Report from Madrid, Spain

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A few thoughts and experiences that may be worth sharing with you:

As you know the situation in Spain is desperate, with regular care in most hospitals collapsing a few days ago. We have around 25 deaths per day in my hospital (around 300 per day in Madrid). As of today, we had 968 Covid+ patients admitted in my hospital, with 125 in the ICU (we only have 20 ICU beds regularly, but we have them now in the library, corridors, rehabilitation gyms, and so on).

The number of psychiatric beds in Madrid has been reduced by 60% and most large hospitals do not have inpatient psychiatric units anymore, as almost all beds have been converted for Covid patients. Only those with bilateral pneumonia who are in bad condition are admitted, and most people are sent home.

In my Department Liaison Program, we usually have 6 staff (3 psychiatrists, 3 psychologists). We have now 25. Some run small groups in the ICU, emergency and wards with more demand. The staff is really overwhelmed: the combination of fear, guilt, knowledge that they not saving lives that they know could be saved under different conditions, sense of hopelessness - they work hard but then there is a punishment the next day with more patients and more death rather than a reward, frustration of not having a proper treatment and of not being able to predict who is going to do badly, and more.

Groups help to ventilate emotions in professionals who are dissociated most of the time (for a good reason).

Another group in the Liaison program takes care of staff who are at home infected.

A third group takes care of patient relatives who cannot visit, and we have organized videoconference call systems so they are connected.

A fourth group is in charge of the death process. Doctors call us when they know someone is going to die and we: a) inform relatives, b) ask for an oral consent to administer sedation, c) organize a “farewell” visit - only one person is allowed, it cannot be a person at risk or Covid+, so many times a visit does not happen and patients die with no one around, d) inform about the death and provide counseling. No funerals are allowed. People die in the most unthinkable solitudes... We have also a program to identify pathological grief and have a follow-up phone call 3 weeks after the death.

Our inpatient psychiatric unit is one of the few that remains open in Madrid. We have one section for Covid- patients, one section for those with possible illness awaiting test results, and another section for Covid+. Most infections occur because there are no clear clean and dirty paths within the hospital (e.g., vertical infection through elevators, stairs, and such, in persons that move from one place to the other or in patients that are sent to X-ray).

All visits are done with videoconference or telephone. We have not cancelled a single one. Nurses go to the homes of those who need medication or other service. Another problem we are facing is that in Spain most patients with severe mental disorders live with their parents (e.g., a patient at age 50 with chronic schizophrenia). Some have parents or caregivers who have died. These patients are by themselves and not able to take care of the basic daily needs. There is of course a social derivative of the health crisis with many of our patients.

Very importantly, 18% of our staff has been infected, I believe mostly from colleagues rather than patients. People are asymptomatic for up to a week before being contagious, so many of our colleagues that we believed had less risk are the cause of contagion among professionals

In many hospitals psychiatrists are working as general doctors in the ER or Covid wards.

Many deaths have happened in nursing homes for the elderly. We also had some deaths in residences for persons with intellectual disability and autism. Rather than taking those patients to hospitals, the residences are medicalized. We also have some hotels around my hospital that have been medicalized and less severe patents are treated there. The Government has now the power to take any public or private property for public interest.

One mistake my Government made was that people with intellectual disability or autism were allowed to go into the streets. It was done with a very good intention (to minimize behavioral problems in this vulnerable population). However, these are precisely the persons you do not want to get infected: a) it is very difficult for them and for the system - specially now - to manage them in hospital, b) a relative is also infected as they need someone with them, and c) they are not eligible for ICU.

I am one of the members of my hospital crisis group. I visit most days all the different wards and units in the hospital. The most distressing for me is the gym where we have around 70 beds now, all with elderly that have been declined for ICU care under any circumstances. They know about it, and of course they are all by themselves. You cannot imagine how loud resonates the absolute silence there, despite the number of patients. I am sure they are all reliving their lives.

At the personal level all my family has been infected, but they are all well. In fact, for the kids it was even less serious than a regular flu.

Enough for today, best to all. Take care.

Celso