

Fighting Coronavirus: Behind the Mask of a Young Doctor

I am getting ready to head back home after an already exhausting ICU shift when I get called by a nurse, “Hey, the patient in room 18 with coronavirus might need to be intubated.” I go to evaluate the patient and I see a young man breathing rapidly, trying to catch his breath. He is on maximum high flow oxygen, but his oxygen saturation is dropping. I call my attending doctor; we quickly don our personal protective equipment (PPE) and prepare for intubation. A few months ago, I had to read up all the protocols for PPE. But now it is almost a habit, there is never a mistake, never a doubt in the protocol. I begin to explain the procedure to him as he mumbles, “Please help me doctor, I can’t breathe.” After the intubation, I call his wife to update her, and I can hear her voice trembling on the phone. While I try to reassure her, I realize that in reality, his fight with COVID-19 has just begun.

Over the last nine months, this scenario has repeated itself countless times in hospitals all over the world. We continue to fight the deadliest pandemic of our time without any definitive therapy. Although, our hospitals are reporting fewer COVID-19 patients than before, I know it is only a matter of time before we see a new surge of cases. In the thick of it, we serve selflessly and persevere to do everything we can for our patients. It is only afterwards that, in the calm before the storm, I am absorbing the propound magnitude of this pandemic. I have a sense of impending doom, like I am a surfer in a vast ocean and a massive wave is only now just beginning to crest behind me. How do I know how deep it will be? Can I survive the current and the undertow? When I think about the magnitude of this event, I feel like all the emergencies and eventualities that I have prepared for all my life seem trivial in comparison.

As doctors, we pride ourselves in our knowledge, skills and professionalism. We are not afraid of difficulties or fatigue, because we know what we do is far bigger than us. During the surge of coronavirus cases in China, teams of doctors from different parts of the country volunteered to serve on the front lines in Wuhan, the epicenter of the first COVID-19 outbreak. Doctors and nurses from all across the United States stepped up to help their colleagues fight the coronavirus outbreak in New York City. The courage shown by healthcare workers (HCWs) in fighting the pandemic is comparable to the firefighters who sacrificed their lives during the 9/11 attack. The medical community has faced many pandemics over the last century, including the Plague, Spanish flu and Ebola, to name a few. These pandemics from the past are affirmations that time and again we have fought deadly diseases and life has returned back to normal. However, despite witnessing the severity of COVID-19 pandemic in China and Italy, our government’s response to the virus was nothing short of astonishing. Well into the pandemic, we did not have adequate testing availability, there was a significant delay in reporting the results and our hospitals suffered from shortages of PPE. The lack of these simple measures not only cost our country enormous amount of money but, more importantly, cost us the lives of our people.

Losing a patient is difficult. We are not immune to death or the effect of death on one's mind and soul. As we live our lives, the fear of catching the infection always lingers at the back of our minds. This constant fear and the overwhelming guilt at exposing our near and dear ones to the infection can take a toll on one's mental health. We are so busy taking care of others that we can lose sight of our own health and miss our symptoms when they initially arise. However, this was not the case with me. COVID-19 presented swiftly like an unexpected whirlwind. I had high grade fevers and chills, the dreaded typical presentation of COVID-19. With a sinking feeling in my gut, I hoped for flu, but the

physician in me was aware enough to know that I was now the patient now. The medical professional in my head began a mental calculation regarding my severity of disease, my risk factors, my likely outcomes, the protocol that needed to be followed for observation, treatment, and protecting others; but the 27-year-old woman in me was petrified. The initial days were tough. My body was fighting a war, a war I had witnessed first-hand amongst many in the past few months. Every day I struggled to eat, to breath. As my symptoms progressed, dysgeusia and anosmia were added to my list of difficulties. Suddenly, I was on the other side of the bed. It was then that I realized that the constant fear of spreading the infection, the fear of re-infection and other disease related sequelae was having an effect on my mind. One of the least addressed issues of this pandemic has been its effect on the mental health of healthcare workers. The CDC has reported 207,558 positive cases and 792 deaths amongst healthcare professionals due to COVID-19 (1). Many of us have lost a colleague, a co-worker or a friend to this horrible disease. Time and again, we have been shocked by the medical trajectories of our COVID-19 patients, losing some of our youngest and healthiest patients. Observational studies done in China and Italy have shown a high incidence of post-traumatic stress syndrome, anxiety, depression and insomnia amongst HCWs during the pandemic (2,3). During this time of isolation, we are finding ourselves more alone than ever.

Over the last few months, individual institutions, lacking a coordinated response and mandate from the government, have made major changes to our healthcare system on their own, driven by need and forethought, to accommodate more acutely ill COVID-19 patients in hospitals. While we continue to do so, we must not forget that patients with other medical conditions have also suffered during this pandemic. Studies from Italy and Northern California have shown lower admission rates for both ST segment elevation myocardial infarction (STEMI) and non-ST segment elevation myocardial infarction (NSTEMI) (4,5). Although the decreased admission rates could be due to many factors, the most concerning question is whether our patients with diseases as severe as STEMI or NSTEMI are reluctant in seeking medical care due to fear of contracting the virus in the hospital. While it is advised to avoid unnecessary contact to hospitals at this time, patients should not be hesitant in seeking medical care when needed. With no definitive therapy and vaccine, the coronavirus is going to stay with us for some time and for HCWs, triaging patients appropriately is going to be the new norm. Communicating with the patients that we are taking strict measures to avoid the spread of virus within our hospitals might help alleviate the anxiety in seeking emergency medical care. Another way is to expand the use telemedicine services for office appointments, which will not only help in taking care of patients with chronic medical conditions such as diabetes and hypertension but will also be useful in controlling these medical conditions, thus avoiding unnecessary visits to the emergency department.

As our world continues to open up and people attempt to return to their normal lives, all we are left to understand is, whether this the new normal? What started as the dreaded Spanish influenza now stays amongst us as the seasonal influenza. Is it going to be the same for COVID-19 As we prepare for the next “wave” of the novel coronavirus amidst a flu season, hospital staff are overworked, underpaid, and trying to overcome the vast amount of disinformation and anti-scientist conspiracy theories, some coming from the highest levels of our government. We wish we could just pause and take a breath of fresh air. Our initial lack of information about this disease and our response to it has actually highlighted what a gift it is to have knowledge, science and insight on our side. We will need to learn to live with this disease and young children and newborns will never know a life without it. Even more, this pandemic has taught us how to appreciate our loved ones and the value of community and service. With so much fear and anxiety surrounding us, we have had to relearn the importance of love, friendship and kindness.

So today, let's make a phone call to our loved ones, let's make sure we tell our colleagues in the hospital that they are doing an amazing job and let's take a step back and appreciate the effort we have all been making in fighting this disease. This is the time when we, as healthcare workers, are making a true difference in peoples' lives and isn't this why we all chose to be in this profession in the first place? Often, when I find myself cornered and defeated, I find solace in the words of Robert Frost:

'The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.'

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