

# COVID-19 national emergency: 6 top insights from 2 AMA presidents

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The COVID-19 global pandemic is sending patients with severe symptoms to emergency departments for care, and widespread social distancing measures driven by public health officials' recommendations could exert a toll on anxious families.

So it makes perfect sense to bring two AMA presidents—one a psychiatrist, the other an emergency physician and public health official—together to offer essential insights for patients and physicians to make sense of this national emergency.

AMA President Patrice A. Harris, MD—a psychiatrist and former County public health official—was joined by former AMA President and emergency physician Steven Stack, MD for a video chat on COVID-19. Dr. Stack is commissioner of the Kentucky Department of Public Health.

Here are the top six insights they shared on COVID-19. The respiratory illness has killed more than 7,000 worldwide, according to the World Health Organization (WHO).

## Don't be fooled by apparent tranquility

Unlike emergencies such as natural disasters or mass terror attacks, the damage inflicted by COVID-19 may not seem obvious to many in the public, and even to some physicians. At this article's deadline, Kentucky had seen one confirmed COVID-19 death.

"I know people have a hard time putting this in context, but this is really the calm before the storm," Dr. Stack said. "Think of it this way: It's like there's a Category 5 hurricane out to sea and it's about seven to 10 days away, and we know it's going to come, and we know it's going to hit. But if we take action now, we can take steps to protect people and to ensure people have what they need to survive the onslaught of the hurricane. That's what we're facing."

## **This is not a drill**

Despite that warning, the gravity of the COVID-19 in the U.S. still escapes many, Dr. Stack added.

“It’s so important for physicians in this country—and everyone else in this country—to understand that this is not a drill. We’ll get through it. And we’ll get through it better because we rally together, but we must rally together in order to get through it as best we’re able.”

## **There’s no easy blame for shortages**

Physicians are rightly frustrated by the shortages and limited access to the personal protective equipment (PPE) they need to stay safe and prevent nosocomial spread of COVID-19.

The AMA has called on the U.S. government to “undertake a ‘Manhattan Project’ type effort to expand manufacturing capacity and produce the supplies needed to ensure the health security of our country” during the COVID-19 national emergency. Dr. Harris said she is hearing from doctors across the nation concerned about the issue, as Dr. Stack has in Kentucky.

But the source of the problem is complicated and the answers aren’t easy, Dr. Stack said.

“If a large portion of the population gets sick and gets critically ill in a short period of time, we run out of supplies,” he said. “And most of us rely on a supply chain that’s often as short as a three-day just-in-time logistic supply chain, meaning most hospitals and others keep on hand just enough material to get through the next few days because they have a steady stream of inventory coming in to supply these materials.”

“Most of us rely on China for a lot of these materials and China was the place that was first hit,” Dr. Stack added. “And now we have problems across the whole world, where countries like China and South Korea and Italy and Iran and now you have Spain and France and, of course, the United States are facing this challenge, all roughly at the same time or over a very short period of time. So the supply chains are disrupted, and of course the people who work in factories and other places need to do social distancing so it makes it harder for them to operate in their normal manner.”

The frustration from physicians and others is perfectly understandable, said Dr. Stack, but he urged fierce resolution to proceed.

“The whole world is facing this. This is a global pandemic. We’re all in this together,” he said. “We just have to find a way to respond in a situation where the needs greatly outstrip the resources, and yet we have to find a way to get through it.”

## Why a World War II-style effort is needed

Dr. Harris noted that a major effort from the federal government to ease the shortage of testing and PPE supplies could also be likened to the Marshall Plan that helped rebuild Europe after World War II.

To Dr. Stack, the analogy goes back further.

“George Marshall was the one who helped organize the U.S. military response during World War II. And in a very short period of time, the U.S. had to take a really small Army and ramp it up by about a factor of 80-fold,” Dr. Stack. “That’s what we’re facing right now.”

“We need more resources. We need the federal government, because it is the entity in our nation with the most resources and capacity to come up with ways to rapidly build supply chains, to make testing widely available, to make PPE and other medical resources widely available.”

That includes helping to rebuild the economy after the damage inflicted by the necessary social-distancing measures taken to slow the spread of COVID-19, he added.

Find out more about why doctors, hospitals and nurses are seeking \$1 billion to combat COVID-19 as part of the next economic stimulus package.

## How postponing other care could help

Many doctors and hospitals across the nation are postponing other care that can safely be delayed to help prepare for the expected onslaught of COVID-19 cases. That’s the recommendation that Dr. Stack has offered to physicians and health systems in Kentucky.

“What I have told physicians, and what I’ve told leaders of hospitals, is that you must operate under the assumption that the PPE you have is all you’re going to have,” he said. That makes it critical to postpone other care to optimize the supply.

“I understand that there are people who have medical procedures that they need to have done, but if you can safely avoid having that for the next 30 to 60 days, it is absolutely essential that you do so,”

Dr. Stack added.

“We have to very quickly free up as much capacity in our hospitals as possible in order to ensure that when the numbers of sick people start to increase that our doctors, our nurses, our respiratory pharmacists, our paramedics—that all of these people in health care—are fully available to help people who are most in danger and most in need.”

Learn more with the AMA about why planning for COVID-19 patient surges requires doctors' input.

## **Anxiety's normal, so boost self-care**

Anxiety and fear during this national emergency “are normal human emotions” for patients and health professionals, Dr. Harris noted.

But, she added, “we can channel those emotions into action” by working in partnership across all levels of government and by heeding the warnings of state and local public health officials.

“In these difficult times, it is important to remember self-care,” she said. “It is also important that we use social media responsibly. We certainly will be using social media more to get connected, and stay connected, and that's important. But we should also monitor the amount of time we are on social media and make sure we are getting information from reputable sources.”

The AMA has developed a COVID-19 resource center as well as a physician's guide to COVID-19 to give doctors a comprehensive place to find the latest resources and updates from the Centers for Disease Control and Prevention and the WHO.

The AMA's COVID-19 FAQ will help physicians address patient concerns and offers advice on key issues such as how to optimize PPE supply. Also, the AMA quick guide to telemedicine in practice will help keep health workers and patients safe amid the COVID-19 pandemic.

Dr. Stack added an evidence-based reminder that should ease some fears: Data from China and elsewhere show that about 80% of people who acquire the coronavirus “are going to be fine—and we will get through this.”