SPS member profile: John Bramhall, MD, PhD

January 2021 member spotlight

John Bramhall, MD, PhD Associate Medical Director, Harborview Medical Center Seattle, Washington

Q: How have you managed to stay positive during the COVID-19 pandemic?

A: I work as an anesthesiologist in the large Seattle trauma hospital—Harborview—where we have had somehow to balance the ongoing needs of seriously injured patients shipped in from Alaska, Montana, Idaho and, of course, Washington State with the ever-growing numbers of COVID-19 patients needing the level of care provided in a high-acuity University teaching hospital.

We generally have 80-90 ICU patients at any given time, with perhaps 50-60 ventilated and 4-5 requiring ECLS. The 25 ORs run 24/7 and handle 60-70 surgeries a day—many complex. It’s a busy, complicated and fast-paced work environment, staffed with a wide variety of highly skilled physicians, nurses and other clinical specialists. The pandemic has put a terrible strain on our health system and on the wider society in which it is embedded. It would seem impossible, at times, not to become discouraged or apprehensive about being overwhelmed.

Q: How has an infectious disease outbreak affected you—both physically and emotionally—and what would you suggest to help other families to cope?

A: Despite these real stresses, every day since March I have been humbled by the vitality, the ingenuity and the sheer resilience of my colleagues. Their collective ability to stay focused, effective and buoyant seems to be another form of contagion that has affected everyone. From a personal perspective, although the past nine months have indeed been stressful, I feel I have been fortunate—I live in a well-organized city, Seattle; I have an abundance of emotional and practical support from my family and from my colleagues.

I work in a public hospital that treats all patients with equal care and attention, and indeed, actively reaches out to the poor, the underserved and the vulnerable. This, in itself, is a great source of professional pride and contributes, I think quite considerably, to the resilience of our medical staff.
have been able to play a meaningful role in the care of patients and been able to contribute to their wellbeing. I have even been able to make a modest impact on state-wide policy and planning because of my role with the AMA and with the WSMA.

Q: Is there a specific story of hope and resilience from a COVID-19 survivor that you would like to share to help dispel fear?  
A: In my work at Harborview, I have been called upon to take part in the care of many, many COVID-19 patients. In the operating rooms, the interactions are often quite stereotypic; it’s up in the ICUs where encounters can strike a chord. As an anesthesiologist, I have regularly been called to intubate patients with failing respiratory status. This—in the initial stages of the pandemic—was not a happy task (the numbers were not good, with possibly 50% mortality in ventilated patients). But, later, came requests to extubate many of those same patients—in one case, a man who had been ventilated for over 40 days (47 to be precise), in another case to assist in the decannulation of a nurse who had been on ECLS for two weeks, followed by extubation and awakening. To see the recognition in these patients, and there have been many, that they were alive, again; that they had survived thanks to the care of whole teams of dedicated, ingenious, careful clinicians—my colleagues—was to see hope and to dispel fear.

Q: In your opinion, what efforts are needed to coordinate long-term health and well-being of physicians through COVID-19?
Dr. Bramhall kayaking in the San Juan Islands.

A: Physicians need to be embedded in functional systems of support, to have the confidence (in and of) highly skilled and trusted colleagues (both physicians and nurses). For clinicians working in large, well-run hospitals with a reputation for integrity and excellent care—such as Harborview—the support of colleagues surrounds you continuously. For doctors working in smaller hospitals, or in small (perhaps, even solo) practice, facing the same onslaught of disease, patient dysphoria and economic devastation—this is where an organization such as the AMA can step in and provide that lifeline of professional support, recognition and practical guidance that can make so much difference to the practicing physician. In particular, I do see a vital role that older, experienced physicians can play in those settings.

Our colleagues who have retired from active practice are very likely to be the very physicians who have weathered pandemics and frightening, destabilizing diseases in the past. Perhaps the initial impacts of tuberculosis or polio, or diphtheria, or HIV-AIDS are not textbook items but elements of real memory for many of our retired colleagues; together with the memory of how scary everything seemed in the beginning, and the memory of what it took to stay organized, stay focused, stay effective and stay positive. It would be nice to see if, perhaps the AMA senior membership could be encouraged to reach out—in particular to physicians currently practicing in small groups—with the reminder that science and the art of medicine have faced challenges in the past; will face challenges in the future; and that, collectively, we have, and we will, with ingenuity, dedication and skill rise to each occasion. Together we are not alone.

Contact us

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