COVID-19 in the Hospitals

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I went down to the Emergency room one afternoon to take a history from a patient who needed to be admitted for COVID-19 pneumonia with minor respiratory distress. I put on a yellow gown, blue gloves, N95 and surgical mask, and a face shield to go in to see him.

I cannot say I was a comforting sight.

The patient was a middle-aged man. He had hypertension, but he was otherwise healthy. He had no chronic lung diseases, he was not immunocompromised, he was fit and active. He had a cough for a few days, so he got a COVID-19 test at a pharmacy and it was positive, but he felt okay and stayed home. A few days later, he was having trouble breathing and came to the Emergency room.

He looked terrified.

He was a very nice man. He wanted to know what could be done to help him. He was already on 6 litres of oxygen through an oxygen face mask. The patient clinically qualified for dexamethasone and remdesivir treatment, so I told him we were going to give him those therapies as part of the standards of care at our institution.

I asked him if he was vaccinated.

He cried.

He did not want to get a vaccine because he was not sure they were safe. He looked at me. Tears filled his eyes and spilled down his face. Through his oxygen mask he said, "I guess that was stupid."

That was a moment when time seemed to slow down. How does one respond to that? I looked at this man who was scared for his life and wondered what you tell someone when they have realized they made a grave mistake because they listened to the wrong information. What do you tell someone who is now facing a critical illness that is more severe than the vaccine side effects he was worried about?

I tried my best to console him. I told him that he was sick, needed oxygen, and needed to be in the hospital, but at least he was not so sick that he had to go to the ICU. He would be coming to the medical wards and we would do our best to take care of him and take it one day at a time.

I went to tell my attending physician about him and confirm the plan, then I waited for the patient to come upstairs.

He did not come. Turns out I was wrong.

Within half an hour, he decompensated and had to go straight to the ICU.

I am a naturopathic doctor (ND), but I am also a fourth-year medical student at an allopathic medical school in the United States. As a medical student, I have seen COVID-19 patients, including the patient described above, and I see how hard COVID-19 is still hitting hospitals.

Every COVID-19 patient I personally saw in the hospital was unvaccinated or was vaccinated but immunocompromised, although there are reports of other breakthrough infections.[1] Except for a couple of patients, our ICU was entirely occupied by COVID-19 patients. Several patients who normally would have been in the ICU were being carefully monitored on the medicine wards waiting for an ICU bed when I was last on service.

Other hospital resources are also stretched. Our nursing staff has had a huge turnover due to the burnout rate during the initial waves of the pandemic. It takes an emotional toll to take care of patients who are in the ICUs for weeks, being weaned on and off ventilators, with many of them dying at the end of a complicated course of COVID-19. As such, the physicians, advanced practice clinicians, and nurses who are taking care of patients with COVID-19 are currently facing burnout.

Vaccinations significantly reduce the rates of hospitalization. In the United States and Canada, over 80% of COVID-19-associated hospitalizations are unvaccinated patients.[1,2] With vaccinations being the best preventive option, it can feel frustrating when you are tired and struggling to keep patients alive to then see people refusing this therapy that largely prevents infection and hospitalization. It is no wonder compassion fatigue and burn out are high among health-care professionals.[3]

I have heard on multiple occasions from providers that they wish patients understood how well studied the vaccines are compared with our treatment options once patients are in the hospital with severe infections. The dexamethasone and remdesivir treatment we gave our patient is our best option, but it only goes so far. The RECOVERY trial showed that dexamethasone reduces mortality from COVID-19 by 12.1% in patients requiring mechanical

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ventilation and by 2.9% in patients who are on non-invasive oxygen therapy but has no benefit in those who do not require oxygen.[4] The ACTT-1 trial showed remdesivir decreased recovery time from COVID-19 but did not reduce mortality.[5] Some monoclonal antibodies and DMARDs (disease-modifying anti-rheumatic drugs) have shown some mortality benefit in addition to dexamethasone, but only for very select patient populations who meet certain criteria.[6,7] To date, the most robust randomized trial on ivermectin has shown no benefit for symptom resolution and, due to its toxicity, it is not recommended outside of a clinical trial setting.[8] Likewise, hydroxychloroquine has also not shown any clinical benefit against COVID-19.[9]

After meeting this patient, I felt a new frustration at those who were spreading misinformation. After all, patients are only trying their best to stay healthy by finding out what they can from the news and media, and when most people have encountered COVID-19 misinformation, we cannot be surprised that people are hesitant to receive a vaccination.[10]

What role do NDs play in this pandemic? Most NDs are not working in hospitals, and providing vaccinations is not always in our scope of practice across North America. However, NDs are in a position of trust with their patients. When patients come to our offices, we should listen to their concerns about COVID-19 and do our best to answer their questions with the most up-to-date information. We can provide our patients with resources through Health Canada or the United States Centers for Disease Control and Prevention. Many health-care universities and hospitals also have evidence-based patient information that can be useful.

Many NDs are out there doing amazing work for their communities. In the United States, there are NDs who are working at community health centres administering vaccines and working in vaccine drives to help protect their patients.

Vaccinations have historically been a controversial topic in the ND field. There are NDs who are discouraging vaccinations and allegedly falsifying vaccination cards.[11] Naturopathic doctors who are broadly discouraging vaccinations are most likely trying to do what they believe is best for their patients, and perhaps they do not have a full understanding of the scientific literature, as many NDs may not feel comfortable with research literacy.[12] However, these patients are still at risk from COVID-19 complications. These NDs are also in a privileged position as they will not have to be the ones to see their patients in the hospital struggling to draw breath, being placed on ventilators, and dying in front of them.

I never saw my patient again. His family will never see him again. He died several weeks later in the ICU from COVID-19 complications. Meanwhile, other people are permitted to carry on and continue to spread COVID-19 misinformation.

As I go through the hospital halls and see all the red caution signs on the doors of the COVID-19 patients, I am grateful to the people who are providing vaccinations to patients. Naturopathic doctors who are able should continue to provide vaccinations. Those who do not have this in their scope of practice can still continue to read the literature on COVID-19 and provide evidence-based counselling to their patients. The naturopathic profession is well positioned to exemplify our goals of prevention to mitigate the spread of both COVID-19 and misinformation.

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