be.

THERE IS MUCH WE DO NOT AND CAN NOT KNOW

And, what's more, plenty that is not for us to ever know. With experts in constant disagreement and governmental advice changing so often, neither scientists nor politicians can be expected to guide us infallibly in how best to proceed. Since even science is not omniscient, wisdom dictates that we acknowledge how little we truly understand. We should neither arrogantly pretend that we invariably know best nor intolerantly criticise those who clearly don't know either. Everyone makes mistakes and all of us are allowed to sometimes be wrong.

AN UNHEALTHY AND EXCESSIVE FEAR OF DEATH ENSLAVES US

While it is perhaps only human to be anxious at the prospect of our death, only ever acting in ways that reduce our chances of

dying serves only to make us less humane. Furthermore, slavishly submitting to another set of rules will not necessarily guarantee our safety, and there comes a point when our attempting to do so leaves us no longer having any point in being alive, as we fail to live the life we have been given. Such a life would be nothing more than a living death.

THE OLD ARE STILL HUMAN

In the early days of the vaccination programme, the joy of meeting and vaccinating those frail but affable and life-affirming individuals who found themselves most vulnerable to COVID-19 was a vivid reminder that older people count. They must not be disregarded, lost in the statistics that can too easily suggest that their death, on account of their multiple pathologies and advanced years, doesn't matter. We mustn't become immune to the sadness that surrounds death, no matter how inevitable it may be.

IT'S NOT ONLY THE EXCEPTIONAL WHO ARE WORTHY OF OUR CARE

Remarkable though the achievements of Captain Tom were, the week he died another frail, older man died, also as a result of COVID-19. Few will know his name, only those who loved him for who he was, and many of them will themselves not be fully aware of the 'heroics' of his life — how he worked to provide for his family, how, year after difficult year, he was there for his children, and how it was his habit to show kindness to those he lived alongside in the community where he made his home. His too, in its ordinarieness, was a remarkable life. Similarly, the frail, older woman who, that same week, covered in a sea of blankets and confined to the chair in which she was wheeled to my vaccination station, despite her crumpled body, closed eyes, and mute lips, was no less worthy than her more able peers of a dose of vaccine, a shot of love.

It is good to herald the exceptional achievements of individuals, but we do, I

think, need to be a little careful that in doing so we don't lose sight of the value of the ordinary. Most of us will not achieve greatness in the eyes of the world, but our everyday contributions still make a significant difference to those among whom we live and work. Furthermore, as my vaccinated, older woman demonstrates, our value isn't lost the moment we no longer contribute or achieve in the way we may once have done.

Life shouldn't be competitive, a race to see who wins, rather it should be collaborative, ensuring we all get to the finish line in as fit a state as is possible. Constantly judging each other's worth, on the basis of our achievements, does none of us any good, burdening as it does the currently 'successful' with the need to maintain their lofty position while demonising and demoralising those who are deemed to have failed. We, and those with whom we live alongside, need to learn how to be kinder to one another, accepting each other and acknowledging our humanness. We need to stop insisting that we all must be more than we actually are and start, instead, to accept one another despite our being the flawed people we, inevitably, sometimes prove ourselves to be. For those interested I commented, from my own Christian worldview, on my blog: Because we would all feel a lot more loved if we all became a lot more loving.¹

SEEKING TO KEEP WHAT IS VITAL FROM BEING LOST

As doctors, one way to think of our work is that of seeking to keep what is vital from being lost. But we are not up to such a task. We all fail, every day. There are some things we just can't succeed at, no matter how hard we try. So, as we consult with our patients, perhaps we should sometimes cease from our constant striving to achieve those things that we can not hope to succeed at and seek instead to remember together what it is that we are all a part of.

There are those who believe that there is a

"I know for sure there have been occasions when I have made better, more humane decisions as a result of seeing a patient I might otherwise have been tempted to manage from a distance."

sense in which we live on after our death, as part of humankind's continuous existence. It's a comforting notion — but is it one that's true? For, no matter how prettily we try to wrap it up, the ugly reality is that we do all die. Even so, perhaps there is something worth thinking about here. If we make our lives only about ourselves and what we can experience or achieve, all of what we are will indeed die with us. But if we are part of something bigger, something we gladly accept our being a part of, something vast that continues on beyond the few years of our existence, then there is a sense in which what we are does indeed continue after our death.

Sometimes we, as well as our patients, would do well to be encouraged to appreciate this bigger picture. Sometimes, rather than looking in, it is better to look out; rather than looking down, it's better to look up; and rather than looking forward, it's better to look back.

Without denying the ugliness of death, we all need to remember the beauty of life. There are moments that we do indeed need to fix as they go past, moments that ground us in something bigger than the here and now, moments that will stop us from being lost in our own individual present and, perhaps, enable us to muster some hope for our future. Maybe it is the inability to do this that contributes to the tragedy of dementia, that cruel disease that vividly displays for us the importance of our need to remember. The fact is that we are not meant to live merely in the moment; we aren't meant to live such lonely, disconnected lives.

WE NEED TO LEAVE BEHIND THE REMOTE WAY OF CONSULTING

Which brings me to my last point, our need to leave behind the remote way of consulting that has become our abnormally 'new normal'. Back in the 1960s, Stanley Milgram, a psychologist from the US, published the results of studies that showed an alarming willingness on the part of subjects to act against their conscience when told to do so by authority figures.² Furthermore, he demonstrated that individuals tended to act less compassionately towards those with whom they had less contact, on account of them seemingly being less concerned about the welfare of those they could not see.

I wonder if this has something to say to those who have been encouraged to remain remote from their patients. Leaving aside the dangers of missing important diagnoses and the withholding of human contact from those who really would profit simply from sometimes seeing us, could it be that working remotely has adverse effects on us

too? Might it be that the less contact we have with those for whom we are supposed to care leaves us less concerned about their welfare than we might otherwise have been? Might we too find ourselves just going through the motions? And, if that is the case for us, might it also be the case for our patients who, on account of having less contact with us, end up less concerned about us and, as a result, be less forgiving of us when things don't go as well as they would like?

At the start of the pandemic we heard a lot about the so-called 'new normal' but there has been nothing normal about the virtual world we have been living and working in. We are all diminished by such a virtual existence. As we move towards a life with less restrictions we mustn't be tempted to hold on to our remote methods of consulting, or, at least, not too tightly. For though some problems may genuinely benefit from such an approach, many do not. And even though some conditions can be managed perfectly safely over the phone, that doesn't mean that they aren't better dealt with face-to-face. I know for sure there have been occasions when I have made better, more humane decisions as a result of seeing a patient I might otherwise have been tempted to manage from a distance.

Since, as Milgram's experiments seem to suggest, remote care runs the risk of us not remotely caring, avoiding patient contact is detrimental for both patients and doctors alike. Furthermore, by working at arm's length from our patients, we have allowed much of the satisfaction that the job once held to slip through our fingers. As restrictions begin to lift, rather than holding on to the remote consulting that some see as more efficient, I believe we should once again make face-to-face consultations with patients our normal working practice.

By doing so, not only will we providing better care, but we also begin to grab back some of the job satisfaction that has been lost of late.

Three years ago I wrote of my unease about how medicine was being encouraged to adopt more remote ways of delivering health care.³ I never imagined then that I would be practising the way I have been forced to for the last 2 years, encouraged as I have been to avoid patient contact wherever possible. For me it has not been a happy transition and not one I have found at all easy. Nor is it something that I have done very well. This is not something for which I am entirely sorry. Even so, such a remote existence must not be allowed to become the norm, not for medicine, nor, indeed, for any other area of our day-to-day lives.

Because it's simply not healthy.

Humans are social creatures. To fully live we need to have contact with one another, we need to touch. When lovers kiss, it's more than just a sign of their love; it is an act of love too. And that's important because, more than simply knowing we're loved, we need to also feel it.

We need to be present in each other's lives. As has been sung, *'It's hard to carry on when you feel all alone.'* Sometimes, when it seems there is nothing one can do, to simply be there is of genuine value. In *Out of Solitude* Henri Nouwen wrote: *'When we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares.'*⁴

Perhaps that is also the type of GP who cares. If Milgram's experiments have anything at all to teach us, perhaps it is this: that it is not simply that those who care will draw close to those in difficulty but rather it is those who draw close to those in difficulty who will find themselves caring for others in ways that they wouldn't otherwise have been able.

Over the coming months let's look to leave social distancing behind — in all its forms. And let's look to sit down with, and care for, each other once more.

Because living a contactless life isn't a remotely good idea. It would be shocking to think otherwise.

Peter Aird,
East Quay Medical Centre, Bridgwater, Somerset.
Email: peteaird@tiscali.co.uk

This article was first posted on *BJGP Life* on 14 April 2021; <https://bjgplife.com/timeof>

DOI: <https://doi.org/10.3399/bjgp22X718745>

REFERENCES

1. Aird P. Blog. Some musings. True love? <https://peteaird.org/2020/05/14/true-love/amp/> [accessed 31 Jan 2022].
2. Milgram S. Behavioral study of obedience. *J Abnorm Psychol* 1963; **67**(4): 371–378.
3. Aird P. Blog. Some musings. Contactless. <https://peteaird.org/2019/07/22/contactless/> [accessed 31 Jan 2022].
4. Nouwen H. *Out of solitude: three meditations on the Christian life*. Notre Dame, IN: Ave Maria Press, 2004.