Doi: 10.5152/TJAR.2021.883

Turkish Journal of Anaesthesiology & Reanimation

PPE - A Hindrance to Therapeutic Alliance!

Shibu Sasidharan[1], Harpreet Singh[2]
[1]Department of Anaesthesiology and Critical care, Level III IFH Hospital, DRC, Goma
[2]Department of Psychiatry, Level III IFH Hospital, DRC, Goma

Cite this article as: Sasidharan S, Singh H. PPE - A Hindrance to Therapeutic Alliance!. Turk J Anaesthesiol Reanim 2021; 49(2): 183-5.

Background

The coronavirus disease 2019 (COVID-19) pandemic has caused indescribable ripples worldwide and in the practice of medicine. The number of people affected with the virus is rising exponentially, and as countries continue to be reporting new cases every day, there is extensive panic and anxiety related to an unknown illness. The psychosocial ramifications of the same have been immense, which has caused mass hysteria and panic among all communities of the world (1).

Literature shows that patients, especially those with labile mental faculties, are considerably more likely to develop infectious diseases and are at a significant risk of suffering much more negative physical as well as psychological outcomes during a potentially fatal pandemic such as COVID-19 (2). Cognitive decline, poor awareness level, impaired risk perception, and reduced concern about personal hygiene can upsurge the probabilities of acquiring infection in such patients (3). Furthermore, social discrimination against individuals with COVID-19 can be more challenging (4). Hence, there has been an upsurge in the outpatient department (OPD) of clinicians, including psychiatrists, worldwide.

Improving patient satisfaction in the OPD and building a strong patient–physician relationship form the core pivot in the practice of medicine. This is also what is taught to a medical student in a medical school-about what to see and what to look for in a patient when they come to the OPD. In a recent update-Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care-the Centers for Disease Control and Prevention recommend the use of personal protective equipment (PPEs), including respirators for all health care workers and preferably in patients in an OPD (5).

Our brains are rather amazing detectors of subtle expressions. Wearing PPEs, including the full body suit and N95 respirators, has caused severe difficulty in communicating with the patient, in seeing them, seeing "through" them, and hearing them, and vice versa for the patient.

The Doctor's Perspective

The history a patient gives is one of the most crucial tools in wading toward the diagnosis. Establishing an excellent rapport by effective communication and data gathering occupies an undisputable place. What the patient says is as important as what he does not. The manner in which he expresses that dialogue also plays an important role. Out of 80 muscles in the face, 3 dozen are influential in facial expression (6). If there is no distinctive facial expression, then there is no emotion (7). To fully decipher the emotions of a person, we read their body language, listen to their voice tones, and study their facial expressions.

When the patient interacts with a doctor wearing a PPE and a respirator, it masks his body language as well as his voice. The mental status examination (MSE), which includes impressions of the patient's general appearance, speech, actions, mood, and thoughts, is the most important tool used during the psychiatric interview. This gets severely compromised with a PPE on (8).

Corresponding Author: Shibu Sasidharan E-mail: shibusasi@gmail.com

Received: Jul 21, 2020
Accepted: Jul 28, 2020

Out of various domains of MSE, the most affected by a PPE are the following.

1. General description, which includes the following.
- Appearance (posture, poise, grooming, hygiene, clothing, signs of anxiety, and other mood states). Signs such as wringing of hands, clenched fists, tense posture, and wrinkled forehead are all masked under a PPE.
- Behavior and psychomotor activity: Any bizarre posturing, abnormal movements, agitation, rigidity, or other physical characteristics are also difficult to assess.
- Attitude toward examiner: The patient's attitude also becomes ambiguous in a PPE.

2. Speech: Wearing an N95 respirator mask severely hampers the assessment of rate (mute, slow, and pressured), tone, volume, fluency, articulation, quantity, spontaneity, and rhythm of the patient's speech. Inflections in the voice are also muted. Without the vocal nuances, it is difficult to decipher whether a statement is serious or otherwise.
3. As per the facial-feedback hypothesis, the facial activities influence affective responses (10). Facial feedback is thus severely hampered, which makes objective analysis challenging.

Empathy has been described as a concept involving cognitive as well as affective/emotional domains (11). Empathy forms the backbone of establishing a therapeutic alliance, and requires the activation of mirror neurons by observing facial expressions of the patient, but in line with our discussion, wearing a PPE severely cripples this most important bond between the doctor and the patient (12).

The Patient's Perspective

Facial muscles speak a universal language. This discovery would not have surprised Charles Darwin (1809–1882) who argued that in prehistoric times, before our ancestors communicated in words, they communicated threats, greetings, and submission with facial expressions.

During a psychiatric interview, a patient is expected to express his deepest fears and concerns to the doctor, so, it goes without saying that a compassionate demeanor is expected from the doctor for the same. This is a skill which is learnt and perfected by the clinician over a period of time, but still becomes challenging in case of a defensive/evasive patient. When a patient already tries to conceal his feelings/evasive from the examiner, the PPE only adds onto it. These barriers to communication are generally overcome by dressing appropriately and acting naturally through gestures such as a shake hand, for instance (13). It is considered polite to make the OPDs "homelier" so that patients feel more comfortable in interaction. However, with the PPE on and with only essential medical tools in the OPD, the "home-like" environment is lost.

Conclusion

Wearing PPE and N95 masks protects us from the virus, but it causes a severe handicap in forming a rapport with the patient by impeding nonverbal communication and observing facial feedback. Hence, teaching these nuances to a medical student becomes impossible, as it cannot be demonstrated anymore. Though there can be no fool-proof solution, simulation of the same through classrooms, using mannequins, in an environment of social distancing, could be the key. Psychiatrists and stakeholders must device plans to mitigate the psychosocial consequences of COVID-19 and also formulate ideas to teach medical students the art of effective communication with the patient.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept - S.S, H.S.D; Design - S.S, H.S.D; Supervision - S.S; Resource - H.S.D; Materials - S.S, H.S.D; Data Collection and/or Processing - S.S, H.S.D; Analysis and/or Interpretation - S.S, H.S.D; Literature Search - S.S, H.S.D; Writing - S.S, H.S.D; Critical Reviews - S.S, H.S.D.

Conflict of Interest: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

References

1. Montemurro N. The emotional impact of COVID-19: From medical staff to common people. Brain Behav Immun [Internet]. 2020 Mar 30 [cited 2020 Jun 15]; Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7138159/
2. Seminog OO, Goldacre MJ. Risk of pneumonia and pneumococcal disease in people with severe mental illness: English record linkage studies. Thorax 2013; 68: 171-176. [Crossref]
3. Yao H, Chen J-H, Xu Y-F. Patients with mental health disorders in the COVID-19 epidemic. The Lancet Psychiatry 2020; 7: e21. [Crossref]
4. Asmundson GJ, Taylor S. How health anxiety influences responses to viral outbreaks like COVID-19: What all decision-makers, health authorities, and health care professionals need to know. Journal of Anxiety Disorders 2020; 71: 102211. [Crossref]
5. Control C for D, Prevention. Guide to infection prevention for outpatient settings: minimum expectations for safe care. Atlanta: The Centers. 2011;
6. Reeve J. The face of interest. Motivation and Emotion 1993; 17: 353-75. [Crossref]

7. Biehl M, Matsumoto D, Ekman P, et al. Matsumoto and Ekman's Japanese and Caucasian Facial Expressions of Emotion (JACFEE): Reliability data and cross-national differences. Journal of Nonverbal behavior 1997; 21: 3-21. [Crossref]
8. Ebert MH, Loosen PT, Nurcombe B, Leckman JF. Current diagnosis & treatment in psychiatry. Lange Medical Books/McGraw-Hill; 2000.
9. Wasinger R, Krüger A, Jacobs O. Integrating intra and extra gestures into a mobile and multimodal shopping assistant. In: International Conference on Pervasive Computing. Springer; 2005. 297-314. [Crossref]
10. Buck R. Nonverbal behavior and the theory of emotion: The facial feedback hypothesis. Journal of Personality and social Psychology 1980; 38: 811. [Crossref]
11. Davis MH. Empathy: A social psychological approach. Routledge; 2018. [Crossref]
12. Gallese V, Goldman A. Mirror neurons and the simulation theory of mind-reading. Trends in cognitive sciences 1998; 2: 493-501. [Crossref]
13. Malan D, Parker L. Individual psychotherapy and the science of psychodynamics. CRC Press; 1995. [Crossref]