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THE EXPERIENCE OF UK TRAINED DOCTORS WORKING ON THE FRONTLINE IN QATAR DURING THE COVID 19 PANDEMIC

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Abstract

The authors of this article are UK Trained General Practitioners who are currently working in Qatar. They have been at the frontline of providing care during the Covid 19 pandemic and have been the first point of contact for most of the patients presenting in primary care suffering from COVID like symptoms. This article shares their experience and how the health service was in an optimal position to help reduce the mortality rate and there was an effective testing and tracing regime which helped identify the cases promptly. It elaborates on the importance of optimizing the chronic disease management of patients to reduce the mortality and give a brief comparison to the outcomes of Covid sufferers from the BAME community in the UK. It discussed the non-communicable disease model to ensure the ongoing follow up of these patients on a regular basis to ensure they are compliant with their medication, During the pandemic a lot of the consultations were conducted over the phone and it discusses the benefits these measures had on improving the health outcomes. It discusses the excellent response from the government during the pandemic and the excellent communication maintained throughout between the health agencies, government departments and the health professionals.



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1. INTRODUCTION

The State of Qatar is home to some 2.88 million people. A significant proportion of the population, approximately 2 million are migrant workers, the majority hailing from India, Nepal, Bangladesh, and Pakistan. Qatar is also home to several other nationalities from the Arab World, Europe, and Africa.

The Covid-19 pandemic in Qatar is part of the worldwide pandemic of coronavirus disease 2019, caused by severe acute respiratory distress syndrome coronavirus 2 (SARS-CoV-2). The first case of COVID 19 in Qatar was confirmed on 27 February 2020. As of 18 September 2020, there have been 209 deaths related to COVID 19. Qatar's death rate of 67 deaths per million population (death rate of 0.17% for all confirmed cases) is one of the lowest in the world in spite of one of the highest numbers of positive cases diagnosed per million in the world (40702 confirmed cases per million).

The increased number of confirmed cases in Qatar was consequent to increased testing (252557/million) which was the fifth highest in the world. The total number of tests performed in Qatar to date was 714,183. A robust contact tracing and opportunistic screening was employed.

2. *Impact of COVID 19 in United Kingdom*

The novel coronavirus which causes COVID-19 has been associated with high morbidity and mortality worldwide, with the USA being the most affected country in terms of cases and mortality. Europe has been severely affected and the UK was the worst affected country in Europe. According to the Office of National Statistics, UK, there were 374228 confirmed cases of COVID 19 as of 15/9/2020 and 52376 deaths.



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The mortality rate was 626/million population (11.13% for all confirmed cases). [18] 5595 deaths were in the <65 age group accounting for 8.9% of total deaths.

The worst affected groups in the UK have been the Black, Asian and minority ethnic community. According to the Office for National Statistics, UK, males of Bangladeshi, Pakistani and Indian ethnic background had a significantly higher risk of death from COVID-19 (1.5 and 1.6 times, respectively) than White males once region, population density, socio-demographic and household characteristics were accounted for.

Unlike in the UK, the South Asian population in Qatar experienced one of the lowest COVID 19 mortalities. This is despite the population in both these countries having the same genetic makeup. The low mortality in Qatar calls into question why this could be and what measures should be adopted to reduce the morbidity and mortality of South Asians living in the UK and beyond from COVID 19.

The purpose of this article is to highlight how Qatar has managed to establish a world class health care system resulting in one of the lowest rates of mortality from COVID 19 in the world.

3. Healthcare Services in Qatar

Qatar has a very high quality and robust health service with 77.4 doctors per 10000 population which is the highest in the world. The premier healthcare provider in Qatar is the Hamad Medical Corporation which was established by the Government as a non-profit healthcare provider, and runs a network of hospitals, an ambulance service, and a home healthcare service. It is affiliated with Weill Cornell University, USA.

The Primary Health Care Corporation is an independent organization which operates through 27 primary health care centers throughout Qatar and provides easy access for patients. Health services are free in Qatar with free consultations and blood tests. Prescription medications are subsidized by the Government of Qatar; patients pay approximately 10% of the retail price of the medication.



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There are dedicated social workers within the PHCC who can waive the fee for those patients who are unable to afford the minimal cost of their medication. This is a tremendous service being offered to the expat population who have mostly come on low skilled jobs and would not have otherwise been able to afford the cost of a consultation with a doctor, regular blood tests and the cost of their medication.

The services offered by the PHCC in Qatar are one of its kind in the GCC in that expats do not have to rely on costly private insurance for health care. The expat and local Qatari population are offered the same treatment with no bias. They are offered world class treatment in the Government run PHCC by doctors, the majority of whom have trained in the UK, Australia, and Canada. The standards are extremely high, with these doctors undergoing a stringent selection process before being recruited. The doctors undergo regular appraisals and must keep up to date with their continual professional development. The patients would not have been able to access similar services of such a high standard in their home countries due to the issues of affordability in the private hospitals and the Government health care system being severely underfunded.

In Qatar, every patient who wishes to see a doctor and attends one of the 27 PHCC centers gets seen on the same day as a Governmental policy. Due to the ease of seeing doctors and it being a free service, the majority of the expat population seeks the services of doctors in Qatar and are regularly followed up for varied health conditions primarily among them type 2 diabetes mellitus, hypertension, coronary artery disease, asthma and COPD.

4. Disease burden in Qatar and management of chronic conditions by using the non-communicable disease (NCD) model

Qatar has one of the highest prevalence estimates of diabetes mellitus (17%) in the world. Most of the patients with diabetes tend to have hypertension, obesity, and vitamin D deficiency. There is also a high incidence of obesity in Qatar and the Qatar Biobank annual report for 2016 reported that 70% of the adult Qatari population is overweight whereas 48% are obese.



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Most patients with Diabetes Mellitus need more than two anti-hyperglycemic agents and three-monthly consultations in the PHCC.

Patients with these chronic diseases are managed in specialist clinics called NCD clinics (non-communicable disease clinics) where they are reviewed every three months with bloods tests including HbA1c and the lipid profile amongst other baseline investigations. A multidisciplinary team consisting of a Physician, Ophthalmologist, Health educator, Diabetic nurse, Dietician, and a Smoking Cessation Nurse work collaboratively in the provision of care in the NCD clinic. By optimizing the management of these chronic conditions, and achieving good control of diabetes, the risk of end organ damage and related complications is minimized.

The high prevalence of chronic disease in the community is significant when it comes to the COVID 19 pandemic as studies have shown that patients with comorbidities, such as diabetes, COPD, ischemic heart disease, and obesity have an increased morbidity and mortality when infected with the COVID 19 virus. The South Asian community are at a higher risk of developing chronic disease in part due to their sedentary lifestyles and dietary habits.

5. The Government's Response to the Pandemic

The government was quick to act during the pandemic, introducing a lockdown in March 2020 after the initial cases were confirmed. This was followed by the mandatory requirement for everyone to wear a mask.

The government introduced a groundbreaking contact tracing application “Ehteraz” which became mandatory for every resident and citizen to download on their phones. This allowed for the close monitoring of outbreaks and would send alerts to those who were exposed to a confirmed case, either directly, or because of being in the close vicinity of a confirmed case. This in turn would result in the patient being followed up by a clinician to decide if they needed to have a PCR test for COVID 19 and isolation in an appropriate facility. These measures severely limited the community spread of the virus.



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6. *Our Experience Working in Primary Care during the pandemic*

Working on the frontline as a Primary Care Physician, we managed to observe first-hand how efficient the healthcare provisions in Qatar really are. At the primary healthcare centers the management were quick to act, and a visual triage questionnaire form was introduced. This was based on the WHO definition of SARS-CoV-2 which would streamline patients into low and high risk for having COVID 19 infection. There was a high probability that someone was suffering with the COVID 19 virus if they experienced a new onset of symptoms of an upper respiratory tract infection, fever, or any recent travel to a high-risk area. The high-risk patients were seen in an isolation area within the health center with appropriate infection control measures. Some of the PHCC centers became designated COVID test and treat holding facilities and dealt solely with those patients who were suspected of or confirmed to be suffering with COVID 19.

Virtual consultations were introduced where most of the non-urgent consultations such as requests for medication or to discuss test results were conducted over the phone. A virtual high-risk diabetic clinic was introduced for those who had poorly controlled diabetes with a HbA1c above 8% and those who were on insulin. These measures ensured that those at high risk patients were being managed appropriately and were educated about the importance of optimizing their health to protect them during the pandemic.

There was adequate provision of personal protective equipment for the health care professionals, ancillary staff, and the domestic cleaners. This ensured that everyone was protected from contracting and spreading the virus. At our health center, there were no cases of any healthcare providers contracting the virus from the patients.

The management, nurses, domestic staff, security staff and the doctors all worked as a team to streamline the process of greeting patients at the entrance, completing the visual triage questionnaire, and directing the patients to the correct area of the health center, or advising them that they could avail a telephonic consultation with the doctor.



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This ensured that the health center was not crowded, social distancing was maintained and that no one with any symptoms of COVID 19 was able to mingle with other patients and staff as they would promptly be directed to the isolation area.

The response to the pandemic was brisk and responded to the constantly changing landscape of management of the virus. We were kept up to date via email, SMS and through virtual group meetings with management and the clinical leads. There was a successful public awareness campaign that encouraged everyone to follow the basic steps to help prevent spreading the virus, such as staying at home, washing their hands, and reporting any symptoms to a dedicated helpline.

Conclusion

Before the COVID 19 pandemic, most countries throughout the world focused on controlling healthcare costs. The COVID-19 pandemic has been an unwelcome reminder of just how much health matters not only to individuals and society but also to the global economy.

Globally the COVID 19 pandemic has hit those with underlying diseases like Diabetes Mellitus, Hypertension, Obesity, and COPD the hardest amongst others. The healthcare model in Qatar has always laid great emphasis on improving the health of these patients by regular consultations, timely investigations, and intensive management of these conditions in specialized non-communicable disease (NCD) clinics even prior to the COVID 19 pandemic.

By following the example of the healthcare system in Qatar, we can improve the health of the world's population, and that would not only build resilience against future pandemics but also dramatically improve the quality of life of millions of people who suffer the heavy daily toll of chronic conditions.

There is talk of a vaccination on the horizon, but until that becomes a reality, we need to do everything to contain the spread of the virus.



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The State of Qatar has shown great leadership and vision in treating patients with Covid 19 and keeping the mortality at one of the lowest levels in the world. This success story is a model which other nations should try to learn from. It shows how well prepared The State of Qatar is to deal with any future pandemics and its operational readiness to host major international sporting events, such as the FIFA World Cup 2022, and any other major international events and exhibitions.

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