FROM THE INSIDE

Doctor–patient relationship at the time of COVID-19: travel notes

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Protect yourself. Perform hand hygiene. Don your gloves and gown. Do not fear proximity to the patients when you are protected. Put your hand on the shoulder of your patients during rounds. Small actions are important. Actions speak louder than words.

Protect yourself again. Don your mask and face shield. Look into the eyes of the patients during your visit. The mask may cover your face, but your eyes are unveiled. Show the patients you really do see them.

Introduce yourself. Explain who you are, your role and share your medical plan. Write your name on your personal protective equipment. Behind a mask, a gown and a face shield, we are all the same in the eyes of a fearful patient. Make your connection personal.

Make good use of time. Then spend some time listening to the patients. The time constraints of a disaster should not be an excuse for not hearing their needs. Listening time is care time.

Make the best of the space you have. Describe the place and their situation to your patients. Preserve their privacy if you can. Enable mobility when possible. Many patients have restricted space and are close yet isolated. Common spaces can be sharing spaces.

Recognize the identity of your patients. See beyond the clinical and laboratory parameters. Learn their life story, their relationships and how they deal with disease. The disease may be similar, but each patient is unique. Cure the disease, but take care of the person.

Keep patients in touch with their families. Ensure family members are always updated. Take full advantage of

the technology at your disposal. The disease can be one of loneliness and isolation. Prevent this by being the bridge between the patients and their loved ones.

Embrace uncertainty. Uncertainty is inherent to our profession. Explain this to your patients and their families. Uncertainty is also a fundamental part of life and of disease. About COVID-19 we may know less, but we do not care less. With uncertainty comes hope.

Accept the fear. Accept patients' fear of failing to recover and doctors' fear of failing to cure. Acknowledge the fear of dying alone. In disease and death fear makes us all equal. We are all human and that is the only thing that matters.

Prevent unnecessary suffering. Involve psychologists, palliative care specialists and anyone who can help. Dyspnea can be worse than pain. Make patients' death as dignified as possible. They deserve no less and so do you.

Compliance with ethical standards

Conflict of interest

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