Omar Maniya, MD, talks about NYC frontlines: 36 weeks later

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Featured topic and speakers

In today's COVID-19 update, the AMA catches up with Omar Maniya, MD, MBA, an emergency medicine specialist, after his first appearance earlier in the pandemic on April 7, 2020.

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Speakers

- Omar Maniya, MD, MBA, emergency medicine specialist

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we're talking again with Dr. Omar Maniya, an emergency medicine specialist in New York City about his experience on the front lines. I'm Todd Unger, AMA's chief experience officer. Dr. Maniya, we're really glad to have you back. We spoke last to you 36 weeks ago today and at the time you yourself were in the thick of the first wave in New York City, having just recovered from COVID-19 yourself. We're now past 300,000 deaths from COVID, a number that we don't think we could have imagined back when we first talked to you when this virus first took hold. Can you tell us what's life like for you right now?

Dr. Maniya: Thanks, Todd. It's great to be back. And I really appreciate how you've been highlighting the really important stories over the last few months. 36 weeks ago, feels like it was a lifetime ago. I feel like I've been through and we all have as frontline providers, been through three completely different phases and almost three life stages. In March, at least in New York when we last talked, when I look at that video, I had big bags under my eyes. I had just recovered from COVID. I was coming off a string of night shifts. No one had gotten their hair cut or shaved in weeks and we were just all hands-on deck working like crazy. And then fast forward to the summer, it was like a ghost

town. There were times where we were just twiddling our thumbs waiting for patients to come in because we were in lockdown. The virus spread had stopped and at least in New York and we thought things would be good again.

We saw what was happening in other states, so we were a little nervous, but we thought this was behind us. Of course, now that's all out the window. New York, luckily, is not as bad as it was. It's not even close to what it was in March, but it's starting to get there. And so, I think life right now is—we're nervous and we're sitting up at the edge of our seats. I'll give you an example. Yesterday on my emergency department shift, I had 11 COVID patients and so out of 30. It's certainly not nothing. Throughout April, May, June, July, not so much April, but the rest of the summer, maybe we'd be surprised if we got one COVID patient personally, every couple of days. And now we're seeing five to 10 per shift. It's definitely starting to get there. There is exciting news with the vaccine coming out, but we're all just kind of at the edge of our seats, just really hoping we can contain the spread, so it doesn't get to the levels it was at back in March and April.

Unger: When we talked the last time about the different challenges that you were facing, it was everything from PPE, to capacity. Even I remember you talking about having to put things together when you didn't have all the right parts for certain pieces of equipment that you needed. When you think about it now, what are the main obstacles? What are the kind of key challenges that you're facing?

Dr. Maniya: Yeah, I think the challenges we're facing now are pretty different than the challenges that we faced before. In my experience, our PPE game is solid. Our testing game in New York City has dramatically, dramatically improved. We're able to get tests. People who are exposed to someone are able to go get an outpatient test. Testing has really, really improved and our supplies have also dramatically improved. Our hospitals have new vents. They have the connectors. They've even created new mini facilities or spaces. In the two emergency departments where I work, we have now COVID specific areas with negative pressure rooms, with isolation, to prevent the spread from patient to patient. Those initial challenges we solved, but there's some really interesting challenges emerging now. I think the two big ones are public health measure fatigue and patient reluctance or denial. And if I can just talk about each of them for a second.

The public health fatigue is real. We see, at least in New York, most people on the streets arewearing masks. They're doing that. People are social distancing, but for whatever reason, people arehanging out in small groups all the time. And you walk into someone's house, the first thing you do isyou take off that mask. Doesn't matter if it's five people or 10 people or 15 people or more. And I thinkthere's this real fatigue happening. And I see that everyday play out. Off the 11 positive patients I hadjust yesterday, three of them were from, after I told them they were COVID positive, were from a Thanksgiving dinner with family. Just because you know someone obviously doesn't mean that they don't have COVID. Those two things are not correlated at all. I think that's one of the big obstacles.

And the other obstacle, which I'm pretty surprised by is patient denial. There are people who get the diagnosis who are like, "No way. There's no way it's COVID. I haven't had a cough." But we know more about the disease now. We know that it's not just causing coughs and fevers. It can also just cause fatigue or weakness or abdominal pain or diarrhea or nausea or vomiting. It can present in so many different ways. And just because you've been safe, nothing is a 100%. Wearing a mask isn't a 100%.

And so, I'm just remembering, I had a patient a few days ago who was 90 something years old and her daughter brought her in because she was not being herself. She was just kind of sleeping all day. She wasn't waking up, she would open her eyes, but wouldn't really say much. Very different than what she normally was. And when I saw her and took a look at her x-ray, I'm like, "Hey, unfortunately, I'm pretty sure this is COVID." Yes, the test we'll be back in a few hours, but if it looks and smells and quacks like a duck, it's probably a duck. And she got angry at me and that's not the first-time people have gotten angry at me for even suggesting that they might have COVID, them or their loved ones. And that's really interesting. I didn't expect that. And it's something that we have to fight through if we're going to try to stay safe and stop the spread.

Unger: That's how I reacted when a doctor told me that I had the flu a couple of years ago, I was like, that's not possible. I don't touch anything. He said, "Yes, you do breathe however." And that's how it happens. One of the things that we've seen over the course of this is certainly a problem that existed before and physician burnout has been made a lot worse by the pandemic. Can you talk about how you and your physician colleagues and the rest of your care teams are managing burnout and how do you lean on and help each other through something like this?

Dr. Maniya: Yeah. That's so interesting because this is not just a onetime issue. At the start we thought, okay, this is going to suck for four or six or eight weeks but we're doing, this is what we trained for to help the country and help save lives in a pandemic. And we thought, we'll work hard for eight weeks and then we'll go relax on a beach somewhere and hit the reset button. And that's exactly the opposite of how this has played out. It's a marathon, it's a slog every single day. It's been what? Nine months and might even be a couple more. And it's really draining people. It's definitely draining me and my colleagues too.

And then to add insult to injury, I'm a final year resident. And so, I spent a majority of time, the last few months looking for a job as did many of my classmates and colleagues and people across the country and the job market for many specialties, especially emergency medicine is just turned off. That spigot is closed. I interviewed at 12 places. 12 places said, "We like you enough to bring you over to interview you." And when I got there, 11 of them said, "Hey, by the way, we're not hiring right now." And it's just, it's insane. It's just insult after injury. We probably won't have a graduation party, no Christmas party. Lots of people are dealing with this. I get that. We're not the only ones, but I think this has really hurt burnout.

Unger: Just it seems a little counterintuitive when you have so many people, obviously who are sick and need the care of emergency physicians. How does that math work? I don't understand.

Dr. Maniya: Yeah. It's because our country's health care financing system has just got it all wrong. We pay more for the expensive procedures and tests than we do for taking care of critically ill patients or doing preventative care. And that's why the system doesn't always respond as it should. And so, within the emergency department, for example, volumes are down by 15%. Yeah, we're getting all the COVID patients, but a lot of other people are deferring care, which is hurtful for them in the long run, but also very hurtful to emergency department finances. If your revenue is down 15%, well, you're not hiring next year. You're cutting the staff at exactly the time when we need to be fully staffed, actually extra staffed to prepare for this winter surge that's happening.

Unger: Well, you mentioned upfront a possible light at the end of this particular tunnel with the vaccine development. Let me ask you one particular question first, are you going to get the vaccine when it's available to you?

Dr. Maniya: I can't wait. Hopefully I'm going to be getting it later this month. People from my department have already gotten their scheduling emails. I am anxiously awaiting mine and checking it every few minutes. I think there's a lot of conversation about vaccines. And particularly this vaccine. But the two points I just want to make and why I'm so excited is if you think back to March and April, if you had stopped anyone on the street and asked them, "If a vaccine was available today, would you take it?" I'm pretty sure. 99 out of a 100 people would have said, "Heck yes." This pandemic, we shouldn't let it be normalized. This is not normal. We need to go back to normal. The vaccine will help

us do that. And number two, despite the studies being good, even if there's a small side effect that we don't know about yet, even if that's the case, this thing isn't going to kill 3,000 people a day like COVID. This is orders of magnitude better than what we're currently dealing with. And so, for those reasons and many more, I'm really excited to get the vaccine.

Unger: Well as we head into the holidays, do you have any advice that you want people to know?

Dr. Maniya: Yeah. Well, I hope those who have the opportunity to get vaccinated, get vaccinated, number one. I think number two, please stay safe. Just because you know someone doesn't mean they don't have COVID. You can still get it in small group settings. In fact, you might be more likely to get it in small group settings and where you're not socially distanced, not wearing a mask, et cetera. And so, I really hope that all of us can come together because God, we cannot go through another thing, another surge like we did in March. Of course, nationally, we're worse right now, but locally, when you have exponential rise and it overwhelms the health care system, everything breaks down and I really hope others don't have to experience what we had to.

Unger: Yeah. I think about how much I'd like to see my 86-year-old mother at Christmas, but given the timing, it makes a lot more sense to wait until she's vaccinated and then we can rethink our plans in 2021. Dr. Maniya, it’s so great to see you. Thank you so much again for sharing what your experience is like now, nine months after we first talked to you. Want to wish you the best of 2021 and thanks again. We'll talk to you next year.

That's it for today's COVID-19 update. We'll be back soon for information on COVID-19. In the meantime, visit ama-assn.org/covid-19. Thanks for joining us. Please take care.
