

Virtual COVID clinics

The clinics at Ystradgynlais Community Hospital are a little different of late. The nurses are still there, I still get tea with custard creams and the letters I dictate are still all written up by the next day. But there are no patients. Well, no patients physically present; I still have to speak to them on the phone. Before I started doing this I thought it would be relatively simple and instead of a whole day it would take me an hour at most to have quick chats with everyone and dictate simple letters. There would be no long walks from the waiting room with a stick, no taking off 12 layers of coats before sitting down at the slit-lamp and no time spent actually examining the patient. Obviously all that is due to COVID-19 restrictions and by the time you read this everything hopefully will be completely back to normal again, but for now routine patients are seen 'virtually' instead of in person in order to eliminate the admittedly small chance of the virus spreading among the patient population. The obvious flaw is that no new information is gathered whatsoever and the scientific basis of these clinics is therefore massively suspect. It's more a diplomatic exercise I suppose. But at least I thought it would be a quick one compared to regular 'proper' clinics.

The patient list was all prepared on the desk in front of me, along with piles of notes and phone numbers to call. I dialled the first number and after 27 rings a shaky voice says hello. "Mrs Richards? This is Gwyn Williams calling from the eye clinic." "Hello doctor! Thanks for calling! I haven't been out of the house for weeks and it's so nice to speak to you! How's my eye? Well I have a pain, it goes up and down and in and I think it might be the new drop you started or the old drop or the weather or something else." Sigh. This first patient hasn't spoken to anyone in a long time and I suspect the phone call will not be quick and it isn't. After discussing very vague symptoms for 20 minutes and coming to the conclusion that she was just desperate for someone to talk to, I manage, very painfully, to get her off the phone. I had no clue if her pressure was under control or her vision stable and the whole encounter is unsatisfying. The next patient is easier. "Yes, this is Dai Powell. Yes. Yes. I am still taking the drops. No. Yes. Okay I have to go goodbye." twenty seconds. Again, an entirely purposeless activity but a purposeless activity that delayed me only 20 seconds. I rub my hands and help myself to a congratulatory custard cream.

I can't get an answer with the next patient. The land line rings out and I don't have any other number. Hmm. I feel I can't go on to the next due to some sort of psychological barrier so I try again and surprisingly an angry man answers after barely two rings. "I am in the kitchen," he tells me with some annoyance. After explaining who I was

and why I called he tells me again that he is in the kitchen as if that fact should mean something to me. Any problems with the diabetes? With vision? With the eye? "Look, my vision is getting worse and worse. I need my cataract doing and when will that be eh eh eh?" I explain about the lists being delayed due to COVID-19. "Well what is the point of you calling then? What IS the point? To check if my eye is fine? No, it isn't. I'm waiting for an operation and you can't tell me when it is." So I apologise and he hangs up. He had a point about the usefulness of the call but I have a residual niggling sensation about why on earth his being in the kitchen should be so important. I give up and call the next number. "I can't hear you!" I'm the doctor calling to s... "I can't hear you! Speak up!" I'M THE DOCT... "It's no use. Harry. Harry. HARRY. HARRY. HARRY." Then the line goes dead. I take a few moments to drink some tea and wonder if I should call again or leave it be. I decide to try and this time a man answers. "We have been having trouble with the phone doc. And she's deaf you see. You know. Anyway, I will put her on now." Dear Lord please no but sadly his voice fades and the patient comes back on the line. "Hello are you there?" IT'S THE EYE DOCTOR CALLING TO CHECK ON YOUR EYE. "My eye? I'm under the eye clinic for that. My appointment was cancelled." I know THAT'S WHY I'M CALLING. IS YOUR VISION OKAY? "WHAT? WHAT? Look I'm under the hospital," and with that she hangs up. I decide not to call a third time.

"Do you believe what the government is saying about this virus?" the next man says softly and conspiratorially into the receiver. Despite my own misgivings I determine not to confuse matters further and make some sympathetic noises and bring the conversation around to his diabetic eyeballs. He's having none of it. "The government is lying and everyone is in on it." Yes, that might be ah governments eh but how about your vision are you seeing as clearly as before? "Crystal. I've done my research. I can see better now than I ever have." Although I am fairly certain we were at cross purposes I thank him and hang up, mentioning in the letter how pleased he was with his crystal clear vision. A look at the clock depresses me. Compared to normal clinic I am actually running behind. It takes time for people to answer the phone, to be understood, then there is a lot of bother getting the right person to the phone and though some patients are demented, their relatives still put them on the phone even though they must know that a consultation of this kind would be useless. It is a long frustrating slog. All the more frustrating because I know that I am not achieving anything useful. I am filling time and perhaps giving patients some sort of false reassurance that the

medical profession is still taking great care of them despite coronavirus.

"So how's my glaucoma doing Mr Williams?" You tell me; any problems with your eyesight or putting the drops in? "No problems at all. I think it's a lot better you phoning than me coming to the hospital so can we do it like this in future please?" Well no, sorry, because we need to see you in person too so I can check the pressure and look in your eye. There is a pause. "Haven't you checked my pressure?" Uh... No. I'm just calling you on the phone. I.. What? "Can't you measure it over the phone? No? Well what's the point then? Should I stop the drops? Look let me tell you all the different drops I have been on, hang on a second." As the patient goes away to fetch a piece of paper and purposelessly read out to me the drops he's been taking over the years, written in the notes in front of me anyhow, my mind wanders to whether a phone can be rigged to measure intraocular pressure. What if phones were fitted with a tonometer that the patient holds up to their eyes and a jet of air can be released at the push of a button at my end? After a minute or two of trying to sketch out potential mechanisms I conclude that the entire concept is completely unachievable and wonder instead at how few people have landlines now. Even some of the older people seemed to prefer the mobile phone. And why do people answer landlines by announcing their number? Surely the caller knows the number they have literally just dialled. Then again, I had made several mistakes in my increasing boredom. I wonder if this is the life of a call handler at Admiral Insurance. I also wonder if these phone calls somehow count as clinical activity on some form somewhere. Why are normal patient encounters so much more satisfying? I miss being a proper doctor. A doctor who sees patients, examines and treats them. I would happily give up all the custard creams in the world for that.

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