

A safe distance between doctor and patient

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“If the distance is great, then the degree of love is great; if the distance is small, the degree of love is small.” From “Measurement of Love” by Han, Yong-un (1879-1944)

When I visited Edinburgh last year, I enjoyed exploring the Surgeons’ Hall Museums. Among the many famous surgeons from that city, a surgeon with a special costume caught my eye. The costume comprised an ankle-length overcoat and a bird-like beak mask, and the surgeon was also wearing gloves, boots, a wide-brimmed hat, and an outer garment.

When the worst outbreak of the plague was ravaging Edinburgh in 1645, Dr. George Rae was appointed as the “Plague Doctor” of that city. Although the available treatments at that time were limited, he did his utmost. He lanced patients’ boils to allow the poison to drain. After the wound was cleaned, he cauterized it, thereby disinfecting and sealing the wound site. To protect himself against airborne miasmas, which were then thought to be the causative agent of the plague, Dr. Rae wore a special outfit. In addition to a long cloak, which protected his skin from the infectious air, he also wore a beak-like mask that was filled with spices and rose petals, which would prevent entry of the miasmas through his nose. The length of the beak-like mask secured a safe distance from the patient (Fig. 1). Although miasmas do not cause the plague, as we now know, it is remarkable to note that Dr. Rae’s outfit still did its job—by protecting him from fleabites, it enabled him to survive the plague.

In recent months, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has spread throughout the world. When patients visit my outpatient clinic, both plastic surgeons and patients are recommended to wear facial masks. However, when

patients with facial trauma are being examined, they must take off their masks. When a patient is sitting too close to me, a feeling of uneasiness sometimes arises.

This leads to an important question: how much distance is needed between doctor and patient?

Maintaining a certain distance from others can convey a non-verbal message. According to Hall [1], an anthropologist, doctors and patients should use a wider personal distance (90 to 150 cm) for discussions with one another. This distance is also highly convenient for discussions while sitting down. This

Fig. 1. Plague doctor of Marseilles

Paul Fürst, engraving, c1721.



guideline applies to situations where a doctor has a discussion with a patient who is in bed. During ward rounds, in which conversations take place at the foot of the bed, the doctor is already out of the patient's personal distance and has entered the so-called "business" distance, which is no longer suitable for confidential conversations.

In airborne infections, large droplets can travel approximately 101 cm (39.9 inches). Surgical masks provide highly effective protection against large airborne droplets. For small droplets, which can travel longer distances along unpredictable paths affected by wind gusts and other factors, traditional masks are less effective, as it is possible to inhale droplets around the sides of the masks.

Compared to other physicians, plastic surgeons are especially prone to shortening the clinical distance to examine the patient's face. As a result, we are vulnerable to small droplet infections under the current circumstances. Therefore, the patient's history and temperature should be checked before we meet them.

Remember, doctors are no exception to sickness!

NOTES

Conflict of interest

No potential conflict of interest relevant to this article was reported.

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