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Where Did SARS-CoV-2 Come From?

Steven L. Shafer, MD
Editor-in-Chief

On June 15, Dr. Marcia McNutt, Dr. John Anderson, and Dr. Victor Dzau, presidents of the National Academy of Sciences, National Academy of Engineering, and National Academy of Medicine, respectively, published a letter whose title says it all: “Let Scientific Evidence Determine Origin of SARS-CoV-2” (asamonitor.pub/3vNiwi2). This is both a call for scientific equipoise, and a call for those who seek political gain from the dialog to stand down so the tools of science can be applied dispassionately.

There are three competing hypotheses for the origins of SARS-CoV-2:

1. In late 2019, a bat coronavirus underwent one or more recombination events creating SARS-CoV-2. Although horseshoe bats were the likely source, it could have been in an intermediary species such as a pangolin. This was transmitted to a human, where its high affinity for the ACE2 receptor launched the COVID-19 pandemic. This is the “zoonotic theory.”
2. In late 2019, SARS-CoV-2 residing in a bat or other wild creature escaped

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Hospital Interest in Age-Friendly Health Systems Movement Spikes During COVID-19

Jolynn Tumolo

Last year’s surge in hospital participation in the Age-Friendly Health Systems initiative was somewhat unexpected by insiders at the Institute for Healthcare Improvement (IHI).

“We originally thought people were going to put our program on the shelf because of all the COVID-related work,” recalled Alice Bonner, PhD, RN, FAAN, senior advisor at IHI. “We were completely wrong.”

In fact, a whopping 1,671 health care sites in the United States signed up for IHI’s Age-Friendly Health Systems initiative between March and December of 2020 alone. That amounted to an 85% jump in participation in the program – or “social movement,” as

Alice Bonner,
PhD, RN, FAAN

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Anesthesiologist Delivers Life-Saving Home Care Amid Indian COVID-19 Crisis

Gordon Glantz

Declaring victory over COVID-19, while tempting for leaders in countries where weary and wary populations are anxious to put their masks away and get back to normal, can be a bit of minefield strewn with explosives.

This past winter, while the United States and other countries were looking to roll out vaccines and get a leg up on the scourge that had been surging again through the 2020-21 winter, victory was declared in India.

What followed were mass migrations from cities to rural areas and several super-spreader events – cricket matches in stadiums, religious festivals, and political rallies during the election month of April – and a surge that saw almost 315,000 cases in a single day (including 4,000 deaths).



On a house call, Dr. Thanigai checks the vitals of a patient with COVID-19.

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SPECIAL SECTION

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and Our Profession

Guest Editor: Sam L. Page, MD, FASA

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Life-Saving Home Care

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India, which had managed the pandemic relatively well – at least according to statistics that may have been skewed by lack of testing and a younger population – had again become a COVID-19 hot spot.

An enormous amount of stress was placed upon a health system that does not enjoy many of the accepted luxuries of the Western world.

As the ferocious second wave enveloped India, volunteers were needed on the front lines, and many answered the call.

Among them is Dr. M. Thanigai Vendan, a senior consultant/anesthesiologist and critical care specialist. A first-generation physician in his family, Thanigai now heads the Department of Anesthesia at Chennai Meenakshi Multi-Speciality Hospital and was following his passion for social service in the war on COVID-19.



Dr. M. Thanigai Vendan



Dr. Thanigai treats a COVID-19 patient in his home care clinic.

the opening of many COVID care centers and the increasing the production of oxygen by the government.

For his part, Dr. Thanigai started his own home care clinic during the first lockdown in March 2020, registering himself with Just-Dial App to receive inquiries for home visits. After a slow start, it soon filled needs for home ICUs.

He has his own lab team for blood collection and mobile X-rays, as well as nurses and technicians to deliver antibiotics, I.V. fluids, catheterizations, and more. Meanwhile, a couple from the United States sponsored the addition of 10 oxygen concentrators.

The Nissan Sunny vehicle Thanigai uses to get from patient to patient as quickly as possible in and out of the “megacity” of Chennai in South India, where the second wave hit hard, is equipped with oxygen concentrators, an



Dr. Thanigai assesses patients in his home care clinic.

AMBU Bag, and BAIN circuit, as well as all the necessary I.V. equipment, antibiotics, and masks/face shields.

Patient gratitude

“Though I was busy, tired, and emotionally carried, I was very aggressive in achieving my target of saving the patient,” he said, adding his typical workday was 9 a.m. to 3 p.m. followed by a second shift of 7 p.m. to 2 a.m.

Although it was a dire scenario, with life-or-death consequences, Dr. Thanigai was lifted by the belief that he was fulfilling his dream of home ICU care.

His efforts did not go unnoticed or unappreciated, as many of his patients – as many as 80 at once – sent notes of gratitude for saving their lives.

One example came from the daughter of parents who were treated by his mobile clinic:

It was sheer pleasure that we got to know Dr. Thanigai, who helped my parents overcome novel Corona with appropriate medications. He is one of the best doctors we have ever come

across. We felt absolute comfort and confidence on the diagnosis and truly amazed over the outright measures as was given by him to defeat the disease. We really admire his body of work, his dedication and sacrifice amidst all chaos. We are forever grateful to the lifesaver.

*Thank you doctor,
-Neeraja*

Hope for the future

At present, the numbers are starting to level off and even trend downward in India, where the large nation will be more prepared for future spreads and variants.

The initial period from the second week of April 2021 to the third week

of May was hectic. Dr. Thanigai says he used to get 200 phone calls from patients and their attenders. He estimates that he traveled 4,000 kilometers in the five-week period, seeing 75 families and between

“The Nissan Sunny vehicle Thanigai uses to get from patient to patient as quickly as possible in and out of the ‘megacity’ of Chennai in South India, where the second wave hit hard, is equipped with oxygen concentrators, an AMBU Bag, and BAIN circuit, as well as all the necessary I.V. equipment, antibiotics, and masks/face shields.”

132 and 150 patients (many, including children, were in the same family).

“I can see a light at the end of the tunnel,” he said. “Things are getting better here in Chennai now.”

Dr. Thanigai’s is just one out of many stories of the unsung heroes who are working to help turn the tide in India. As mortality and hospital waitlists remain high, physicians like Dr. Thanigai are offering their patients hope in a desperate situation. Although India is in the midst of a catastrophic emergency, the actions of Dr. Thanigai serve as beacons of light shining on the path to recovery. ■

Anesthesia History Association (AHA) Seeks Nominations for David M. Little Jr. Prizes

Every year, the AHA awards the David M. Little Jr. Prize for the best work of anesthesia history published the previous year in English in each of three categories:

- Book or e-Book
- Journal or e-Journal article
- Audiovisual Medium.

The prize is named after Dr. David M. Little Jr. (1920-1981), a long-serving Chair of Anesthesia at Hartford Hospital, Hartford, Connecticut. For many years, Dr. Little wrote the “Classical File” series of history columns for the “Survey of Anesthesiology.” Winners are announced each October by the AHA during the ANESTHESIOLOGY® annual meeting.

The 2021 awards are for works published in 2020. The deadline for this year’s nominations is **September 1, 2021**, and all nominations should be sent electronically to Corry “Jeb” Kucik, MD, FASA, at jkmd97@gmail.com. ■



Dr. David M. Little Jr.