



The Royal Society of Medicine

Covid-19: Questions asked by clinicians at the beginning of the pandemic

November 2020

Dr Claire Bayntun, RSM Trustee, summarises three major themes arising from questions asked by clinicians at the start of the COVID-19 pandemic

Introduction

In April 2020 a series of webinars was initiated by the Royal Society of Medicine to provide a regular channel of communication between key experts, decision makers and clinicians working to treat and prevent Covid-19. The webinar series became a recognised and trusted platform for discussion and debate, offering different perspectives on sometimes controversial issues.

Sixteen webinars were broadcast during April and May featuring experts in their field who discussed a topic on a specific aspect of the pandemic. Healthcare professionals attending the webinars had the opportunity to ask questions about the topics under discussion, some of which were addressed during the sessions.

Over 2,400 questions were asked across the sixteen webinars. This commentary summarises three major themes arising from these questions: understanding Covid-19; the wellbeing of healthcare professionals; and population and public health.

See Table on page 3 for a full list of webinars.

Theme 1 - Understanding Covid-19

The theme *Understanding Covid-19* raised questions from the audience regarding immunity. These revolved around issues such as natural immunity; the longevity and attenuation of immunity post-infection, if any; and, in the absence of knowledge, the experience compared with similar viruses. There were questions related to herd immunity, and the protection strategies for individuals identified as being 'vulnerable and shielding'.

The audience were interested in the reliability of tests, and the expected efficacy of a vaccine, as well as the relationship between the severity of infection and the resulting level of immunological protection.

Questions were posed about the impacts of the virus on children. These included many related to the mechanisms by

which children were appearing to be protected, with some asking whether children are less susceptible to contracting the infection, postulating theories related to previous exposure to other coronaviruses offering cross-protection, while others asked if they were simply less susceptible to developing severe symptoms. The interactions between symptoms, infectiousness and transmissibility were explored.

The uncertainty about the relevance of viral load to severity of illness, the mechanism of exposure, and how this relates to sustainability of immune protection, was an important area for clinicians. For example, it was felt that ENT surgeons and anaesthetists seem particularly susceptible to contracting Covid-19 and developing viral pneumonia. Others were concerned about viral mutation.

The role of cytokines in the pathophysiology was questioned. How do the cytokine levels compare with SARS? Which cytokines are associated with respiratory and /or renal failure, and thus requirements for critical care? There were requests to understand how to manage the cytokine storm syndrome, and comparisons were drawn with the 1918 influenza pandemic in which the cytokine storm impacted young adults.

There was a range of queries about the role of vitamins C and D, as well as selenium. These were in terms of deficiencies increasing susceptibility to Covid-19 infection, and possible management through supplementation, with the need to do this to protect frontline staff and vulnerable groups specifically being proposed. The recommendation for trials was raised in order to clarify the evidence or otherwise, particularly in relation to BAME groups.

There were questions and claims regarding the experience of clinicians using azithromycin and hydroxychloroquine, with some advocating the use of these treatments, and others refuting the effectiveness, highlighting reports of serious cardiac complications from the use of the drugs.

There was consideration of the utility of hydroxychloroquine – with one person asking why lupus patients on hydroxychloroquine tend to not contract Covid-19. Another asked about the mode of action for hydroxychloroquine in Covid-19, suggesting that if proven to be efficacious, it could prove important in cost-constrained countries, particularly on the African continent.

Theme 2: Wellbeing of healthcare professionals

The second major theme emerging from the questions focused on the wellbeing of healthcare professionals, more specifically relating to mental health. The audience wanted to know what psychological support NHS frontline workers needed and whether psychological provision would be made available and funded.

Concerns were raised about mental health support for redeployed staff, with one participant saying, 'despite volunteering, I am left feeling a little shell shocked.' With mental health services shut during the Covid-19 lockdown, concern was also voiced about how doctors with existing mental health problems would receive the support they needed.

The question was raised of whether mental health support should be written into all staff employment agreements.

With the younger generation of healthcare professionals experiencing a massive shift in how education is delivered, the audience asked if the increase in online education creates opportunities to support the wellbeing of healthcare workers in the short, medium and long-term, as prevention rather than cure in years to come.

There were frequent mentions of post-traumatic stress disorder (PTSD). The audience asked if managers were expecting a surge in sick leave and potential PTSD-type illness following the pandemic. While recognising that some trauma is inevitable, the audience asked what steps the NHS is taking to protect staff from delayed response PTSD, and asked for recommendations for the prevention or minimisation of PTSD among frontline staff.

A participant in Brooklyn, involved in running weekly virtual support groups for clinical colleagues, observed increasing numbers of frontline doctors beginning to develop some PTSD symptoms. "We are now seeing huge amounts of grieving, losing so many patients, and feeling so helpless. Are you seeing bereavement symptoms as well?"

The audience wanted to know what plans were being considered to support the PTSD needs of key workers after the pandemic. Funding and capacity for the provision of support – both for healthcare workers and the general population – were areas of interest. To what extent can existing services take on the level of wellbeing and mental health services which may be required to deal with post-pandemic PTSD, burnout, anxiety and depression? Could the pandemic be a catalyst for better funding for both primary and secondary care mental health funding within the NHS and charities?

The wellbeing of BAME health professionals was of particular concern, with the need for risk assessment being a recurring topic. The audience asked how evidence can be used for establishing risk assessments for frontline workers, and whether risk assessment tools for front line workers should be adjusted sooner rather than later to appropriately weight BAME risk factors. If risk assessment for a BAME health professional means no contact with high risk patients, how does that affect the workforce? How can risk assessments be optimised to keep staff safe, while being balanced with the impacts for care if requests to come off the frontline increase?

Theme 3: Population and public health measures

Many questions were asked about the effect of the virus on the BAME population, with healthcare professionals observing early on in the webinar series that black and ethnic minorities were at higher risk of developing serious complications from Covid-19.

The audience sought answers related to why members of the ethnic minority population seem to be more impacted by the virus. Is ethnicity the main driver, or are there socio-economic and other issues to be addressed?

Questions were asked about culture and the role of this on family networks and exposures. Do these have a part to play in the increased risk of Covid-19 in the BAME population? Could environmental factors, such as overcrowding and barriers to accessing resources give rise to disparities in Covid-19 outcomes?

Does the higher prevalence of diabetes, hypertension and cardiovascular disease in some ethnic minority groups play a role? Are there specific issues for transplant patients?

Turning to public health measures, specifically the use of face masks among the general population, some of the questions asked by the audience pointed to a degree of scepticism. Some asked what evidence is available on the use of face masks in the prevention of transmission or catching the infection. Others asked about the potential adverse effects of masks, for example increased face touching, or decreased social distancing.

In contrast, another audience member asked if there is any evidence that masks are effective as a visual and behavioural tool to nudge people to remain vigilant and touch their face less?

Other members of the audience asked that with growing evidence of asymptomatic Covid-19 carriers, should all of us be wearing face masks? Should they be mandatory on public transport and in public places?

Summary

The questions asked by health workers about Covid-19 during April and May 2020 remain valid many months on from the start of the pandemic. Despite considerable advances in our understanding of the disease gained through patient treatment and outcomes, and the output of large-scale population-based research programmes, we are not yet at the stage of being able to provide answers to many of the questions asked.

The RSM Covid-19 webinar series continued beyond May 2020, offering valuable insight into the disease. At the end of September 2020 a further 2,200 questions had been generated from healthcare workers seeking information from trusted sources.

Table:
Royal Society of Medicine [COVID-19 Series](#)
Episodes taking place in April and May 2020

| DATE | TITLE | GUESTS |
|---------------|--|--|
| 2 April 2020 | Facing hard truths of the frontlines | Dr Rachel Clarke |
| 7 April 2020 | Response to a pandemic | Professor Paul Cosford |
| 9 April 2020 | A view from inside an Intensive Care Unit | Professor Hugh Montgomery |
| 14 April 2020 | Trade-offs in a pandemic – the surgeon’s perspective | Professor Derek Alderson, Mrs Scarlett McNally |
| 16 April 2020 | What do we know? | Professor Peter Openshaw |
| 21 April 2020 | Policymaking on masks for the general public | Professor Trisha Greenhalgh |
| 23 April 2020 | Exploring the global pandemic | Professor David Heymann |
| 28 April 2020 | NHS Nightingale Hospitals | Professor Charles Knight |
| 5 May 2020 | The mental health of NHS staff | Dr Adam Kay, Dr Clare Gerada |
| 7 May 2020 | The pathophysiology of the virus | Dr Alison Pittard, Professor Aine Burns |
| 12 May 2020 | A view from the CMO’s department | Dr Jenny Harries |
| 14 May 2020 | Drug and other therapeutic options | Sir Michael Rawlins, Professor Stuart Ralston |
| 19 May 2020 | Can the UK learn from Europe and, if so, what? | Professor Martin McKee, Dr Natasha Azzopardi Muscat |
| 21 May 2020 | BAME patients and Covid-19 | Dame Donna Kinnair, Professor Kevin Fenton |
| 26 May 2020 | Mental health, mental illness and Covid-19 | Professor Tim Kendall, Professor Ed Bullmore |
| 28 May 2020 | Crisis management | Lord Gus O’Donnell |