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The Hidden Toll of Untreated Illnesses

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Most weeks at my hospital near New York City we see about 40 acute or near-acute heart attacks. For the past few weeks, we've seen an average of five, a 90% drop. We're hardly alone. At Detroit Medical Center, the number of heart attacks being treated has dwindled from 15 to 20 a week to one or two. Hospitals in Atlanta and Boston have seen similar drops. The decline is also being observed abroad. In Milan, for example, the number of heart attack cases is down by 70%. In Madrid, the dip may be closer to 80%.

The downturn seems to be true for a range of medical conditions besides heart attacks. Case volumes have plummeted for appendicitis, gallbladder infections and obstetric emergencies, to name just a few conditions that reliably appear in emergency rooms in non-pandemic times. "Eerie and worrisome" is how a hospital physician on the West Coast described it. People aren't coming in for strokes, either. "We're seeing less than half the number we normally see," a neurologist told me last week.

A patient is examined at the Stanford Family Medicine office in Stanford, Calif., in 2019.

Photo: Jeff Chiu/Associated Press

What is happening? Is the coronavirus pandemic somehow stabilizing health across a range of medical conditions? Given what we know about the virus, that doesn't seem plausible. Is society's response to the pandemic, such as social distancing, reducing exposure to pollution or to other germs that can exacerbate chronic conditions? Such a hypothesis might explain some of the reduction in cardiovascular cases, but the sudden and simultaneous disappearance of so many hospitalizable conditions suggests that a social or behavioral factor is at play.

Could it be that patients with medical emergencies are staying away from hospitals out of fear of viral transmission? On Twitter, doctors have written of patients with urinary retention, severe

abdominal pain and incipient foot gangrene refusing advice to be hospitalized. Others have told of patients with cardiac arrhythmias and chest pains toughing it out at home. This isn't the first time patients with acute conditions have avoided the hospital in an infectious outbreak. In West Africa during the 2014 Ebola epidemic, outpatient visits decreased by 90% as people avoided hospitals out of fear of contracting that virus. If something similar is happening today, the health consequences will far outlast this pandemic.

Those consequences may already be unfolding. In hard-hit regions in Italy, the death rate is currently six times higher than in comparable earlier periods. A study published in the Italian newspaper Corriere Della Sera recently looked at the spike in deaths in Nembro, a town in Lombardy severely affected by the coronavirus. The report suggests that deaths directly attributable to the coronavirus may account for only about a quarter of the rise. A portion of the excess deaths may be the result of undetected coronavirus infections, but many more are probably occurring because people with non-coronavirus diseases aren't receiving the proper care.

In Spain, too, recent reports suggest that mortality rates may have doubled last month, in large part because of non-coronavirus illnesses. Though death rates in the U.S. showed a paradoxical drop in March, there is every reason to believe that they too will soon show massive rises out of proportion to coronavirus infections.

"Indirect" deaths have always been a major problem in viral pandemics. In the Ebola epidemic in West Africa, lack of routine

care for malaria, HIV/AIDS and tuberculosis led to an estimated 10,600 additional deaths. “As unprecedentedly catastrophic as the Ebola outbreak has been,” one study concluded, “we estimated that (the) indirect repercussions of the Ebola outbreak may have been even greater than the deaths directly attributable to Ebola in Guinea, Liberia and Sierra Leone.” These deaths occurred because people didn’t seek proper treatment but also because health care systems were strained beyond capacity. Malaria control programs, for example, took a hit.

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It is understandable that fear—of both contagion and substandard care—would lead people to avoid crowded hospitals and clinics in a pandemic. Viral transmission can occur at these facilities. And people may not receive the care they have come to expect. During the 2009 influenza pandemic, patients with acute strokes, congestive heart failure or heart attacks who were treated at hospitals facing a surge of flu cases had significantly higher death rates than comparable patients treated at non-surge hospitals, possibly because of protocol changes and staff shortages.

So what should patients be doing today? For routine issues, such as blood pressure or diabetes management, patients should not be going to hospitals or clinics to see their doctors face-to-face. There is a risk of viral exposure, but more immediately there is a risk of diverting scarce resources from the patients who most need them. Recognizing this, America’s health care system has quickly ramped up telemedicine visits

and canceled procedures, such as routine biopsies, that can be scheduled for a later date.

For patients with serious health emergencies, however, it would be a grave mistake not to seek treatment. In New York City, there are disturbing reports of a spike in deaths from cardiac arrests at home. We may never know how many are because of the coronavirus and how many because people having heart attacks stayed at home instead of going to the hospital. But a plethora of anecdotal reports suggest the latter isn't a small number.

One cardiologist wrote on Twitter about a patient with what was thought to be stable coronary artery disease who was brought to the hospital in cardiac arrest. Six months ago, the patient might have received closer evaluation, including an angiogram or even bypass surgery, before such catastrophic deterioration. But today such patients are being ignored. Even those who survive their heart attacks may have higher death rates in the future and suffer long-term health problems, such as arrhythmias and heart failure. Because of the prevalence of cardiovascular disease, even small increases in the mortality rate will have outsize effects.

Judging from prior epidemics, we may see a precipitous rise in "non-coronavirus" deaths in the coming months. Many will be health-related; others, such as suicides or opioid overdoses, will occur because of economic and psychological disruption. The official number of deaths from the coronavirus will never tell the full story of this pandemic's devastation. For a full reckoning, we will need to keep counting.

—Dr. Jauhar is a practicing cardiologist and the author, most recently, of “Heart: A History.”