Dispatches from the COVID Ward at Vancouver General Hospital

By Kam Shojania, MD, FRCPC

Vancouver General Hospital COVID-19 Rheumatology Volunteers:

Alice Mai, Ann Marie Colwill, Antonio Avina, Brent Ohata, Daniel Ennis, David Collins, Diane Lacaille, Fergus To, Hyein Kim, Jason Kur, Jennifer Corpuz, Jennifer Reynolds, Jonathan Chan, Kam Shojania, Kun Huang, Mohammad Bardi, Natasha Dehghan, Neda Amiri, Raheem Kherani, Shannon Galway, Shahin Jamal, Wendy Wong

n March 2020, and for the next 23 months (and still ongoing), there has L always been at least one rheumatologist working on the Vancouver General Hospital COVID-19 ward. Think back to March 2020, when we were all worried about COVID. How was it transmitted? What would happen here? Would we end up like New York or Italy? What was the COVID ward going to look like? I had visions of hallways full of sick and dying people, limited oxygen supplies, and scarce personal protective equipment. Vaccines were only a dream. During this uncertain and frightening time, these 22 rheumatologists collectively answered a call for help from the internists and administration at Vancouver General Hospital (VGH). For a week at a time, we



Raheem Kherani (left) and Kam Shojania (right) in the "air lock" behind the VGH COVID ward (December 2020).

worked alongside internists, other subspecialists, nurses, and other allied health members taking care of very sick COVID-19 patients.

At the beginning we were sifting through online sources but eventually we were able to develop our own treatment algorithms and we published papers on COVID-19 cytokine storm treatment. Some of us even had to "borrow" tocilizumab from private offices and bring supply to the intensive care unit (ICU). Seeing the rheumatologists as the first group to step up was an inspiration to other specialists in the hospital who also subsequently volunteered. A few of us were infected with COVID-19 — but all recovered. In addition to working on the COVID-19 ward, some of us also sat on the COVID-19 therapeutics committee, and others provided advice and wrote provincial directives on COVID-19 vaccines in immunosuppressed patients.

In retrospect, our biggest fear was that our internal medicine skills would be too rusty and that our care would be isolation requirements.

On October 26th 2021, there was an appreciation dinner for these brave physicians. We received letters of gratitude from our Premier, our Minister of Health, the Mayor of Vancouver and the VGH CEO. There were lots of laughs and a few tears as we talked about how working on the COVID ward changed us. As I looked around the table, I knew that I would never forget how immensely proud I am of my wonderful colleagues who, in the early months of the pandemic, heroically "ran towards the fire" to help when there was so much uncertainty.

sub-par. The opposite turned out to be true as we each realized that we were

more than capable of treating these

patients. It is true that to be a good

rheumatologist you need to be a good

internist. All of us were comfortable

taking care of unstable patients with

multiple medical problems including

COVID-19. Dare I say that it was ac-

tually energizing to work closely with

internists, infectious disease specia-

lists, respirologists and intensivists. It

was difficult to manage the emotional

toil of caring for sick and sometimes

dying patients without their families

present. We participated in many dif-

ficult bedside video conferences with

distraught family members who could

not attend in person due to emergency

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