

## Inside Stories: Caring in the time of COVID-19 Transcript

Scott Simmie: Hi there. It's great to see you again. No, I mean that, I know it's only been a week, but I actually really missed you. Plus on today's episode, we're heading back to our roots. Although this series was inspired by the pandemic and this idea of sharing our inside stories under lockdown, we haven't really touched too much on the pandemic itself. And so, today we take a little journey into a hospital and the world of treating COVID-19. Joining me today is Brian Cuthbertson. Brian is an attending physician, practicing critical care at Sunnybrook Hospital in Toronto. Brian, welcome.

Dr Cuthbertson: Thank you very much. It's a pleasure to be with you.

Scott Simmie: Brian, tell us what you do at the hospital.

Dr Cuthbertson: So, I'm a critical care physician. I'm one of a team of physicians who covers the various critical cares or intensive cares, depending on the terminology you like to use here at Sunnybrook. So, we are probably the largest intensive care unit in Canada. We have about 75 critical care beds under the care of our group of critical care physicians, and I look after, something like four and a half thousand critically ill patients a year in our beds.

Scott Simmie: And, when we say critically ill, so these are the people who have the most pressing issues that require the most care I would assume?

Dr Cuthbertson: Yeah, that's right. The thing they have in common is they are the sickest people in the hospital.

Scott Simmie: When did COVID-19 start to cross your own radar?

Dr Cuthbertson: Yeah, well it was the middle of March. And all of a sudden, we realized that we had a problem in Canada. We'd seen it around the world, clearly China first, Italy and Iran followed by the UK, and France and Spain hit next. And, it suddenly became clear that Canada was next in line. And so, that was the middle of March, the country went into lockdown. I was out of the country at the time and had to get back quite quickly, and we've been at it ever since, so to speak.

Scott Simmie: So tell me, Brian, what was going through your mind as you're watching kind of this slow drum roll of this disease sort of embracing one country after another and heading inexorably towards Canada?

Dr Cuthbertson: Yeah, well, it was a sense of dread and fear, unfortunately. We knew this was coming, so to speak, well before COVID-19 appeared. We'd had previous epidemics and pandemics of respiratory viruses, including of course SARS, which of course affected Toronto as much or more than anywhere, 17 years ago. And in fact, a lot of us had been doing work planning for the last two, oh, 10 years. Plus to deal with future pandemics, knowing that indeed it would come. So yeah, we had a sense of realism, and indeed some element of dread about what was about to hit us.

Scott Simmie: And, I'm guessing there must have been preparatory meetings at the hospital. How do we formulate a plan here to attack this incoming threat?

Dr Cuthbertson: Yes, there's some of it was part of existing plans. But of course, as always, the best laid plans often have to be put aside. And, we had to do very major reconfiguration of how we work as a hospital, including how we work in the critical care to get ourselves prepared for the potential very large numbers of patients that could be coming in our direction. So, it really affected every aspect of the function of the hospital.

Scott Simmie: As the number of COVID cases began to increase in the hospital, obviously, the tempo in the hospital would change. What is a typical day like, or what has a typical day been like during what we might call the peak here in Toronto?

Dr Cuthbertson: Yes, it's been quite weird, actually. As you enter a hospital that can hide a whole lot of things going on, the hospital's been very quiet. All the non-essential staff have not been at work. Of course sadly, patients who would be normally coming in for treatments, family who would normally be coming into visit have not been able to get access to nearly the same extent. So, there's a strange kind of hush around the corridors of the hospital, but that's really covering up a high-level, if not necessarily a frantic level of activity within the areas that are caring for COVID patients, in particular, the critical care units. So yeah, sort of a cover of serenity, which is.... But, below it that very high level of activity, but a lot of sick people coming in our direction.

Scott Simmie: I've seen some video behind the scenes in hospitals and I've read interviews with healthcare professionals. And, several of them have described that, "When they're entering these units that have a large number of COVID patients, that one of the things that first strikes them as they walk in is they hear people coughing." And, I'm wondering if that's something that you have also observed and heard here in Toronto.

Dr Cuthbertson: The units, when I came into work just as this started, you certainly expected the units to feel and sound very different. I have to say, "To the enormous credit of our team, they've managed to maintain an extraordinary level of composure in a very difficult situation," with nurses and doctors and the breadth of our team, respiratory therapists, dieticians, pharmacists, all working in environments and in ways that are quite different. But, a sense of calm was pervading, which was very nice to see.

Dr Cuthbertson: And yeah, the sound of coughing, well, funnily enough, when you're in a critical care unit, often of course, people are being supported on breathing machines. And of course in that situation, they aren't coughing, they're sedated. They have tubes down to help with their breathing, and they're on a mechanical breathing machine, a ventilator. So, perhaps a little bit different on a COVID ward environment from a COVID intensive care environment.

Scott Simmie: I know that for people who are put on a ventilator, some of those people will have positive outcomes, and some of those people will not. I can only imagine the fear or trepidation of a patient who is conscious, and who is aware that they are now entering, I don't want to call it the final phase of treatment, but obviously a very critical phase of treatment, from which it's unclear for them, whether they will return or not. Is that a little bit what it's like? I'm kind of going by conjecture here based on what I've read. But, what is it like for a patient who is who's faced with that next step?

Dr Cuthbertson: Yeah, that's a great question. And, I think the answer often is it's extremely scary. Of course, in my team we deal with critically ill patients often, but it's often the case that they're either unwell enough that they're not conscious. Or perhaps they don't really have insight into just how unwell they are at that moment. But with COVID, for someone who comes in with COVID, who sees themselves deteriorating, and that's often over a few days, who sees their lung function getting worse, who knows they're needing more oxygen, who's getting more breathless, then that slow decline towards needing a ventilator combined with the early press coverage suggesting such a poor outcome for people who go onto a ventilator, I think made it very scary, indeed.

Dr Cuthbertson: That's of course added to, by the fact that their loved ones often can not be with them, because of the pandemic situation. And so, you can see how that could amplify into a really a scary and terrifying situation, both at the time when you may be going on to a ventilator. But also remember, people on ventilators aren't always kept sort of deeply sedated or fully anesthetized. And, particularly later on can be more awake. And again, they don't have loved ones beside them, something we would

normally try and achieve as much as we can. So yeah, it's hard to estimate or even imagine just how terrifying that must have been for many people.

Scott Simmie: For physicians and frontline healthcare workers, normally, as you mentioned, family members or close loved ones are permitted in the hospital and can be with these people during this very, very difficult moment in their lives. And now, in some of the coverage I've seen, physicians and nurses and others are being put in the position of being an intermediary, and bringing in a phone or an iPad or some other device that will allow these people to communicate with family members. I'm not sure if you personally have been involved in any of that. But, can you tell us a bit of about what that's like for people working at Sunnybrook?

Dr Cuthbertson: Yeah, you're absolutely right. And in fact, for the last 10 plus years here in the critical care units of Sunnybrook, we've worked very hard to integrate our families into the care of the patients, to have them at the bedside, during ward rounds for instance, to have them very involved with decision-making. And, that's been an integral part of the quality of care that we've delivered. So, you can imagine this is a significant step in the opposite direction, where suddenly we cannot have families at the bedside, that they are distant. And, you can imagine the fears and trepidations of a family who are at a patient's bedside, and then multiply that up many times when you imagine what it must be like to sit at home and to be awaiting a phone call or an update, not knowing what that phone call may include.

Dr Cuthbertson: From the staff's perspective, then we are trying our very best to phone every family member every day. I'll be honest and say, "It can't always happen just because of the pressures that we're under." But, that phone call certainly is usually very welcome. And, you obviously do your best to try and help them understand their loved one's situation, what's happening to them and what sort of a direction they're going. But even then, of course, they're at a distance, and I think that must be extremely hard for the loved ones.

Dr Cuthbertson: It's extremely hard for the patients, but of course it's hard for the staff as well. And, as you get further into an event like this, you can start to see the signs of tiredness, if not exhaustion, amongst the clinical teams who really have been very hard at it now for over three months; and often, not without breaks, without vacations, without time off. And, even when they're having time off, of course, they're locked down like everybody else is. So yeah, the tool is broad and across everybody, and as the staff or some of the people who are indeed finding the tool are that heavy.

Scott Simmie: Under normal circumstances, there would be people who fill positions where they offer psychological or spiritual support for patients. I'm wondering if those roles have been impacted by COVID-19, or if those people are still onsite and able to assist.

Dr Cuthbertson: Well, just this morning I met a psychiatrist wearing scrubs on our intensive care unit. Scrubs, of course, are normally worn by operating room staff and a few others. They're now worn by almost everybody in the hospital. And, it's a nice sign to see a clinical psychiatrist in a critical care area wearing scrubs, because they indeed want to get access to the patients to give them the support they need. But, I have to be honest and say, "Yes, it is very difficult to get the support in," families as we've just mentioned. But of course, various forms of support from our team, social workers, etc., chaplains and other religious counsellors. So, I'd love to tell you that, that hasn't been impacted but I think it has, but I think we've done our very best to try and minimize the impact. But of course, we have to also minimize the exposure of staff, and of course families, to patients who have COVID to try and avoid this disease being transmitted further.

Scott Simmie: I guess, one of the challenges for physicians as well is that this is a new disease. And, we don't have a huge sort of evidence-based body of data to draw upon in terms of a treatment protocol. Is that a fair assumption?

Dr Cuthbertson: Yes, it is. Although, sometimes that point is pushed further than is appropriate. So certainly, a respiratory tract infections caused by viruses, for instance, coronavirus, the COVID disease is a very similar virus to SARS. And, there's many people working here at Sunnybrook who remember SARS, and quite a few people who had SARS. And, the hospital is a very different place now with high levels of infection prevention control, and the integrated system of care around the hospitals of Toronto, which have all been vitally important. So, we knew a reasonable amount, but not a huge amount. But, what we certainly lack is treatments. But, I'm delighted to see that one of the most impressive things I've seen in my career is not just the, were our teams have mobilized to offer clinical care. But, how they've mobilized to advance the evidence-base, to get us knowledge and evidence from trials about new treatments.

Dr Cuthbertson: And, I'm sure you saw in the press just last week, that the first treatment that actually reduces the number of patients who die from COVID disease, relatively simple steroid drug has been identified by putting patients like this into clinical trials in the middle of a pandemic. Hard enough to do during times when there's no pandemic on, extraordinarily hard to do when there is, but a massive credit to people around the world, including fantastic efforts here in Canada, to actually study this disease and learn from it in real-time. And, that's been enormously impressive and is something very positive that we can take out of this event, which is otherwise, of course, quite catastrophic in so many ways for our people of our country, and indeed for our society and economy, generally

Scott Simmie: In the United States, we're seeing in late June a fairly significant increase in case numbers. And, this is happening now after a successful flattening of the curve, which is now spiking again. What goes through your mind when you see the progress that has been made, seemed to come undone?

Dr Cuthbertson: Yeah, indeed. I was just looking at the statistics today, as I do many days a week. The curve in the U.S. is indeed very concerning. They obviously had a massive rise and peak, particularly in places like New York, New Jersey, etc. But, due to a variety of reasons, some of which were political, they decided to move away from lockdown and social distancing in many states. And sadly, it's those states now that've got massive rises again in this disease. This is not a second wave, because these states didn't have high incidences of the disease in the first place. This is still the first wave. And, I'm afraid it shows what happens when a combination of events come together, politicians get overly involved and make these issues political when we should be using the best science available. And also of course, being only human, we've been locked up for a long time now.

Dr Cuthbertson: And, when you see people arrive in the beaches of Toronto, and indeed many other countries, in very large numbers, because it's a sunny day, you go, "That's a very human thing to do." But yet, it's probably not the right thing to be doing just now. And I think in Canada, when we've had a relatively lower instance of this disease than some of the worst effected countries, we were reasonably early locking down. We have to be cautious, very cautious coming out of this to try and avoid further spikes. As, I think the right term to use is spikes rather than waves, because this is still the first wave. So, there's a lot still to be done, and a lot of caution still needed.

Scott Simmie: I'd like to just briefly touch on your home life, and I'd be grateful if you could just paint a brief picture for me of what that looks like. How many of you were at home and what are your days look like when you're at home?

Dr Cuthbertson: Yeah, indeed. Well, when I'm not working clinically, I work from home. And because, we're obviously trying to minimize the amount of people that are in the hospital, whenever possible. So, I have my office set up now in the dining room, and I work there all day. And, my wife who's does some voluntary teaching work is now you're doing that on Zoom in the other room. My youngest daughter's just finished high school, and is hopefully about to go to university, if indeed university starts off as normal after the summer. My oldest daughter who's third year in McGill is actually in Montreal.

Whereas, you know they're a little bit farther ahead with regard to coming out of lockdown. And so, she's working up there just now. So, we're all at home. We're in the very fortuitous situation that we have a garden, and we have some space that is our own to move around in.

Dr Cuthbertson: So, we're certainly a lot more fortunate than some families. That said, I think every family in Canada, if not around the world has a story of how this has personally affected them. And, we've had a very close family member die back in the UK. And of course, haven't been able to go over to the funeral or indeed to comfort other family members at this time. So a story, which again, I think everyone has their own version of something that's markedly impacted their life, so. But, we're staying well. And, we're being very strict with our lockdown, because we want to stay well. We don't want to transfer this virus. And of course, I need to be able to come and work as an essential worker on the frontline to care for sick people.

Scott Simmie: And, I'm guessing being that you're working in a potentially infectious environment, that you are taking extraordinary precautions when you're doffing or getting ready to leave the hospital, and cleaning up to ensure you're not taking anything home with you.

Dr Cuthbertson: Yeah. It's almost comical, if the truth be told. I'm stripping down in my office and changing into clothes, cleaning my hands, taking the scrubs back to the scrub machine, cleaning my hands again, heading home, going straight up to the shower before anyone gets to say hello to me. And so, yes, we're going through quite extreme measures, but it's just the way it has to be. And, lots of people are suffering worse.

Scott Simmie: Is there one particular short vignette and hopefully a positive one that has transpired at the hospital with a COVID-19 patient that you might be able to comfortably share with us?

Dr Cuthbertson: Yeah, well, I mean, one of the overall things is that there was certainly a lot of fear and a lack of knowledge at the early stages of this disease. With the best possible intention, people publishing very early results to try and show what the outcome for this disease is. How many people get better, how many people don't get better? Etc. And, some of the early results were actually put out probably a little bit before they should have done. And they showed, what looked like extremely poor outcomes from this disease, especially in intensive care. I'm glad to say that, "When the data is more mature and complete, it still shows, sadly, that people of course die, and the sickest people come to our intensive care. And of course, that's where many people will die from this disease. But, the good news is that the things we know about care for people with such severe lung disease still apply.

Dr Cuthbertson: And, if we apply them and do that well, in fact, we can actually minimize the number of deaths. And, I think we've done that. Certainly at Sunnybrook, we've been pleased with the amount of people we've managed to get better. And, got great pleasure in seeing people who had a quite severe COVID disease, getting better, and indeed leaving the hospital. So, there's some really nice stories that have come from it, that don't remove some of the gloom we had at the early days. But at least, put it into true context, that indeed, many people get better and get on with their lives after this. So, some good news there, I think

Scott Simmie: That's a good message to share. So this sound, Brian, indicates that we're hitting kind of the wrap-up segment of our interview. And, I'm going to ask you a few very quick questions, and I'm just looking for a few very quick answers. So, the first question is, what is the best part about helping people heal?

Dr Cuthbertson: Oh, it's a truly wonderful privilege to be able to care for people when they're at their sickest time, the worst time in their life, and indeed their families, the worst time in their life. And, to be allowed to have access to that, to be allowed to be involved with that is a true honor and privilege that

goes along with my role. And, I can't tell you how important that is to me to know that I'm able to help in that way.

Scott Simmie: What's the best part about going home after a long shift?

Dr Cuthbertson: Yeah, it's always great to go home, because it grounds you again. You see your family, it reminds you of what's important to you in life, and gives you some perspective. And, I think these things are very important, especially a time like this.

Scott Simmie: Hospital food or home cooked?

Dr Cuthbertson: Yes, it's home cooked. I'm a bit of a cook myself. I'm bit of a chef, an amateur chef and I love to cook. It's a great way of just decompressing at the end of the day. And, I'm sure I'll be doing that tonight. My wife told me today, "She'll go and get something [inaudible 00:23:33], so I'll be cooking when I get home.

Scott Simmie: Netflix, or a good book, or both?

Dr Cuthbertson: A good book. Or maybe a documentary, but not so much time on Netflix.

Scott Simmie: Finally, what do you miss doing now that you cannot currently do?

Dr Cuthbertson: Well, two things I think. One, watching rugby, which is my game. There's not been any rugby on in the world until that last week in New Zealand started off, and I'm missing my rugby. And, I miss just being able to socialize, go for a bite, a dinner with friends. And so, these are probably the two key things.

Scott Simmie: Dr. Brian Cuthbertson, thank you so much for doing what you do and for taking the time to share your inside story today.

Dr Cuthbertson: Well, thank you, it's been lovely to speak to you.

Scott Simmie: There's a lot of news grabbing the headlines these days, especially in the U.S. And, as a result, it can be easy to forget, we're still in the midst of a pandemic. You might even become a little bit complacent. And, while that's understandable, please try not to. The science is super clear, wash your hands frequently, and wear a mask if you're going to be in an enclosed public space, or very close to other people. You're worth it. Plus, we've got kind of a good thing going here, and I want to see you again next week. I'm Scott Simmie, you've been listening to Inside Stories presented by BMO.

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