

Pandemic Fatigue

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We are now entering the zone of pandemic fatigue¹. It's the stage when the initial enthusiasm and eagerness to tackle the crisis is replaced by feelings of exhaustion. In physiology terms, it is the point at which we have moved from acute to chronic stress. The adrenaline is running out. Both those on the front line and those behind the scenes are affected. We had thought that there would be a peak followed by a quick return to normal. Instead the pandemic has become a marathon rather than a sprint.

Covid-19 has been a triple crisis, with medical, economic, and psychological consequences. Currently one third of the world's population, 2.6 billion is in some form of lockdown. The World Economic Forum has called it the greatest psychological experiment ever conducted². Previous studies have reported that those who are quarantined suffer from a wide spectrum of symptoms.

The pandemic has drained us both mentally and physically. Many have reported difficulty in sleeping. The uncertainty of the infection, the concern for others and ourselves, and the lack of control is the perfect storm for insomnia. One commentator recently said 'I mistook a Saturday for a Tuesday'. The days have started to merge into one another.

We have now been in lockdown for 3 months. The hospitals and practices where we work are changed places. Teams, and teamwork, the bedrock of modern clinical care, have been disrupted. The medical staff is divided into small groups and they work in silos. Team meetings take place electronically instead of face-to-face. The 2-meter rule is the invisible barrier that determines all professional interaction. The canteen, the barometer of a hospital's social wellbeing, has a desolate feel. There are 2 seats per table and the tables are 2 meters apart. The previous gatherings of the whole team at mealtime can no longer take place. It has become difficult to maintain the normal staff-support structures. We are back in the former era of 'practicing alone together'. It's not optimal for patients and it is not good for us. We look forward to when everything can return to normal.

Technology has helped to fill the large communication void in our lives. Zoom has increased its activity from 10 million to 200 million meeting participants daily over the past 3 months. Its founder Eric Yuan has seen the value of his personal stake in the company rise to over \$10bn.

While it has been very beneficial during the current crisis, it has had a number of drawbacks for its users including video-burnout. Video-call burnout is caused by having to perform on camera constantly. Seeing oneself on a screen induces a critical self-awareness. Additional effort is needed to process non-verbal clues such as body language. The speech transmission delays over 1-second cause one to think that the others are inattentive or not listening. The system lends itself to prolonged gaze duration. Human beings find a gaze over 3 seconds to be uncomfortable³.

Normally we like variety in our lives. For many, all aspects of their lives have abruptly come together in one location. The daily commute has been shortened to 6 feet. The day is reduced to getting out of bed and travelling the short distance to the kitchen and to wherever the computer screen is situated. There are no natural breaks or one-to-one conversations with colleagues. The boundaries that normal work provides have been removed.

The circumstances are particularly difficult for those who live on their own. In Ireland 23.5% of households are single-person only. The rates in the Nordic countries are much higher being in the order of 40%. The average time that singles spend with friends is 63 minutes per day. If all those minutes are shifted to being alone, it is likely to lead to unhappiness. The true extent of the impact and its consequences will only be known in time.

Pandemic criticisms are the other phenomenon that we have encountered during recent weeks. It has been mostly photographs of young people gathered in various locations such as a street corner, in a park, on a beach, or at a house party. The implication is that the young have placed older people in danger. It's a pity that this type of generational conflict has arisen. Finn Redmond, writing in the Irish Times June 5, points out that young people by and large have been remarkably compliant. Also their viewpoint does not appear to have been sought and we know little about how the lockdown has affected them.

There is much previous research to show that excessive criticism does not eliminate risky behavior, it drives it underground. Julia Marcus, Professor of population medicine at Harvard states that asking people to abstain from nearly all in-person social contact will not hold the coronavirus at bay- at least not forever⁴. The better approach is to offer strategies that reduce risk if individuals should lapse from the optimal no-risk directive. In this rapidly changing phase of the lockdown it is helpful to explain to the public between lower-risk and higher-risk activities. A small group meeting outdoors compared with a large group meeting indoors is one example.

The lockdown was a simple, blunt tool that brought all human activity in the country to a standstill. It was necessary. It was the only way of ensuring that the pandemic would not kill thousands of people and swamp our health service. The lifting of the lockdown, on the other hand, requires a selective approach. The plan is to begin by easing restrictions on the activities that are least likely to cause resurgence of the virus. The strategy for the relaxation of the current measures is based on the data, the data modeling, the expert interpretation, and common sense. It is about deciding what is deemed to be an acceptable level of risk and moving on.

The key factors that need to be in place are that the number of new cases must be decreasing, the emergency services have sufficient capacity, and testing/contact tracing is in place in the event of a new outbreak.

A few welcome pieces of data about Covid-19 have emerged over the last few weeks. The infection rate and morbidity among children and pregnant women is lower than that in the general population. Children under 10 years account for only 1% of Covid-19 positive cases in Ireland. Furthermore there is evidence suggests that they are less infectious and do not transmit significantly to adults. The promise to allow summer camps to go ahead is positive. It is hoped that all schools will reopen at the end of August.

The other group with a low rate of infection and a low morbidity is pregnant women. In Ireland the rate in the obstetric population is 6.5 times lower than similarly aged non-pregnant women⁵.

As we emerge from the lockdown the shared goals will differ for different groups of doctors. The NCHDs need to quickly get back to their training, their postgraduate courses and exams. Clinicians have set about tackling the build-up of patients who were put on hold during the last few months.

References:

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