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Doctors Learn How to Better Treat COVID-19 Patients, Save Lives

Some medical professionals have begun to wonder if some treatment practices for COVID-19 are correct. An early hint of dissent from prevailing practices, which include placing some patients on ventilators for many days in an attempt to force oxygen into their lungs, came from Dr. Cameron Kyle-Sidell.

An ER and critical care doctor, Dr. Kyle-Sidell posted a video to YouTube in early April that questioned the current practice of using high-pressure ventilators for coronavirus patients.

"We are putting breathing tubes in people and putting them on ventilators and dialing up the pressure to open their lungs," Kyle-Sidell said in his video. "I've talked to doctors all around the country and it's becoming increasingly clear that the pressure we're providing may be hurting their lungs. That it is highly likely that the high pressures we are using are damaging the lungs of the patients we are putting the breathing tubes in."

As for what course of treatment should be followed, Kyle-Sidell offered this opinion: "COVID-positive patients need oxygen, they do not need pressure. They will need ventilators but they must be programmed differently. The protocols in this country, in every small, big, medium sized hospital in this country must change."

Dr. Mike Hansen, a specialist in internal medicine, pulmonary disease, and critical care medicine, also posted a video at the beginning of April discussing the use of ventilators for COVID-19 patients who had developed acute respiratory distress syndrome (ARDS). In the video, Dr. Hansen provides a thorough overview of ARDS and ventilator practices, but concluded by noting that "ventilators are not a cure for COVID-19." Instead, he pointed out, "A ventilator is a form of life support, which sometimes helps patients with COVID-19 survive."

How often does putting a COVID-19 patient on a ventilator lead to survival? According to Dr. Hansen, "Based on a recent study that came out only a few weeks ago, only 14 percent of people who have COVID-19 who require a breathing tube end up surviving. So COVID-19 patients who end up getting ARDS in the intensive care unit who need to get a breathing tube, only 14 percent of them end up surviving."

Seemingly, then, if COVID-19 patients are arriving at medical facilities with onset of ARDS symptoms, and as a result are needing to be put on a ventilator, and this results in poor outcomes and a high percentage of fatalities, then patients seem to be getting to the hospital too late.

The toll this takes, on patients and on healthcare professionals, is significant. One person, claiming to be a nurse practitioner, posted a warning about the terrifying outcome in a video that garnered

significant attention in late April. In the video, the young woman describes a message that was shared with her by a friend, also described as a nurse, working with COVID-19 patients in New York City.

"People are sick but they don't have to stay sick. They're killing them," the young woman in the video says her friend told her. "They are not helping them. She used the word 'murder,' coming from a nurse who went to New York City expecting to help. Patients are left to rot and die. Her words. She has never seen so much neglect. No one cares. They're cold and they don't care anymore."

Continuing what she claims is her friend's story, she says that her friend "says, 'this is a nightmare, it's out of a horror movie and I don't want to be a part of this.' There are people who are a full code and yet if they crash they are not doing compressions because it will spread the virus. Full code, not doing compressions."

This is a second-hand story from an unverified source supposedly working in an unidentified New York City hospital. As such it is difficult to give it too much credit. Nonetheless, doctors are, in fact, moving away from using ventilation in treatment of COVID-19.

Medical news website *Stat* reported on the evolution in COVID-19 treatment on April 8. "Even as hospitals and governors raise the alarm about a shortage of ventilators, some critical care physicians are questioning the widespread use of the breathing machines for Covid-19 patients, saying that large numbers of patients could instead be treated with less intensive respiratory support," *Stat* reported.

Stat noted that researchers in Germany and Italy had sent a letter to the *American Journal of Respiratory and Critical Care Medicine* that explained their experience with COVID-19 patients and ventilators. According to *Stat*, the researchers "said their Covid-19 patients were unlike any others with acute respiratory distress. Their lungs are relatively elastic ('compliant'), a sign of health 'in sharp contrast to expectations for severe ARDS.' Their low blood oxygen might result from things that ventilators don't fix. Such patients need 'the lowest possible [air pressure] and gentle ventilation,' they said, arguing against increasing the pressure even if blood oxygen levels remain low."

At the end of April Dr. Richard Levitan, an airway specialist in New Hampshire who volunteered for a time treating COVID-19 patients in New York City, spoke to *PBS NewsHour Weekend* anchor Hari Sreenivasan for the *Amanpour & Co.* program on PBS. Dr. Levitan discussed the need for medical professionals to urge those with COVID-19 symptoms to seek medical help earlier so that they could be treated in ways that would avoid the use of ventilators.

"I am proposing a radically different view" than current CDC guidelines, Dr. Levitan said. "What they are telling people is go to the emergency department if your fingers or your lips turn blue. And what I am saying is, I think if we move this window of presentation, if we educate patients to come in earlier, if we can do point-of-care testing in the ER and know, ok, you have COVID, and then we monitor their oxygen, we can make a dramatic difference."

Dr. Levitan pointed out that in one situation in Italy, doctors sent people with early symptoms of COVID-19 home with consumer-grade pulse-oximeter devices to measure blood oxygen levels. Noting that this course of action had very positive outcomes, he proposed adopting similar practices in the United States.

"If we move this whole management of this disease to earlier identification of who has it, better pulse oximetry monitoring in COVID-positive patients as well as those at greatest risk for serious illness, I think we can dramatically influence how this country faces this problem."

Echoing Dr. Kyle-Sidell, Dr. Levitan noted that COVID-19 pneumonia resulted in oxygen deprivation, not unlike what is experienced by mountain climbers. As such, early in the pandemic, patients with these symptoms weren't treated accordingly.

"What happened early in this pandemic is the belief that, well, 'they're about to die, let's put them on a ventilator.' And what we realized, and in hindsight is now better understood, they got there slowly, we can correct their oxygenation, and if we keep careful monitoring on them and decrease the work of breathing, improve their oxygen and keep them off the vent, its actually better."

Photo: Juanmonino/E+/Getty Images

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