

Opinion: Swamped with covid patients, Washington hospitals struggle to avoid Idaho's fate

Opinion by Karthikeyan Muthuswamy

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Karthikeyan Muthuswamy is an emergency department physician and the medical staff president for five hospitals in the Virginia Mason Franciscan Health system in the Pacific Northwest.

In January 2020, the first covid-19 case in the nation was confirmed in Washington state. Now Washington is experiencing its highest covid hospitalization rate of the pandemic. We are overwhelmed to the point of putting up tents in hospital parking lots to triage the sheer volume of patients, as covid-positive patients put us over the edge of capacity. One of our hospitals recently acquired two refrigerated trucks to serve as a temporary morgue. Washington Gov. Jay Inslee on Sept. 20 [requested](#) federal medical staffing assistance.

As I write, 20 out of 25 beds in my emergency room are being used for admitted, non-emergency patients. We cannot move them to the hospital floor because there is no space and not enough staff. [Many hospitals](#) across the country find themselves in similar predicaments. We are currently treating more than 200 covid cases across the 11-hospital system I work for, 100 more cases than in December 2020. I fear what the coming winter will bring.

Washington hospitals are working together to avoid a state designation called “crisis standards of care.” Under CSC, as it’s known, physicians must decide which patients receive care and which patients will not. That is a harrowing prospect. Idaho [activated](#) CSC statewide on Sept. 16. Our Idaho neighbors are now seeking to place hundreds of covid patients in already burdened Washington hospitals. We have accepted some of these patients when we can, but it is a challenge.

Confidence in the health-care system crumbles when hospitals struggle to manage such a high level of cases. Patients’ frustration with waiting hours to receive care — and their fury or despair upon being told they must delay a badly needed cancer treatment or joint replacement — is a direct result of the burden placed on the system by unvaccinated covid patients.

The early-summer respite from the pandemic turned out to be an illusion: All the factors that facilitated the spread of the delta variant were already in place when it began burning across the country in mid-summer.

Inconsistent public health messaging over masking, despite its effectiveness, made too many businesses and institutions reluctant to require masks, and made too many Americans skeptical of the need to wear them. Politicization and disinformation undermined trust in the safe and effective covid vaccines, despite story after story of unvaccinated patients dying from covid.

Another challenge: unprecedented hospital staffing shortages, particularly for nurses and aides. The problem existed before the pandemic, especially in rural areas, but it has only worsened in the past year and a half.

Washington hospitals are relying heavily on “travel nurses” to bridge the gaps, but their availability can shift quickly. I hear about former nurses rolling up their sleeves and going back to work, even though they haven’t provided bedside care in years. Administrative staff members and off-duty doctors are helping to serve meals or clean rooms. Burnout is almost inevitable; more than a quarter of health-care workers are considering leaving the profession.

The surest way to resolve this crisis is, of course, vaccination. Even if the unvaccinated believe, improbably, that covid cannot threaten their lives, official messaging needs to pound the message home: They will protect their friends and loved ones by being vaccinated. And they will protect hospital staff. I worry every day that I will bring covid from a patient back to my 16-month-old daughter. Or to my father, who is fully vaccinated but immunocompromised.

As vaccine resistance persists, health insurers must take stronger steps to encourage vaccination. Early in the pandemic, it was essential to provide free care for covid patients. But now that a safe and effective solution exists, insurers should consider phasing out full coverage for covid treatment of the unvaccinated. Maybe those who choose not to be vaccinated would change their minds if they bore more personal responsibility for their care.

In the longer term, policymakers must address the thinning health-care workforce. The outpouring of support for health-care workers amid the pandemic has been appreciated — I’ll never say no to a free slice of pizza — but serious investment in recruitment and training is urgently needed. Better incentives to enter the field would include more scholarships and improved loan repayment options.

What I’ve described is happening in a state with a fairly high vaccination rate, a vaccine requirement for state and health-care workers, and a renewed mask mandate. Many other states, particularly in the South, are eventually going to have to do much more to address the crisis if it is going to be resolved. The steps should include mandating vaccines wherever possible and mandating masks for indoor public spaces, in schools and especially in areas experiencing high transmission.

We owe these solutions not just to those who will suffer needlessly from covid, but also to those being deprived of the quality care they deserve because of unvaccinated Americans’ irresponsibility.

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