



Beirut Blast: Life After 100 Days

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Hundred days on from the blast in Beirut, this life changing event that caused the destruction of many healthcare institutions and declaring a general state of medical emergency; Lebanon is still crumbling under shock, the tunnel keeps getting darker. We are going to share the perspectives of several physicians from different departments at Saint George Hospital University Medical Center (SGHUMC) throughout this article.

Beirut Blast: A Cardiologist's perspective

The cardiology unit at SGHUMC was amongst the top leaders in the country and the region. It had a highly specialized team of staff and physicians trained in various disciplines. The hospital boasted one of the most advanced electrophysiology centers in the Middle East. Complex ablations and electrophysiological studies were performed almost daily and hundreds of devices including pacemakers and defibrillators were implanted yearly. A yearly average of around 1000 cardiac catheterization and angioplasty procedures

were performed. Structural heart procedures, including transcatheter aortic valve implantation (TAVI) and transcatheter aortic valve replacement (TAVR) were performed routinely. The service included a non-invasive lab, with echocardiography, stress test and tilt table testing. Almost a daily average of 20 echocardiographs were done as well as stress tests. Sadly, all of this started diminishing as the economy grew weaker and as COVID ravaged the world. The invasive procedures were the most affected. The material used in complex arrhythmia ablations were all imported and were already pretty expensive; but as supply dwindled, the price went up, thus forcing the insurance companies to refuse reimbursing such advanced procedures. The ablations were becoming less frequent and were almost at a halt even before the bomb.

The blast was similar to kicking an already ailing and injured person in the gut. The hospital was forced to shut down completely for over a month, after which it opened with limited capabilities. By

then the economy had hit rock bottom. As cardiology fellows, we went on from performing tens of echocardiography a day to almost a few weekly. Ablations and all electrophysiological procedures are now a thing of the past.

Beirut Blast: An infectious disease specialist's perspective

Before the explosion, Saint George Hospital University Medical Center was one of the first responders to the COVID-19 pandemic on a national level. It consisted of a drive-through SARS-CoV-2 testing center, a "fever clinic" located on a separate side of the hospital for walk-in patients, a "fever emergency department" separated from the regular ER for the symptomatic ones, a dedicated COVID-19 intensive care unit, and a COVID-19 ward.

Post explosion, and I say it with a heavy heart, we lost the battle; the battle against COVID-19. However, only weeks post blast, we started over. We were ready to receive COVID-19 cases in a new established unit, currently functional at around 60% compared to the previous one because of many challenges; the blast and the worsening ongoing financial crisis. The same structure of the unit was adopted but locations were changed.

Beirut Blast: Internal medicine's perspective

A normal internal medicine senior resident would be worrying about how to optimize his clinical electives in order to properly decide and secure a fellowship position. Instead, we are facing the greatest financial and healthcare crisis no country has ever did.

Due to the devaluating local currency, our healthcare system is severely threatened, compromising our medical education and training. This has been mainly noticeable by the increased need to replace prescription drugs with second-line treatments and even delaying inpatient medical procedures in order to save up equipment for potentially urgent cases.

Even though most hospitals are fighting to survive, some institutions have fought with great courage. In fact, by expanding their healthcare to peripheral hospitals that have not been damaged by the blast, SGHUMC was able to provide a widened clinical exposure to its doctors and prevent mass unemployment. However, this is at

the expense of a decreased faculty-to resident ratio and less supervision of the program.

Following Beirut blast, clinical rotations for medical students have been suspended immediately; residency rotations and virtual teaching sessions have also been ceased until further notice. Surgeries and clinic consultations canceled. Residents dismissed home worrying about how their rotations will be affected in the long run after this blast while rushing to aid in the restoration of our hospital. With the return of some of the hospital functions in around 3 weeks, SGHUMC was partially accessible.

Hundred days since the blast, the number of patients admitted on the open wards is fewer than pre-blast, consequently, the volume of clinical exposure for the residents is reduced. Shortage in medical supplies after having a large amount damaged or ruined made us and our doctors handcuffed in certain situations. Moreover, there was a decrease in elective procedures and non-invasive diagnostic tests which also led to less exposure to different technologies and techniques of practice that are needed to master the skills of handling the machineries. Last but not least, our residents are suffering from mental distress, post-traumatic stress disorder and anxiety, as they still grieve while passing through the damaged areas of the hospital.

Beirut Blast: An oncologist's perspective

Contributing in "Beirut Blast: An oncologist's Perspective" that was written weeks after the explosion, it pains us to see that reality today is even grimmer than our initial speculation [1].

As days pass by, medical oncologists in Lebanon are facing a lot of challenges along with their cancer patients. Numerous chemotherapy drugs are out of stock. Other biological and immunotherapy agents are out of budget. We are not able to provide a proper treatment regimen for our patients. We are not able to perform our duty and cure their cancer. We are not able to improve their quality of life. Instead we can only watch the pain kick in. This is a result of the financial crash that we are facing along with the blast's challenges. What shall we expect more? Shall we abandon our patients and let them die at home? Is there a moral high ground we could possibly attain?

It is also important to mention, that today more than ever, physicians are considering to leave Lebanon behind, and immigrate. They are convinced that the healthcare system in Lebanon is incorrigible. Among those, are some brilliant talents in the field of oncology who are being forced to chase their future prospective abroad in pursuit of a normal career.

The day hundred and one, after 100 days

On the day hundred and one, shall we look forward to the future or will it keep on getting darker? Shall we prepare ourselves and loved ones for a non-equipped medical country on all levels? From where I stand the light on the end of the tunnel seems far down the road, Beirut is still severely injured.

Bibliography

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