

# Pandemics: GPs have played and continue to play a key role in combating them. However, they receive insufficient support

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Received: 29/01/2025 | Accepted: 03/03/2025 | Published: 22/03/2025

**Abstract:** The Covid-19 pandemic is slowly fading from our memories. There were many mistakes. If there is no adequate reappraisal, we must assume that similar mistakes will be repeated in another pandemic. Ten issues are listed that require special attention and that have affected GPs. Their consideration is indicated. There is also the noteworthy theory that without mRNA vaccinations and without severe interventions in the freedom of the population, the pandemic would have had fewer side effects. This should also be considered.

**Keywords:** Covid-19 pandemic, General practitioners (GPs), Public health response, mRNA vaccination, Pandemic management, Policy reappraisal.

## Cite this article:

Doepf, M., (2025). Pandemics: GPs have played and continue to play a key role in combating them. However, they receive insufficient support. *World Journal of Applied Medical Sciences*, 2(3), 6-7.

## Introduction

The last and best-known pandemic (Covid-19) is behind us. It's time to come to terms with it. Apart from fundamental problems such as the rapid and hardly scientifically based approval of the mRNA vaccines with their many side effects worldwide, GPs play a key role in primary care. Dr. Sally Hall Dyckgraaf et al from the Australian National University in Canberra have addressed this issue, as have other authors in the journal *BMC Prim Care* (1,2,3). The authors agree that there were many deficits in primary care provided by GPs. Of 1745 studies reviewed, 108 from 90 countries were included. 78 of the studies documented negative effects.

## The problems

Ten topics are highlighted in this regard:

- 1, Rapid changeover in a high-pressure environment. GPs had to constantly adapt to the dynamic pandemic situation without important information.
- 2, Unregulated introduction of infection control measures. The authorities issued unclear instructions and provided too little material.
- 3, Insufficient provision of routine and preventive care. There were pandemic-related restrictions on normal care.
- 4, Worsening social inequalities. Low-income population groups were neglected and barely provided for.
- 5, Psychological stress. Isolation due to the loss of social contacts led to considerable mental disorders, some of which still persist today.
- 6, Financial losses for doctors. The resources and system were strained and there was a considerable loss of income.
- 7, Staff shortages. Exposed and sick employees were absent, some of them resigned due to overwork and pressure to be vaccinated.

8, Deficiencies in the infrastructure. Inadequate digitalization and networking led to errors in treatment and documentation.

9, New guidelines are constantly being issued. A general uncertainty as to what was currently valid led to excessive demands and confusion. PCR tests were carried out by untrained staff and were sometimes unbelievable, valid antibody determinations were hardly ever carried out.

10, Lack of coordination. GPs were not included in official planning, lack of central control and inconsistent political actions/reactions hampered the fight against the pandemic.

## Discussion

GPs and primary healthcare services have played a key role in managing the pandemic, but have been under considerable strain. The author received 82 emails with a total of 105 attachments from the relevant authorities during the crucial year of the pandemic. During the entire Covid-19 era, he received 152 emails with 197 attachments. Most of the attachments were several pages long, and corrections and new regulations were often issued within a few days. Reading through them took a lot of time, understanding and implementing them took even more time, and the mostly legal terminology made it difficult to understand. There was often no coordination between the different levels of authorities and responsibilities.

It should also be noted that despite the sometimes unclear situations, the authorities exerted pressure that had to be buffered by the GPs. The definition of "recovery" can be used as an example: positive PCR test, 8 days of home quarantine, then negative PCR test. How should a GP check and assess the correctness of the tests and compliance with the quarantine? Not possible. Instead, in each such case, the author carried out determinations of antibodies in the blood before and after quarantine, an objective and safe method. However, this was not recognized by the competent authority. The reason given was that it

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was not possible to reliably assess the time of infection. Question: What is the significance of the time when the immunization could be reliably proven by an infection that has occurred?

Infectiologist and epidemiologist Pietro Vernazza (St. Gallen Cantonal Hospital) said at the beginning of the pandemic that no special measures should be taken, but that we should wait for the population to be infected. (4) Experience shows that an epidemic comes to an end when around 75% of people have been infected and have built up sufficient antibody titres. In an interview with the *St. Galler Tagblatt* in October 2020, he criticized the continuation of school closures due to the COVID-19 pandemic and called for a return to normality. (5) In the same year, he signed the Great Barrington Declaration. (6) This could serve as a guideline for future pandemics.

## Conclusion

The pandemic has left a number of unanswered questions, and there have been significant shortcomings in terms of science and logic. To prevent such a stressful situation from happening again, especially for basic care, it would make sense to work through the mistakes and develop scientifically sound plans. The topics listed provide sufficient material for this.

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