Young physicians discuss the challenges of COVID-19 care

Watch the AMA’s daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with orthopaedic surgeon Daniel E. Choi, MD, emergency medicine physician Jordan Warchol, MD, MPH, and obstetrician/gynecologist Kavita Shah Arora, MD, on updates regarding COVID-19 including what it's like being in the midst of the COVID-19 pandemic as a young physician and the challenges these young physicians are facing.

Learn more at the AMA COVID-19 resource center.

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update.

Today we're going to talk with some of our young physician members about what it's like to be in the midst of this healthcare pandemic. I'm joined today by Dr. Daniel Choi, an orthopedic surgeon in Long Island, New York, Dr. Jordan Warchol, an emergency medicine physician in Omaha, Nebraska, and Dr. Kavita Shah Arora, an OB/GYN in Cleveland, Ohio. I'm Todd Unger, AMA's Chief Experience Officer in Chicago.

First, I want to thank you all for what you're doing to take care of patients right now in the face of this pandemic. I think one thing you all have in common is I'm sure you never thought you'd be in a situation like this in your career.

Can you share a little bit of what you are experiencing? Dr. Choi, why don't we start with you in New York?

Dr. Choi: Absolutely, so New York's been all over the news. It's the epicenter right now, and while I'm not on the front lines personally, I do have lots of friends in the ER and ICU who have shared some
very intense stories with the hospital's really filling up right now.

One of the worrisome developments that happened recently last weekend is we got a lot of messages spread through social media that actually redeployment of non-acute care as well as non-EM or non-IM doctors. So, dermatologists, orthopedists, neurosurgeons who have not really been involved in critical care have been redeployed to the front lines.

The other development that came along with that was that there was involuntary redeployment of residents and fellows. I had mixed feelings about that personally. I think that residents and fellows really have a hard time saying no to anything, and if they may have preexisting medical conditions or part of the vulnerable population, maybe they may be pregnant, the culture is kind of against them to say no.

So there are some concerning developments here in New York City.

**Unger:** How about your personal experience right now? I mean in terms of having to put off what might be non-urgent surgeries, how are you working within your own practice?

**Dr. Choi:** Yeah, that's definitely been a big development in our practice. About two weeks ago, we were told no elective surgeries at all, and usually I'm booked out at least four weeks in advance with surgeries. So we did have to notify those patients that their surgeries would no longer be taking place.

The patients were very understanding, to be honest, and they didn't want to come into the hospital anyway during this pandemic.

I do think that it's an economic challenge for practices all across the country right now as they face this shortfall of revenue. You may see a lot of independent practices possibly going under. I know the AMA really did a fantastic job advocating for these shortfalls in revenue to be covered by federal grants or loans, so hopefully we can lean on those to make it through this time.

**Unger:** Well, thank you Dr. Choi. Dr. Warchol, Nebraska is a long way away from New York City, but you're having your own different experience. Can you tell us what it's like in Omaha?

**Dr. Warchol:** Yeah, Omaha is very far away from New York City. Sometimes it feels emotionally far away, too, because we're just not seeing the surges that they've been seeing in the emergency departments there.

Obviously as an emergency physician, I talked to my colleagues out there or hear stories through social media and then right now just very thankful that we're not in the position that they are. As of this morning we only had about 250 patients with COVID-19 in Nebraska. Most of them are in my county, but it is the most populated county so that makes the most sense.
My hospital has been preparing for this for quite some time. We erected a big tent outside of our emergency department earlier this week, but thankfully haven't had to use it yet. So we kind of are just waiting with bated breath to see if and when things get rolling here.

**Unger:** Was part of the preparation was taking care of some of the cruise ship passengers? Is that what you mentioned?

**Dr. Warchol:** Yeah, so my hospital, the University of Nebraska Medical Center, Nebraska Medicine is part of the national pandemic response hospital system. We have a large, broad containment unit, the largest in the country, that has taken care of patients from the Ebola victims crisis several years ago and then this year took care of several of the COVID-19 patients that came off the cruise ship.

We also recently opened a new quarantine center where we had some of the other cruise ship patients who were positive but didn't necessarily need inpatient hospital care, so I feel very fortunate to be under the guidance of those infectious disease teams that are really at the forefront of determining protocol and making sure that our staff and our community is safe.

**Unger:** Dr. Arora, you work in a public health county hospital in Cleveland. Can you tell us a little bit about what your experience has been?

**Dr. Arora:** Sure, I think Dr. Warchol summed it up really well saying, "Waiting with bated breath."

So I joke that I went from three days a week of research and two days a week of clinical practice to all of a sudden five days a week of administrative work and still two days a week of clinical practice, but I am constantly amazed at the agile response of our, as you mentioned, safety net hospital.

So overnight, seemingly two weeks ago, we transformed into providing telehealth services when we really didn't do that before as an OB/GYN department with triage protocols to ensure that those patients who still needed to be seen in person continued to be able to do so. While those that were able to safely then be seen remotely were able to be kept at home where they were safer.

We're also doing the same for our staff, including our physicians. We're trying to keep about half of our staff home doing telehealth remotely to keep us healthy for when the eventual surge does happen here in Cleveland.

It's been a really amazing effort on the part of a multidisciplinary team of physicians, nurses, administrators, et cetera.

**Unger:** What do you think some of the unique challenges that young physicians are facing right now, and how do you personally feel like you are working to overcome them?

**Dr. Arora:** Yeah, I mean I think in some senses we're very lucky as young physicians because most
of us are not in higher risk categories for our own health. However, we're also in an age group where we're more likely to be pregnant, breastfeeding, have young children at home, and perhaps aging parents at home, and so we bear the burden and guilt of not trying to bring our work home with us figuratively and literally in terms of microbiology at this moment.

We also often don't have the financial savings, and we have the loan burdens that those more senior in practice don't. So it's harder to weather some of the financial hits that Dr. Choi mentioned, but I think, overwhelmingly, what I've been most impressed by is that my colleagues, just like all physicians around the country, feel this deep-seated duty to serve. And so we show up because that's what we swore an oath to do.

Unger: Dr. Choi, what do you think?

Dr. Choi: Yeah, I think that Dr. Arora definitely mentioned the same feelings that I've had. I do have a close friend last week, actually my wife's close friend, who both of them are physicians, and she's actually due this week. So she's pregnant, like Dr. Arora mentioned, and her husband, who is in his chief year of a surgical residency, was called to the front lines. And it's just a very trying time. It's a first pregnancy. They are going to have a newborn at home, and he's going to be going to the front lines.

And sometimes residents, fellows don't have the economic means to pay for separate housing on the side, so it's going to be a challenging time for young physicians in general, I believe.

Unger: Dr. Warchol?

Dr. Warchol: I really just agree with what Dr. Arora and Dr. Choi have said. I think the thing I've heard most about from friends around the country is just the economic concerns.

Also for those of us in academic practice, we are trying to start building our careers, start building regional and national presence in order to continue with promotion and things of those nature. The travel bans have really put a hindrance on any kind of presentations that people were giving or other ways to further our careers, any classes you were teaching, really a lot of things have really just changed for everyone.

And I know that we will rebound, and we will be fine at the end of this. I think it's really just kind of trying to pick up the pieces once we figure out where they're going to lay.

Unger: Dr. Choi, I notice I follow you on several different social platforms. You're particularly active in regard to the pandemic. What are the key messages that you're focusing on in terms of social media right now?

Dr. Choi: Yeah, absolutely, so one of the things I'm not in the clinic necessarily as much, I'm doing a
lot more telehealth medicine. But I do feel a need to try to support my frontline colleagues in whatever way possible, and if that means raising awareness about their working conditions that they're talking about on social media or a lack of, shortage of PPE, I do feel as much of a duty as I can to try to amplify those voices because there have been reports of doctors not being allowed to go to the press and to reporters.

Which is understandable. There's a lot going on right now, but at the same time, good decisions from policymakers who will distribute resources and make those types of decisions that are affecting our doctors on the front line, if that message from the front lines doesn't get to them and the truth of what's happening and a lack of PPE, all that is not told to those policymaker then I think that the doctors and the patients are worse off for it.

So I am using social media as much as possible, and I don't know who's listening to my tweets, but I'm trying my best.

**Unger:** Well thank you very much. Now that my own daughters are home, I've made an appearance in a couple of TikTok videos, but I'm hundreds of TikTok videos behind you. But thanks for setting an example for the rest of your fellow physicians.

That's it for today's COVID-19 update, and I want to thank our guests today, Drs. Arora, Warchol, and Choi, for both being here and for all you and your colleagues are doing right now. We'll be back with another update on Monday.

For updated resources and the latest on COVID-19, please check out AMA’s COVID resource center at ama-assn.org/covid-19.

Thank you for joining us and have a good weekend.

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