

Open Letter to Colleagues and Professionals re: COVID-19

For CSHP Release

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“We move from one crisis to another. We suffer one disturbance and shock after another.”
N. Chamberlain 1930's

In a period of personal and professional uncertainty, and a seemingly endless wave of scary recent information, I wish to add a few thoughts and validations for my colleagues. I am speaking from 30 years of pharmacy including neurosurgical ICU, psychiatry practice and serving as the UNESCO Canadian Section Chief for medical bioethics. The number one paper that people accessed from my publications around the world this week was about Management of Panic Disorder, so I think it is time for me to weigh in.

We as a profession are focused on non-maleficence, benevolence, autonomy and justice. Pharmacists are rooted in providing the best possible care with the best possible evidence. So what do we do where there is no rulebook, no evidence and a situation that is a crisis such as COVID-19 where we feel that there is no control?

Please remember that you are not alone and there are billions of people going through the same situation, market crashes, losses and grief. That is a time of risk where we can choose to be our best, or be our worst, and we are seeing a dichotomy in every story.

Isolation can mean that we internalize emotions, but when our fears and uncertainties get the best of us, we become a liability. It is ok to feel and acknowledge that we have loss and grief in the situation. That means losses of what is “normal” to us in interactions and activities. Depending on your degree of extraversion may be proportionate to your perceptions of loss and grief. They are real, and there are steps to stick handle and mitigate this risk. Pharmacists are the most trusted profession... so how do we give confidence when there is no solid answer? Sometimes we will have to act with the best evidence available, even if we are not 100% sure. That we focus on the best interests of our patients is paramount. That will cause discomfort amongst us, but prevent paralysis from action.

When there is a perceived loss of control, humans (and pharmacists and clinicians) do not feel safe. This creates a root behavioural logic, our trauma center (amygdala) kicks in, and higher-level decision (pre-frontal cortex) making may fail. This executive processing is what makes us good at what we do. Interestingly, the more the past trauma, the more that the COVID-19 situation could affect you. Please read up about Maslow's Hierarchy of Needs. What this means is people will do anything to try to gain control back of the situation (includes panic buying). You will see all sorts of unapproved and untried interventions on patients' BPMH records including, but not limited to: elderberry, zinc, St. John's Wort, Ashwaganda, DHG, Licorice extracts, Umckaloabo, periwinkle etc. These may have drug interactions that may be more harmful to health than the COVID-19, or present an additive risk. Licorice has antiviral effects but elevates blood pressure. COVID-19 mortality has a high correlation to hypertension based on WHO data.... The human risk catastrophe thus becomes cumulative.

As with the past two pandemics I have worked through, I am *seeing an increase in autoimmune patient cascade failures*. These include, but are not limited to transplant rejection, MS, NMO, Devic's, RA etc. This may in part be secondary to a cytokine cascade, which does have historical precedence in 1918-1920 and the H1N1 most recently. So, do not forget that while we may become unwittingly and unwantingly (not a word, but it works) more exposed to infectious disease management, we still have all the other medicine, psychiatry, endocrine etc.

Ah psychiatry. I am talking to each one of you as my colleague here and not the people diagnosed with mental health conditions, although they would benefit as well especially in anxiety and obsessive-compulsive realms. This is the most critical... we too are prone to the effects of what I wrote about in the second and third paragraphs. We are simultaneously both people with families and clinicians, and it's ok to acknowledge that. Keeping good mental health hygiene and finding pleasure in activities that we are able to engage in are key. These points will help increase a sense of control and light up some of our pleasure reward systems like dopamine and serotonin. The more extroverted you are, the more that you may feel this grief and loss. It may seem counter-intuitive, but please look after yourself first. Please acknowledge and respect these emotions and practice good self-care. Examples that may stimulate our positive systems include:

- Online shopping
- Get caught up with books
- Streaming services
- Weight training/Jump rope/ Exercise
- Play therapies (puzzles, colouring and others)
- Hobbies
- Moderate comfort foods and caffeine
- Learning a new language online
- Use critical thinking when reviewing any news source

We have one of the most important commodities right now in our health and knowledge. Giving and sharing with those less fortunate or struggling is another way to share that, which is what we call humanity. The best way to manage a crisis is controlling the narrative, planning, then practice literally one minute, one patient, and one case at a time. To do too many risks being overwhelmed.

In closing, losing self-care is to lose your higher-level thinking, as well as your knowledge and skills for patient advocacy and care that improves patient outcomes. And that would be a loss to all, the most tragic COVID casualty.

CSHP member Joel Lamoure is the Canadian Section Chief for Medical Bioethics to UNESCO and telepharmacist with the Northwest Company. His training includes adult and child psychology, police sciences and disaster management. He has recently served for three years as a senior manager on the MCCSS Emergency Management Ontario Oversight Committee (EMOC).