

# Transcript of Interview with Dr. Basil Darras by Theodora Christopher

**Interviewee:** Dr. Basil Darras

**Interviewer:** Theodora Christopher

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**Location (Interviewee):**

**Location (Interviewer):**

**Abstract:** Associate Neurologist-in-Chief at Boston Children's Hospital, Dr. Basil Darras, talks about the many changes that have come along with the COVID-19 pandemic and how it has affected healthcare workers. Dr. Darras talks about the difficulties surrounding telehealth visits and not being able to properly diagnose his patients experiencing neurological issues due to social distancing.

**Theodora Christopher 00:00**

So good morning, everyone. Today I have with us Dr. Daris, who works at Boston Children's Hospital, and I'm going to be giving this interview. So one of our first questions is, how has your daily routine changed since COVID-19 outbreak and in what ways has your job and responsibilities changed?

**Dr. Basil Darras 00:20**

Well, I used to be somebody who would go to work every day, and use my office at the hospital, not only on weekdays, but also on weekends. So it's not unusual for me to do my academic work on Saturdays and Sundays. And, but I was more productive at the hospital. So I was not using my home office, since then, I had to start to using the, I had to stay home. And instead of using my home office, which needed some changes, for example, my desktop had not been changed since the year 2000. I had a Windows millennium, for example, and my printer wasn't working. So I had to, urgently I had to buy some hardware, to be able to do my work from home. So I had to buy a printer, a new printer, scanner and so on. To allow me not only to do virtual visits from home, um using my laptop. But also, I had, I have to sign orders for the research visits. So, um, so what we did, my clinical research [inaudible], they would send me, they would email me the forms, I would complete them and sign them, then scan them, and email them back to them. So, uh, so things have changed dramatically. But the most important part is the fact that I'm confined at home. And I cannot see, it's just the clinic, we have to do virtual visits, which is not a simple thing to do.

**Theodora Christopher 02:19**

And I know with us in our clinical trials, we're all at home working on that. How does that affect like the progress of the trials and all our data collection and stuff?

**Dr. Basil Darras** 02:29

Well, it has had some impact because although the research unit is open, and visits can be conducted. We have families who refuse to come in because of the Coronavirus. They were afraid that they may contract the virus by coming to the hospital. And so we had some cancellations, but what we've done for patients who want to come in, the visits continue. So we're able to collect as much information as possible. For patients who are in a clinical trial that involves a medication taken by mouth, we had to do virtual visits for them and have the medications shipped to them.

**Theodora Christopher** 03:25

Okay. So in the long run, it should turn out okay. It's just for right now it's a little more difficult.

**Dr. Basil Darras** 03:31

Yeah, it is, it is, it is a little more difficult, it's not the way it used to be because as I said some visits are not done. Or the information collected by phone or by Zoom is not exactly the information we collect when we're in the hospital, for example, it's hard to do clinical evaluations, to do tests like Hammersmith and CHOP INTEND and so on. So in that regard, we're restricted. But, but at least we continue to do as much as we can in the research area.

**Theodora Christopher** 04:12

Um, and then I guess you've been working from home, but has there been any support from BCH to this transition of working from home? Are there like different softwares and things that you had to use or with protections of that?

**Dr. Basil Darras** 04:31

Yeah, we use, um, we use software, the predominant tool is Zoom. But has been, they have added some security features. For example, we cannot just click and get in. You have to enter a password in that to preserve confidentiality and prevent people from coming in and stealing, you know, or interfering with the visits.

**Theodora Christopher** 05:04

How have patients been responding to telemedicine? Do they find it as, you know, helpful? Or do they kind of find it frustrating?

**Dr. Basil Darras** 05:13

They seem to, they seem to like it. I mean, I haven't, I haven't asked everybody but they seem to, they don't seem to object as long as you have a computer or laptop, and they know how to use it. And young, young people usually know how to do that. So, it has been accepted by the, our patient population, it's just that for new cases, it has been difficult in my specialty and the reason is that quite often it will rely on the physical exam to make decisions. So if a patient comes in and says, I have weakness, and I cannot do a physical exam, then I cannot actually make decision because, because I don't know whether there's weakness or not. So, um, so in those cases, we cannot actually do a virtual visit reliably. It's very difficult.

**Theodora Christopher 06:13**

And I know also, we have a lot of international patients. Has that affected their care at all? Like have they had to go back to their home countries? Or have they mostly stayed here?

**Dr. Basil Darras 06:28**

The vast majority, I mean, are you thinking about research or clinical cases?

**Theodora Christopher 06:32**

Um, Both I guess?

**Dr. Basil Darras 06:33**

Yeah, for, for research, for example, we have to keep them here, not because the travel restrictions, but because we're afraid that if they go back to their home countries and the, the child comes down Coronavirus, it might be a problem coming, coming back to, to do the visit so, so if you, if for the few international powers we have, we decided to keep them in the area. Now for clinical patients, that's something that I don't know very well, but I'm suspecting that, I'm suspecting that most of our patients, but I'm suspecting that most of our patients are staying here, in the Boston area.

**Theodora Christopher 06:44**

And then another question we had was, do you feel that training prior to this outbreak prepared you and other staff for everything that's happening now? Or was there additional training that was needed and how did that work?

**Dr. Basil Darras 07:21**

There was no training before the pandemic, because no one was expecting this. And, but it was not very difficult to be trained. I mean, we had used Zoom before, so it was not the first time. So it was not very difficult to be trained, because most, most of my colleagues, they're seeing patients virtually, and a large number of them.

**Theodora Christopher 08:04**

And then, what is the thing that you are most concerned about right now in terms of the pandemic, with work or with personal life and resources? That kind of thing.

**Dr. Basil Darras 08:23**

Yeah, I mean, this is concerning, because we don't know when this pandemic is going to end and when the mitigation restrictions will be lifted. We don't know that at this point. We don't know whether the scenario is going to repeat itself next fall or next winter, or whether this will continue for a number of years. So in that regard, it is scary, because it's probably one of the few times where we're having, not just a healthcare crisis, but also an economic crisis. Not specifically, nothing specific about myself, but in general for the society, this is a big problem because, because people cannot go to work, basically. I mean, we are, we're fortunate to be able to, to do our work from home, at least do most of our work from home. But there are people who cannot actually do any work. If you're working, let's say, at Starbucks, and you cannot, you cannot, you cannot go there anymore. So, so these people have lost their jobs and this is why millions of people are applying for unemployment.

**Theodora Christopher** 09:43

Yes, that's, that is a very big concern for most people. Um, one of the other questions we had was how has the sense of community at the hospital changed through all this because obviously some of you are home, working through telemedicine, some of you are actually in the hospital. So, how has that kind of shifted the dynamics in the hospital?

**Dr. Basil Darras** 10:04

Well, the, the hospital has been smart in creating these virtual, virtual meetings. Almost on a daily basis, there's always something happening. So, for example, there is today, at 12 o'clock Thursday, we have ground rounds on COVID-19. So that's an opportunity for people to come together, even virtually, and listen, let's say to the presentation, or their meetings, department meetings, that are happening virtually, and, and we get updates about the situation or what's happening, you know, whether we're taking new measures, whether something should change on the way, in the way we see patients, and so, so forth. So, it seems to me that if anything the community has probably been strengthened because even before there were people who work in satellites, who had had never, I will never see, but now you see they participate in this virtual meeting. So, it hasn't had a major negative impact in that area.

**Theodora Christopher** 11:18

Did you think that action was taken soon enough, in regard to the pandemic? Was all of this action to protect healthcare workers and patients sufficient? Or should more have been done and at a quicker rate?

**Dr. Basil Darras** 11:33

Well, I think we're, I think the world was, was caught unprepared. And, and, and not just the US but, but, but when it comes, as you know, around the world will not prepare for something like this. It may have to do with the fact that unfortunately, we did not get enough information from the World Health Organization in China. There was no transparency, people knew that this thing was highly transmissible, and the world was not, was not informed about it. You know, as you know, sometime in January, the World Health Organization was telling us that, that is not there's no transmission from, from, from human to human. So I think that some time was lost, because people were caught asleep, because they were distracted by other things. Because their concerns about the economy and the stock market. So it is, you know, we could have acted perhaps a month earlier. But, it's very hard to say that after, after, after the event of having all the information now, because the situation was not very clear back in January and for most of February, I think.

**Theodora Christopher** 13:05

And going along with information not being very clear, have you found that a lot of people have common misconceptions about Coronavirus? Have people been responsive to efforts of lockdown? Or has it more been like trying to get people to understand the severity of all of this?

**Dr. Basil Darras** 13:26

I think most people are staying home or working from home if they can. But, what I hear is that, if you go to supermarket you find people pushing shopping carts around without gloves, they, they don't wear masks. They don't protect themselves and by doing so they don't protect the others. So, I feel that although the lockdown has been somehow successful, and it's going, will probably, will probably continue. I just feel for some people they don't quite understand how serious this thing is. Based on what I hear, I haven't been to the bank, I haven't been to the supermarket. But my wife has been in the supermarket a few times and she was very surprised to see how people were behaving as if they were totally naive about it. And it is, it is, it is very, very serious, because this virus is very virulent, and also gets transmitted very easily from one person to the other.

**Theodora Christopher** 14:39

I guess our one final question that I want to ask is, obviously this has been very tolling because everyone has been taken out of their routines. What's support, if any, has there been for health care providers like yourself or patients to kind of get them through all of these changes?

**Dr. Basil Darras** 15:00

I think the, I can't speak about our hospital. And I think they've done as much as they could, given the existing shortages in protective equipment or PPE. Somehow they're able to manage to find masks in all of this. So, so, before about a month ago, we're told that, we get to the hospital, we have to wear a mask. So, if anyone would walk into the hospital and be waiting there, they will ask you to, whether they have any symptoms of COVID-19 infection like fever, cough, and things like that and they will give you a mask to wear. But so, I think that the hospital has done its best to able to get enough N95 masks for people who do intubation and get exposed to droplets from patients and also they managed to get a sterilizing machine to sterilize the N95 masks. So, so at least at children's, we've done very well.

**Theodora Christopher** 16:12

Thank you so much.