

The general practitioner facing the Covid-19
Press release from the French National Academy of Medicine
May 11, 2020

From the onset of the SARS-CoV-2 pandemic, general practitioners and caregivers in the ambulatory sector have adapted to the challenges created by the high contagious nature of the virus. Despite the insufficient supply of protective equipment, medical offices have set up dedicated circuits, and organized specific care for the Covid-19 suspected patients, thus confirming the private and public sector resource complementarity. In addition, teleconsultations have helped to maintain the link between attending physicians and their patients suffering from chronic diseases, although the rarefaction of the consultation makes fear of a secondary worsening of the patient health status [1].

In this fight against the epidemic, many health professionals have contracted the infection and several have given their lives for this commitment, including 9 general practitioners.

It is possible that the release from containment could lead to recirculation of the virus and new infections. The implementation of a tracking system for infected patients and their contacts will help to circumscribe any emerging outbreak. The effectiveness of this strategy relying mainly on the reporting of infected patients by general practitioners and the identification of contact cases cannot be envisaged without the strict respect of medical secrecy guaranteeing the patient's confidence in his doctor [2].

The abundance of information on the Covid-19, often approximate, sometimes contradictory, and in some cases inaccurate, makes it essential to consolidate a competent information circuit for the health education to the general public. Pharmacists, general practitioners and nurses are the main vectors. They play an essential role, in addition to the daily radio and television spots, not only in reminding people of the barrier measures and promoting the wearing of anti-projection masks in public spaces, but also in specifying the hygiene measures to be observed at home [3].

The National Academy of Medicine recommends:

- to place the general practitioner at the heart of the strategy for detecting new cases of Covid-19 and tracking contact subjects;
- to regularly inform the general practitioner on the analytical performance of the diagnostic tests (RT-PCR and serology) available and on the interpretation of their results;
- not to force the general practitioner to break medical secrecy by sharing confidential information with investigators not intended to know it, and to favor health professionals (medical or nursing students, domiciliary nurses) for the creation of the mobile sampling teams;
- to ensure the continuous supply of personal protective equipment for all caregivers: masks, hydro-alcoholic gel, gowns, glasses ... in order to prevent any risk of cross-contamination;
- to encourage the resumption of contact with patients with chronic diseases in order to avoid interruption of their follow-up and breaks in long-term treatments;
- to provide all health professionals with validated and updated supports facilitating the health education of their patients for Covid-19 prevention.

1. Press release from the French National Academy of Medicine "Telemedicine applied to cardiovascular and neurovascular diseases curing containment", April 27, 2020.
2. Press release from the National Academy of Medicine "Covid-19, epidemiological tracing and medical ethics", May 5, 2020.
3. Press release from the National Academy of Medicine "Hygiene at home: containment exit", April 7, 2020.