COVID-Overwhelmed Hospitals Postpone Cancer Care and Other Treatment

Hospitals are filling up with COVID-19 patients and other medical conditions are going untreated.

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It's a bad time to get sick in Oregon. That's the message from some doctors, as hospitals fill up with COVID-19 patients and other medical conditions go untreated.

Charlie Callagan looked perfectly healthy sitting outside recently on his deck in the smoky summer air in the small Rogue Valley town of Merlin, in southern Oregon. But Callagan, 72, has a condition called multiple myeloma, a blood cancer of the bone marrow.

"It affects the immune system; it affects the bones," he said. "I had a PET scan that described my bones as looking 'kind of Swiss cheese-like.'"

Callagan is a retired National Park Service ranger. Fifty years ago, he served in Vietnam. This spring, doctors identified his cancer as one of those linked to exposure to Agent Orange, the defoliant used during the war.

In recent years, Callagan has consulted maps showing hot spots where Agent Orange was sprayed in Vietnam.

"It turns out the airbase I was in was surrounded," he said. "They sprayed all over."

A few weeks ago, Callagan was driving the nearly four-hour trek to Oregon Health & Science University in Portland for a bone marrow transplant, a major procedure that would have required him to stay in the hospital for a week and remain in the Portland area for tests for an additional two weeks. On the way, he got a call from his doctor.

"They're like, 'We were told this morning that we have to cancel the surgeries we had planned,'" he said.

Callagan's surgery was canceled because the hospital was full. That's the story at many hospitals

in Oregon and in other states where they've been flooded with COVID patients.

OHSU spokesperson Erik Robinson said the hospital, which is the state's only public academic medical center and serves patients from across the region, has had to postpone numerous surgeries and procedures in the wake of the delta surge of the pandemic. "Surgical postponements initially impacted patients who needed an overnight hospital stay, but more recently has impacted all outpatient surgeries and procedures," Robinson wrote.

Callagan said his bone marrow transplant has not yet been rescheduled.

Such delays can have consequences, according to Dr. Mujahid Rizvi, who leads the oncology clinic handling Callagan's care.

"With cancer treatment, sometimes there's a window of opportunity where you can go in and potentially cure the patient," Rizvi said. "If you wait too long, the cancer can spread. And that can affect prognosis and can make a potentially curable disease incurable."

Such high stakes for delaying treatment at hospitals right now extends beyond cancer care.

"I've seen patients get ready to have their open-heart surgery that day. I've seen patients have brain tumor with visual changes, or someone with lung cancer, and their procedures are canceled that day and they have to come back another day," said Dr. Kent Dauterman, a cardiologist and co-director of the regional cardiac center in Medford, Oregon. "You always hope they come back."

In early September, Dauterman said, the local hospital had 28 patients who were waiting for open-heart surgery, 24 who needed pacemakers, and 22 who were awaiting lung surgeries. During normal times, he said, there is no wait.

"I don't want to be dramatic — it's just there's plenty of other things killing Oregonians before this," Dauterman said.

Right now, the vast majority of patients in Oregon hospitals with COVID are unvaccinated, about five times as many as those who got the vaccine, according to the Oregon Health Authority. COVID infections are starting to decline from the peak of the delta wave. But even in non-pandemic times, there's not a lot of extra room in Oregon's health care system.

"If you look at the number of hospital beds per capita, Oregon has 1.7 hospital beds per thousand population. That's the lowest in the country," said Becky Hultberg, CEO of the Oregon Association of Hospitals and Health Systems.

A new study focused on curtailing nonemergency procedures looked back at how Veterans Health Administration hospitals did during the first pandemic wave. It found that the VA health system was able to reduce elective treatments by 91%.

It showed that stopping elective procedures was an effective tool to free up beds in intensive care

units to care for covid patients. But the study didn't look at the consequences for those patients who had to wait.

"We clearly, even in hindsight, made the right decision of curtailing elective surgery," said Dr. Brajesh Lal, a professor of surgery at the University of Maryland School of Medicine and the study's lead author. "But we as a society have not really emphatically asked the question 'At what price in the long term?'"

He said they won't know that without more long-term research.

At his home in southern Oregon, Charlie Callagan said he doesn't consider his bone-marrow transplant as urgent as what some people are facing right now.

"There's so many other people who are being affected," he said. "People are dying waiting for a hospital bed. That just angers me. It's hard to stay quiet now."

He said it's hard to be sympathetic for the COVID patients filling up hospitals, when a simple vaccine could have prevented most of those hospitalizations.

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