Back To The Future: Reopening Our In-Person Practices

NYSPA Insurance Committee Webinar
Section One:

No one will “re-open” an office.

Some will provide mid-pandemic in-person care.
“Re-opening” is inaccurate with harmful consequences
  • hides difference
  • erases need to adapt
  • invites collusive denial
  • blocks grief

• The term risks a dangerous entrenched professional narrative
Section Two:

Different clinical contexts have different clinical risks and benefits.

Traditional in-person work, telehealth, and mid-pandemic in-person.
Section Three:

Illustrations of mid-pandemic in-person work clinical risk and attenuated clinical benefits.
Mid-pandemic in-person work clinical risk and attenuated clinical benefits

- Viral safety conflicts with psychological safety
- The most needy are the least likely to benefit
- Informed consent for contact tracing undermines confidentiality
- Conflicts over viral safety flexibility/strictness get magnified
- Counter-transferential resentments and enactments
- Leaving it up to patients to decide may be irresponsible
My conclusion and plan
Preamble

• Coming to the office exposes everyone to increased risks of infection and transmission that need to be managed

• “Reopening is much more complicated. There is no template, no playbook. We can’t just say, ‘Follow these 10 rules, and you’re good.’” — Dr. Preeti Malani, infectious disease expert who is chief health officer for the University of Michigan.

• avoid contact, confined spaces, and crowds