



Be Well

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I find myself signing emails “Be well” lately. Be well. Almost commanding it of others. You *must* be well, you *must* stay safe, we cannot lose you. But how can we be well when all around us is unwell?

Unprecedented is the word we keep hearing. Never before in our lifetime. That is true, for most of us, aside from those few remaining survivors of the 1918 influenza pandemic. We can and will continue to implement lessons learned during that time, by following their successful actions and attempting not to recreate their devastatingly unsuccessful ones.

As those in earlier affected locales begin to see their COVID-19 curves flattening and their first peaks receding, new hot spots are cropping up worldwide. There is talk of the need for continued measures for years to come, in one form or another; the uncertainty that lies ahead is disconcerting, at best. The economic and societal pressures to lift stay-at-home orders are great, but lifting too soon may be ruinous.

Many of us are finding ourselves in new teleradiology situations or being “redeployed” to all manner of duties, ranging from performing telemedicine consultations, to greeting and assisting in triaging, to assuming frontline clinical responsibilities. Simultaneously, many of us, for the first time, are working from home while managing our household, enforcing remote learning for our children, keeping adequate stores of food and supplies, and struggling against the loneliness of prolonged isolation.

For others, in-house work brings the physical burden of additional personal protective equipment (PPE), the emotional burden of unprecedented frequency and severity of disease in the studies we interpret, and the fear of infecting ourselves, our colleagues, and our loved ones. Superimposed upon all this, for many of us, is financial uncertainty.

And we thought we were burned out before COVID-19.

In 2018, Simon G Talbot, MD, and Wendy Dean, MD, promoted the idea of replacing physician “burnout” with “physician moral injury,” a term first used to describe the responses of soldiers to actions they were forced to take during war.¹ *Burnout*, they believe, implies a “failure of resourcefulness and resilience, traits that most physicians have finely honed during decades of intense training and demanding work,” while *moral injury* means “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations.”

If moral injury does not perfectly encapsulate what so many healthcare professionals are suffering right now, I don’t know what does. Earlier this month, Dr Dean offered her perspective on the devastating impact of COVID-19 on physician moral injury,² and how inadequate preparation and stores of PPE in the United States have led to an “unacceptably high risk” to healthcare workers.

Dr Dean’s advice to mitigate the impact of moral injury was the same as before the pandemic: value the work and dedication of physicians, value the physician-patient relationship (for many of us this includes the radiologist-referrer relationship), and leverage our strengths to build community and work together.

Stay strong. Stay safe. Be well.

REFERENCES

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