

The pandemic to the present: How GPs responded to the challenges

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General practice in New Zealand

- 4,000 specialist general practitioners
- Working across 1,000 practices
- 20.5 million consultations a year
- Large diverse system that works at capacity:
- FTE General practitioners:
 - New Zealand: 72 GPs per 100,000
 - Australia 119 GPs per 100,000



Overall

- The advances of 20th century: vaccines, antibiotics, and modern sewerage
- New Zealand largely insulated from previous pandemics: MERS, SARS
- Back to the turn of the 20th Century measures: handwashing, masks, social distancing, isolation
- Introduced to a new language:
 - Lockdown
 - Social distancing
 - Managed isolation
 - Contact tracing
 - Supply chains
- Loss of freedoms: travel, and perhaps faith in modern medicine, and faced with the unknown and a loss of control



The start: was lockdown necessary?

- When significant worldwide events occur, a memory marker is created: Princess Diana's death, 9/11, man on the moon
- Health system capacity:
 - Delta variant was doubling every third day
 - Pictured for Italy, China
 - Lockdown was about protecting the health system
 - Three – four weeks away from meltdown
- We got it right



We got it right

- Four days before lockdown, the College asked all General Practices to go virtual
- Italian Embassy, Belgium
- The sector moved within 24 hours:
 - Did it – responsiveness and agility
 - In itself saved lives
- Initially:
 - Financially difficult
 - Distressing
 - Government gave support, then didn't.
 - General practice experience versus specialist hospital-based colleagues



Challenges

The daily stand-ups were important: social licence

However, sometimes there were unintended consequences...

Exemptions Certificates:

- No policy work on how it was to be implemented
- Six week delay
- College put out statement saying don't give them
- In that six week period time GPs copped it



The system plays catch up

Catch up much of time as COVID is so fast moving:

Complex system responding to complex set of demands:

Masks:

- Masks: start of last year most hospitals were using N95 masks
- GPs told to wear surgical masks despite seeing undifferentiated respiratory patients
- All GPs could see was hospital colleagues in N95's – perception is reality!
- MoH backed down: we could have access to N95 masks if 'FIT' tested.
- No FIT testing in community
 - Exemption process put in place
 - FIT testing rolled out in general practice over six months



Fact vs. fiction

- Listening to rhetoric from people who were anti-vaccination:
 - you realise they've never encountered polio, diphtheria, whooping cough or measles epidemics
- Then we were faced with a new challenge
 - The rise of social media, influencers and mis-information



Managing misinformation

Some of my own patients sat in front of me refusing the COVID vaccine because:

- They didn't want to be microchipped
 - The vaccine was the 'devil's work'
 - Worried it would magnetize them
 - Didn't want to become infertile
-
- More extreme the more difficult the conversation!



Social media: how did this happen?

Infertility claim:

- A social influencer in London, a 10 minute podcast: the vaccine causes infertility
 - “Reputable” sources within Pfizer
 - Really?

Intrigued: Impact in Cannons Creek 12,000 miles away

Social media has amplified and broadcast this falsehood this across the globe

50 years ago a letter to the Times of London would have been read by 10,000 people, compared to a billion people on social media today



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Let's talk Ivermectin

The common treatment for parasites in humans and horses quickly became touted as a lifesaving treatment for COVID-19

News item showing Fielding man taking a teaspoon a day of Ivermectin horse paste was odd and distressing

The College was quick to issue a balanced statement based on the science:

- No evidence to support this as a treatment
- Used to treat worms (in animals and humans)
- Not to say evidence of its effectiveness against COVID wouldn't emerge
- Do not prescribe it as a COVID treatment



Managing the backlash

From: Cilla **Xxxx**

Email Address: **Xxxxxx**@gmail.com

Subject: 4 horses with worms

Please send 4 horse paste to 18 **Xxxx** Place, Massey 0614

From: **Xxxx** Johnson

Email Address: **Xxxxxxxx**@gmail.com

Subject: Horse paste!

What the hell are you doing your country!

And Your fellow citizens!

You will be disgraced for your actions!

The world is waking up to the realities and you will not be forgotten!

From: Gina **Xxxxxxxx**

Email address: **Xxxxxxxx**@protonmail.com

Subject: Crime against humanity

Dear Bryan,

It seems that you personally have stopped Ivermectin from being able to be accessible to New Zealanders. Is this true?



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Managing the backlash cont...

From: **Xxxxxx** Latham

Email Address: **xxxxxxxxxx@xxxxxxxxxxxxxxxxxxxx.co.nz**

Subject: Karma

You are a corrupt bunch of '#@*&holes'

From: Paul **Xxxxxxx**

Email Address: **Xxxxxxxxxxxxxxxxxx@gmail.com**

Subject: Ivermectin

So, this **@#\$%** brain dead clown, Bryan Betty is against Ivermectin? Is it because he's so **#\$%^**@** up to his eye balls in Pfizer's corruption? What an absolute ***\$#@** of a person. And you **#\$%^**@** retards work with him? Hope they throw the **#\$%^** in prison for medical malfeasance.



Managing the backlash cont...

- The toll of lockdowns, mask-wearing, vaccines, misinformation and mandates reached its peak
- Anger from health professionals who had to stop practicing due to stance on vaccination
- Anger directed at College, and me personally, as the College was quite visible in the media throughout the pandemic about the importance of vaccination, myth-busting, and Ivermectin



Looking back

- New Zealand dodged a bullet – any death is sad however our numbers are some of the lowest in the world still today
- Issues around lockdowns, mandates, PPE shortages, sector wide shortages, rollout of vaccine
- Despite knowing Māori and Pasifika have worse health outcomes and are a younger population, a targeted vaccine rollout was resisted.
- Social media had an impact



Looking forward

- COVID has reminded us of the fragility of modern medicine.
- It will happen again so we need to learn from this experience
- Immunisation rates in South Auckland: we can't forget measles in Samoa
- Vaccination, not overusing antibiotics – we need to respect modern medicine
- **General Practice**
 - Telehealth and e-prescribing
 - Infection control
 - Ventilation
 - Practice design



Questions



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