

Good Morning Doctor; Welcome to a New Day

Marc Tumerman, MD

A lone and masked in my office, I stare at my computer screen, quietly waiting for the next camera icon to turn green. I wonder if this is the future of primary care. I look over at a packet of morning glory seeds and a small baggie of potting soil gifted to me by the employee health committee—an effort to keep up morale. I also received one bag of goldfish crackers and a piece of chocolate. I decide I will eat the crackers and chocolate, and likely do nothing with the seeds. It is the thought that counts.

Before the COVID pandemic, I shared my office with three clinicians. Two of them are at home, leaving me disconnected and staring at a screen. One was furloughed, which we're told sounds better than laid off, and one is working remotely from home. We are discovering that we can do a lot of our work remotely without ever seeing or touching a patient. This is new and strange for me, and I don't like it.

My life's work is about human touch and connection. I am saddened by the intrusion of electronics into my patient relationships. The scene of a couple out for dinner in a restaurant, away from their children, both on their cell phones, is now a common trope for the ills of our modern society. I am near retirement, so

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my view of all of this is certainly affected by my personal history and biography. Perhaps my younger colleagues are energized about the possibilities of technology, but I worry they will

to submit to the quality oversight committee? Eventually, with the camera aimed just right, I was able to diagnose his rash and fire off an electronic prescription to his pharmacy. Magic!

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be less aware of the role that human connection plays in healing.

Prior to the pandemic, our very large health system set a goal of going 75% virtual for patient visits by the year 2030. We have all had a crash course in telehealth etiquette and technology. My first attempts failed as the patients could not connect from their home computer or mobile devices. I sat at my desk, in my empty office, waiting for the little camera icon on the screen to turn green.

This is the signal I am waiting for now, the one that notifies me that a nurse 100 miles away has virtually roomed a patient and that they are ready to be “seen.” The first four times it never turned green.

My most recent attempt succeeded, and I watched on the screen as my patient took off his shoes and socks and tried to position his feet and iPad such that I could see the rash he had recently acquired. In the process he fell out of his chair. Is this a reportable fall event

Is this the practice I want for my patients and myself? Does it matter what I want if this is what patients want, the ultimate convenience? It is our groups' goal that 75% of all visits be just like this one, perhaps without a man falling out of his chair.

For now, I continue to stare at the screen, rubbing my eyes and waiting for the next green icon. I glance at the packet of morning glory seeds one more time. Turning over the packet I see that the germination cycle for a seed is 14 days, the same time needed to quarantine a patient who has been exposed to the Coronavirus. Opening the packet, a few seeds fall onto my desk and I pick them up and roll them between my fingers. It is such a small simple thing, this seed and packet of dirt. It might be nice to grow something green in my office.

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