Voice of the Expert

Interview for Outlook on Post-COVID-19 Era

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Medical education in the future :

1. What should be future direction of Medical Education – focus on Micro-health or Macro-health, communicable vs non-communicable, community approach vs specialized approach ?

For too long we have neglected the importance of community aspects in Medical education, we have concentrated upon the high-tech. end of medicine with emphasis upon diseases such as cancer, cardio- and cerebro-vascular disease. These diseases are clearly important, but the greatest benefits to a population come from much simpler and cheaper approaches such as the provision of clean water, sanitation, adequate nutrition and childhood immunisation. These subjects are frequently dismissed, or even worse trivialised, in Medical education.

2. Do you think medical education of the future should incorporate non-medical disciplines like economics, anthropology or sociology? If so, won't that be an extra burden on the already overflowing medical subjects ?

One problem is that many of our undergraduates come straight from school. They have little world or work experience. Of course the above subjects are important, they are a part of life experience.

3. A significant cause of the confrontation between medical science and the society involves the rising healthcare costs, whether it is out-of-pocket or through insurance premium. Do you think doctors should take a significant role in determining the cost of healthcare? If so, should they be taught the concept of cost-effective healthcare from student days ?

Yes

4. Do you think the teaching of clinical methods has any role in current times? Especially in the modern times of medical litigation, can a doctor survive with only clinical methodology ?

Clinical methodology is even more important today. Far too often young, and older, doctors rely solely on tests, without appreciating the limitations, and even dangers, of the test they are using. A test should be used to confirm a clinical diagnosis, not the other way round.

Role of doctors in the post-COVID era :

1. In view of the ubiquity of social distancing, do you think clinical examination will be less popular in the post-COVID era? What can be fallout and solution?

The opposite is the case. One of the things that we have learned is that telephone and even video consultations have major limitations, and many of our patients have suffered as a consequence.

2. Since an epidemic causes major financial and social disruption, do you think the role of physicians in overall policy making will be enhanced in the coming days? For example, will major multinational corporations include doctors while making their long term strategy ?

I doubt it. Across the world, medical advice has frequently been dismissed, or even ignored.

3. What can be future of Doctor Patient relationship when doctors maintain distance with patients during their visits ?

I sincerely hope that we will return to our previous clinical contact structure. Medicine has to have humanity and compassion at its core. Without that approach, Medicine will become an automated, cold, impersonal area. I don't believe that our patients want that and neither do I.

Future direction of research :

1. Do you think the direction of medical research will change in the near future? If so, will preventive aspects of medicine be given more importance in research ?

It would be encouraging if that was the case, however 'Big Pharma' are unlikely to buy into that concept – they will not see much in the way of potential reward. This means that governments will have to take the initiative.

2. Pandemics like Covid-19 will become commoner as global warming progresses. Do you think every country should have a pandemic response team ?

Of course; it is absolutely essential. A country that has not prepared is not serving its population as it should.

3. What do you think about the general trajectory of medical research in the last two decades? Is it more concentrated on curative medicine ?

We have concentrated more research and effort into combating diseases that principally affect the last few years of life. Often this leads to increased misery and with mixed benefits for our patients.

Public healthcare system :

1. In many parts of the world like USA, there were a lot of resentment at the government directives for social distancing. People wanted to lead their lives normally, despite the pandemic. Why do you think there is so much mistrust on the healthcare system ?

I think it is principally a distrust of the political systems, rather than healthcare system and its providers. Having said that, however, there has been a marked lack of appreciation of the roles played by some members of the health care team – in particular nursing staff, cleaners, therapists and so on. Doctors are only a part – and perhaps not even the most important part – of health care !

2. Why do you think the countries of Europe and USA had such high mortality, despite having a well-developed primary healthcare infrastructure ?

The populations in Europe and the US are in general older, and there is clear evidence that age is a major determinant of morbidity and mortality. Older individuals are likely to have more co-morbidities such as hypertension, diabetes, vascular disease, and these factors too affect mortality. In the more affluent countries such as the US and UK obesity is now a major concern and, as we have seen, this significantly impacts upon morbidity and mortality too.

3. A pandemic like the present one often leads to neglect of other aspects of public health. For example, stress on COVID-19 control has led to a marked backlog in routine childhood immunization in many places. How can we plan in advance to avoid this ?

Immunisation programmes need to be continued irrespective of other aspects. Our children and grandchildren are our future, do not ever let us neglect their care.

4. How are you, in UK, catering to non-COVID patients for the last five months? Are you continuing routine clinical visits? If not, then are those patients kept at home with no treatment ?

We are still evaluating the effect on the reduced routine and clinical visits. Anecdotely, there have been delays in getting pateints with conditions such as acute coronary syndromes, stroke and non-Covid infections timely care. The effects on mental health may be even more significant and very worrying.

Ethics :

1. Many drugs were touted as probable cures for COVID-19 and given approval for compassionate use. But I think these approvals generate a sense of false hope in the society. What is your take on that ?

The media, and especially the Internet, have played a major role in many of these stories. Claims of 'Miracle cures' and 'Magic bullets' do nothing except raise false hopes and generate unrealistic expectations. Some political leaders have been particularly at fault for this. As doctors we should be careful, measured and proportionate in what we say to the media.

2. Sometimes, during a pandemic, a doctor may be under pressure (from the hospital management team or the patient's next of kin) to use a drug of doubtful efficacy. How do you manage those situations ?

A clinician can only act as they think what is in their patient's best interest. To be influenced by management or relatives erodes that patient-doctor relationship. However, measured discussion with respected, experienced clinical colleagues is always appropriate.

3. Sometimes, when ventilators are in short supply, a physician may be asked to choose between moribund patients to ration the available resources. How do you approach those cases? For example, is it right to choose a young patient over an elderly patient just because of age ?

The essential aspect of this question has to be that individual patients must always be considered and treated as individuals. Simply to make a decision on the basis of age, sex, religion, wealth or race is, in my view, intrinsically wrong. Additionally, at times of restriction of resource, these crucial decisions should never rest solely on the shoulders of one individual. There is the clear requirement for an ethics committee within a hospital to assist and make transparent these decisions. It is equally essential that the individuals comprising this group are not merely doctors, but include non-medical staff, ethics experts, religious leaders etc.

4. In situations like the present one, doctors can often find PPE in short supply. Should a doctor risk his/her life for patient care in such cases? How do you balance your personal risk vs your duty to humanity?

This must also be a personal decision. Out with this pandemic, clinical staff regularly are at risk – from nosocomial infections, personal injury, mental health issues etc. The role of colleagues should be to support, whatever decision an individual doctor has made. Further, even if a doctor indicates that they, for example, do not wish direct patient contact they may still be able to play crucial roles.

5. Do you think the excessive media coverage of this pandemic is creating hindrance for healthcare workers ?

Unequivocally, YES