WORLD

As U.S., China Clash Over Coronavirus, Their Doctors Quietly Join Forces

Hundreds of scientists and doctors in the U.S. and China have been holding virtual meetings and trading notes on how to best treat patients

Medical workers put on protective equipment at the beginning of their shifts at an emergency field hospital in New York's Central Park on April 8.

PHOTO: MISHA FRIEDMAN/GETTY IMAGES

BEIJING—The U.S. and China are at each other's throats, bickering over the origins of the coronavirus and bashing each other's handling of the crisis.

Behind the scenes, hundreds of doctors and scientists in the U.S. and China have been using online platforms to hold virtual meetings, trading notes on how best to treat patients and procure needed supplies.

"Being galvanized against a common public health threat proves again and again that medicine and science are a force for good in the world that transcends politics," said George Daley, the dean of Harvard Medical School, who since February has been working closely with the head of a Chinese government committee of experts on the coronavirus.

The U.S.-China collaboration has extended to clinical trials of potential coronavirus drugs and jump-started longer-term projects, such as a new five-year $115 million collaboration between Harvard and the Guangzhou Institute for Respiratory Health, funded by one of China's biggest property developers.

COVID-19 Crisis Management and Clinical Experience

A Sino-U.S. webinar on crisis management and clinical experience on Covid-19.

But much of it has taken place between front-line practitioners. Lately, the knowledge has generally been flowing from China, where the pandemic appears to have peaked, to the U.S., where doctors are struggling to contain the fast-rising jump in cases and deaths.

After her laboratory at Baltimore's Johns Hopkins University School of Medicine was shut last month by the coronavirus, infectious-disease expert Annie Antar asked a colleague, Dai Weiwei, to connect Johns Hopkins doctors with health-care practitioners in China with on-the-ground experience.

Within two days, more than 80 U.S. doctors were connected by video with Wang Jian'an, president of the Second Affiliated Hospital at China's Zhejiang University, and about 10 doctors dialing in from Wuhan.

Weeks earlier, the Zhejiang hospital had sent roughly 170 medical workers to Wuhan, the

initial center of the outbreak, where they took over a makeshift intensive-care unit and an existing ward in a designated hospital to treat coronavirus patients.

During the hourlong meeting, which was conducted in English,Dr. Antar and the other American doctors peppered their Chinese counterparts with questions on a range of topics, including the clinical course of the disease, treating infected pregnant women and preventing infections among medical workers. "I really wanted to talk to people who had seen a lot of cases themselves," Dr. Antar said afterward. With a dangerous but little-understood virus sweeping the world, she added, the need was greater than ever for "clinical experience with what treatments they thought worked, and what treatments didn't work."

How China Is Using Soft Power to Rewrite the Coronavirus Narrative

China is sending doctors and medical supplies to Italy and other countries that have been hit hard by the coronavirus. WSJ's Eric Sylvers in Milan explains how China is using soft power to change perceptions about its handling of the pandemic. Photo: Moura Balti Touati/Shutterstock

The collaboration comes against the backdrop of tensions not only between the two governments, which have been characterized by mutual recriminations and name-calling, but between academic institutions in the two countries. U.S. universities have grown more hesitant about hosting Chinese scholars and visas have become scarce as U.S. authorities step up scrutiny of Beijing's backing for research on sensitive topics, particularly in the sciences. But the extraordinary challenge of the coronavirus has pushed some of that aside, at least in the medical realm.

One of the key figures in the trans-Pacific collaboration has been Zhong Nanshan, China's best-known epidemiologist and the former director of the Guangzhou Institute of Respiratory Diseases.

When the coronavirus outbreak began to grow dire in Wuhan in late January, Dr. Zhong—head of a coronavirus expert committee for China's cabinet-level National Health Commission—reached out to Harvard through Hui Ka Yan, a billionaire real estate mogul whose Evergrande Group has endowed several initiatives at Harvard, including an immunological disease center.

Harvard quickly put together a group of about a dozen scientists in the fields of virology, vaccine development, epidemiology and clinical management, recalled Dr. Daley, the Harvard Medical School dean.

"Everyone was eager to help," Dr. Daley said in an interview. "At the time, it wasn't the fear that it was going to become a global pandemic, although there were concerns. The initial communication for my colleagues was to give support and help to our Chinese colleagues."

During the two teams' first videoconference on Feb. 4, Dr. Zhong sought help on diagnostics, the disease pathology and on strategies for repurposing antivirals, Dr. Daley recalled. Now, two months later, it is Dr. Zhong who has been sharing his expertise with the American medical community.

The Chinese doctor had visited Wuhan in mid January and his declaration on Jan. 20 that the virus could be transmitted between humans marked a turning point in the world's understanding of the pathogen.

"China was the early epicenter of the crisis," Dr. Daley said. "That also meant that they had the most advanced clinical and scientific knowledge and the deepest understanding of the disease."

Dr. Zhong didn't respond to questions from The Wall Street Journal. In a statement, Evergrande said "developing a vaccine should be the core of the efforts to combat the virus," while the group's deep ties with Harvard make the university a natural choice for collaborating with Chinese researchers.

Gerard Criner, the director of Temple University Hospital's lung center, which has treated hundreds of coronavirus patients in Philadelphia, joined a March 26 webinar with Dr. Zhong despite being so busy with patients that he didn't have time to take off his scrubs before logging in.

Dr. Criner, who has worked for the past decade with a colleague of Dr. Zhong's at the First Affiliated Hospital of Guangzhou Medical School, credits his China contacts with his hospital's preparations for the pathogen.

"We took advantage of the people that we know in China who were very open and from the beginning they told us, 'You got to get ready and you got to be aggressive,'" Dr. Criner said. "We listen to them and that's what we've done."

Some of the strongest connections are through Chinese-American practitioners working in the U.S. "We knew sooner or later this [epidemic] was going to happen here, because we have such strong ties," said Xu Ruliang, president of the Association of Chinese American Physicians, whose more than 700 members are largely clustered in the tri-state area of New York, New Jersey and Connecticut that has been hit hardest by the coronavirus.

Dr. Jonathan Leibowitz, who runs a private clinic in Brooklyn, has received donations of PPE from the Association of Chinese American Physicians. PHOTOS: JONATHAN LEIBOWITZ

When the outbreak first emerged in Wuhan, Dr. Xu helped send medical supplies to China; now, the doctors' group is shipping China-made masks to the U.S.

"There's going to be tensions between countries," said Elisa Wu, a New York oncologist who is a board member of the Chinese-American doctors' group. "But from where we stand as doctors, the coronavirus is a global issue and we all have to put our political agenda aside."

—Yin Yijun in Shanghai and Liyan Qi in Beijing contributed to this article.

The Bad Side Effects of Personalized Medicine

Regarding Peter Huber and Paul Howard's "Personalized Medicine Is Here": Big data and genetic analysis present both opportunity and danger.

LETTERS + Follow

May 05, 2017 02:58 p.m. EDT

Regarding Peter Huber and Paul Howard's "Personalized Medicine Is Here" (op-ed, May 1): In 2011 I was diagnosed with Ewing's sarcoma and was one of the lucky 1,000 sarcoma patients given a free 23andMe kit. After cheerfully determining that I was not going to succumb to Alzheimer's, Parkinson's or even breast cancer, I decided to search my results for sarcoma.

I apparently have three genes related to sarcoma—the first puts me at an elevated risk, the second at a neutral risk and of course, the third has me at a lower risk. Thank God this useless testing was free. In a world where we share 88% of our genetic material with mice and 24% with a wine grape, we really should think twice before we talk about "precision medicine." While genes play a role in life and disease, there are clearly, perhaps innumerable, epigenetic triggers that differentiate us from wine grapes and each other.

The most profound medical lesson I've learned was on my first day of medical school: "Half of what you will learn over the next four years and the rest of your lives will be wrong. We just don't know which half." Big data and genetic analysis present both opportunity and danger. When there is only Google for patients to look at, there is room to talk them down from self-diagnosis. When we are talking about a patient's actual genetic code, it will be difficult to convince them that "half is wrong."

Jonathan S. Leibowitz, M.D.

Brooklyn, N.Y.

My first thought on seeing the TV ads for 23andMe was who will have access to my DNA?

Sherry Woessner

Centerville, Ohio

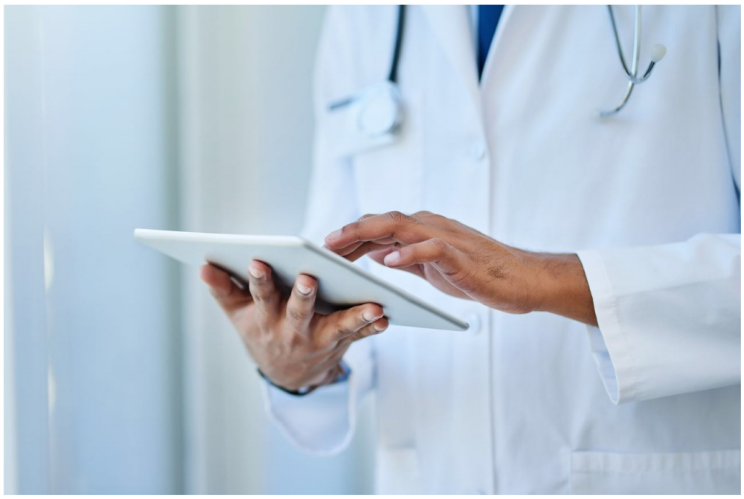
This may be a blessing

When Doctors Become Too Reliant on Artificial Intelligence

Human error can confound algorithms.

LETTERS + Follow

November 12, 2021 01:04 p.m. EST



Using electronic medical records and artificial intelligence to create algorithms for healthcare applications would be great if our electronic records were correct ("The Weekend Interview with Hassan Tetteh: How AI Will Make Your Doctor Smarter" by Allan Ripp, Nov. 6). Sadly, when carefully reviewed by patients, many records are discovered to be full of erroneous information and incorrect diagnoses.

Case in point: My 100-pound cousin, who has never been heavy and never had alcohol, has a medical record citing a lifelong struggle with alcoholism and obesity. My medical record contains drugs I do not take and incorrect family history. Physicians also complain about errors and problems with electronic records and efforts to get them corrected. If false information is the basis for future healthcare algorithms, we are merely compounding an already serious problem.

Gail Lang

St. Louis

While it's safe to conclude that AI has a place in reading some pathology slides, it is incapable of reading the most important piece of data: people. This technology will remain solely in the hands of humans. Think of new physicians: Training them to rely on AI would be akin to training a new driver to use GPS to go around the block. Not so smart.

Jonathan S. Leibowitz, M.D.

Brooklyn, N.Y.

Those Who Wish to Die Should Have the Right

Living in a country that allowed my grandfather to go the way he wanted gives me true pride.

LETTERS + Follow

July 31, 2017 05:41 p.m. EDT

In late 2016 my grandfather was diagnosed with terminal cancer ("In the Netherlands, the Doctor Will Kill You Now," op-ed by Kees van der Staaij, July 21). From when he was first diagnosed he knew that he wanted to be euthanized once his quality of life had been depleted to a certain point. In May 2017, completely in his own control, he chose to end his life. It happened in his living room with the doctor, his assistant, my grandmother, my father, his two brothers and me present. It was the most beautiful moment I have ever experienced because my grandfather died as I have always seen him.

Living in a country that allowed my grandfather to go the way he wanted gives me true pride. If I am diagnosed with cancer, I will have the same option my grandfather did. We owe it to the people who are done with life in the Netherlands to debate the situation in an open and honest way.

Sander Witteveen
Netherlands

A week after having the cancerous part of my right leg removed, I found myself pondering my situation. I had been given a potential death sentence, was in unbearable pain and I was bald.

Alone at the time, I remember looking up at the ceiling and being struck with a sudden and clear understanding of why people would want to move to the Netherlands and die. In my moment of profound insight, for reasons of God and family, suicide was not actually on the agenda. My life was not over.

Jonathan S Leibowitz
Brooklyn, N.Y.

Off to the Gym. Now.

Nov. 26, 2002

To the Editor:

As a nephrologist who routinely cares for perhaps the frailest of the frail, dialysis patients, I was delighted to see "Is Frailty Inevitable? Some Experts Say No" (Nov. 19).

My colleagues and I routinely advise our patients to work out intensely to build muscle mass.

The analogy I give reflects on the theoretical results of a tractor-trailer's simultaneously hitting the patient and Arnold Schwarzenegger. Arnold would leave the hospital with a cane. The patient, if he is lucky, would be peeled off the pavement.

Researchers should instead get to the point, and focus on taking retired folk from their card games, stoops and delis and forcing them to swim the length of the Golden Gate Bridge and join gyms (or lose their Medicare benefits).

Of all people told to exercise, this group is unique in that they have the time and much to gain.

DR. JONATHAN S. LEIBOWITZ

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OPINION | LETTERS

Telemedicine: A Good but Incomplete Answer

Using it to advise about real diseases such as Covid-19 gets a bit dicey. Should patients go to the ER now? can't listen to their lungs, and radiology facilities won't take them.

March 31, 2020 4:48 pm ET

Regarding Dr. Peter L. Steinberg's "Virtual Doctors Are Here To Stay" (op-ed, March 27): As a physician practicing in the heart of the Brooklyn Covid-19 infestation, I, too, was left with no option but to embrace telemedicine.

Using it to advise about real diseases such as Covid-19 gets a bit dicey. Should patients go to the ER now? Do they have pneumonia? I can't listen to their lungs, and radiology facilities won't take them.

Telehealth does have a role in modern medicine, albeit a limited one.

Buyer beware of these rosy Jetson-like predictions. If you want a McVisit Happy Meal, go to a drive-through "Doc in a Box." If you want filet mignon, see your doctor in his or her office.

Jonathan S. Leibowitz, M.D.

Brooklyn, N.Y.