

Importance of Patient Advocacy During the COVID-19 Pandemic



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THE IMAGE CAME INTO FOCUS ON MY LENS AND blurred quickly in a way that ophthalmologists have become accustomed to during this pandemic. Now that patients and providers don a mask during visits, the lenses we use fog quickly from breath escaping under the mask. But this time, I only needed a second to visualize an abnormal intraocular mass, most likely a tumor. At the least, it was vision threatening, but even worse, this young man could lose his life because of it. Probing for a positive spin, he asked, “This is bad, right?”, and probably sensed my hesitation when encouraging him not to get too far ahead of ourselves.

This young man was my age and newly diagnosed with a potentially lethal cancer in his eye. Making matters worse, he was uninsured after losing his job from one of the early waves of layoffs after the COVID-19 lockdown. Given this happened amidst the worst pandemic in recent history, he was not even able to expedite an appointment with a physician, let alone a specialist with expertise in such a niche field. His anxiety about his new diagnosis came with many big questions, like “What’s next?”, “Who will take care of me?”, and “Can I afford treatment?”

The COVID-19 pandemic has exposed many weaknesses in the US Healthcare System, the most obvious of which include well-documented challenges with resource allocation, social injustices realized from disparate patient out-

comes, and as the above case illustrates, a lack of access to specialty care for the uninsured. From March 1 to May 2, 2020, 31 million Americans filed for unemployment insurance,¹ and there are no signs to suggest that it will subside anytime soon. Action must be taken so that patients like this do not fall through the cracks—in fact, these are the very patients who need quality, accessible care the most.

At the Bascom Palmer Eye Institute in Miami, we have one of only a few eye emergency departments in the United States offering all-hours care, where patients can receive treatment without an appointment regardless of insurance status. For some worried about their vision, this is likened to an oasis, and for our patient, a lifeline. In just one visit we were able to identify a patient that needed close, well-coordinated follow-up and treatment. Within 2 days, our ocular oncology team assisted him with obtaining medical insurance and follow-up with both our department and other appropriate specialists. The experience made me proud to be part of a community that provides care to patients who have nowhere else to turn.

With vast cancellations of elective ophthalmic procedures and underbooked clinics, physicians have the potential to make an incredible impact. We can do this by playing an active role in advocating for patients who would otherwise find trouble navigating a complex and dynamic health care system.

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REFERENCE

1. Henry J Kaiser Health Foundation. Eligibility for ACA health coverage following job losses. Available at www.kff.org/coronavirus-covid-19. Accessed July 6, 2020.

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