

Beyond Professional Familiarity: When COVID-19 Impacts Family

The date was March 29, 2020. I was driving home during my 30-minute commute after working a 12-hour shift in the COVID-19 unit in ICU. Our deployment as ICU fellows had been made official about two weeks earlier, and the peak of COVID-19 in Indiana was just beginning its ascent. While the impact that COVID-19 was having in my local community was apparent, I hadn't been personally affected by COVID-19 until that day.

I received a phone call from my aunt in Puerto Rico. We don't usually talk, except on major holidays or family get-togethers. I found this phone call odd, to say the least. Immediately, I noticed a sense of panic in her voice as she skipped the usual pleasantries when I answered the call. She cut to the chase: her father, my grandfather, was found unresponsive at home.

My grandfather was a rambunctious gentleman with an incredibly jovial personality; he could light up a room with a quick joke and witty personality upon request. Apparently, according to my aunt, he hadn't been himself for about a week. He'd been having increased shortness of breath and dry cough for the past few days, which his primary care physician thought could have been related to his underlying heart failure or atrial fibrillation. This prompted a dosing and frequency change to his diuretics. Unfortunately, his symptoms only seemed to progress, and his level of energy and alertness only seemed to decline as the days passed.

As a leader in their church, he and my grandmother had been very busy planning the next steps surrounding the state of the church amidst the beginning of the pandemic. Unfortunately, given limitations in communication and in understanding of the virus, they were making these decisions in person, alongside other church leaders. That same week, they realized that one of the church members with whom he'd been in direct contact had tested positive for COVID-19. With the testing delays during those early days, it seems they realized this too late.

When I received the phone call on the evening of March 29, the only question my aunt asked me was "How do we bring him back?" Knowing my grandfathers' numerous co-morbidities and age, in addition to hearing the fact that his condition was likely attributable to COVID-19, I knew immediately that his prognosis was grim, and that he likely wouldn't survive no matter what interventions were made. I attempted to have an impromptu goals of care discussion in the most sincere way possible. But with numerous family members present watching my grandfather slumped over his couch in the living room unresponsive, their answer was immediate and adamant; they wanted to try to resuscitate.

I instructed them with a heavy heart to lay his body on the ground as carefully but also as quickly as possible. I explained where to place their hands on his chest and how to perform chest compressions. As they began their futile attempts at resuscitation, I could hear the crying in the background, the prayers from my grandmother, and the sobs from my aunt as she relayed my instructions to my cousins, who had the unenviable task of performing CPR on our elderly grandfather.

They had called EMS before attempting to reach out to me, but in the remote part of Puerto Rico where they live, they knew EMS wouldn't arrive for at least half an hour. As the minutes passed, I couldn't help but think: if he indeed has COVID-19, everyone in that room is knowingly exposing themselves in the

midst of a high-risk aerosolizing procedure, but it was a risk that they were willing to endure at the time.

Despite over 25 minutes of CPR, my grandfather passed away that day at 8:11 p.m. By the time EMS arrived, it had been over 45 minutes since the initial phone call was made, in which time my family decided that it was time to let him go.

March 29, 2020 is a day that I will remember forever. This was the day that COVID-19 impacted my family and I on a personal level. While I was familiar with the virus and the ramifications that it had on my community, it was only a professional familiarity until that day. While this was an incredibly traumatic experience, it ultimately allowed me to empathize with my patients and their families through shared experiences. Families struggling to come to grips with their loved ones fighting for their lives was something that I, too could now relate to; making empathy a natural response, as opposed to one of using simple emotional intelligence during difficult conversations.

I shared this story with some colleagues the next day while pre-rounding on my COVID-19 ICU patients, in which their emotional and moral support during that tumultuous times was unexpected but ever so welcome. I initially found myself not wanting to share this experience with them, because during those early days in the pandemic, everyone had their own struggles, their own worries, their own concerns on how best to keep their families safe. That being said, I'm so glad I ultimately acquiesced. Never have I felt a medical team and colleagues come together during difficult times as what I experienced on March 30, 2020. I will forever be thankful to W. Graham Carlos, MD, ATSF, Joseph Smith, MD, and the rest of my Indiana University colleagues for their unwavering encouragement, positive attitudes, and words of wisdom. Because of their compassion and humanistic qualities, it gives me hope that we as a community will endure, persevere, and overcome this unrelenting virus.
