

Retired doctors hear COVID-19 battle call, look for ways to help

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Andis Robeznieks

Senior News Writer

Retired physicians across the nation are being asked to reenlist and rejoin the health care workforce to help combat the COVID-19 global pandemic.

“We’re in the middle of a battle and we need reinforcements,” Illinois Gov. J.B. Pritzker said.

Maryland Gov. Larry Hogan continued the military imagery, declaring: “We are marshaling every tool in the arsenal of public health to combat this crisis and slow the spread of this pandemic.”

Included in Hogan’s omnibus COVID-19 health care order was a directive that any inactive physician may engage in activities at Maryland health care facilities that would have been authorized under his or her inactive license without first reinstating that license.

Answering Hogan’s call was David L. Meyers, MD, who was the chief of emergency medicine at Sinai Hospital of Baltimore before retiring in 2014.

“There is a huge resource to tap if we could figure out how to do it,” said Dr. Meyers an AMA member and a member of the Society to Improve Diagnosis in Medicine’s board of directors. “The available resources will not be enough.”

Older doctors are at higher risk

That said, several factors combine to make reentry something less than a straightforward proposition. The AMA’s senior physician COVID-19 resource guide outlines six keys that retired doctors should consider as they weigh a pandemic-inspired comeback.

AMA President Patrice A. Harris, MD, MA, noted that many physicians older than 65—who fall into a higher-risk category due to COVID-19’s known epidemiology—are still active and providing patient care. Whether senior physicians “should be on the front line of patient care at this time is a complex issue that must balance several factors against the benefit these physicians can provide,” she added.

Dr. Harris’ concerns were echoed by Niva Lubin-Johnson, MD, an internist who closed her Chicago practice in 2018 and has been working part time.

“I’m in that risk group by age and I’ve got some chronic illnesses that affect the immune system,” Dr. Lubin-Johnson, chair of the AMA Women Physician Section’s governing council and a former president of the National Medical Association, told the *New York Times*.

“My husband is over 70 and also has a pre-existing condition that puts him at greater risk,” she added. “So, I feel like I have some responsibility for myself and for him. I am the last part of my immediate nuclear family, so if I got sick, I would truly be relying on others to care for me.”

Dr. Lubin-Johnson said she is glad the new opportunities exist to contribute to the cause via telehealth.

Dr. Meyers agreed, noting that—although he quit smoking some 40 years ago—he has concerns that he may be at higher risk for getting sick even though he is in good health in general.

“Telemedicine offers opportunities for doctors who are not of out practice,” Dr. Meyers said, adding that he has maintained his medical license, but did let his board certification expire.

In his new role, he serves as a consultant to nurses and physician assistants at his former institution, Sinai Hospital of Baltimore, who call patients who have tested positive for COVID-19. When those professionals cannot answer patients’ questions, they call Dr. Meyers for guidance.

“I’m acting as a resource and I have a retired orthopedist doing it with me,” he said. “I’m not under any illusion that I’m doing anything lifesaving.”

A more intense aspect of his new role is talking to the staff who tested the patients who tested positive for COVID-19. The main question is whether they were wearing personal protective equipment (PPE) when they administered the test.

The issue is that, because hospital personnel are administering so many tests and the results are not known until days later, it’s hard for them to always remember if they had PPE. A simple checkoff box is being added to the electronic health record to document PPE status at the time of the test.

States smooth license reactivation

Many states are waiving licensure fee and expediting the license-reactivation process. The Federation of State Medical Boards offers a regularly updated list of states taking such actions with links to further information.

More than 40,000 health care workers, including retirees and students, have volunteered to be part of the state of New York's surge health care force, including more than 6,000 mental health professionals who volunteered to provide free online mental health services.

Finding specifics about how and where retired physicians can contribute, however, can take some digging.

In Illinois, 1,160 retired physicians, nurses, respiratory therapists and others responded to the governor's call to reinforce the existing workforce. While the state offers details on licensing and possible waivers of Continuing Medical Education requirements in light of current circumstances, answers to questions about duties, caring for patients or getting sufficient PPE must "be determined at the long-term care facility, hospital, or federally qualified health center the licensee works at."

In North Carolina, where a similar call for reinforcements was issued, more than 800 physicians and other health care personnel have responded. They are put through a vetting process that includes a background check and verification of their license.

Once vetted, their roles will be "considered as personnel needs arise from various stakeholders."

Dr. Meyers suggests the most direct route is that physicians contact the hospitals or health systems they used to be associated with, which is what he did.

"My general advice is to contact your hospital or state medical society to see if there is a process to engage," he said. "Find out where physicians are needed and what you can offer."

If patient care roles are not a good fit, Dr. Meyers suggested unretired physicians can serve as disaster training instructors or participate in hospital COVID-19 task forces where their institutional memory could be helpful.

Concerns about liability coverage

Liability insurance is also a concern for returning physicians.

Dr. Meyers said his hospital “was quite willing to make sure he was covered,” but he adds that physicians who were covered by the liability carrier, The Doctors Company, can receive coverage at no cost if they are serving as volunteers.

Protection is also available to licensed volunteers through the Coronavirus Aid, Relief, and Economic Security Act signed into law March 27. Learn more about what the \$2 trillion coronavirus relief plan means for doctors.

In addition, returning physicians who are authorized to prescribe and administer certain countermeasures to treat COVID-19, may be immune from liability under the Public Readiness and Emergency Preparedness Act.

Retired physicians are eager to help. The key is finding the right place and role to do so.

Former AMA President Jeremy Lazarus, MD, who retired six years ago, told the *New York Times* that he sees the stress the pandemic has created for physicians and recognizes the need for volunteers.

“It just seemed clear to me that if there was any way that I might be able to help, even in some limited way, I would be more than happy to do that,” Dr. Lazarus, a Colorado psychiatrist, said. “I feel an obligation to the public.”

Stay up to date on the AMA’s Senior Physician Section’s activities, the AMA’s COVID-19 advocacy efforts and track the fast-moving pandemic with the AMA’s COVID-19 resource center, which offers a library of the most up-to-date resources from JAMA Network™, the Centers for Disease Control and Prevention, and the World Health Organization.