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www.reachmd.com  
info@reachmd.com  
(866) 423-7849

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### COVID-19 Essays from the Front: The First Six Months

Dr. Russell:

An academic family physician battles COVID by day, and writes about it at night. Welcome to ReachMD *Book Club*. I'm your host, Dr. John Russell. I'm talking today with Dr. Christopher Haines about his new book, *COVID-19 Essays from the Front: The First Six Months*. Chris, welcome to the program.

Dr. Haines:

Thank you very much, John.

Dr. Russell:

So what do you do at Jefferson?

Dr. Haines:

So I'm a family doctor and geriatrician, um, but I have a fairly unusual role. My clinical time is spent almost totally running our inpatient service, so I take care of patients in the hospital. And then about half of my time is spent teaching in the medical school and the residency and I like to teach physiology, and I do some work also for the Department of Physiology, so I probably spend about half my total time teaching.

Dr. Russell:

So how did your inpatient service become a COVID unit?

Dr. Haines:

Well, in the spring, when we started to get the surge, the hospital came to us and asked us to help, and usually, we have an inpatient service that covers our very large medical practice and some affiliate practices in the Philadelphia area. But we usually only take up about 10% of the medical beds in the hospital, but there was a need for capacity, and we had a lot of patients coming in, certainly who were not patients of our practice. And so, the hospital administration had asked us to take on some more folks, and so, I had talked to my colleagues and the leadership in my department, and they were very eager to help, and so we started with a COVID-only service in the spring. We named it the Magee Service, so it was named after one of our founding members, Ed Magee, who was a wonderful physician, and we kept about 14 or 15 patients on in the spring. We were fortunate enough to be able to shut down that service in the summer, but we opened it up again in October for the surge that we are all experiencing now.

Dr. Russell:

So Chris, you're taking care of people during the day. How did you make that leap to start writing about it at night?

Dr. Haines:

You know, a couple years ago I started writing more, so when this hit, I was in the midst of writing quite a bit. I started to write things down and put them on social media mostly. And I started these COVID facts of the day, which started very simple – the first one just explained what the word quarantine meant, and it basically means “40 days” in Italian. And then they became more complex as the issues with COVID-19 became more complex, and I found it was a really good way for me to organize my thinking as well as to get some information out there to friends and families and colleagues.

Dr. Russell:

It's a lot of really beautiful essays, and you're right, they started small, and you can go through the book and really see how they became meatier, and really more substantial. Did you find that using social media as a platform – because there were so many family, friends and people who were asking you questions, that, hey maybe if I just post this somewhere, then I don't have to answer this ten times?

Dr. Haines:

I mean, yeah, that really became the case, and as the spring and summer wore on, I found that I really didn't have to think too hard about what to write my essays about anymore. People would ask me questions and, you know, and I'd get two or three people inquiring about the same thing, like for example, "If I get an antibody test and it's negative, what does that mean? Does it mean no way I have COVID?" and so forth. So I would be guided in the direction of what essay to write, often by the inquiries of friends, and as people started to latch on with this a little more, I think people were starting to turn to me pretty early on to explain some concepts. And so I certainly owe a debt to people who were following along and prompting me to go in the right directions.

Dr. Russell:

So I love throughout the book you interspersed some famous quotes to kinda introduce some of the stuff to follow. One of the quotes - Einstein, "Adversity introduces a man to himself." So, how did COVID introduce you to yourself?

Dr. Haines:

I think in a lot of ways, this has brought together a lot of things in my past. I do feel that, while this has certainly been a horrible time for everyone, it's allowed me to do a little bit of self-searching. A pandemic brings together history, it brings together medicine, and science, and all things that I enjoy and like to learn and teach about. I felt from the beginning, as I think many of us did, that this was really going to be substantial, and this was really going to be the test of our careers. I mean, I'm 52 years old now, and I thought, okay, this is your mid-career test. People are not gonna remember something that happened five years ago or five years from now, they're going to remember what you did here. And I feel that my colleagues felt very much like that as well. And so that really drove me, both to understand its importance, and also to want to play a role and play a difference during this time.

Dr. Russell:

You know, to me, the concept of writing a book, really through social media, kinda releasing chapters at a time, which to me is really fascinating, because there was so much wrong stuff that was coming. And did you find that you became that one source that people could look to to say, "Okay, this is someone I know. This is someone who's really giving me a fact about death rates, or masks, or ventilators, or etc." Did you find that you kinda took on that yoke of being that voice of reason in people's lives?

Dr. Haines:

Yeah, I hope so. And many people have pointed that out to me in private messages over the last few months. You know, I have hundreds of friends who I went to high school with on Facebook, many of whom I've not seen in person since 1987. And I have a couple of them that have beliefs that are far, far removed from mine, and they're not science-based, and were conspiratorial, and I actually had one fellow, he would find these very conspiratorial articles, send them to me and say, "What do you think?" And I would kinda really try to carefully explain to him why there were logical fallacies and so forth, and hopefully, I've made a difference in those quiet ways. But yeah, I was hoping to be an honest broker in all of this and to kind of stand back and offer some perspective for people while at the same time, you know, being close to it, and seeing what was actually going on in the hospital.

Dr. Russell:

So you used the Oscar Wilde quote, "Experience is simply the name we give our mistakes." When I think back of some of the care that I was delivering in the hospital in April, you know, I cringe a little bit to think about some of the things we were doing, you know, eight months ago that we thought was correct. How do you kinda wrap your head around us flying blind through the early days of the pandemic?

Dr. Haines:

First of all, we have to stop and forgive ourselves, because I think that throughout history, one thing that has united physicians is the desire to do something that helps, and maybe the last 2,000 years of medicine before this century were efforts to just do something even though rarely it was helpful. I think it's important for us to be honest about the fact that we are making decisions at the time, with the best available information that we have at the time, and, you know, there are some things that I wrote in those essays that are incorrect at this point, and a really good example is early on, the science was telling us don't use steroids in patients. And even patients who had indications for corticosteroids, like asthma or lupus or other things, we were trying our best not to give them steroids when they had COVID-19, because we thought that that would impede the immune response to stopping viral replication, and when somebody actually did the studies, we found that was really the opposite - that patients benefit from steroids, and now, as you know, we're using dexamethasone on patients who are hospitalized in need of oxygen. I think it's really important that we're honest about how science and our knowledge develops. I kept those essays in there, or I would put an introduction that says we don't think this way anymore, but that was what we thought about at the time. We gave patients hydroxychloroquine in the beginning - it's been clearly shown not to be helpful. And we intubated a lot of patients earlier on, that we wouldn't intubate now, and I know you're aware that many patients who we intubated early on, we would just watch them, even letting their oxygen levels go lower than we're comfortable with, yet they do better

over time. So yeah, there's certainly been a lot that we've been learning. I feel like we've had 20 years of learning crammed into less than a year.

Dr. Russell:

And one of the things I love about the book is kinda all the history that you kinda tie in – that this person invented the pulse-ox, and the iron lung, and Saint Luke, and all these kinda great history things that tie in there. So you are a Philadelphia physician, working during a pandemic, and writing this down. Did you feel a certain kinship to Benjamin Rush, and thinking back to the late 1700's of a lot of his stuff taking care of yellow fever a couple hundred years ago?

Dr. Haines:

Yeah, I do feel a kinship with him, and I actually quote him in the book at one point about that his only guide is seeking truth. I also felt a lot of kinship to physicians who took care of patients in the 1918-19 influenza pandemic, and interestingly, the College of Physicians opened an exhibit about that pandemic last fall, in the fall of 2019, and it was a really wonderful, thoughtful exhibit, and I can recall going to opening night and looking at this far away, masks and coffins and so forth, but not understanding that that was gonna be our life coming up very soon. So I do feel some kinship with those physicians as well.

Dr. Russell:

History kind of allows us to look back to look forward. What do you think in medicine we should have learned from this? What should be some of the big lessons going forward?

Dr. Haines:

I think messaging is important. I think allowing people to understand the rationale of how one makes decisions and that the fact that science changes is not a blemish on science, it's actually science's strength that it adjusts over time to make better decisions, and I think a large part of the population is not aware of that. So you know, at the beginning, there was some mixed messaging about who and when people should use masks, and some people have grasped onto those messages from March and April to say that, you know, they shouldn't be using them now, because nobody knows what's going on. But that's not really how science works, and I think messaging over time is better, and maybe we will see these again, and hopefully we will never see anything this bad, but who knows? But there will be other pandemics, and really training the public to understand, kind of the basic tenets of the scientific method, I think is really helpful over time.

Dr. Russell:

I think your book is really a beautiful time capsule of six months of kinda what was happening in Philadelphia and what people were thinking. It's really a beautiful book. So, Chris, thank you so much for joining me today on the program. It's a wonderful book - *COVID-19 Essays From the Front: The First Six Months*. So thank you so much for being with me.

Dr. Haines:

Oh, thank you so much, John.

Dr. Russell:

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