Invisible conditions & COVID-19

We have written this specifically for those with invisible or hidden long-term conditions/disabilities because we are concerned that this cohort are at highest risk of working when guidance says they shouldn't. However, it is still relevant for any doctor with a long-term condition/disability at this time.

If you have a long-term condition or disability that is invisible/hidden and normally work without adjustments and without your colleagues being aware of your health problems, there are likely to be new issues raised during the COVID-19 pandemic that cause you some conflict.

Do you disclose your condition? Will you be believed? Aren't you just burdening colleagues? Should you simply carry on as normal and hope for the best?

If you consider yourself to be in a high risk group, either because you have a condition listed in the formal guidance or because using your own medical knowledge pragmatically, you know yourself to be at an increased risk of contracting COVID-19 infection or associated complications, then you have a decision to make.

Do you prioritise yourself and follow guidance on self-isolation for 12 weeks whilst exploring the possibility of working remotely from home, or do you remain in the workplace despite guidance.

Clearly as doctors this may be a very difficult decision to make. We have a sense of duty and belonging and a drive to support colleagues and care for our patients. This may initially push us towards staying in the workplace rather than self-isolating.

However, let's consider things from an epidemiological angle. Self-isolation, whilst inevitably protecting those individuals who are most at risk, is not designed for this purpose. It is advised with the aim of flattening the curve https://www.washingtonpost.com/graphics/2020/world/corona-simulator/ & https://www.flattenthecurve.com/

By following guidance as a high-risk individual, you are helping to keep the peak of this pandemic as far below the maximum capacity of the NHS as possible. This in turn will potentially save countless lives.

So, you are choosing between saving however many lives you would be able to save on the front-line before you yourself became too ill to work and the number of lives you would save by helping to flatten the curve. But that is not the end of the equation.

We know that some high-risk individuals who contract COVID-19 infection may go on to acquire life changing disabilities or die. This sadly could be you – you are high risk after all. Being a doctor will not prevent this virus from taking your life. So, you must also take into account the countless lives that you would have gone on to save during the rest of your working life too.

Then of course, aside from saving people, we have to consider the example that we as a profession set to the public. The public are currently a confusing combination of petrified and in denial. They are looking for leaders to help them understand what they should do to best get through this. If the public hear of doctors who are not following Public Health England guidance, they will be far more

likely to ignore it themselves. As we know, it only takes relatively small numbers of people ignoring guidance to change the epidemiological path of a pandemic.

Clearly this is not as simple as an equation. There are many factors that need to be taken into account when making such a difficult decision. As scientists and logical thinkers, we will want to try to take everything into consideration. The severity of our own vulnerability – whilst we may be classed as high risk, we all know that within this class there is very high risk, medium high risk and lower high risk and many denominations in-between. As doctors we may feel able to make a judgement on where our own specific condition/s put us on this spectrum. Whilst we may feel able to do this, we must always bear in mind that when making judgements about our own health, we can lack objectivity and not always reach the correct conclusions.

You must then consider your job role. Clearly working on ITU undertaking aerosol generating procedures will place you at a far higher risk than only undertaking telephone triage in a GP surgery with a segregated area for potentially infected patients.

One would assume whatever the environment in which you work, you will not have any adjustments for your condition given that it is invisible/hidden and that you are reading this document. However, with changes in roles during this crisis, you may be asked to undertake duties that exacerbate your condition or put you at risk of becoming unwell in other ways, besides contracting COVID-19. You will need to decide whether or not you accept these changes and comply with such requests whilst placing your health at further risk or disclose a previously undisclosed condition and request new adjustments to allow you to continue working in as safe a way as possible.

For anyone reading this that does have workplace adjustments, with the radical changes that are happening in our workplaces and methods of working and our roles, these adjustments may of course, no longer be appropriate, reasonable or effective. This also needs to be considered when you weigh up the risks to your health of staying in the workplace.

One intermediate option you may find is informing colleagues of your condition and requesting adjustments/changing your adjustments to help lower your risks whilst remaining at work. One can only hope that our colleagues would appreciate our good intentions behind making such requests. If they don't, then leaving the workplace to enter self-isolation is likely to illustrate this.

Equally, you may wish to consider exploring different roles in which you may be able to work in a more sheltered capacity. As time has progressed in this pandemic, the dynamic nature of many roles has become evident. There will continue to be new opportunities for roles in which doctors who are more at risk may be able to work if they chose not to self-isolate, where they may be afforded more shelter from contact with the virus.

As independent practitioners, we will likely feel competent and justified in weighing up all of these options to make our own decisions about which path we take. After all, in these unprecedented times, isn't that what we are all doing regarding many decisions we make at the moment?

There will be those who feel this pragmatic approach is the best line to take. There will be those who feel that Public Health England have issued strict guidance in order to avoid you making pragmatic decisions and that you should trust them and do as they ask both for the safety of the public as a whole and to lead by example.

Whatever you think and whatever you do, please make sure that you are making the decision because you feel it is the right decision to make. Please do NOT make a decision based upon peer pressure, pressure from Trusts or HR departments or in response to any form of threat from anyone.

As things stand at the time of writing this on the 19th March 2020 at 20.00, PHE guidance is that you should go home and stay there for 12 weeks as a high-risk individual. If you choose to do so, there can be no punitive action as a result.

The take home messages here are:

- Being a doctor does not mean that COVID-19 will not make you critically ill
- Being a doctor does not guarantee you access to an ITU bed if you need it
- Access to an ITU bed does not mean you will survive
- If you do survive following ITU admission, you may be faced with a newly acquired disability/long term health problems
- If you stay at work and die, the *most* your family will get from any HR department or Trust who coerced you into working will be a bunch of flowers (if you're lucky)
- PHE have issued guidance for a reason
- Don't be afraid of disclosing a health condition/disability; DO have a healthy fear of COVID-19.

Below are some links to guidance that you may find helpful. For those of you with a condition mentioned in the high-risk group definition in the formal guidance, your position is clearer. For those with conditions not mentioned, you may find some of these links informative.

- Guidance on what to do with your immunosuppressants in Rheumatological conditions:

https://www.rheumatology.org.uk/News-Policy/Details/Covid19-Coronavirus-update-members

- Coeliac Disease guidance:

https://www.coeliac.org.uk/information-and-support/coeliac-disease-and-coronavirus-covid-19/

- Guidance for the Ehlers Danlos Syndromes:

https://www.ehlers-danlos.org/news/eds-and-coronavirus-covid-19/

- Guidance for those with Inflammatory Bowel Disease:

https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice

- Guidance for those with Lupus

https://www.lupusuk.org.uk/coronavirus/

This is the link to the current guidance on who falls into the high-risk group for self-isolation. Please bear in mind that this link is correct at the time of writing on 19th March 2020 at 20.00 but is likely to become out of date very quickly. Hopefully using this link will at least help you to find the up to date guidance

https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults