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Should Hospitals Practice Better Social Distancing?

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March 30, 2020

When coronavirus patients are admitted to all general hospitals, the risk of infecting other patients as well as hospital personnel is a serious concern. One way to address this problem is to consider isolating coronavirus patients to certain designated medical centers thus reducing the likelihood of exposure to other patients and their attending medical staff.

Federal and state officials are taking steps to effectuate a more efficient and flexible response to the coronavirus epidemic by removing regulatory obstacles to the free movement of drugs, tests, and health care practitioners. Federal and state regulations are even being **lifted** on truck drivers and rail operators, to ease the transport of groceries, and other essential goods.

These steps all make sense. And, as I have written [here](#), removing the barriers to the movement of doctors, nurses, and other health professionals that result from state occupational licensing laws is a smart way to facilitate the movement of medical personnel to areas of need.

As a health care practitioner who sees surgical patients in the hospital and in my medical office, I worry along with my colleagues about contracting COVID-19 in the workplace. One major hospital in which I practice already has three coronavirus patients in its 45-bed intensive care unit and another nine in an isolation unit. Doctors, nurses, and other hospital staff are exposed every day to the threat of infection. If medical personnel fall victim to the virus they are taken out of the health care work force at a crucial time.

When coronavirus patients are admitted to all general hospitals, the risk of infecting other patients as well as hospital personnel is a serious concern. This was a big problem encountered by hospitals in Wuhan, China, site of the initial outbreak. We may be starting to see it in the U.S. A report on the issue by *Propublica.org* quoted the dean of the National School of Tropical Medicine in Houston, TX:

- *“Health care workers are my top worry,” said Dr. Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine in Houston. He noted that in China, so far, about 15% of infected hospital workers have become severely ill. “If this takes place in the U.S., and we see those numbers of workers sent home or in the ICU, being taken care of by their colleagues, things will start to unravel. This is the soft underbelly of our preparedness system right now.”*

One way to address this problem is to consider isolating coronavirus patients to certain designated medical centers thus reducing the likelihood of exposure to other patients and their attending medical staff.

To that end, Steward Health Care, the largest private physician-led for-profit hospital system in the U.S., just designated Carney Hospital in Dorchester, MA as “the nation’s first ‘Dedicated Care Center’ for treating patients who test positive for COVID-19.” A similar effort is about to be implemented in Toledo, OH, as the *ProMedica* hospital chain has designated ProMedica Bay Park Hospital as the hospital network’s designated coronavirus facility.

My medical practice partner hails from the Dominican Republic and maintains close contact with doctors at the medical university in Santiago. He informs me that all patients diagnosed with coronavirus infections there are treated at one designated facility, the Ramon de Lara military hospital.

It may not be practical or possible to isolate patients to designated facilities in every community in the country. But two U.S. hospital systems already appreciate this social distancing strategy. It deserves wider consideration.

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