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A Physician's Guide to Surviving COVID Winter

By Rada Jones, MD

How can you survive this winter holding on to your temper, family, and job? Look out for #1. That's you. To care for others, you must care for yourself first. That's not selfish. That's smart. To protect those who need you, you must stay healthy and sane. How? These are my tips.

1 | Set rules for others and for yourself | Your sleep should be sacred. So should whatever time off you can schedule.

2 | Enlist help | So many grateful folks want to help healthcare workers. Your neighbors may be glad to walk your dog, run some errands, or grab a gallon of milk.

3 | Prioritize yourself | Pay someone to plow, buy groceries online, hire a housekeeper to save time for the things that really matter.

4 | Schedule time for yourself to exercise, meditate, pray, journal—whatever helps fill your well.

5 | Shut off the TV | Whether you're Democrat or Republican, you won't enjoy the news. Watch the Nature Channel, Hallmark, or the Food Channel. Watching food is fun, and it won't make you fat.

6 | Go outdoors | There's magic in nature and sunlight, whatever's left of it. Hike, snowshoe, and allow your lungs to breathe real air instead of the reconditioned germs they allow you in the hospital.

7 | Say no | That's a survival technique. Say no to parties, hugging strangers, doing things you shouldn't, and protecting others' feelings. Let them take care of their feelings. You take care of yourself.

8 | Cut yourself some slack | You aren't perfect. Nobody is. You'll make mistakes, gain a few pounds, step on some toes, maybe even lose it at times. So what? Just do the best you can.

9 | Read a book | Remember those things made of paper? You turn a page and land in a new world?

10 | Be careful with alcohol and substance use | They may feel good at the moment, but you'll be worse off in the long run.

11 | Watch old movies that make you laugh.

12 | Take a break from social media | Picking fights with random strangers won't help your mental health. Cut off those who hurt you.

13 | Get a cat | They have nine lives; that's why they are masters of survival. They ignore all unpleasantness, and they'll show you how. And they're the best nap helpers.

14 | Communicate | Ask coworkers how they handle the stress. They may teach you something, and if they don't, sharing the burden will help you both.

15 | Seek help before you lose it | Check out the CDC's resources on stress and coping.

16 | Pat yourself on the back | You're a darn hero! In recycled PPE, instead of shining armor, you saved fair maidens of all genders, ages, and persuasions. With a vaccine in sight, there's a light at the end of the tunnel.

Wishing you all health, joy, and happiness. See you all on the other side.

Rada Jones is an emergency physician and can be reached at her self-titled site, RadaJonesMD, and on Twitter @jonesrada. She is the author of Overdose.

Exploring Monosensitization to Male Dogs

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With Can f 5—a protein expressed in the prostate of male dogs—as one of the several allergenic molecules making up dog dander, the theory arose that dog-allergic patients monosensitized to Can f 5 could tolerate female dogs, explains Ann-Marie Malby Schoos, MD, PhD. With confirmation of this theory in practice lacking, Dr. Schoos and colleagues conducted a double-blind, randomized clinical trial to investigate whether children monosensitized to Can f 5 show different reactions to provocation tests with male versus female dog dander.

Testing Male- & Female-Specific Dog Dander

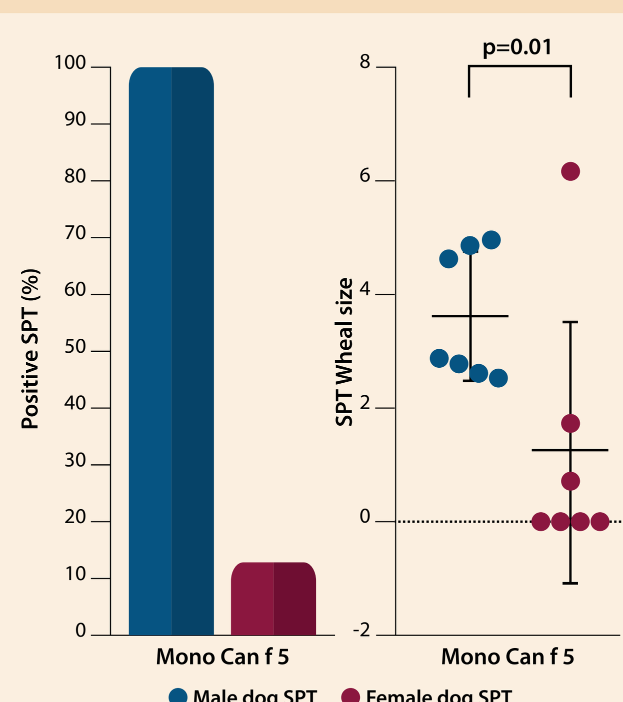
For the study, published in *The Journal of Allergy and Clinical Immunology: In Practice*, Dr. Schoos and colleagues enrolled patients aged 15-18 with a history of dog sensitization in the first-of-its-kind study. Following assessment of skin-prick tests (SPTs), specific immunoglobulin E levels to dog dander (e5), and dog components Can f 1 (lipocalin), 2 (lipocalin), 3 (albumin), and 5 (arginine esterase, prostatic kallikrein), the study team performed SPT and conjunctival allergen provocation tests (CAPs) using dog dander collected separately from male and female golden retrievers according to standard extraction for dander.

A dilution of the extracts was made to perform the SPTs with a concentration of 25 mg/mL. Histamine dihydrochloride (10 mg/mL) and physiological sodium chloride (9 mg/mL) were used as positive and negative controls, respectively. Double SPTs were performed on both volar forearms, including application of the positive and negative controls and the three extracts (dog, male dog, female dog), with the latter two blinded to both the investigator and patient through use of identical-looking bottles marked with a number on them. Final results used for analysis were an average of the two corresponding tests, with positive responses defined as greater than or equal to 2 mm than the negative control.

To perform the CAPs using the male and female dog extracts, Dr. Schoos and colleagues applied a droplet of extract with a concentration of 0.25 mg/mL, and every 15 minutes increased the concentration until a final concentration of 25 mg/mL or a positive response. During visits a minimum of 1 week apart, one eye was used as a control and installed with a drop of physiological sodium chloride (9 mg/mL). Positive responses were assessed with the Total Ocular Symptom Score, with evaluations of itchiness (0-4), redness (0-3), and tearing (0-3), and a total score of 4 considered a positive response.

Figure Reactions to Male Vs Female Dog Extract

The figure depicts a comparison between reactions to male dog skin-prick test (SPT) and female dog SPT allergen extracts. Mono Can f 5 refers to children who were monosensitized to Can f 5 of the dog components. The *P* value is from a *t* test.



Source: Adapted from: Schoos A, et al. *J Allergy Clin Immunol Pract.* 2020;8(5):1592-1597.

Dog Allergy Isn't So Simple

Among Can f 5 monosensitized participants, 100% had a positive SPT result to male dog extract, with an average wheal diameter to the male dog extract of 3.6 mm (Figure). Conversely, "none of the patients who were monosensitized to Can f 5 had a reaction to the female extract using the SPT," explains Dr. Schoos, with an average wheal diameter to the female dog extract of 1.3mm among these patients. One patient in this group who reacted to both extracts was found upon further testing to not be Can f 5 monosensitized. Among children with a mixed sensitization pattern, 62.5% responded positively to the male extract and 87.5% responded positively to the female extract. Respective average wheal diameters were 2.7 and 3.0 mm.

While none of the Can f 5 monosensitized participants had positive CAP test result to the female dog extract, most, but not all (71.4%) reacted to the male extract, "as we would expect," says Dr. Schoos. "We found that the eye provocation test was a bit difficult to interpret." No difference was observed between reactions to male and female dog extract provocation in children sensitized to a mix of the dog components.

"Dog allergy isn't so simple after all," notes Dr. Schoos. "Many patients can actually tolerate female dogs, or neutered male dogs, which can often be verified in the patient's history if physicians ask questions regarding whether reactions are to only male dogs. If the patient also reacts around female dogs, there is no need to explore this any further." With larger studies needed to confirm their results, blood tests being difficult to interpret, and the SPTs used in the study not available commercially, Dr. Schoos says the patient history is a good place to start. ■

Dealing With Non-Compliant Patients: Using Facts in Your Defense

The following is a continuation of the MedLaw column in the January issue.

If, despite your best efforts, your patient suffers a poor outcome and you are being sued for malpractice, you would ideally like to stop the process before it reaches the courtroom. To that end, your attorney would file a Motion for Summary Judgment, asking the judge to dismiss the case as a matter of law because the plaintiff cannot meet their burden of proof. The plaintiff would be required to "lay bare their proof" that it was actually your conduct that was the proximate cause of the harm.

The judge may decide the Motion on papers alone or may hold a hearing at which the attorneys can offer argument but there will not be any witnesses called. Your "witness" will, therefore, be the medical record. Courts generally loathe to deny a plaintiff their day in court, and so the record must be very clear as to the patient's resistance to your efforts to work with them and your informing them of the serious consequences of their non-compliance and of the likelihood that it would cause the very harm that they then suffered.

If this Motion fails and the matter proceeds to trial, you still have strong defenses to raise based on the patient's non-compliance:

- Contributory negligence is an archaic defense that is still retained in few jurisdictions. It holds that a plaintiff who has any fault at all in their injuries may not recover damages for those injuries. If you are in one of those jurisdictions, your ability to demonstrate that patient non-compliance contributed at all to the claimed harm will bar any recovery against you.
- Comparative negligence does exactly what its name implies: it compares the level of fault for each side. In some jurisdictions, no amount of plaintiff fault bars recovery, and in others, there is a cut-off beyond which the plaintiff is barred. If a case goes through, any recovery will be offset by the proportion of the plaintiff's fault. In any comparative negligence jurisdiction, patient non-compliance will be a critical issue, because even if the case is not barred and the patient wins, damages will be reduced.

The plaintiff's duty of mitigation applies to the conduct of the patient after a harm has been recognized. Plaintiffs must show that they did what they reasonably could to minimize the effect that the negligence for which they are suing had on them. Even if you do have actionable liability for an error of your own, a patient non-compliant with well-advised recommendations for correction comes into evidence and acts as a damages offset.

When dealing with a persistently non-compliant patient, think ahead to how you would counter a malpractice claim when you create the record. A clear contemporaneous record of the patient's ongoing non-compliant conduct despite your efforts to have them act in a medically responsible way is the key to a solid defense.

This article was written by Dr. Medlaw, a physician and medical malpractice attorney.

In Case You Missed It

Individualized Motor Skills Training for Low Back Pain

Patients with chronic low back pain can learn new, practical, and less painful ways to move through individualized motor skills training (MST), according to a study published in *JAMA Neurology*. The 2-year study of nearly 150 patients found that MST appears to better relieve disability from lower back pain than a more common but less-tailored exercise regimen broadly focused on improving strength and flexibility. With no accepted standard of care for chronic lower back pain, nor a clear sense of what type of exercise intervention might work best, the researchers randomized patients aged 18-60 with non-specific lower back pain for at least 1 year to strength and flexibility treatment for the trunk and lower limbs or MST that was meant to teach patients new ways to carry out everyday tasks rendered difficult by back pain. Both groups received 6 weeks of training for 1 hour per week. Half of each group also received three "booster" treatment sessions 6 months later. Disability questionnaires were completed at baseline, 6 months, and 1 year. While both groups' ability to perform daily functions without pain improved, the MST group achieved significantly better gains during the study period. MST patients were more satisfied with their care and less likely to use drugs for back pain. They were also less fearful of addressing work-related needs and less likely to avoid normal daily activities. MST patients had fewer acute back pain flare-ups and were more likely to keep up with exercises at 6 months and had less severe flare-ups at 1 year.

Guidance Provided for Antibiotic Stewardship in Pediatrics

In an American Academy of Pediatrics policy statement, published in *Pediatrics*, guidance is provided for inpatient and outpatient antibiotic stewardship. The authors discuss inpatient and outpatient antibiotic stewardship programs (ASPs) in pediatrics, including essential personnel, infrastructure, and activities needed. They note that the American Academy of Pediatrics and Pediatric Infectious Diseases Society recommend establishing ASPs to improve antibiotic prescribing; the ASPs should include specialists with pediatric expertise. Ideally, inpatient ASPs should include a medical director and clinical pharmacist, both with expertise in pediatric infectious diseases and/or antibiotic stewardship. Core interventions for inpatient ASPs can use clinical guidelines, prior approval, and post-prescription review and feedback. Pharmacy-driven interventions can be included in inpatient ASPs. Standardized approaches for antibiotic prescribing, including clinical guidelines and/or decision support, should be considered for outpatient primary care practices, urgent care clinics, and emergency departments. Outpatient stewardship can focus on judicious antibiotic use and can emphasize use of the narrowest-spectrum antibiotics for the shortest duration of therapy to adequately treat infections. ■

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