

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/lionized-and-condemned-public-attitudes-toward-pandemic-responders/11346/>

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The Lionized & the Condemned: Public Attitudes Toward Pandemic Responders

Dr. Matt Birnholz:

Coming to you from the ReachMD Studios, this is *COVID-19: On the Frontlines*. I'm Dr. Matt Birnholz.

In recent weeks, people across the globe have celebrated the heroism of healthcare workers. Across Europe, citizens in self-quarantined apartments dedicated rounds of applause from their balconies and windows to those making their way to hospitals. On social media, videos swept the globe of Chinese nurses triumphantly removing their masks as temporary hospitals closed for the first and hopefully last time. In the U.S., members of the public have coordinated donation drives to gather masks and goggles for the figures they call Hospital Heroes.

But now, healthcare workers face a new worry—outside the threats of overrun hospitals, PPE shortages, and risk of spreading the virus to their loved ones. As the pandemic escalates, a shifting public mood has put some clinicians in the crosshairs.

In the U.S., discussion threads describe a spate of verbal and even physical assaults on medical providers. One widely circulating message warned how nurses wearing clean scrubs out in public were being threatened and harassed because of assumptions that their scrubs were contaminated.

An ER nurse in Chicago recounted one such incident at a Jewel grocery store before her shift, receiving dirty looks from multiple people including one who told her she should be ashamed of herself and should know better.

Corresponding reports from Australia, India, and the UK paint a similar picture of medical providers wrestling with this sudden stigma. In India, authorities had to crack down on landlords attempting to evict doctors for fear of contagion. In the UK, Susan Masters, the National Director of Nursing, Policy and Practice at the Royal College of Nursing, tweeted: "Today I hear from community nurses that they are being heckled and verbally abused in the street and called "disease spreaders."

Closer to home, doctors are also on the receiving end of negative media coverage concerning stockpiling of drugs that are currently being investigated as treatments of COVID-19. Authorities in some U.S. states have publicly attributed the growing shortage of chloroquine and hydroxychloroquine to improper prescribing by doctors, and a front page New York Times article used the term "hoarding" to describe doctors who have prescribed these drugs for themselves or family and friends.

Pharmacy boards in Ohio, New York, Idaho, and a number of other states have issued new guidelines allowing or mandating pharmacists to refuse to fill these prescriptions without proof of an appropriate diagnosis. Other boards have sent strongly worded warnings to medical providers and issued instructions on how to file complaints against doctors believed to be using chloroquine prescriptions improperly.

On message boards, medical providers heatedly debated these developments. Many agreed that stockpiling the drug was unethical, and some questioned the qualifications of colleagues who would risk taking a medicine or prescribing it to loved ones without clear evidence that it could prevent or cure COVID-19.

But others defended the practice and gestured to the broader challenges currently facing health care workers. One commenter, an Emergency Medicine doctor in Philadelphia, wrote:

Really, can you blame people? We can't get toilet paper or dairy. We're going into battle without PPE in some places, and potentially more likely to wind up needing this medication emergently and not being able to get it.

The physician continued: *Even though the data is nonexistent, my theoretical value in continuing to be able to see or treat patients and not wind up on a vent is immense. I can see why people did this - especially those of us at higher risk for harm. We're all afraid.*

For ReachMD, this is *COVID-19: On the Frontlines*. We want to hear from you. Add your perspectives toward the fight against this global pandemic by visiting us at ReachMD.com. Thank you for listening.