

AUA Inside Tract Podcast Transcript
Episode 111

Voices of Urology: COVID-19 in India with Dr. Mallikarjuna Chiruvella

Host: We are back here on the "AUA Inside Tract" podcast. I'm going to have our guest introduce himself right now.

Dr. Chiruvella: This is Dr. Mallikarjuna Chiruvella from Hyderabad in Central part of India. I'm the president-elect of Urological Society of India, this national organization of urologists.

Host: I want to ask about what the current COVID-19 situation is like right now in India and in your institution as well.

Dr. Chiruvella: Well, my institution is basically a single-specialty institution, which caters only for urology and nephrology clientele. The problem at present is significant. But, at present, we are in a lockdown completely which is strictly enforced by the government in all the states in India all across. Next week, possibly, they might be relaxing some rules of lockdown. So we don't see many patients coming to us, in the last one and a half months, about six weeks.

So the scare of the disease, advisory by the government not to go to the hospitals unless deadly necessity and the creation of separate COVID hospitals for patients who have got symptoms similar to COVID, that is the reason why we don't see many patients coming. Possibly my hospital load has come down to 15% to 20% of normal.

Host: How did your hospital prepare for this pandemic?

Dr. Chiruvella: Well, it was all sudden. In fact...well, we have somewhere around 1,500 dialysis which happens every month at our place. So we are more concerned about the dialysis patients, while we took some universal precautions for all those dialysis patients looking for their health, looking for symptoms of COVID in those patients. And fortunately, we didn't have any till now.

And possibly there is a significant amount of community understanding about social distancing in higher status clientele who look into this sort of private hospitals. So possibly we don't see many of these patients turning into COVID positiveness. And well, more and more important for us most likely is going to be taking care of the healthcare professionals.

We are going to be of limited in number in our society mostly. The ratio is you all know, that is the least when compared to any part of the Western world. But still we are taking care of our own, with some element of engineering or administrative controls. We are looking at safety of the healthcare professionals in case they tend to get exposed to this COVID in near future once this lockdown lifts and everybody starts moving around.

Host: Can you tell me about how life has changed in India and what day-to-day life is like now on a social level now that we have these social distancing measures in place?

Dr. Chiruvella: Well, the life is completely changed. I don't have any even a thought they wouldn't, it's not things not so. Well, we're still in a lockdown. The lockdown still continues, and possibly may end or, in a phased manner, may end up by this month, May ending. So there is no social life at all. Some people who are into the healthcare or into sanitation or into maintenance and police are the only people who are seen on the streets.

And majority of the people are either taking off some grocery shops, that's all with a good social distancing measures. So I don't know what happens in after the one month, but one thing which is...it takes a long time to get erased from the brains regarding this scare of COVID, and the importance of social distancing, which may retain in their brains for the next few years to come.

Host: Is there anything else that you want to say about how this pandemic has impacted the urologists at your institution and how their patient care has changed?

Dr. Chiruvella: Well, urologists per se, the patient care regarding their basic disease has not changed. Possibly our thinking process has gone back. We have become too fast in our approach, coming up many cases in a day. And possibly we need to slow down and make those typical measures which are necessary so that nosocomial contamination or cross infections don't happen.

And second thing is we are looking at an increased cost, which can happen through treating the simple ailments also. Already there is a big cost which is involved in new technologies which have evolved in the last 20 years. And now, with this additional cost of so much of PPEs etc., onto each patient, the cost of healthcare is going to be very, very, very...increasing it possibly by 15% to 20%, not low less.

Host: In your opinion, how will the pandemic impact and change the global healthcare community both in India and around the world?

Dr. Chiruvella: I would say that the change will be better for India, because they start looking at the investment into primary healthcare. The problems that are facing now because of the lack of the primary healthcare infrastructure, which is not in place possibly to this level. Of course, nobody expected this requirement in before. But now the investment into the healthcare and infrastructure into healthcare is going to happen. Instead of spending on defense, possibly, people will start spending on healthcare, which is good for the country and for the people. That's what my sincere opinion is.

Host: Do you have any advice for your colleagues around the world as they battle this pandemic based on what you've learned through your experience?

Dr. Chiruvella: Yes, that's what is worstly because we have no experience about this, the knowledge is very primitive. And majority of the knowledge is spread by the WhatsApp communication only. In fact, in the last one month there is nothing coming up on news channels, coming up on WhatsApp news, etc.

So the basic knowledge of the medicine and how the microbes or viruses behave, and to their practice how they should evolve or change and prevent themselves getting infected and prevent other patients getting infected for a possible suspect, everything is evolving. Everybody is looking at their own ways of evolving their own new measures in their own institutions and trying to practice it for their safety.

Host: Do you have anything else to add or any other final thoughts for us before we wrap it up here today?

Dr. Chiruvella: My feeling is there should be possibly an interaction between all the communities in the world or all the health experts in the world to understand it and give some guidelines in managing the show. I can understand that this is a time where the guidelines cannot be brought in because everybody is fighting the war. Possibly at the war ends or war becomes a little weaker now in the rear or months to come possibly, everybody should put a set guidelines which need to be practiced everywhere in the world.

Host: Thank you so much for your time today and for joining us.

Dr. Chiruvella: Thank you. Thank you, Casey. It's nice talking to you.