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news of

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The New York Times says doctors in Alaska are now having to make a choice about who lives and who dies.

In a front-page story, Providence Alaska Medical Center Dr. Steven Floerchinger is quoted saying he gathered with his crisis triage colleagues for an agonizing discussion: One patient in the emergency room had a better chance of making it than the other patient, so the other person would have to wait for a bed in the intensive care unit.

“That patient died,” the story says.

“This is gut-wrenching, and I never thought I’d see it,” the newspaper quoted Floerchinger, who lives in Oregon and travels to Alaska to work at Providence Alaska Medical Center. “We are taxed to a point of making decisions of who will and who will not live.”

“Since that night, more grim choices have had to be made as Alaska confronts what is currently the nation’s worst coronavirus outbreak. Nearly two years after the virus began circulating in the United States, some of the scenes here on the country’s northern frontier echo the darkest early days of the pandemic: testing supplies are depleted, patients are being treated in hallways and doctors are rationing oxygen. With emergency rooms overwhelmed, the governor has asked hundreds of medical workers to fly in from around

the country to help,” the story says.

Medical workers across America are indeed suffering from burnout, and some are leaving the field. Others are being fired because they will not take the Covid-19 vaccine, but hospitals tell mainstream media reporters that the vaccine requirement is not the cause of the staffing shortages.

Must Read Alaska has reached out to doctors in Anchorage who are disputing that care is being rationed in Alaska.

“Neither I nor any of my close colleagues have seen or heard of a single example,” one doctor said. In fact, the shortage is still not beds, but nursing staff, and it’s not helping that people are being driven from the field by vaccine mandates.

Because of the heavy-handedness of the hospital administration and the intense politicization of care at Providence Alaska Medical Center, the doctors in this story cannot be identified. It’s where they work. It’s where they have to thread the needle with their criticism, trying to preserve their jobs, while advocating for better patient care.

“There is nothing magical about the ICU,” one doctor said. “It’s merely a lower patient-to-nursing ratio, and each room has all of the fixings pre-installed. But do you think we can’t provide ventilation, oxygen, IV drugs and monitoring in any bed? I would like to know why that patient died. My guess is they would have died anyway.”

Another doctor agreed. He, too, cannot be identified because of the risk of being ostracized.

“Medicine has always been triaged here in Alaska — it’s a matter of resources. Does an 80-year-old person need a double heart valve operation when it will only extend his life three years? Probably not, but if you delay that surgery because of Covid ICU bed status and they die in the meantime, it makes a good headline and has a patina of truth,” he said.

“A community doctor trying to get an ICU transfer has to jump through a lot of hoops and that often involves a lot of factors like insurance, transport logistics, and current hospital resources. Sometimes patients that are pretty sick don’t make the cut and sometimes patients that probably shouldn’t do [make the cut] but that’s often ultimately decided by the ICU doc on call in conjunction with the administrator. A quasi elective heart surgery can be (and often was) delayed if it looks like there won’t be staff to cover what is likely to be a 2-3 day stint in the ICU recovering. Covid has complicated this because these patients, once intubated and vented, rarely get better and often take a month to die,” he said.

“The community docs, like they always have done, have to figure out who to triage. My nursing friends at Providence are doing 3:1 ICU management and that’s really hard and leads to burnout. Also leading to

burnout is seeing the traveling nurses get signing bonuses, but full time staff not getting retention bonus. So a lot of people are leaving,” he said.

Most ICU nurses are vaccinated, but he believes up to 30 percent of floor nurses are not vaccinated and some of those “are getting out to fill positions at local facilities that have signaled they won’t have a mandate, which makes overall staffing harder because the hospital can’t staff the step-down units (which are for almost-sick-enough-to-be-in-ICU patients) and the ICU patients can’t be discharged to one of those beds,” the doctor said.

The *Wall Street Journal* also has a story on Sunday about the rationing of healthcare in Alaska. It carries the same message as the *New York Times* and reports no opposing views.

“In recent weeks, a triage team of doctors at Providence Alaska Medical Center in Anchorage have been using a formula to score patients on their potential for dying and consulting with an ethicist on the decisions they make. The patients include those sick with Covid-19 and with other ailments,” the *Journal* wrote.

“Recently, the team had to choose which of two patients critically ill with Covid-19 should use a single specialized dialysis machine. The team saw little hope for one patient and selected the other to start dialysis. The patient who had to wait died,” the newspaper wrote.

“We have the most highly sophisticated medicine and advanced training in the world, and we’re having to ration care,” Dr. Javid Kamali, an intensive-care doctor at Providence, told the *Wall Street Journal*. “We didn’t sign up for this.”

But the five doctors *Must Read Alaska* spoke to said neither they nor their close colleagues have seen rationing. One doctor pointed out that Alaska Regional Hospital, which has not mandated a vaccine for its employees, is not using the media to tell the story of rationing care, like Providence is doing.

The *New York Times* went on to describe what happened to Providence medical staff when they waded into the political arena by asking the Anchorage Assembly last week to mandate masks for everyone in the city over the age of 2. They were met with open hostility.

Read: Medical theater as doctors and nurses come to Anchorage Assembly with mask plea

“When the Anchorage Assembly considered a mask mandate last week, some of the doctors who came to speak were jeered at. “Do you use ivermectin?” someone in the crowd shouted, referring to a deworming medicine that has been touted as a Covid-19 treatment on social media even as the Food and Drug Administration has warned people against taking it,” the Times wrote. Ivermectin has been used for decades to treat parasites and is now successfully used in other countries to help open up the airways of those who have become infected with Covid. But the American medical establishment appears to be firmly against the

drug, which is relatively cheap and has had millions using it successfully in India.

“As a group of doctors left the meeting, one person followed them outside, heckling. “You guys have sold out and are liars,” he shouted. Others outside holding signs — “Liberty or Tyranny,” one of them said — also mocked the physicians,” the newspaper wrote, illustrating the very difficult position Providence has put itself in by stepping into what is a political battle at the Assembly.

That event was coordinated by one of the local unions in collaboration with Assemblyman Forrest Dunbar, who stepped down from the dais before the meeting to advise the group on testimony.

[Read the New York Times story at this link.](#)

Now, it appears the pro-mask advocates are taking their stories to the national media, which is only telling their views, at the exclusion of others.

The Anchorage hospital has had over a year and a half to prepare for a surge in the infectious disease and to develop treatment protocols, but instead, some residents claim, are sending people home with no treatment options until their lips turn blue from lack of oxygen, after which they can be admitted to the hospital to face a very uncertain outcome.



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