

AUA Inside Tract Podcast Transcript  
Episode 95

*Voices of Urology: COVID-19's Impact on Canada and the Global Healthcare Community*

**Host:** Today on the "AUA Inside Track Podcast" we're joined by AUA secretary, Dr. John Denstedt. The World Health Organization reported the first cases of COVID-19 in Canada on January 28th. By April 1st, the country had nearly 7,700 cases overall with more than 2,300 cases in Dr. Denstedt's home province of Ontario. Dr. Denstedt is a professor of urology in the Department of Surgery at the Schulich School of Medicine & Dentistry in London, Ontario, Canada. You and I had talked probably in February previewing the physical programming that we were anticipating to be at AUA 2020, that was about maybe a month-and-a-half ago, and a lot has changed since. What do you want to tell me about that?

**Dr. Denstedt:** Okay. See, it's I'll recall that discussion very well and you're right, it was just a four to six weeks ago. So it's incredible how the world has changed. We're in, really, a completely different world now. And we hear the word unprecedented a lot and that's absolutely true. And we are in an unprecedented time here. Eventually, we'll emerge from this, of course. I think the global community is coming together in the struggle. Urology is already a very tight-knit community around the world and I think this will serve to bring us even closer together for the missions that we have of patient care and of teaching and research. So we'll look, of course, for some positive outcome out of all of this.

And we're learning. As we go along here, we're, I feel like, on the fly looking for different opportunities to, for example, distribute education and also for patient care. Telemedicine has very quickly become adapted for caring for patients. for providing follow-ups. And we're learning a lot about these technologies and how to do these things effectively, safely and correctly. So we're looking for all opportunities and learnings that we can to adapt to for the future as well.

**Host:** Dr. Denstedt, what are you seeing in Ontario and what is your institution doing right now to combat the COVID-19 crisis?

**Dr. Denstedt:** My hospital is one of the larger teaching hospitals in Canada. We serve about 1.6 million people in this part of the province. And of course, similar to many other places, the situation has really been turned upside down, I have to say. So the hospital is, of course, under controlled entry into the

building and that's for the physicians, the healthcare providers, and for visitors and so forth. We received a new direction just today and that is that all of the healthcare providers, the physicians, nurses, everyone in the clinics and so forth or at the hospital will now be wearing masks at all times when we're seeing patients.

As far as the surgery goes even as late as last week, we still had some more work time for doing scheduled mostly urgent cases and now this week we are just about completely down to emergency cases only. So for us in urology, that's trauma, testicular torsion, sepsis, say from an obstructing kidney stone, and just a handful of cancer cases where it's a life and death situation. And that applies to this sort of approach to all surgical services whether it's cardiovascular or orthopedics or general surgery, and certainly urology.

And of course, this is creating very difficult decisions that have to be made to which patients will go to the OR, which ones will not, but certainly, the vast majority of patients right now are being deferred. And I think across Canada, it's pretty much the same approach and the same experience. I understand things might be a bit worse in Montreal been talking to colleagues over there that they seem to be a bit earlier on in this cycle of whole things with many, many cases and lots of cases in the intensive care unit being ventilated and so forth. Actually, at my institution, we currently, I think the latest numbers have a little bit less than 20 cases in the hospital but it's anticipated that that's gonna increase very significantly over the next few weeks.

And deferring all that surgery is going to create a huge backlog, of course, whenever when the time comes, let's hope and pray it soon that we emerge from this, there's gonna be a tremendous backlog, of course, of surgical cases to do. On the front lines right now here, at least in my institution, the docs, the urologists are not being redeployed to do other things outside of urology but there's talk that it might come to that but currently, we're not. Our nurses, though, in the clinic, many of them have been redeployed to other duties.

And as mentioned in the outset, we're a teaching hospital so this has really affected our trainees. So the residents, the fellows have all been ordered to stay at home, so they're not in the hospital system to decrease the flow of people through the hospital. So obviously, that's really significantly impacted their training experience. And even our Royal College Exams, which are the equivalent to, say, the ABU, American Board of Urology, those typically would have been held in May, so next month, so those have now have been deferred, canceled, which is really affecting these young people, of course.

And then lastly, research, we've got a large research institution, research-associated facility, and that essentially closed down. The research has ground to a halt. The clinical trials and everything else had been completely disrupted and halted and stopped and so it's really affecting the progress of research as well. That's just at the community level. We're not in a complete lockdown in our city unlike what we've seen in China, Italy, New York City, for example, but we're probably headed in that direction. You can see the trajectory, so essential businesses are still open, not in a complete lockdown, but certainly, everybody is being encouraged to stay at home, quite appropriately.

**Host:** Is Canada rolling out those measures and guidelines as far as lockdowns, is that by province or has that been nationwide?

**Dr. Denstedt:** It's at both levels. So some of the directions come at the federal level and certainly our Prime Minister, Justin Trudeau, we've certainly all seen him in the media and he has been quite out front with all of this, so some of the direction comes at the federal level. Healthcare is actually a provincial jurisdiction for the most part. So how our hospitals function, the directions we're getting about closures, wearing of masks, many, other directions will come at the provincial level, so it's from both. And then in our own community, we have public health, of course, here in our own city and we're getting directions from them about how things are being conducted here in our community.

**Host:** With your role as AUA secretary, there's certainly a lot of international outreach involved. Just take me through how the international urologic community is staying connected.

**Dr. Denstedt:** So the AUA has a very, very strong international profile. And just a couple of metrics related to that. At least a third of our members are outside of North America and over a hundred countries all over the world. And our attendance at the annual meeting, which has now been canceled, of course, the in-person annual meeting, which was to be held in Washington, D.C. is canceled. Typically about half of all of the attendees come from internationally. Basically, we have a very strong connection with many, many international colleagues.

And we've seen a lot of the international meetings similar to AUA either being canceled or postponed, this includes the Australian meeting. And actually, I was halfway on my way to Australia, just getting ready to board an aircraft in Vancouver when I got a text that the meeting was canceled, so I turned around and came home. But beyond the Australian meeting, we have the Canadian national meeting, the European meeting, the British meeting, Japanese meeting,

a number of these had been canceled. Some have been rescheduled later in the year, the Japanese meeting, the British meeting and hopefully, those will unfold but, of course, everybody is monitoring this very carefully. And even countries that are somewhat smaller in terms of their national organizations, we had programs scheduled in Kuwait, in Thailand, and all of that now is gone as well.

So how are we communicating? Of course, we're like most other people using electronic means to communicate as best we can. There can be email, text, using WhatsApp, a variety of video conferencing technologies to kind of keep the wheels turning and keep things going. I've had some very personal communications as well from very good friends in China, Italy, Latin America who've related the stories from their own communities and what's happening, the impact, and also stories of hope of how they're adapting change in practices and keep them functioning for the patients and for their organizations.

So with all of these deferrals and cancellations, it's certainly...we're hoping it's gonna be a very busy fall of this year that many of these meetings have just scrolled forward into the fall. And we hope that all of those will go forward and will continue, of course, as a way to be involved and contribute however we can to support those meetings.

**Host:** Is there anything else you want to tell us about how the urology community is being impacted overall or how the general global healthcare community is coming together?

**Dr. Denstedt:** The impacts are everywhere and we've talked some about that already on the patients, obviously, first, but also on education on our trainees, on distribution of urologic knowledge by way of our typical meetings, research as well as most institutions, just like mine, has either slowed down or just ground to a complete halt so it's affecting processes there. And in the longer-term, and actually in the short-term, of course, as well is just the financial outcome of all of this for institutions, for individuals, for national organizations is going to be immense. We don't know the scope and scale of that yet, obviously, but there's no question it's going to be significant.

On the other hand, this brings out the best in people. We've got a common struggle going on here for humanity, not just urology, obviously. It is bringing people together. We see lots of examples of that of how people are being brought together to overcome this problem whether it's locally, nationally, or internationally and cope and deal with this as best they can. So we're seeing incredible stories of heroism amongst healthcare workers and providers, what they're doing for the patients and so forth, it's inspiring. In the long-term, we are looking towards the efforts as regards vaccine, research institutions and

governments and research agencies are directing tremendous resources towards finding solutions to this, the underlying problem, be it either by way of vaccine or effective treatments and so forth and we're all, of course, hoping for positive results from all of that.

**Host:** Do you have any insights or advice for colleagues in other countries as they manage through this COVID-19 pandemic?

**Dr. Denstedt:** Stay strong, stay well. People have to look after themselves as well, look after your families. Clearly, we need to follow the public health directives that we're getting as far as physical distancing and so forth and physicians who are leaders in their communities can serve as good examples for family, for others about compliance with these directives, which was really, kind of, what we're left with right now in terms of fighting those problems. I think the world will come out ahead, we hope, at the end of all of this and I'm, again, inspired by some of the stories we're seeing how this is bringing people together to deal with a very, very difficult situation.

**Host:** Dr. Denstedt, do you have any other final thoughts for us before we wrap it up here today?

**Dr. Denstedt:** Well, of course, our hearts go out to all of those who've been affected. There's obviously been a lot of mortality in various communities related with this viral pandemic and including healthcare workers tragically who on the front lines dealing with these problems. So again, our hearts go out to all of those family members who have suffered such a loss. In urology, we're continuing to work hard and certainly here at the AUA to keep our programs going, to keep them moving, and to keep things well-positioned for the future. And we look forward to better times as soon as possible here.

**Host:** Dr. John Denstedt is the AUA secretary and he is a professor of urology in the Department of Surgery at the Schulich School of Medicine & Dentistry. Thank you for your time today, Dr. Denstedt.

**Dr. Denstedt:** Well, thank you, Casey. Take care. Stay well.