

Transcript of Interview with a General Internist at Massachusetts General Hospital

Interviewee: Anonymous

Interviewer: Christina Lefebvre

Date: May 27, 2020

Location (Interviewee): Massachusetts

Location (Interviewer): Massachusetts

Transcription Equipment: Otter.ai

Interview Technology: Unknown

Abstract: The interviewee in question is a General Internist at Massachusetts General Hospital, or MGH for short, they chose to remain anonymous for this interview. In this interview they go over their general opinions on the COVID-19 pandemic currently going on and their perspective as a member of the Healthcare industry. What is discussed mainly in this interview is the change of routine since the beginning of the pandemic, their opinion on how it was handled from a doctor's perspective, how it is effecting the current doctor-patient bond and the future of that bond (due to the usage of telehealth and more online care), mental health, how people's perspective of doctors and frontline workers changed, and their ideas for what will/needs to be done to not only prevent another pandemic but improve the overall health of society as well as reduce the costs of what is currently put into the health industry.

Anonymous 0:00

I consent this interview being used in a public archive by Northeastern [University].

Christina Lefebvre 0:05

And so, could you start by talking a little bit about your regular job and if your daily routine has been changed in anyways by the pandemic, could you talk about that?

Anonymous 0:16

Sure, yeah. So, I'm, I'm a primary care physician, general internist, I do both outpatient and inpatient care as well as have some other administrative or leadership roles with that within Mass General. And in terms of day-to-day life, it's, you know, been pretty dramatically altered. You know, I see patients pretty much every single day in the office. It's the bulk of the care that that we are that I, you know, have delivered over 20 years now. And just the fact that we're really haven't been able to see people in the office has been a dramatic shift. In addition, I have been someone who has also taken care of my own patients in the hospital. I'm used to being the attending record for those for those patients and, you know, with the pandemic in the way that the hospital had to restructure even the ability for, you know, longitudinal primary care for doctors or others to go in in the hospital and see their patients has been pretty curtailed because of the need to conserve, you know, the protective equipment and try to prevent any spread in the in the infection control, you know, issues so, so, even with the hospital care, it's trying to deliver some of that virtually so, pretty, pretty dramatically changed. Yeah.

Christina Lefebvre 1:36

Right. Could you talk a little bit more about those structural changes and some of the precautions that have been implemented in the hospital?

Anonymous 1:46

Yeah, I mean, to the hospital, you know, really has completely restructured. You know, the way patients flow through the hospital, um, to try to put all of at least you know, up until now, and I think this is going to change is that as some The, you know, rates of hospitalization ease but certainly during the peak of the, of the pandemic and the surge. You know, we've, we've had to really restructure how patients are evaluated special precautions for those who are either, you know, been found to be positive for COVID or suspected of it and moving through different floors of the hospital to when they're, in different stages of diagnosis of COVID to try to ensure that, you know, the- again the PPE [Personal Protection Equipment] is conserved, you put people near each other who you know, are trying to keep people segregated, who, who you know, may have it versus may not have it. Just the sheer volume, you know, of people coming in the hospital with this particular illness is unlike anything I've ever seen before. You know, we have almost 1000 beds or more than 1000 beds in it at the highest number there were, you know, 400 people In the hospital with COVID, or suspected of having COVID, which is unlike any other kind of disease condition that we have, we normally have five intensive care units, we had to develop upwards of 10 intensive care units, staff got reassigned and redeployed, especially nursing this tremendous strain on nursing resources. patients aren't allowed to have visitors in the hospital that puts an enormous emotional strain on top of already, you know, an emotionally challenging situation. So, you know, it's, it's, it pretty much affected every aspect of care. And then, of course, there's the entire segment of, of what's been called somewhat elective care that's been delayed or deferred, and how that's impacted people's lives as well. So it's, it's, it's unlike anything I think anyone's ever seen before.

Christina Lefebvre 3:53

Right. Do you have any memorable patient experiences either directly or indirectly related to the pandemic that you could share?

Anonymous 4:03

Yeah, I mean, I certainly have had, you know, my share of patients been diagnosed with it and hospitalized I've had certainly lost several patients, that you know, to it. In some ways, people that were already you know, fairly ill and so in some ways not overly surprising in terms of, of what happened to them if they got sick either from this or even from a regular pneumonia or potentially even the flu. So I would say not a lot of kind of unexpected deaths but just a lot of fear and anxiety and then a couple of younger people who've gotten it and gotten you know, pretty sick from it, they did okay in the end, but it was a little dicey for a while as to whether or not they were going to be okay. And someone you would never expect a virus to cause any kind of a problem in, and so, you know, I think there are a couple of individuals, you know who, again, just being alone in the hospital and sort of dying in the hospital has been challenging, very challenging, I think, as said, the nurses have been incredible and trying to figure out ways to allow family to FaceTime or to do other kind of virtual end of life care but, but just very heart wrenching when, you know, you really can't go through those traditional you know, grieving processes, even right before death and right afterwards, you know, for the families especially but, but, but also hard to not be able to really see your patients, you know, when, when they're going through something like this directly, you know, the phone and video is, you know, as good as you can do in terms of a substitute, but it's not the same as, as, you know, being there, you know, and in person and holding someone's hand, it just isn't.

Christina Lefebvre 5:54

Right. A lot of the doctors that I've interviewed have talked about that kind of indirect patient care as being one of the biggest challenges of working during the pandemic. Would you say that that's the same for you?

Anonymous 6:09

It is, it's- it is a challenge. It's, you know, it's, it's great for certain issues and, you know, I think it's, it's something that you know, healthcare has been, has been slow to adopt in terms of technology and being able to deliver, you know, care a little bit more virtually. And I think there are certain issues, problems, conditions, for which you know, a phone call or a video visit, you know, work great. Not everything has to come into the office, but I think even in those situations, you still do lose a little bit of something in the interaction, and you do lose a little bit of something. In terms of just the interpersonal relationship. I just, I, my personal feeling is that, you know, medicine and healthcare is, is, is all about relationships, it's, you know, that's at the core of what we do is have relationships with our patients that you know, engender trust, and, and, and, and understand what they want and need as well as what we think they should do. And so, I think, you know, the more you put barriers in between that are, to a degree depersonalize it, we are on the bedrock of healthcare, which is the patient doctor relationship. So So, you know, I think it is a, it is a challenge, it's, it's useful in a lot of ways, it definitely can be, in some ways more efficient, in other ways it's less efficient. You know, you try to deal with something over the phone or by video a couple times, and you really realize No, you really do need to either examine them or, or send them for more testing, which, which when you would have seen them you might not have otherwise done so I think we're doing probably more testing and things then then we might otherwise do because you don't have the opportunity to examine them and you don't want to miss something. So, so, it's, it's mixed, it's mixed. And I think it's, it's what we're learning is while this does need to be probably a larger part of how we deliver care in the future, I don't think, that people who are predicting, you know, half of all care will be virtual and delivered virtually, I just I bet, I don't see happening. I don't, I don't think that's the way we're going to go ultimately at all. But you know, we'll see.

Christina Lefebvre 8:16

Right. Are there any common misconceptions that you hear about COVID? Either among patients or even in the media?

Anonymous 8:27

I mean, I think the biggest, the biggest one still is, there's less of it, but this is, you know, a lot of people saying, well, this is kind of just a bad flu, what's the big deal? And it's not it's, it's not just a bad flu. It's, it's, it's something else entirely, you know, for one, we don't have any immunity to it, there's no real treatment for it. And, you know, the mortality is, is much, much greater. We don't know what that's ultimately going to be. But, but I think that's still probably the biggest, you know, misconception is that this is just, just a bad flu season. And we'll You know what, we shouldn't really worry about this too much. I think on the other end of the spectrum, you know, there are, you know, we have to be careful also to be balanced and how we do now approach moving forward, I think, with what we've done up to now in terms of shutting everything down and trying to just sort out what this is and what it's going to look like and how we're going to respond to it. But now that I think we've gotten under control, the numbers are coming down and the and, and we figure out how to make sure we protect, you know, the most vulnerable, who does this really impact? How can we sort of balance returning to some new normal life at the same time, you know, trying to minimize, you know, the spread of it. So I think we have to be careful not to also overdo it because, as a general internist, not just taking care of COVID. I also worry about, you know, the inability to deliver routine care that people do need as well and...

Christina Lefebvre 10:00

Right.

Anonymous 10:01

And not to put up too many barriers, you know, for people to actually be seen and cared for in a normal way.

Christina Lefebvre 10:09

Right.

Anonymous 10:10

You know, a lot of what's been done and what we've asked people to do isn't necessarily for themselves and their own safety per se. Because, you know, we even do now, now that even though this is much more deadly than the flu, you know, it's not the flu, like I said, the truth is, the majority of people who do get sick and who do die from this are older who have underlying health conditions...

Christina Lefebvre 10:30

Right.

Anonymous 10:31

So people who are unhealthy, the risk to them is, is tiny. And so much of what's been done is, is really for the greater good. It's a really, you know, amazing, you know, situations, the greater good to prevent spread to prevent hospitals from being overwhelmed to prevent, you know, those who are vulnerable from getting sick and dying from this who, who we could avoid that. And so it is a hard balance. And it's, it's, it's, you know, I think going to be increasingly challenging over the next, you know, year to two years as this drags on, you know how to figure out how to protect the people who need to be protected, allow the people who are less vulnerable to, to be able to try to, you know, return to some semblance of normalcy. We can't just stop school forever, right? We can't stop work forever. So we do have to figure something out that balances all that. And, and it's, it's, it's gonna be a little rocky [laughs]...

Christina Lefebvre 11:25

Right.

Anonymous 11:26

Over the period. While we sort that out.

Christina Lefebvre 11:28

I'm kind of relating to that a lot of the doctors that I've interviewed have talked about the strength and sense of community among health professionals. Do you feel like that has translated to society or do you feel like the pandemic has divided us more?

Anonymous 11:46

You know, I'm more of an optimist. I actually think what's happened in the healthcare side, you know, is incredibly inspirational. I think- And I think generally, from what I see in society, I actually think it's amazing. I think, you know, as with all things social media related or news related, you know, they like to report a little bit more on the negative and the positive that sells better grabs headlines, you know, but I really think just the fact that the compliance in most places, with most regulations, whether it's around stay at home orders or wearing masks or whatnot, is incredibly high. It's not 100% Of course, you know, there are people who are doing things they probably, you know, shouldn't do. But, you know, it's all over the news when the you know, people are going swimming or doing this or that at a party...

Christina Lefebvre 12:38

Right.

Anonymous 12:39

But I think by and large, it feels like at least up to now 95% or more of the American public has done exactly what's been asked of them if not more, in most of them again, are doing it at their own personal sacrifice for this financially, economically, personal freedom wise or even, you know, socially and, and, and they're doing it even They're probably not at high risk, but they're doing it, you know, to benefit others and to try to help others. And I think, you know, I just think we do tend to focus so much on the negative or so much on the, on the few that don't that we really do miss the bigger picture, which is, you know, most people, I think, are doing the right thing and want to want to do the right thing. So, I think by and large, it's been much more inspirational and has been, you know, disturbing in terms of what's going on.

Christina Lefebvre 13:28

You mentioned the emotional strain of working in a hospital during this time. Could you talk a little bit about the mental health resources, both for doctors and patients?

Anonymous 13:41

Yeah, I mean I think there was a pretty significant recognition early on that this is incredibly you know, taxing not just on the frontline workers who are directly caring for folks, there's that piece of it, but then, you know, there's even the folks who aren't able to work on the front lines either because they're unable, to they have their own health risks, or they just work in an area of healthcare that's not directly related in any way to COVID. And they don't have the skill set to. and, and, you know, they're dealing with feelings of guilt and of not being able to participate. And you know, most people do, I really believe go into medicine and healthcare because they want to help other people in whatever way that is. And if they're not able to do that, it's, it's challenging for them, you know, emotionally. So, you know, I think Fortunately, there is been a pretty significant recognition on that I can only really speak to, you know, what's happening here at Mass General and, you know, partners healthcare system, which I think there's been incredible attention and resources put into it, to offer you know, not just physicians, but nurses, staff, everybody, both emotional support, financial support, if needed, even. And so I think we're very fortunate to work in a system like this, that really does value, it's, it's, it's, it's, team.

Christina Lefebvre 15:01

Yeah, that's, that's really amazing. I've heard a lot about what MGH [Mass General Hospital] has been doing and it sounds like they've been very on top of things.

Anonymous 15:10

It's been amazing. And you know that and I also would say that, I think the incredible outpouring of support from the community, whether it's people sending, you know, food to the hospital or to practices, or whether it's just you see the signs up, thank you healthcare workers, all over towns, you know, you hear these messages from, you know, public figures, sports figures, you know, entertainment figures, you know, thanking, you know, healthcare workers, I think, you know, it's just incredibly gratifying my wife's gotten just random, you know, messages on their Facebook or from random friends, even talk to you saying, I know your husband's a doctor and you know, thank him for what he does, you know, stuff like that. It did it means a lot. It really does that. It's, it's really appreciated by I know by everybody.

Christina Lefebvre 15:58

Are there any things that you think You could have been done differently, either in the hospital or in society to prepare or to respond to COVID?

Anonymous 16:07

Yeah, absolutely. I mean, I think one of the greatest failures looking back on this Yeah, you know, is the, the slow response related mainly to testing and how we just it took us, you know, way too long to get our act together and still even in terms of having widespread access to, to testing for both, you know, for mostly for acute, you know, diagnosis. And I think that, you know, certainly let this spread much faster and more widely than it needed to early on. And I think also, you know, the lack of infrastructure around our kind of contact tracing and, and epidemiology, you know, to be able to figure out, you know, how to isolate people early on. And so instead, you know, we had to do you know, again when other countries didn't do as well, it's not just the US in terms of, you know, these blanket lockdowns, which paralyzed everything, even in areas where there was very little, you know, diagnosis of disease or transmission, mainly because you didn't know what was going on in the location. So I think that's, you know, an enormous, you know, failure across the entire system, you know, of, of healthcare. And at every level, I think in terms of that level of preparedness on testing, especially, contact tracing, PPE, to a degree, certainly in terms of, you know, seeing what was happening overseas and, and thinking about, you know, ramping up manufacturing and other things, you know, more rapidly. You know, I think just getting the word out as to what was what was going to be coming. We had a bit of a leeway in terms of timing of seeing what happened in China, what happened in Italy, and I think we just reacted too slowly across the board.

Christina Lefebvre 17:58

Are there any lessons that you feel you'll take away from working during the pandemic?

Anonymous 18:06

Yeah, there's I mean, there's a few I mean, I would say not that I ever lost it, but certainly, as I said, re-instilled my, you know, faith in our and I and I are each other and, and as I said, I think overall the the response on a has been incredibly inspiring and and you know, in the work that that we do, I will say it definitely opened my eyes up to to disparities, you know, in our healthcare system, just having worked in different locations and just seeing the different challenges that you know, some of our inner city you know, areas face versus you know, suburban areas, the level of ability for people to even understand the health literacy the, the, the ability to even socially distance you know, the ability to not work versus going to work no matter what because you living so paycheck to paycheck. I mean, I just think I think it really did expose You know, more, more directly, a lot of those issues that we are dealing with and stuff that you know, you might not have otherwise or I wouldn't have necessarily otherwise seen working in one practice versus another.

Christina Lefebvre 19:19

And then you talked about the shift to the virtual or telehealth visits. Do you- are there any other ways that you see this impacting healthcare in the future?

Anonymous 19:34

I mean, I hope... I hope it'll be a bit of a catalyst to try to have us focus more on health and wellness. I mean, I think, you know, we do recognize or people are recognizing certainly that a lot of the people who are affected by this most severely are those who have underlying health conditions that are manageable or preventable in a lot of ways. ways by better lifestyle diet exercise, you know, weight management, a lot of people are more vulnerable, you know, are people who are, you know, have obesity issues, have diabetes, have heart disease, I mean, some underlying lung disease, so many of these conditions we always know and are, are to a

degree, I wouldn't say 100% preventable, but lifestyle, but certainly, we can greatly mitigate the impact of them, you know, by a greater focus on, on health and wellness on prevention. And, you know, even addressing disparities in those areas. And so, I think, I'm hoping that, you know, the longer-term recognition, that if we put more effort and resources into these things, that will, you know, not that will save lives down the line and not just save lives, you know, there's an economic impact of that as well. There's a lot of, of evidence that it actually makes good policy to do these things. It's not just the right thing to do, but, but you know, you can really prevent a lot of Healthcare complications expense and needs by promoting healthier lifestyle.

Christina Lefebvre 21:10

Right. The doctor that I was talking to from the community health center, was talking about the fact that a lot of her patients do suffer from obesity, and those kind of underlying health conditions because of a lot of those social determinants of health and the nutrition that they're able to access. So do you think that, that could change in any ways because of policies?

Anonymous 21:35

I hope so. I do. I really, really hope so. It should. I mean, that no question and this isn't, you know, this isn't a conservative, Democrat, Republican issue. This is this, you know, Ben's for everybody. I mean, it just, it just makes sense. Everybody recognize this question of how to get there. In terms of how do you help convince people, how do you what kind of resources do you put into our public health system to you know, make it available for people to eat healthier, live healthier, exercise more, you know, reduce smoking, reduce alcohol, all the things that we need to do to promote a healthy lifestyle, which does prevent disease down the line, which does save money down the line on the system. And so, I hope so that I think one of the big worries, you know, that I have and why I'm not overly optimistic despite the, you know, level of not just because the level of partisanship and the likelihood of getting any kind of real healthcare reforms done to our system is also the, you know, all these things do come with an upfront cost when you really invest in, you know, public health measures, you invest in wellness measures, you have to spend money now, to get a benefit, you know, down the line 5, 10 years from now and in terms of preventing problems from happening, preventing the complications of diabetes and obesity and heart disease and in cancer and everything. And so, you know, in a, in the near term, when we're, you know, re spending so much money on, you know, stabilizing the economy and the and all the things that are going on now. I'm not overly optimistic that once the crisis passes, there's going to be a big appetite for a, another large investment in public health infrastructure. Unfortunately, as much as it makes sense, as much as it will, you know, is what we need to do. I don't, I don't know that that's something that's, you know, in any way realistic on a political level to expect.

Christina Lefebvre 23:32

Right. All right. Well, that is everything I have. Thank you again.

Anonymous 23:37

My pleasure, anytime and if you have follow up stuff or you need anymore, let me know.

Christina Lefebvre 23:41

Thank you.

Anonymous 23:43

Great. Thanks for doing this. Take care.