

## Physicians' response to the COVID-19 pandemic: A view from Sri Lanka

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COVID-19 detected in late 2019 was soon declared a pandemic by the World Health Organization. Its initial phases are well documented elsewhere and Sri Lanka is credited for its early successes due to strict restrictions on movement of people that probably prevented a catastrophe similar to what unfolded in Europe and the USA.<sup>1,2,3</sup> Despite these early successes, the pandemic soon transformed into a health, social and economic crisis in the country.<sup>4</sup> With the rapid increase in cases and the emergence of new variants, Sri Lanka continues to face numerous challenges in the battle against COVID-19 and its waves.

The pandemic had a series of complex impacts on the healthcare system of Sri Lanka. Primary battlefronts were in the hospitals and the frontline warriors were physicians. They had to face the unseen enemy with meagre resources, a slow and delayed response by the administration, and scepticism by other colleagues who were not convinced of an emerging catastrophe. The crushing of the first wave gave a respite which was accompanied by a degree of complacency. The subsequent waves were therefore able to almost overwhelm the treatment facilities and hospitals in the country. There were shortages in intensive care beds, ventilators, oxygen supplies and other necessities required to care for critically ill COVID patients. The challenge was to quickly transform the existing infrastructure to accommodate rapidly increasing numbers of critically ill patients. Physicians took the dramatic changes to their work schedules in their stride and effectively staved off a collapse of the health system. They identified the requirements

necessary to quickly upgrade their wards to make them COVID-ready. The two Colleges, Ceylon College of Physicians (CCP) and the Sri Lanka College of Internal Medicine (SLCIM), coordinated and mobilized financial, technical and procurement support to institutions and members. Never have the physicians worked so intensely, cohesively, and as one big family to battle an unseen enemy.

The College soon established the CCP COVID-AID fund in May 2021 with the aim of gathering donations in terms of infrastructure, equipment, and money. A policy statement was issued by the President of the College and was circulated among the members and published on the CCP website. A special subcommittee was appointed by the CCP for the smooth functioning of this process. The CCP COVID-AID Fund received many donations from both local and foreign donors and many community organizations. These donations were utilized to support state sector treatment centres across Sri Lanka for the management of COVID-19 patients. A similar process was undertaken by the SLCIM, and the two Colleges worked as one team.

A scientifically informed, multi-disciplinary effort was essential to beat the SARS-CoV-2 pandemic. The physicians led the initiative to develop guidelines and conducted several on-line webinars and seminars to educate peers and other staff. The Ministry of Health relied largely on Physicians in Internal Medicine and related specialties to develop clinical guidelines in COVID-19.<sup>5</sup> Peer consultations were provided through social media and regular webinar updates. The two

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Colleges conducted approximately 20 well attended webinars during 2020 and 2021 on a range of topics related to COVID-19. This was unprecedented.

The physician community had to shoulder the major burden in the provision of care for the COVID patients. Their services evolved with the pandemic. Initially all PCR positive persons were admitted to hospitals for care and first contacts were quarantined in institutions to limit spread of the disease. As a result, the workload of physicians increased and the care of patients with other illnesses was compromised. This included those having chronic diseases and most patients were provided their medications via post by the hospitals. They lacked close clinical supervision as patients became reluctant to visit hospitals. Acutely ill non-COVID patients were probably the worst affected due to delays in obtaining PCR reports and lack of appropriate protocols.

After a period of adjustment, the health system responded in an increasingly structured manner. Many physicians continued to work well beyond their call of duty to cope with large influxes of patients. They effectively manned several hospitals and provided consultant cover to many intermediate-care centres. This difficult phase eased when the government policy changed to admit only those with pre-defined criteria, while others were managed at home using the network of preventive services and voluntary services using telephone and mobile calling facilities.

Physicians also provided leadership to the medical teams of junior doctors who provided care to the many thousands of patients with COVID-19 admitted to hospitals and intermediate care centres. They re-learned skills such as the use of non-invasive ventilators and high flow oxygen therapy and taught these skills and much more to their junior staff, so that the 'first line of defence' against COVID pneumonia in hospitals were well trained and informed. Physicians also provided support, both moral and clinical, when health care staff themselves and their family members developed COVID-19.

An advocacy role was played by the physicians to provide correct information to the public and to counter misinformation regarding COVID-19. False information on various treatment strategies to conspiracy theories on vaccines abounded, leading to dismissal of proven public health measures. Physicians teamed up with the Colleges to conduct public webinars and media conferences. They also took steps to create

and distribute information to combat the spread of misinformation through various communication campaigns. The pandemic also saw a surge in research on the topic by physicians. These included clinical trials in accepted treatments, indigenous preparations, several case studies, and contributions to modelling and conceptual issues.

A pandemic of this nature will challenge, devastate, and engulf some members of the profession. Physicians had to face exhaustion, ethical dilemmas, and moral injury as they had to sometimes decide who was to live and who would die due to lack of resources. The direct impact was when several physicians were affected with COVID-19. A handful of health care workers sacrificed their lives. This editorial is dedicated to our colleagues and others who made the ultimate sacrifice. May they rest in peace.

In conclusion, physicians have played a pivotal role in the battle against COVID-19 in Sri Lanka. They had to continuously adapt to rapidly changing circumstances, and they remained committed to patient care despite increased personal risk. As the COVID-19 virus will be with us for the foreseeable future, physicians will continue to face challenges in delivering high-quality care to all patients.

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