

# The New Normal

The other day in clinic, a patient asked me if I would give her a hug. I thought about it for a moment; we had both been vaccinated, as have most of my patients at this point, and she was doing well, with no immunocompromising risks of her cancer or treatment. So I said yes and gave her a warm embrace (with my mask on, of course). Later, after clinic, I thought about our hug and wondered, *What is wrong with me?* I used to hug my patients routinely at the end of our visits. Not everyone, of course, but many patients—particularly older ones—who know me well and appreciate our relationship. As I have written previously, oncology is a relationship-intensive field. For me, human touch is often part of how I show that I care. So why did this feel so foreign? Because it was foreign. Outside my immediate family, I couldn't remember the last time I had hugged someone. Maybe a year ago?

Conventional wisdom says it takes about two months to form a new habit. After a year of the COVID-19 pandemic, with all of its tragedy, social isolation, stress, and fear, we have formed a lot of new habits—many of which will have lasting effects on our health. For one, we are less physically active than we were before the pandemic, with most of us exercising less and sitting around more. The physical restrictions we have had to endure, especially during the early stages of the pandemic, made it easy to become sedentary. After the worst of the pandemic is over, reverting to our more-active lives will require considerable effort. Our diets have also been affected. On the plus side, more of us have been preparing meals at home. On the negative side, excessive snacking has become a common response to boredom and anxiety—even as some families face increased food insecurity.

Weight gain, muscle loss, and deconditioning all can lead to an increase in the risk for comorbid conditions ranging from diabetes to cardiovascular disease. People who already have one of these conditions may experience a worsening of their disease. As a prostate cancer specialist who manages the care of cancer survivors, I see how the consequences of this pandemic are affecting my patients

and worry that they will continue to do so for years to come.

Psychologically, even more profound changes have taken place in our society. According to a survey published in *Morbidity and Mortality Weekly Report*, 11% of adults in June 2020 had contemplated suicide in the previous month. Thirty-one percent of respondents reported symptoms of depression or anxiety, and 13% reported new or worsened substance use related to COVID-19. For patients already struggling with cancer, the pandemic has only increased the risks for these problems. So what can we do to help our patients? Recognizing the signs of deteriorating mental health, and asking people about them, is the first step. Offering support and resources to help people address what they may not recognize in themselves is key. And, on an introspective note, recognizing signs of mental health strain in ourselves and our colleagues can be just as important. If we cannot take care of ourselves, how can our patients feel confident in the care we offer them?

Changing habits is hard but will be absolutely necessary if we are to emerge from our year of isolation. As the worst of the pandemic lifts, the tendency will be to shift to a new normal, with minimal human contact in the workplace and in social settings. Once-routine events such as office parties, work retreats, celebrations, and conferences may feel strange, superfluous, or risky, even as mass vaccinations offer the promise of minimal risk. Although we have survived without these social events, we may not recognize just how essential they are to our physical and emotional well-being. I liked the old normal, and now I long for the day when it will be natural to shake hands with other people, gather in close proximity, share a meal with friends, and even hug my patients.

Sincerely,



Daniel J. George, MD

