

Review Article

COVID-19 Second Wave and Doctors Death

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The Second wave of Coronavirus Disease 2019 (COVID-19) pandemic has brought about unprecedented mortality amongst the Medical Fraternity. According to the Indian Medical Association, 420 doctors have died during the Second Wave of COVID-19 and the reason is mostly due to late presentation, lack of hospital beds with ventilatory support, crisis in the regular oxygen supply along with deficiency in the availability of few antibiotics and lifesaving medicines. The main point to consider retrospectively now is where few deaths of the doctors preventable and what went wrong in the management during the Second wave of COVID-19.

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“By medicines, Life may be prolonged, yet death will seize the doctor too”

— William Shakesphere

When Indian Medical Association (IMA) registry declared that Second Wave of COVID-19 has caused death of about 420 doctors in the country and approximately on an average 20 doctors dying per day due to the Virus with Delhi and Bihar leading from the front having lost more than 100 doctors each, it was an eye opener for the entire Medical Community as to what went wrong in the management of the crisis and could the catastrophe be avoided or managed in a better way by saving few precious lives of the Medical fraternity¹. During the First Wave in 2020, India had lost 748 doctors. With the updated toll shared by the IMA, India has now lost more than 1,100 doctors due to COVID-19. The fact that IMA has a registry of deaths only about its registered members, India does have a lot of doctors who are not registered under the banner of IMA and so the death toll may be extremely high than the official statistics.

Reason for Death of Doctors during Second Wave :

No clear data or any official death audit being available, the speculation is that there were multiple reasons for this calamity like non availability of hospital beds during the critical period, non-availability of ventilatory support or BiPaP support in the Intensive Care Unit due to increase load of patients, stoppage or unavailability of oxygen support due to the lack of oxygen cylinders, deficiency of life saving medicines due to soaring caseload, vaccine hesitancy or not getting vaccinated and a gross mismatch between the doctor patient ratio might have been the reasons

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Editor's Comment :

■ Doctors were the primary caregivers during the COVID-19 pandemic but also faced the brunt of the attack due to this virus and suffered significant mortality. With the country not adequately prepared well to face the challenge of Corona virus, there were lacunae in every front with lack of Personal Protective Equipment, drugs, oxygen, ventilators and hospital beds and it was the medical community alone who went to the war against that virus without sufficient arms and ammunition. Its time for the doctors to rethink their strategy and modus operandi in future while dealing with the third wave of COVID-19.

for such a high incidence of doctors death during the Second Wave.

With the Government of India telling the Supreme Court that doctors are responsible for their own safety while dealing with COVID-19 cases while implementing the new Standard Operating Procedure for front line COVID-19 healthcare workers, by which it has ended the 14-day Mandatory quarantine for them, now the onus is on the medical doctors to treat the COVID patients without getting infected².

According to the IMA, only 66% of the doctors have been vaccinated so far and the number of doctors who succumbed to COVID-19 even after two doses of vaccine was only 3%. None of the vaccinated doctors suffered from serious COVID disease process. Thus, the positive effect of vaccination was felt throughout the country in the Medical Community. The US Centers for Disease Control and Prevention has identified a small cohort of approximately 5,800 cases of COVID-19 infection among more than 66 million Americans who have completed a full course of vaccination³.

Unusual Death of Doctors in Second Wave :

Among the most tragic death, the Head of the Department of Gastroenterology, Batra Hospital, New Delhi succumbed due to oxygen scarcity during the Second wave. Another death which caused grief, fear and anger in the country was the suicide by a Resident Doctor of Max Hospital, Saket due to pandemic fatigue working nonstop in the ICU.

In 37 doctors have died in West Bengal during the Second wave and out of them only three doctors aged below 50 years have died and none of them were vaccinated. In West Bengal, most of the deaths occurred in doctors above 60 years having associated co-morbidities.

Delay in RTPCR Report :

Two doctors from Kalyan, both father and son, died due to delay in getting Reverse Transcription Polymerase Chain Reaction (RT PCR) report and thereby the patient got serious and died. Without a report of COVID positive, both the doctors could not secure a bed for admission in the hospital, turned critical and succumbed to the disease. Due to sudden spike, the report of RT PCR usually is available after 4 to 5 days as there were on an average 5000 tests being conducted each day⁴.

Vulnerable Speciality Doctors :

Data from the IMA suggests General Practitioners, Primary Care Physicians and Emergency Doctors dealing acute or active COVID-19 cases seem to be disproportionately affected⁵. During the First Wave, most of the deceased, 225(58.9%), were General Practitioners. Among the specialists, the maximum mortality was found in Paediatricians 26(6.8%), Medical Specialists 24(6.3%), general surgeons 22(5.8%), Obstetricians & Gynaecologists 16(4.2%) and Anaesthesiologists 14(3.7%)⁶. A distinguished New Jersey fully vaccinated professor at Rutgers New Jersey Medical School and who was a founding member of the New Jersey Infectious Disease Society, considered as "Giant in the Field of Infectious diseases" died in the Second Wave after coming to India from US, making many medical professional wonder what is going wrong in diagnosis and management of this disease?

Can Doctors Death be Prevented?

According to the doctors working at Nalanda Medical College and Hospital, Patna, no quarantine period is being given to the doctors on Covid duty after working continuously in the Covid Ward⁷. Poor doctor patient ratio and lack of quality Personal Protective Equipment are another concern. With the report of aerosol travelling in the air for 10 m, its especially important for the Medical Community to go for double masking or strictly wearing only a good quality N95 mask. There have been reports of doctors in US not wearing the mask properly and there are no legal implications of doctors not wearing mask on duty⁸.

CT-Scan chest should be used as the primary screening tool for COVID-19 along with RT PCR as Computed Tomography (CT) scan finding was found to be reliable, practical, and rapid and were able to detect early changes occurring in the lung when the pulse oximeter was showing almost normal oxygen saturation⁹.

Doctor fatigue both mentally and physically need to be recognised and measures are to be taken to recruit

medical and para medical staff from Private Medical colleges and private hospitals, to decrease the workload of these frontline doctors. Doctors themselves must recognise the risk and take better care to improve their general health and immunity. Being complacent and overconfident can end up being fatal.

Doctors should be made VIP patients by all concerned Governments and Health Ministries. Separate beds need to be allocated for them with sufficient infrastructure so that pathetic deaths due to lack or stoppage of Oxygen does not occur.

All the doctors should get vaccinated without fail. Dr Vageesh Jain from University College London quotes "As it stands, legally, you don't have to have a COVID vaccine. But ethically, clinically, epidemiologically—whichever way you slice it—I would argue you do"¹⁰.

Conclusion :

Doctors, dressed up in one professional costume or another, have been in busy practice since the earliest records of every culture on Earth. It is hard to think of a more dependable or enduring occupation, harder still to imagine any future events leading to its extinction.

— Lewis Thomas

But then this Corona virus pandemic is doing just that, and the human race cannot afford to lose hands and minds that heal. It is an urgent requirement that the danger faced by the doctors is recognised and effective steps implemented to prevent it on a war footing.

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