

# Avoiding Defensive Medicine among Pandemic

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## Abstract

There is no cure for covid-19. Therefore, medical workers might easily be trapped into defensive medicine, which is do the extra prescription or work to avoid lawsuit. Defensive medicine adds stress on practitioners. Also, among the medical team, many doctors or nurses got infected, or even died. All these things make medical or nursing practice a very challenging profession, not alone the stress of seeing life and death scenes every day and cry with them. That stress not only affects the quality of practice, it also affects practitioners' mental health, physical health, and family relationships. This paper will be a research about how medical workers, especially the young ones fresh out of medical school should handle all these issues. All the doctors and nurses should plan for the best after the pandemic, which is being healthy, happy, staying with loved ones, and at least have some money for a great vacation. Yes, everybody is going to survive!!!

## Introduction

Medical workers such as doctors and nurses are very mentally demanding professions. According to a research done by Mazhar, Gilani, Ain, and Khan (2019), 65.2% of 365 surveyed doctors in Pakistan Institute of Medical Sciences are moderately burned out. 13.5% are highly burned out. Highest burn out rate is in Anesthesia department, and OBGYN has the second highest burnout rate. Among the three burnout component, severely reduced personal achievement is the highest [1]. Since the hit of COVID, many medical workers faced challenges. For instance, In a research done by Urooj, Ansari, Siraj, Khan, and Tariq (2020), the researchers found out that significant proportions of doctors had the feelings of concern, anxiety, uncertainty, and stress. The most that they were worried about was that they might give the disease to their families [2]. Doctors expect their administrative to offer protection gears and be supportive; they expect seniors to be the humble and firm role models; and they expect the peers to properly perform the team work [2]. In another case, a couple from UK do their medical practice under extreme stress. During their practice, many of their colleagues and families died from COVID; and they were separated from their children for five months. Therefore, separate with family is a problem for practitioners. As a practitioner, there is more chance in exposing to COVID. This is easy to reason because they are the ones who take care of the COVID patients [3].

COVID can cause long term health problems. Some patients complained extreme tiredness and shortness of breath for several months after the infection. COVID treatment is a multi-disciplinary approach because the patients need continuing expert care to get completely well [4]. Doctors are facing stress other than that of during practice. One of US

based doctors namely Stella Emmanuel claimed that she was facing death threat because she claimed that she find a cure for COVID. There is cure and "it's called hydroxychloroquine, is called zinc, is called zitromax" [5]. However, a doctor who advocated for this cure was facing death threat [5]. Similar incidents happened in Wuhan, China, but the incidents in China are much more frightening. In China, many doctors and nurses died from the infections; they neither are nor equipped with proper gears. To make it worse, the government pushed many untrained medical workers to the front line, who are in bigger danger in getting infections than the trained ones [6]. To make it worse, medical workers who dared to complain in many occasions faced uneventful deaths [7, 8]. Also, some medical workers have to swallow their tears to pull out a patient's ventilation machine (. With these in mind, how medical workers should protect themselves is a big issue.

## Method

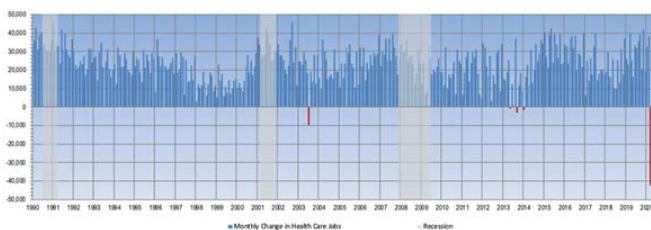
The method of this research will be a literature review. As COVID is a new pandemic, and currently, there are no effective treatment for the causing virus; the academic publications about it are limited [9]. For instance, the new med rdesivir is priced as high as \$520 per vial [9]. However, there are many messages in the news. In the meantime, professionals are looking for the cure. Therefore, many of the references in this paper will be from news. Also, a literature review is cheaper because it does not involve experimental devices and subjects.

## Result and Discussion

During the pandemic, medical workers are facing great challenges [1]. Please be aware of the situation that a person who works in the front line during the pandemic not because this

person has a billionaire dad. Nor does this person simply want to risk own life to save the loving people who are not even acquaintances. They work in the hospital to make a living. If they cannot make a living over the job, they would move away or do something else [10]. However, the sad part is that as much as the medical workers are in need, their organizations are laying them off [11]. For instance: Medical University of South Carolina is cutting back 15% of their full-time employees. Essentia Health in Duluth Minnesota is laying off 500. They want people to work on the front line, but they are not willing to pay them [11]. Many workers are laid off due to canceling the routine checkups and elective procedures. The year 2020 just experienced the 43,000 laying off of medical workers [12], as shown in the following graph.

Month-over-month change in health care employment, 1990 through March 2020  
(Monthly losses shown in red)



To sum up, currently, the medical field needs the workers at the front line, but they do not want to pay those [12]. On the other hand, some small clinics are afraid that they will not survive the pandemic. Currently, a lot of their visits turn into tele-visits. The insurance companies usually reimburse them very little for these visits. After the long pandemic, these small clinics might end up closed forever [13]. Therefore, as a front line medical worker, it is so important to get the right bargain for yourself. Make sure to get all the money you deserve. Currently, you are risking your life to do this job; but when the pandemic is over, when there is a crowd of medical worker coming back to the job market, you might not have a job by then. So, now, earn every penny that you deserve and save it or invest it on yourself. You will need this money for a great vacation. Here is why:

For medical workers, stress is a common problem. Among medical interns, this stress could affect work performance, personal health, and family relationships. In this case practicing mindfulness is a good solution [14]. Stress can affect eating habit. Sometimes when people are stressed out, they use food as relief. In this case, a person should get coached about how to relax, enjoy food, and not to be controlled by food. Eating mindfully means that you love your food, enjoy your food, focus on eating, and eat in the right portions. It is your body that takes you everywhere and moves you around at work. So, make sure to keep it healthy [15].

One of the best ways to deal with stress is a vacation. People under stress are prone to heart diseases. While vacations ease stress, it can reduce mortality for heart diseases [16]. Also, after the pandemic, the exhausted frontline workers might have to take a long vacation no matter they like it or not. The reason is that during the pandemic, many medical workers got laid off [12], but they might come back after-

wards. Therefore, save up for this vacation is quite necessary. Be creative with your vacation ideas. For instance, Beverly Hills physicians design vacations that include a plastic surgery, shows, amusement parks, and museums. This is the time to fully charge yourself [17].

As frustrating as this medical job is, saving lives are always important, not only for the patients, but also for the medical workers. Physicians are very prone to suicide. Statistics said that about 50% of American physician are burning out, and physician suicide rate is very high. Physicians are trained to have the power to endure long hours, difficult and stressful situations, and deprivation of basic needs, which are all bad for their physical and mental health [18]. However, one of the most important methods in suicide prevention and trauma healing is saving lives [19].

In a person's life, there might be many traumas. Each trauma escalates the risk of suicide [19]. Suicide does not discriminate; all people who are enduring enough stress might commit suicide. Not just the kids who are from broken homes and living under poverty might face this problem [20]. Actually, being a front line medical worker are easily exposed to traumatic loss. To understand why, people should look at the definition of traumatic loss [21].

*"A death is considered traumatic if it occurs without warning; if it is untimely; if it involves violence; if there is damage to the loved one's body; if it was caused by a perpetrator with the intent to harm; if the survivor regards the death as preventable; if the survivor believes that the loved one suffered; or if the survivor regards the death, or manner of death, as unfair and unjust" [21].*

After the traumatic loss, a person wills grief for a long time. They probably need long-term professional therapy for that [22]. Coming back to the front line Covid workers, they witness traumatic loss every day. Although a caregiver sees these things a lot, these usual traumatic events will still hurt them and make them cry; and all those events can be traumatic events for the caregivers. Therefore, witnessing those life and death situations will damage a caregiver's mental health and increase suicide rate.

Many things in this world can cause death from Covid. If caregiver does not get paid to keep up with the basic needs, they may end up as the same fate as those people in poverty. Without protection gears might also mean death; no modern technology might also mean death. However, brainstorm and try to think of something; or making sure the patients are well-fed, and stay hydrated won't kill you. For many patients simply switch their body position could make them breath better. It is not a simple lung disease. A team from all medical field should be on the treatment together [23]. Therefore, doctors should be creative on both protecting themselves and saving lives. Saving a life will add life on yourself, it is not superstitious, it is medical science [22].

## Conclusion

When new caregivers worker on the front line during COVID, knowledge about patient care is not enough for them to cope the job. They have the most important patients to

take care of: Themselves. Protection gears, properly making decisions, and team work are all as important as treating COVID symptoms. Life is not fair. The front line workers who are currently risking their own lives to save other people might not get paid enough, might not get advocated about their own benefit, and their mental health might be permanently damaged by the traumatic events every day. Therefore, health care workers should creatively wearing protection gears, avoiding defensive medicine, taking good care of their own health and grab the money they deserve. At last, save up and get ready for a long vacation after the pandemic; not only because they will be exhausted and need a total relaxation, but also because after the pandemic, these current front line workers, as underdogs, might not still have a job.

## References

1. Mazhar SB, Gilani S, Ain QT, et al. (2019) High burn out among doctors working in a tertiary care hospital; a wake-up call. *J Pak Med Assoc* 69: 349-354. [Crossref]
2. Urooj U, Ansari A, Siraj A, et al. (2020) Expectations, Fears and Perceptions of doctors during Covid-19 Pandemic. *Pakistan Journal of Medical Sciences* 36: 1-6. [Crossref]
3. (2020) City doctors sacrificed seeing two sons for five months in Covid fight; YOUNGSTERS LIVED WITH FAMILY IN AMERICA AS PARENTS HELPED DURING PANDEMIC. *Birmingham Mail* (England).
4. (2020) Covid's lasting health damage; Dr MAX THE MIND DOCTOR; NHS psychiatrist Max Pemberton may make you rethink your life. *Daily Mail* (London, England).
5. (2020) My life in danger, US-based doctor cries out. *Nation* (Nigeria).
6. Su Alice (2020) Doctors and Nurses Fighting Coronavirus in China Die of Both Infection and Fatigue.
7. Times, Global (2020) Wuhan Hospital Confirms Nurse Died after Falling off Building.
8. Times, Global (2020) Wuhan Hospital Confirms Nurse Died after Falling off Building.
9. Mukherjee S (2020) COVID treatment remdesivir will cost \$520 per vial. But it may not be how much you pay.
10. Darren Hassett (2020) I can't make my living as a doctor here anymore." *Daily Mail*.
11. Scott Dylan (2020) Hospital Are Laying off Workers in the Middle of the Coronavirus Pandemic.
12. Sifferlin Alexandra (2020) Tens of Thousands of Health Care Workers Are Losing Their Jobs.
13. HENDERSON J. Small doctors fear they won't survive the pandemic. *Crain's New York Business*. 2020;36(21):20..
14. Vinothkumar M, Arathi A, Joseph M (2016) Coping, perceived stress, and job satisfaction among medical interns: The mediating effect of mindfulness. *Ind Psychiatry* 25:195-201. [Crossref]
15. PARSONS L (2019) Real Bodies Need Real Food: Shifting Your Perception to Have a Relaxed Attitude to Food. *Teachers Matter* 42: 66-67.
16. Vacation therapy (2000) *Vegetarian Times* 276: 16.
17. PR Newswire (2013) Plan for Plastic Surgery during Summer Vacation with Beverly Hills Physicians. *PR Newswire US*.
18. SAGARAM E, HUGHES F (2020) Physician burnout and self-care. *Contemporary OB/GYN* 65: 8-10.
19. LeBouthillier DM., McMillan KA, Thibodeau MA, et al. (2015) Types and Number of Traumas Associated With Suicidal Ideation and Suicide Attempts in PTSD: Findings From a U.S. Nationally Representative Sample. *J Trauma Stress* 28: 183-190. [Crossref]
20. Donnelly M (2017). Suicide Doesn't Discriminate.
21. Barlé N, Wortman CB, Latack, JA (2017) Traumatic bereavement: Basic research and clinical implications. *J Psychother Integr* 27: 127-139.
22. Haley Eleanor (2020) Grief after Traumatic Loss.
23. Dwyer Jim (2020) What Doctors on the Front Lines Wish they'd known a Month Ago." *The New York Times*.