

Virtual visitors? Telecommunications in a contactless pandemic

Written by Chantal Rees, final year medical student

Amidst the Coronavirus outbreak in the UK, I was one of the thousands of medical students that volunteered to support the NHS. I did so as a medical communicator, which encompassed facilitating telephone medical updates and video calls between patients and their next of kin. This was vital as relatives were not allowed in the hospital without compassionate grounds to visit a patient on end of life care or other extenuating circumstances. Many hospitals remain the same to date in order to protect vulnerable patients from contracting COVID-19.

I felt very privileged to assist with video calls between the patients and their family. They were always moving exchanges. Simple 'catch ups' served as a reminder to patients that their family loved and supported them, despite not being able to visit the hospital. Described as a "lifeline" and a window to the outside world: the holistic benefits of the social calls did not go unnoticed by patients, their family or the staff on the wards.

For me these calls were a snapshot into the patient's life, an unprecedented insight into the person behind the bed number or condition that we as medical professionals so often identify patients with. The calls helped the patient to navigate their way through confusing and lonely admissions whilst forging me into a patient advocate: ensuring that their basic needs were not overlooked due to the immense pressure of the pandemic. I was fortunate to sit with patients on the ward where we would laugh, cry and meet new members of their family together over videocalls. But as I leave this role to complete my final year at medical school, I worry that due to the time constraints placed on staff, many patients will not have access to this crucial pastoral support and will be left alone, isolated in a hospital bed.

Many calls were emotionally challenging: when patients had deteriorated from their baseline, were not able to respond or recognise family, and were close to end of life. I had maintained daily video calls with one family who were later denied permission to visit their grandmother, as she was not assessed to be end of life. Sadly, the day after discharge, the patient passed away. Whilst an invaluable resource, experiences like this put the concept of video calling into perspective. Ultimately, relatives felt that it does not serve as a replacement for holding a loved one's hand in during their final moments of life.

As a medical student, whilst we are taught communication skills and how to break bad news, it does not compare to the first-hand experience I acquired as a medical communicator. Conducting difficult conversations and managing relatives' expectations within a supported environment has given me enormous confidence prior to qualifying as a junior doctor. Coronavirus has added new complexities to end of life care, and telemedicine has an important role to play in supporting patients and their families. However technology, no matter how advanced, cannot replace the presence of a loved one during their hardest moments.