# OPHTHALMIC HOSPITALIST INTEREST GROUP NEWSLETTER

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### We have a new look! We hope you enjoy our updated format.

### **AAO 2020**

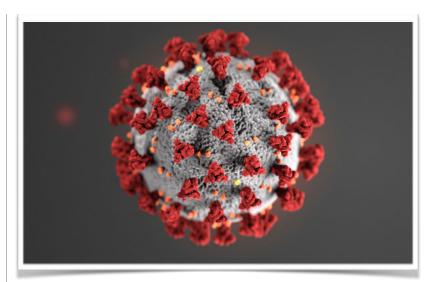
Assuming the academy is still happening this fall, we are working with the AAO to set up a group meeting. We would love to see you all there (and hopefully celebrate the end of COVID-19.)

### **OHIG Website**

We are putting together a new group website! Details coming soon.

# **Web Based Conference**

With all the recent push for tele-communication, we are inspired to set up a virtual meeting for OHIG in the coming months.



# **Articles**

Evaluation of Coronavirus in Tears and Conjunctival Secretions of Patients with SARS-Cov-2 Infection -Journal of Medical Virology, February 2020.

Viral PCR is used to detect COVID-19 in tears and conjunctival secretions from infected patients in China with conjunctivitis. These findings influenced some of the precautionary measures recommended for wearing protective goggles when examining high risk patients.

Characteristics of Ocular Findings of Patients with Coronavirus Disease 2019 in Hubei Province, China -JAMA Ophthalmology, March 2020.

Hot off the press! An interesting article reviewing ocular manifestations in COVID-19 patients. These findings may be present in those with more severe systemic disease.



### **PEARLS**

Articles for physician well being in an unprecedented season of patient care

1) Atul Gawande's editorial "Keeping the Coronavirus From Infecting Health Care Workers"

https://www.newyorker.com/ news/news-desk/keeping-thecoronavirus-from-infectinghealth-care-workers

2) Stanford Author Jamil Zaki's encourages the practice of "distant socializing" to help promote needed community

https://news.stanford.edu/ 2020/03/19/try-distantsocializing-instead/

## Ophthalmologists Are More Than Eye Doctors - In Memoriam Li Wenliang - AJO, March 2020.

A thoughtful editorial written about the "whistle blower" ophthalmologist in China who astutely observed the first few cases of suspected COVID-19 in China. He voiced concern about an early pandemic, but his warnings were reprimanded by his government who accused him of "spreading rumors." Dr. Wenliang ultimately passed away at the age of 34.

#### **CONSULT ROUNDS**

You receive a consult from the MICU about a 52yo female with recent travel to Italy who presents with fever, chills, and rapid respiratory decline requiring intubation. She is placed in isolation and her infectious work up includes COVID-19 testing results of which are pending.

The patient has a red eye and reported subjective vision changes just prior to intubation. The primary team requests an ophthalmology consult.

As you hang up the phone, you pause to reflect on the situation. You are healthy and have a 9-month old infant and elderly grandparents living with you. You also have a resident working with you. You grapple with professional and personal concerns.

What would you do?

- A) See the patient since physicians have an ethical obligation to care for patients even at risk to themselves
- B) See the patient without the resident to minimize exposure risk
- C) See the patient since you may lose your job if you do not provide expected coverage for the hospital
- D) See the patient, but only after COVID-19 test results come back negative
- E) Decline to see the patient since physicians have the right to protect themselves (like anyone else) during pandemic outbreaks

Vote here, responses are anonymous: www.surveymonkey.com/r/2CDP3TR