



International Journal of Case Reports & Short Reviews

Short Communication

Impact of Covid-19 on Healing Touch of Physicians - @

Umesh Yadav*

Department of orthopaedics, Pgims Rohtak, India

***Address for Correspondence:** Umesh Yadav, Department of orthopaedics, Pgims Rohtak, India.
Tel: +981-350-4034; E-mail: drumeshyadav735@gmail.com

Submitted: 25 June 2020; **Approved:** 08 July 2020; **Published:** 09 July 2020

Cite this article: Yadav U. Impact of Covid-19 on Healing Touch of Physicians. Int J Case Rep Short Rev. 2020;6(6): 023-024.

Copyright: © 2020 Yadav U. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



ABSTRACT

Touch is a modality that patients and doctors feel is integral part of the consultation. While old physicians still rely on healing touch, new generation is oriented more on technology- driven -investigation- based practice. High risk of transmission of Covid 19 via contact spread and touch and increase in number of asymptomatic carriers leads to multifold risk to treating physicians. Corona pandemic is leading to distancing between doctors and patients and the ancient healing touch is losing shine with time and somehow leaving a permanent scar on doctor patient relationship.

Since ancient times, touch is one of the most important senses used in clinical practice. ‘Palpation’ is another word for using touch in making a diagnosis and plan treatment for the patient. Although due to recent advances in technology and diagnostic modalities, somehow this direct doctor-patient relationship is diminishing with time but still it forms a keystone in the satisfactory treatment of patient. Therapeutic touch is pivotal in certain areas of modern and traditional medicine, including physiotherapy, osteopathy, chiropractice, and acupressure. Latest challenge to the healing touch is Covid19 pandemic [1,2].

Coronavirus and Transmission

2019 novel coronavirus (SARS-CoV-2), which originated in Wuhan, China, has affected the world over last few months. SARS-CoV-2 possesses high pathogenicity and transmissibility. Contact spread and infection by droplets remains the primary measure of spread of transmission. Person-to-person spread of SARS-CoV-2 is supposed to occur mainly via respiratory droplets, when a patient coughs, sneezes, or even talks or sings. SARS-CoV-2 remains intact and contagious in droplets (less than five microns in diameter) which can traverse up to six feet (about 2 meters) and can be suspended in the air for up to three hours [3,4]. Since the spread of SARS-CoV-2 from asymptomatic individuals (or individuals within the incubation period), without any radiological findings, has also been reported making the treating physician more susceptible to infection [5,6].

Challenges to Treating Physician

Since outbreak of Coronavirus, Social distancing has become a new norm. But for physicians, this is more challenging but at the same time difficult to practice. Although many physicians have developed innovative ways like making barriers of glass or plastic between themselves and patient to avoid droplet spreads. Use of mask and sanitisers is routine practice but wearing personal protective

equipments for prolonged periods is exhaustive. Considering occupational hazard, physicians are voiding direct physical contact with patient unless in case of emergency. Somehow this is damaging the doctor patient relationship as doctors are afraid of touching patients.

Future

Presently some patients are able to understand the severity of disease and still have belief in treating physician but still a group of patient remains unsatisfied without healing touch of doctor. In future, once we develop the vaccine or treatment for coronavirus things may normalize but till than ‘healing touch’ may be missing in clinical practice which is a safe measure both for patient and treating physician.

REFERENCES

1. Gadow S. Touch and technology: Two paradigms of patient care. *J Religion Health.* 1984; 23: 63-69. **Doi:** 10.1007/BF00999900
2. Leder D. *The body in medical thought and practice.* Dordrecht: Kluwer Academic Publishers. 1992.
3. Van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. *N. Engl. J. Med.* 2020; 382:1564-1567. **Doi:** 10.1056/NEJMc2004973
4. Santarpia JL, Rivera DN, Herrera V, Morwitzer MJ, Creager H, Santarpia GW, et al. Transmission potential of sars-cov-2 in viral shedding observed at the University of Nebraska Medical Center. *MedRxiv.* 2020. **Doi:** <https://doi.org/10.1101/2020.03.23.20039446>
5. Rothe C, Schunk M, Sothmann P, Bretzel G, Froeschl G, Wallrauch C. Transmission of 2019-nCoV infection from an asymptomatic contact in Germany. *N. Engl. J. Med.* 2020; 382: 970-971. **Doi:** 10.1056/NEJMc2001468
6. Bai Y, Yao L, Wei T, Tian F, Jin Dong Y, Chen L. Presumed asymptomatic carrier transmission of COVID-19. *JAMA.* 2020; 323: 1406-1407. **Doi:** 10.1001/jama.2020.2565