



What We Owe Long COVID Patients

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While treatment has improved considerably for COVID-19, most dialogue has focused on two types of patients—those with severe, even lethal illness, and those with milder symptoms. Yet there is a third category of patients: those suffering from long COVID.

Clinicians recognized the existence of these long COVID patients early in the pandemic. May 13, 2022 marked the two-year anniversary of the opening of the Mount Sinai Center for Post-COVID Care in New York City, a first-of-its-kind unit in the U.S. Since then, long COVID has emerged as one of the biggest but least-addressed medical concerns. [Anywhere from 10% to 30%](#) of those who contracted COVID-19 suffer chronic aftereffects, some lasting many months after the initial diagnosis.

Long COVID presents varying and unpredictable symptoms and has no known cure, so with very little information, health-care providers are facing an uphill battle when it comes to providing adequate care to these patients. The absence of a standard set of interventions leaves caregivers vulnerable to liability risks stemming from misdiagnoses.

[Diagnostic error is the No. 1 cause of serious harm](#), making it the top concern for preventing patient injury. Patients need to present clinicians with the full range of symptoms and ask for comprehensive diagnostic tests to be run in order to identify if it's long COVID or another ailment. In return, health-care providers need to bring experts from varying fields together.

If a patient suspects they suffer from long COVID or presents a variety of symptoms after having COVID-19, their assembled care team—which often starts at the office of their primary care provider—should first rule out a separate underlying illness.

Knowing that long COVID can present as [more than 200 symptoms](#) affecting 10 organ systems, health-care providers find it challenging to pinpoint which ailments, if any, were a direct result of COVID-19.

That there are other ailments masquerading as long COVID emphasizes the importance of seeing patients quickly and providing a thorough evaluation.

When signs of long COVID emerged in the summer of 2020, many doctors were skeptical. Even now—two years later—skeptics remain. Consequently, many patients feel that medical professionals are failing them. When health-care providers struggle with doubts about long COVID, they should remember that COVID-19 can result in something other than short-term symptoms or death.

This work first appeared in The New York Daily News and [online](#) at www.nydailynews.com.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.