



Prof. S. Tipu Sultan, the 19th Taro Takemi Memorial Orator (right) with Dr. Qazi Muhammad Wasiq, the 39th CMAAO President, and Dr. Yeh Woei Chong, Chair of Council.

The 19th Taro Takemi Memorial Oration

On

“Health Care in COVID-19 Pandemic”

Orator: Prof. S. Tipu Sultan

Health Care in Covid-19 Pandemic

- Our world became a “different world” after 9 -11 Disaster.
- It was a man made disaster.
- It effected most of the world but not all the countries.

Health Care in Covid-19 Pandemic

- Our world became a “different world” again after Covid-19 Pandemic.
- It is still a different world since last two years.
- It has effected all the countries of the world.
- It has effected every walk of life on this planet.

Health Care in Covid-19 Pandemic

- It has effected the life of a common person in developed countries and developing countries alike.
- It has challenged the “Health Care” system of every developed & underdeveloped country.
- Covid-19 Pandemic has caused unpresidented Mortality & Morbidity in all Health Care System in all the countries.

Health Care in Covid-19 Pandemic

- Health Care involved, Care at home for isolation, Care in hospitals, out patient & in patients, and care in Critical Care Units.
- Mass vaccination stretched the Health Care all over the country.
- Biggest challenge of Health Care in Covid-19 round the world was care in “Critical Care Unit”.

Health Care in Covid-19 Pandemic

- In Pakistan – being a resource restrained developing country Critical Care management on mass scale was a challenge.
- Critical Care Unit beds were created in hundreds.
- Who provided the Health Care to critically ill Covid-19 Patients??
- Anaesthesiologist / Intensivist came forward.

Now..... **HERO**



Social Distancing !!!!!

- Dealing with infected patients in close proximity
- Overburdened - due to a surge in the number of critically ill patients
- Increased risk of infection to themselves and their families
- Anaesthesiologists are at maximum risk of acquiring infection

Front-Liners

- A simple yet vital and dangerous job
- Operate ventilators
- Accepted this frontline assignment
- A shortage of equipment
- A risk to their own health





The world is starting to notice

President ASA – Dr. Mary D Peterson

- “We are the people who can stay calm in the middle of stress, think on our feet, and be creative”
- “Most patients don’t realize this (and we downplay it in a way so as not to scare them), but we are the people who get them through (anesthesia during surgery), one of the greatest stresses a body can face.”
- “In the operating room we have to be the diabetes specialist, the asthma specialist, the heart disease specialist, and more,”

“When a COVID-19 patient can no longer survive breathing on their own, the anesthesiologist is called on to intubate them. This is what makes them crucial in this fight. It takes some guts and dedication to insert an endotracheal tube through the mouth and then into the airway of a patient infected with a highly contagious disease.”

Health-Line

*No wonder that the anesthesiologists are called:
Physicians with the nerves of steel!*



Health Care challenges during COVID-19 Pandemic

Airway Management Team

- If a patient cannot breathe on their own due to their illness, **WE** don our special suits and place a breathing tube in their airway to let a machine aid them in their breathing
- Because of this airway expertise, 24/7 calls in the COVID ward to aid our intensive care unit colleagues

Oxygen Therapy

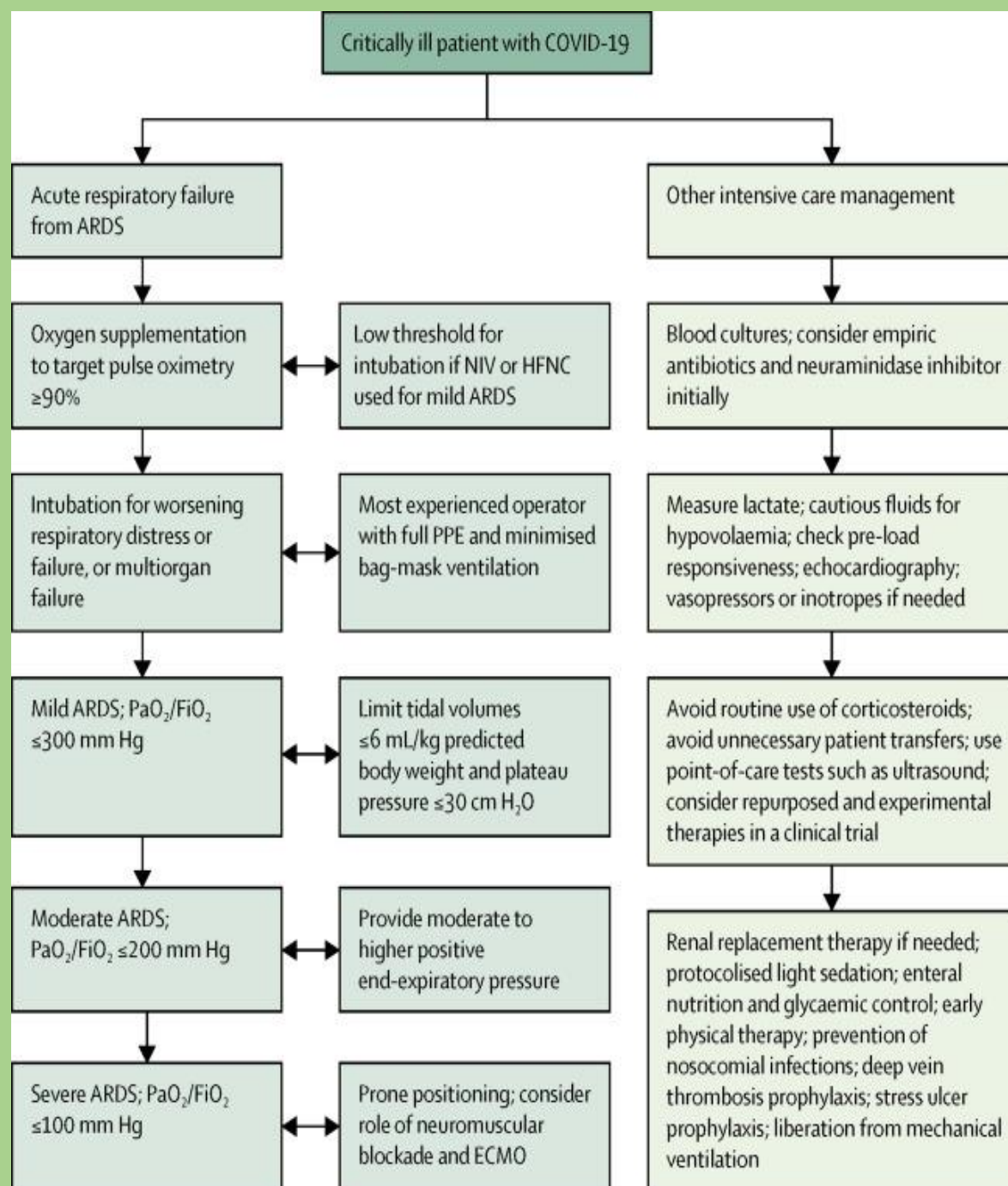
- Nasal Prongs – NIV – Intubation
- 2 Litres Oxygen – 60+ Litres via HFNC
- Higher the flow – higher the contamination



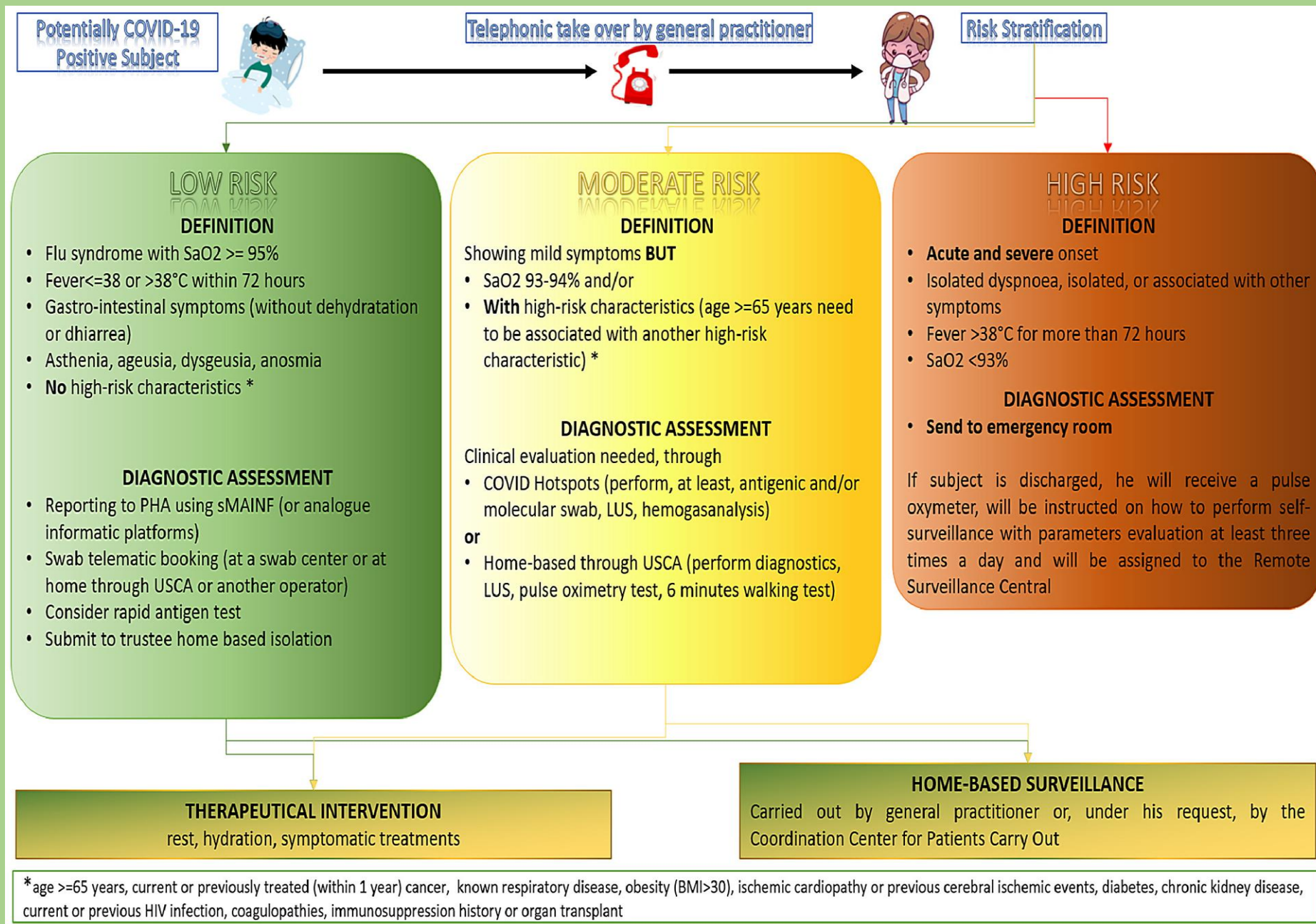
Critical / Intensive Care

- The biggest problem for anesthesiologists / ICU personnel is that we work every day on the parts of your body that shed the most virus nose, mouth and windpipe.
- Significant risk for contracting COVID from an infected patient.
- The highest risk of contracting COVID – special protective equipment and protocols designed to minimize this risk.

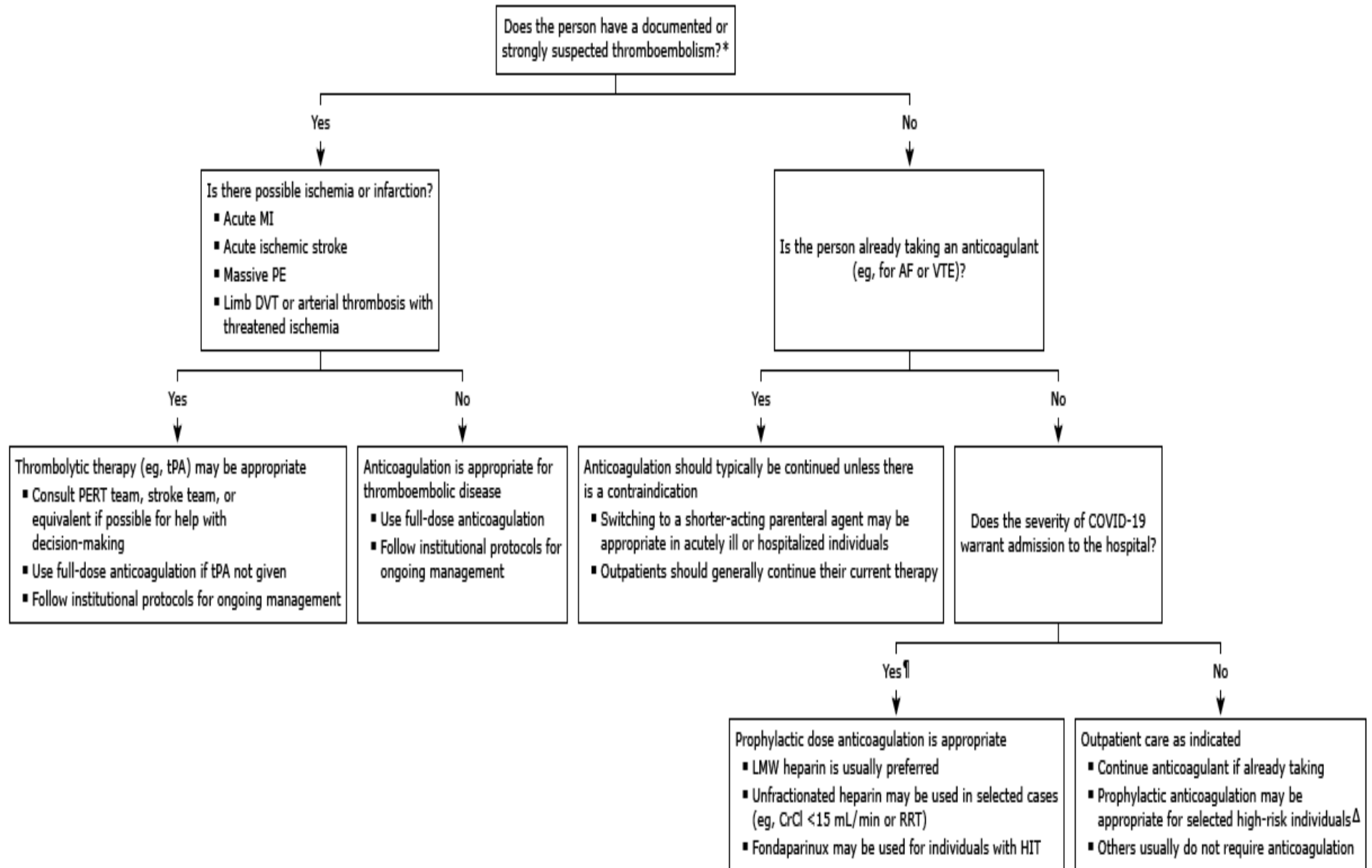
Continuous update – on COVID19 treatment



Continuous update – on COVID19 treatment



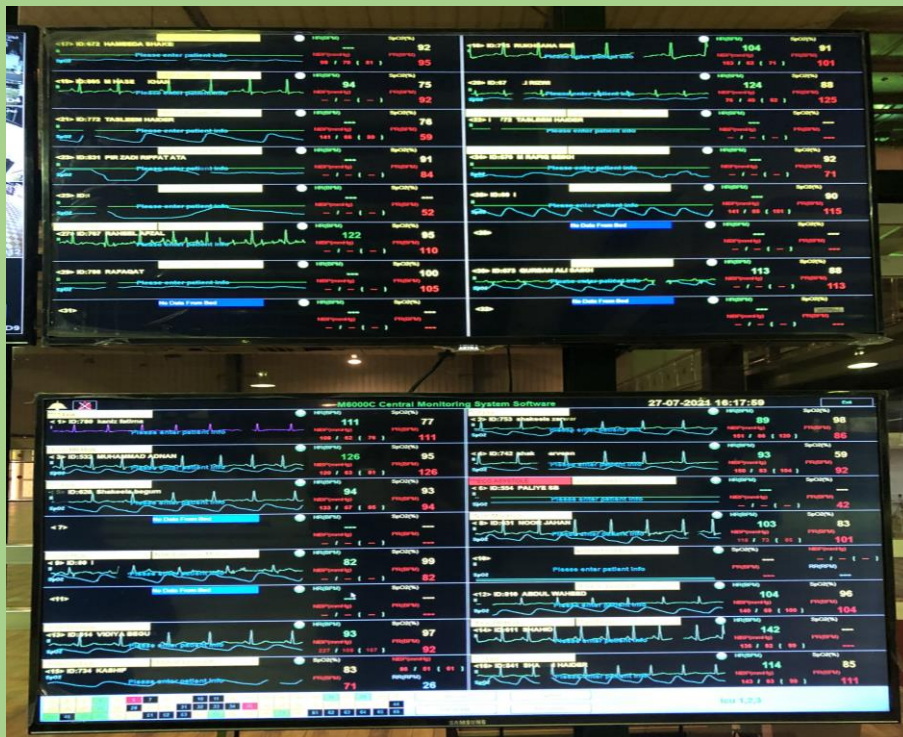
Continuous update – on COVID19 treatment



Continuous Training



Remote Monitoring



Rapid Response Team

- Responds to all calls for
 - Covid / Non-Covid
 - IV Access – NG Tube
 - Oxygen therapy
 - Air-Way management
 - Cardiac Arrest



Clinical Anaesthesia

- Elective
- Emergency

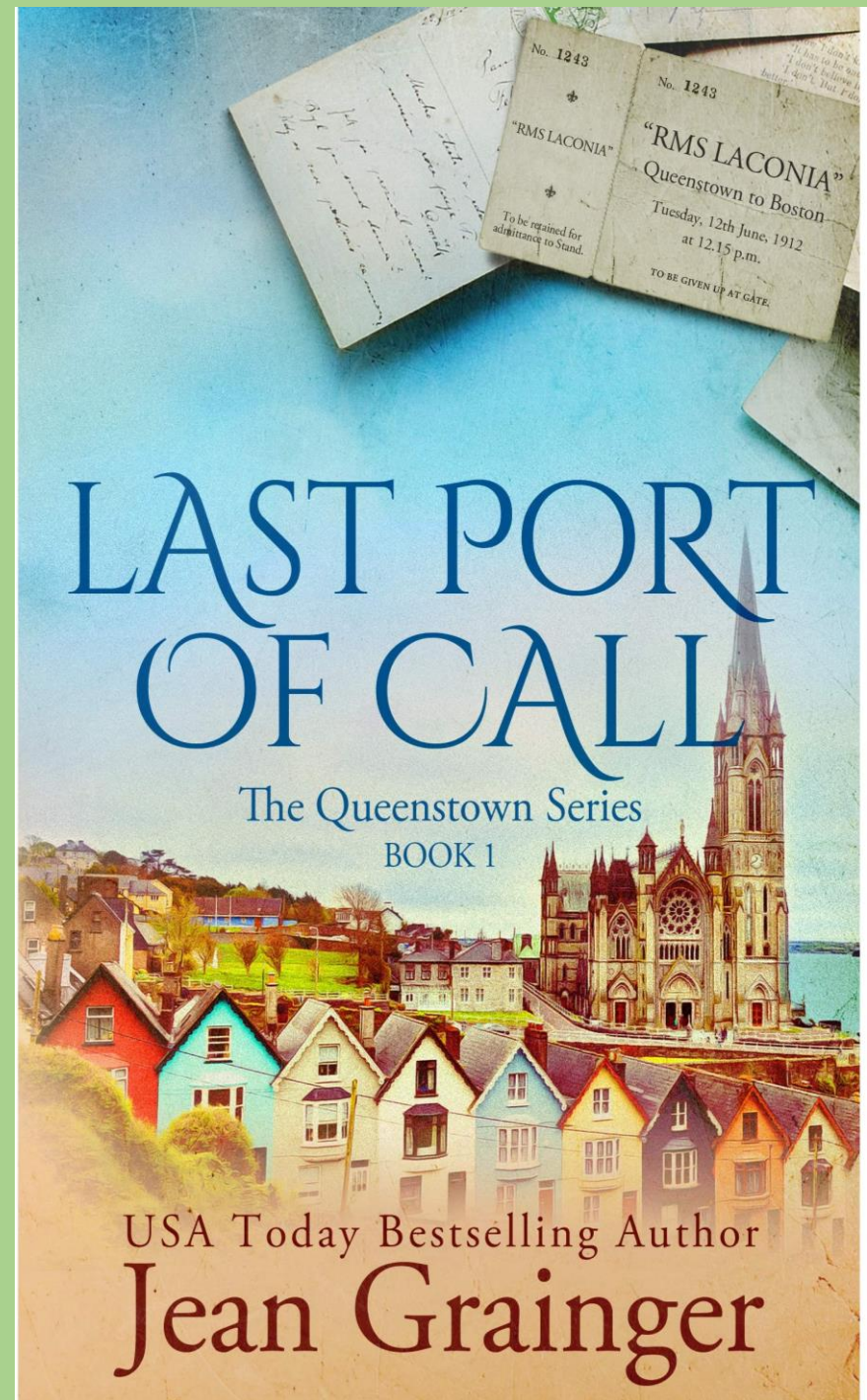


Tele Health



Crash Teams

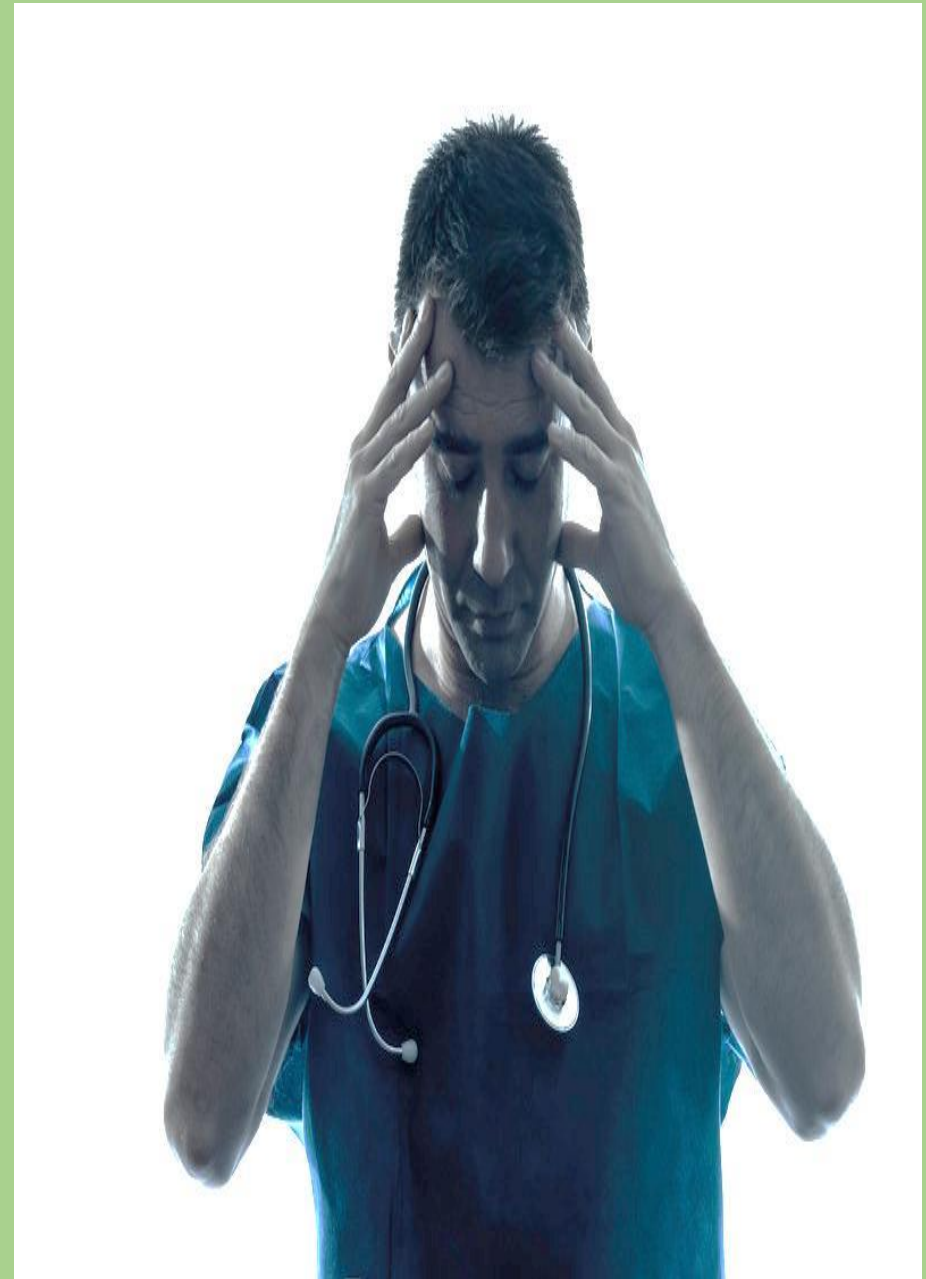
- **LAST port of CALL**



Challenges faced by an health care doesn't end here.....



“We are seeing many patients without comorbidities who are getting worse suddenly and succumbing to the disease. That is mentally draining for clinicians”



- Erratic work schedule
- Night shifts
- Long hours in the ICU
- Irregular Diet



Results.....

- Chronic fatigue
- Loss of appetite
- Sleep deprivation
- Mood swings
- Other mental and physical health problems



When healthcare workers are trying
their level best to safeguard the lives of
critically ill patients

Who is there to help us survive these
toughest of times?

**The question remains unheard
even amidst a pandemic!**

Thank You