

THE United States has one of the highest number of Covid-19 infections and deaths in the world. As it struggles to contain the spread the deadly virus, we hear of shortages of hospital beds, ventilators and even personal protection equipment (PPE).

Inevitably, the doctors, nurses and other frontliners are stretched to the limit, putting in long hours. One of them is a young and talented Malaysian, Dr Avinesh Bhar who has made his home country proud.

Born and raised in Kuala Lumpur, Avinesh is a pulmonary, critical care and sleep medicine physician and recipient of the Asia 21 Young Leaders Award, Class of 2016. The Asean scholar, who is an International Medical University (IMU) graduate, has an MBA from the University of Chicago. He is also the founder of the first integrated sleep and pulmonary telemedicine practice, named Sliip, while based in Macon, Georgia.

He was one of the 33 professionals from 24 countries - representing the private, public and non-profit sectors - selected from across the Asia-Pacific listed on Asia Society which is founded by the Rockefeller Foundation. The only other Malaysia previously listed was politician Khairy Jamaluddin.

Avinesh has spent months treating Covid-19 patients. Interestingly, he is married to Dr Manvin Gendeh who is also in the frontline treating Covid-19 patients. He was featured recently on Asia Society's Asia Blog where he spoke on telemedicine, the future of healthcare and the imperishable moments of his career.

What struck him most treating coronavirus and what makes the virus so unique and difficult to deal with
One thing that we've learned is how fast people seem to fall apart. They come in short of breath, requiring a little bit of oxygen, and then take a turn for the worse very quickly. Not all of them do this, and that's another thing: Covid-19 is difficult to predict. We don't know which patients will decompensate, and when they decompensate, they do it very quickly.

On who are more susceptible to dying from COVID-19 and to what extent factors like one's sleeping and eating habits contribute

Typically, a pre-existing condition has to be something that's been going on for a while - but there's a lot of gray area. If you have diabetes and poor sleep, for example, does that increase your risk? Or is having really bad diabetes enough? Various things interact with each other, and that we just don't know the answer right now. I don't think people with a touch of diabetes, for example, or sugar levels that are slightly above normal are truly at risk.

We know that age is a big factor. The risk to people above 70 is much higher than to people above 50, which in turn is far higher than to people above 30. If you have obstructive sleep apnea or chronic insomnia, does that accelerate your risk? And at what level? We just don't have insight into that.

His views on the rise of telemedicine and whether it will be more widely accepted post-Covid-19

There are a lot of preconceived ideas of what telemedicine is. I think it's the same thing with massive open online courses: People think you don't get the



Life in the US behind the hazmat suit

Malaysian specialist Dr Avinesh shares on the challenges and imperishable moments of being a frontliner treating Covid-19 patients



Dr Avinesh Bhar

actual essence of an education online, since you don't get to participate in group discussions, etc. But when you actually sit through an online course, you realize that you actually get what you need.

You have doctors in rural areas who have been into telemedicine for a while now, out of necessity. They've bought into the concept already. But physicians in big cities haven't needed it because patients can just jump on the subway or take an Uber to see them in person. A lot of doctors have also held onto the idea that they actually have to see the patient, to read body language, etc., in order to treat them best.

But if we're actually being honest, and assessing how much physical examinations change our diagnoses, the answer is less than we think. And now because of COVID-19, the barriers are slowly coming down. Incentives change behaviour.

Has Covid-19 changed the way we should think about healthcare?

We're realizing that a lot of treatment can be done remotely, and a lot of things can be tracked remotely. The old way, where patients had to walk into a doctor's office every three months to get refills, and so on, is probably going to change. And I think that's going to be for the better.

Another change might be how we manage patients in the hospital. We're going to need a larger outpatient or ambulatory surgery apparatus to augment any health care system. We'd like to think everything needs to have the most cutting-edge technology, but if we focus on what's basic - caring for human beings - then I think that's where the value of medicine will always lie.

On whether he felt his own personal health was at risk when treating Covid-19

I did not think much about my risk. Doctors

are always at some risk of contracting a disease. However, that changed when I was exposed to a Covid-19 positive patient without my personal protective equipment for a considerable period of time and in close proximity. I questioned my "recklessness" in examining the patient (who did not exhibit any Covid-19 symptoms) and my ability to infect my family and other patients. I felt guilty and foolish for putting myself and my family in such a position. It was not a good day. One of my colleagues had even written a living will, just in case.

Looking back on this period decades from now, what is it he will always remember?

There are many, but I'll tell you two. I treated a lady who was asthmatic. Her boyfriend had been exposed to a Covid-19 patient. She came into the hospital, on the general floor. At first, she wasn't so sick - she was comfortable - but then she began to feel much worse. I was called into the ICU at 2am to see her. She was in distress, rapidly declining. I was going to intubate her. I felt so grateful that I could give her the time to talk to her daughter because I knew what direction she was going in. I wish I could give more patients the ability to do that.

I'd heard on social media and for this, I'm grateful for Twitter - how other physicians were using FaceTime for patients to speak to their loved ones. We were so uncertain about the trajectory of the disease and patients on ventilators had such poor outcomes that people often didn't get a chance to say goodbye to their loved ones before they died. This woman had a cellphone that she gripped in her hand. I encouraged her to call her daughter, even though she was short of breath. And she was able to say things to her daughter that she'd always wanted to.

Thankfully, the story had a happy ending: Even though we put her on the ventilator, she recovered and is now doing well. I felt so grateful that I could give her the time to talk to her daughter because I knew what direction she was going in. I wish I could give more patients the ability to do that.

The second story is more tragic. I met a woman in her 40s who had lost her father two weeks prior to Covid-19 in my hospital's ICU. Two weeks later, her mother was there on a ventilator and not doing well. We'd implemented some strict visiting rules but it was confusing because they were changing on a day-to-day basis as more information was being gathered. Rules sometimes lag behind data. We were realizing that these rules prohibiting visitation were very restrictive and inconsiderate.

The woman on the ventilator wasn't doing well. I came by and realized that I couldn't predict what would happen in the next couple of hours, much less whether she'd survive the day. Despite the rules, I felt very strongly that the woman's daughter, who had already lost her father, should at least be called and given the option to visit. We were able to get her permission to come. And her mom died within half an hour after her daughter's arrival.

For me, to see the woman at her mother's bedside, even though it was a poor outcome - it would have been a lot worse if we had just followed the "no visitors allowed" rule. We're glad that we were able to bring her daughter to her bedside. So, these are the images that will stick with me. - *The Health*

