Transcript of Interview with a Hospital Physician by Theodora Christopher

Interviewee: Anonymous
Interviewer: Theodora Christopher
Date: 05/12/2020
Location (Interviewee): Sleepy Hollow, New York, United States of America
Location (Interviewer): Sleepy Hollow, New York, United States of America
Transcription Equipment: Otter.ai
Interview Technology: Unknown

Abstract: A general physician, who chose to remain anonymous, who works in a New York hospital recount their opinions on how the current COVID-19 pandemic has affected their normal work schedule. Topics covered include how telehealth affects the patient and patients who require elective treatments, how it changes the workplace's amount of camaraderie and bonding between employees, and the potential future and advancement of post-pandemic care and treatment of patients. Overall, the main topic covered is how telehealth and telecommunication will advance the patient experience by reducing commute times if not necessary and how the United States of America responded to the current pandemic and how no matter how many other countries gone through the works of preparing for it, every country was still baffled at its occurrence.

Theodora Christopher 0:00
And if you could just say that you wanted anonymous and we're on- all good.

Anonymous 0:05
Good morning, I would like this interview to be anonymous, please.

Theodora Christopher 0:09
Perfect. Okay. So the first question that we as a group came up with was: how has your daily routine changed since the COVID outbreak? So how was your job and responsibilities changed?

Anonymous 0:22
The primary difference is the lessening of patient contact. So, I specifically now do not see the patient directly. I do not examine the patient in person, but I review the chart on a computer and discuss with the physicians taking care of the patient who have examined the patient and review their findings, question them and make sure that what they are seeing and the question that they're asking me are fully evaluated. And then I do it virtually. So that can be done either in the hospital or at home. And I'm only doing hospital work. So, I don't have outpatients, clinic patients. So, for me, this is the one settings. I'm going to digress for a moment and say that my husband, who does see patients in the office will do it virtually where they can be actually visualized in scenes through again FaceTime or Zoom, or whatever medium that they're using, but you can actually visually see the patients we do not do that in the hospital.

Theodora Christopher 1:53
So, in the hospital, it's just through like the patient files? Like the…

Anonymous 1:59

Either through the patient files or we can go by and see the patient, in especially in the ICUs, we can see the patient through a glass window. So, we can, you know, physically see them in and actually for an experienced physician, you can ascertain a lot by just looking at them. In other words, if I look at you, I can really kind of see whether you're in pain I can also see your respiratory rate. I can see your, you know, your body, how you're carrying yourself, whether you're, you know, your chest is moving, unusually, because you're splinting or you're short of breath. Again, a lot of the, let's say for me, if it's a wound, the primary care doctor can take a picture and show me the wound. So, you know the area of concern I can actually see without being there to examine the patient, the thing that becomes difficult is something like a heart murmur. Because unless you actually put your stethoscope on the patient's chest, you won't know. Or if their lung exam if they have, you know, a pneumonia, you need to hear that they've got decreased breath sounds on one side, you know, or they've got heart failure, you will hear certain what we call, rails in their lungs. So, somebody actually has to do that exam. And, you know, one of the things is the advantage of having multiple physicians examine patients is that one patient's change over time. So, in the morning, they may not have heart failure, let's say but in the afternoon, they are fluid overloaded, and they go into heart failure, so you need to see them and the second thing is everybody makes a mistake or everybody misjudges, so when you have lots of doctors going in what might be missed by one doctor is seen by another doctor. So that does the, you know, advantage in a hospital setting by having a lot of people coming in and out of a room, even though the patient gets tired and will say, I know I've already answered that question. They're actually getting a lot of attention. And they're being evaluated by many, many different people throughout the day. So, it's kind of a checks and balances on the system. So here, there's really the nurses who are really the heroes of this pandemic, and in most of the COVID patients, you know, if they're not in the ICU, they're doing relatively well. So it's not such a big deal but in the ICU It's really just the ICU attending who goes in and sees the patient. So they're really doing an extraordinary job. They're seasoned, they're very expert, so they won't miss a lot, but it really is a lot less people looking at the patient. So that's a long winded answer, but I hope it helps a little.

Theodora Christopher 5:22
No, it helps a lot. I actually hadn't heard that before that they hadn't minimized the amount of doctors per patient, but it makes sense that that would have a big impact as well.

Anonymous 5:32
All right.

Theodora Christopher 5:34
I guess our second question has to do with, kind of you already hinted at this, but what structural and institutional changes or precautions have been implemented in the hospital since this outbreak?

Anonymous 5:46
Oh, that's huge. So, the first- I would say the first week was chaotic, and recommendations were changing. Every day, so it was kind of frustrating and scary because, you know, first it was don't wear a mask, wear a mask, you know, go here, don't go here, you know, treat this, do that. And it was changing. And I think probably even through the second week, so we're talking mid-March towards the end of March, things were still defined and actually, the biggest thing was just that it was changing, and also that there was panic in everywhere, not just in society, not just on TV, but you know how to deal with it in the whole emotional response. But I would say within two weeks, we've really, the hospitals shut down visitations. They established correct protocols for protective equipment. They restricted the number of physicians, nurses or anyone

seeing patients. And they set up committees and institutional studies to look at medications that were being used what was helpful, they contacted all of the state federal labs and guideline bureaus so that we had a more consistent understanding of how to act. So it was it's, it's really been huge, on the Support, supportive basis, you know, the departments have also been very active and offering the whole staff, you know, emotional support, financial support, and, you know, recognition of the burden of dealing with very sick patients, patients that are dying and I think that it's, you know, within a month it has really turned things around this stay at home, the all of the state precautions because our particular hospital was about 80% full of COVID patients in March and early April. And now it's gone down to about 50% and continues to fall. So, for about a month, all we were seeing or almost everything we were seeing was COVID. Whereas now it's starting to normalize and we're seeing regular medical problems.

Theodora Christopher 8:45
So, do you think that there was any training or preparation that would have helped people before this or was it all kind of training and preparation as COVID patients where we're coming in?

Anonymous 9:01
I think we are all familiar with Ebola, which was even scarier than this, where the protective guard was even more extreme, I'm not quite sure I'm thinking of the right word that was that's an even more contagious and deadly virus. So, we've, we've had outbreaks and we've had preparation, so I think it was really just a matter of maybe getting up to speed quicker and again, you know, it's always going to take some amount of time because we didn't understand all about the virus. So, you know, generally, speaking with influenza, which would be very common analog- analogy is that we Just use droplet precautions, but pretty, pretty much right off the bat, because there, there was such an alarm. And I guess because they had some experience with MERS, which is the other Coronavirus, and SARS. An even earlier one. They had us wearing goggles and protective clothing from the outset. So they, they were pretty cautious and I think maybe, you know, maybe just a few days or maybe just too much discussion, but I think that that is kind of a transparency where, you know, they're letting everybody realize that this is the information that we know I mean, we probably have that information from China or Chinese experience but I think that that definitely The where there was a little bit of slowness in, in being prepared from looking at the prior experience in China and in Italy. But I think anything that is this, this proportion is going to take a little time to get I think we did very, very well overall.

Theodora Christopher 11:23
That's great. And then how has the sense of community among, like the healthcare workers and hospital staff changed with all of this telemedicine and, you know, different shifts and things like that?

Anonymous 11:37
Sorry, what was the first part of the question? How has what?

Theodora Christopher 11:40
The sense of community change? Sorry if my cell phone signal is not the best.

Anonymous 11:43
What does that mean? Sense of community?

Theodora Christopher 11:46

Um, I guess the way that we. Yeah, the way that we thought it was thought about it was like the camaraderie or, you know, support between hospital staff because I know that you guys experience. This like you have a different perspective?

Anonymous 11:59
Well, I'll tell you, I think, I think we are a community and I think we always do support each other. So, I think that difficult times always bring everybody together. That being said, the advice and the recommendation has been to absolutely minimize contact and exposure so that on the one handle though we feel that we are very much supportive of each other, in fact, we are not seeing each other so that you go in you do your work and you get out, you're not supposed to, you know, stay in the hospital and chat with your colleagues. So, that, that level of support in person is gone, which is a huge loss. The other thing is that all of our meetings, our departmental meetings, conferences have been reduced. And the ones that are mandatory or necessary, necessary are done virtually. And that also is a loss because most of us are doing it from home. So, we're not doing it with the imaging. So, it's only voice like you and I are talking. So, you know, it's one person at a time. And again, the, the, the medium or the way it is, is that in fact, there's a buzz if everybody is on and listening to each other, which would allow a more fluid conversation. In other words, you know, somebody else could interrupt me and say, let me just ask you a question. What we're asked to do is mute ourselves so that the static on the line goes down. So, there's only one person Talking, no one else is able to speak. Unless, you know, you unmute yourself and then you go on, but it makes the speakers speak in a way in a kind of void, so that, that level of camaraderie is diminished. So, I really, we missed that not just that, but everybody misses seeing each other, and the actual human presence, but the support was that we know we're all in it together and we are all working together is very, very strong. And I will say one thing for you here, which is at the beginning of the outbreak, the thought was that there wouldn't be enough physicians and you know, people from around the country who volunteered which was extraordinarily kind of them. But what we came to realize is that there would be no surgery, there would be no elective procedure. So, nobody is going to come into the hospital unless they have to. Because nobody wants to be in this environment and all of the surgeons no longer had work, you know, their, their jobs were diminished substantially. So, in fact, we had a lot of physicians who didn't need physicians from elsewhere because all of the surgeons had reduced schedules and they have been phenomenal. And they have come in and done a lot of the ER work and ICU work, which is not their specialty. But obviously, they're very well-trained doctors, and they can do it. And they have been just amazing. So, we have these senior neurosurgeons, senior cardiac surgeons, that are running units, and really supervising. So there have been there's been a tremendous support and that's one of the reasons why we don't need outside physicians.

Theodora Christopher 16:03
And you kind of mentioned this, but people obviously don't want to go into hospitals unless absolutely necessary right now with all of this, how do you think that's gonna affect patients going back? You know, when they eventually these elective procedures are gonna be needed? How do you think like patient fears can be assuaged of them going in?

Anonymous 16:24
Right, well that is starting to happen now. So that’s been, that’s been, the administration has been very cautious and conscientious about doing that. So, you know, now there are, you know, everybody has to be tested within 24 hours of undergoing a procedure. You know, the anesthesiologist, the surgeons, all of these people need to be protective. So the other side of, you know, there's enough physicians, the other thing that has been, I can answer your question in a minute, but I just made me think of this is that one of the other thoughts was that in fact, we

were, our schedules were done in such a way that there was always a backup team. The fear was that we would actually, many physicians would in fact get sick, because they were exposed and that they needed to have these extra physicians because they assume that there will be a significant sickness within the medical community. But the PPE [Personal Protective Equipment] has been very effective. And I think you heard that foremost said that in New York City. The city rate is around 19, 20% of anybody positive with the physician in house and hospital worker rate is around 12%. So that, you know, and I think that that was really from the beginning. It has dropped even lower. So that, that's one aspect of safety that the, you know that the number of physicians that have contracted or the nurses and other hospital workers that have contracted the disease has dropped so that the hospitals are safer. They've created special units within the hospitals that there are designated areas so that everybody coming in gets tested. So that now the hospital which is obviously also a concern that you walk in and the whole environment might be contaminated, but they've really made sure that there are designated units and designated floors, everybody is getting tested, so that the hospitals are safer and patients are being tested. Every patient is being tested that is undergoing a procedure so that there is no error. And again, although There is asymptomatic infection, any patient that is going for a procedure must be tested within 24 hours of having the procedure so that you know even if you're asymptomatic, you're going to be detected and any findings. So, if you're asymptomatic, but you'll get a chest x-rays and you know, those chest x rays are abnormal sometimes even when the patient is asymptomatic. So, there's been a complete and thorough evaluation of the patient, their risks, their exposures and so on. So, you know, nothing is ever 100% foolproof, but that's, you know, true whether or not it was a pandemic, but, you know, the precautions are in place. And the other side of that is that this will change medicine and I think it will change medicine for the better in the sense that many patients who have chronic illnesses come in to see the doctor for something simple, like a review of their medications, a blood sugar check or this and that. And if for a wound evaluation, if they can do it through zoom, it will be a whole lot easier. They don't have to commute in, it makes, you know, it makes seeing the doctor a lot, a lot easier. And a lot of these visits can be done on video, and so we're being propelled into the future. That being said, sometimes, you know, there's no replacement for a hands-on physical exam, but a lot of things can be done virtually, I mean in my specialty HIV. Most of the patients are healthy and well. They're coming in for review of their medications, their compliance. A lot of it in reinforcement of you know, proper care. And, again, a lot can be done just by a visual seeing of the patient. In other words, I don't always have to they're, you know, they're young and healthy, there's usually not an issue with their heart, or lungs. And if there is, no, they would report that or I could see that and then they would be asked to come in, but a lot of it can be done just by seeing somebody and that can be accomplished virtually. So, I think that that's really going to help medicine and launch us into the into a new age, which I think will be useful.

Theodora Christopher 21:34
Yeah, so that leads perfectly into my final question. So, thank you. Um, I guess our final question is just what do you think is the most important thing for the public and everyone to keep in mind going forward and moving on with this?

Anonymous 21:51
I think responsibility. It's personal in the sense that it's in your own best interest to socially distance to be careful of, you know who and what you're doing. But I think it's also a sense of social responsibility. So, it's not just about you, but it's about being sure that you don't spread it and you act responsibly. And I think that that's a helpful message. Whether this, this was a case or not. So, I think that it's a reminder to us all of how important you know our behaviors and our way of being how we all affect each other, how we're all interconnected. is in a time of crisis in any time, and how we all need each other and that the information, you know, from China was

available, and we, you know, I think it's just disbelief. I think that the delay in any of these things is no one can believe what's really happening. And I think that that is a normal reaction. I think that's I don't want to be political here, but I think that any delay, in my opinion is that any delay on China's part at the beginning was they couldn't believe that this was going to happen. So, you know, they, they just didn't, they didn't respond perfectly because they just couldn't believe that this was going to be of such proportion, and when we two or three months later, saw that it was here. We had all of their experience we had all of their warnings and yet we also couldn't believe it. Italy, you know, couldn't- nobody could believe it. So, you know, I think that [Cellphone Cuts Out Briefly] That's a normal human response. But then we need to also have that kind of infrastructure and these advisory institutions and scientific institutions in place, so that we can respond in a coherent and constructive way. So, it's just a reminder that we are interconnected. And the best way to stay ahead is to be supportive of each other and hopefully come up with a vaccine and the treatment that will be effective. But I think part of the question that you're asking is, what we are being told by the scientific community is that this will happen again, in another way, shape or form in the future. And this, again, we have to not bury our heads in the moment and just get Through this episode, we have to remember that we need to be prepared for the next event. And so, we need to have these institutions in place. And again, it will always take some time and to, to figure it out and emphasis should not be on, you know, finger pointing or whatever. It's just, let's try and do it as we get the information as best we can going forward. And I think that we really have done a great job. And our, our institutions, our city response has been terrific. And I would say my own particular institution, because I can only speak to my experience has been, has been great. And I will say that even having told you which I really thought at the beginning it was chaotic and it was very stressful because I was an infectious disease consultants, right? So medical teams were calling me saying your infectious disease, what do we do? And I would say one day do this. And then the next day it was do something else. And it was scary and frustrating for them for myself. And, you know, the, the human responses, you know, can't somebody figure this damned thing out?

Theodora Christopher 26:15
[Laughs]

Anonymous 26:19
Let’s do it right. But the answer is no, you know, we are learning as we go. So, it's not like anybody really knows it's just being sensible and doing the best at hand. So, I will say that I have found our governor, very, very helpful. So, I think that I calm and coherent, logical manner. and communicating the information in that way has been very, very reassuring so that in fact, the public knows this. As much as I know, I may have a better background to interpret some of the findings but really, it's transparent and it's out there and available for everyone. And I think that that is really a terrific thing and really speaks well of our, our country.

Theodora Christopher 27:18
Thank you so much.

Anonymous 27:20
You're welcome.