

Coming Up for Air

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“**N**othing bad will happen to you here,” my program director reassuringly told me and the rest of my intern class during our orientation in July 2019. I had been ecstatic to match at my top program in New York City, eager to enjoy a rich cultural diet of Broadway shows and Central Park picnics during the rare moments when time and budget would allow. I had wanted to believe that I had finally made it to my “promised land” by officially joining the medical profession and receiving my medical degree. Sure, I had expected the typical intern struggles of high patient volume and acuity, with some difficult decision-making, coupled with less time to myself. But wasn’t that what all the TV shows had mentally prepared me to expect?

What I did not expect was that approximately halfway through my intern year, my medical education would become seemingly obsolete when all my patients suddenly transformed into COVID-19 patients. Instead of being an intern, I became a “COVID fighter,” and my new terrain became the frontlines of the global pandemic. New York City, with its approximately 8.5 million inhabitants, suddenly went on lockdown, and emergency measures prevented family members from visiting their loved ones at a time when they needed them the most. The hospital suddenly became an eerily unfamiliar place, despite having spent most of my past 6 months and 80-hour work weeks in these hallowed halls. Our postoperative acute care units and operating rooms became makeshift intensive care units. Our previously idyllic fourth floor café, with its tastefully decorated faux foliage where I would often take much-needed breaks, became new patient overflow rooms, equipped with neatly stacked rows of beds, patient monitors, and backup oxygen supplies. In this brave new virtual world, we were the soldiers whose hands held up the iPads, allowing family members to catch glimpses of loved ones taking their final breaths, as we held ours.

As an intern with my list of 10 patients, each one with concerned families who were not allowed to visit for weeks at a time, I had the task of providing daily updates. The pain of telling family members about failed treatments, waning oxygen levels, and worsening chest x-rays still weighs on me. Understandably, some families would at times take their

frustration out on me, the bearer of bad news, as though it was my decision to bar them from visiting. Other families, however, expressed their fears regarding my own safety, recognizing that I was putting my own health at risk. Some conveyed appreciation for our roles as surrogate family members. Among one of my most prized possessions is the card I received from a family member, thanking me for ensuring that her brother did not die alone. Whenever I would go into his room to check on him, I would make sure his TV was tuned to his favorite sports channel, although the high-flow oxygen mask he wore would frequently fog up with condensation and make it difficult for him to see.

I remember how often extreme delirium occurred when patients sometimes went weeks without seeing familiar loved ones. The only tangible link that patients had with their families was through homemade food items that the hospital allowed inside. I would meet families down in the hospital’s lobby where they would solemnly present homemade casseroles or special cultural desserts, which they insisted complied with my patient’s dietary restrictions. The familiar tastes and smells of these foods served as the most effective cure for my patient’s delirium. It was as though food had a magical ability to invoke powerful memories of who a patient was and the family life awaiting them upon discharge.

The pandemic also exposed the weaknesses and loose threads of the fabric of our society. I saw this in the number of undocumented patients who were forced to remain in the hospital for their physical therapy since there was no way to pay for outpatient rehabilitation without any insurance. I saw it in the lack of sufficient medical interpretation, for patients who did not have loved ones available at bedside to interpret their unique dialects, and with patients who were too delirious for telephone translators to engage meaningfully with them.

Wave after wave of patients continued, and as medical professionals we called out for more ventilators, more assistance, and more personal protective equipment. We watched the daily presentations of our governor, consisting of doctoral level discussions of complex state-wide and national data, complete with modeling predictions. As the lives of my non-medical friends were dominated by WFH (work from home), the lives of medical professionals were

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ruled by WTH ... as in *what the heck* is going on today? We sincerely asked ourselves if this was how the world was going to end. Would the wave of patients ever cease? Would we get our family members sick while taking care of our patients?

For a brief period, there seemed to be a rare strengthening of the societal contract among physicians, health care professionals, and society at large. People on the street thanked us for our “service,” piling on to the battle metaphor. There was an evening clapping ritual at change of shift, as the wearied day team signed out to the apprehensive night team, helping to buoy the spirits of New York City. It reminded me of a story I had read about how villagers from a small African tribe would cheer on a team of visiting doctors with the beat of their traditional drums. The surgeons would operate throughout the night, providing much needed and overdue surgeries, and the energy of the drumbeats would keep them going. Society was supporting doctors, who were in turn doing their part for society. Where is society now?

Over the past 5 years of the COVID-19 era, I’ve watched many physicians and other medical

professionals cut back on hours, retire early, or otherwise alter their medical career trajectories. It’s hard to know how much of this is due to the fallout of the COVID-19 pandemic, a historical turning point that has been tied to so many downstream societal consequences. But as a trainee reflecting on how COVID-19 significantly affected my intern year and much of my neurology residency experience, I long for our profession to reclaim that feeling of genuine passion and optimism for medicine. I pray that we as medical professionals can once again feel routinely excited by the impact we are making on patients. I await, with bated breath, the thrill of society cheering us once more. Next time around, I hope we can forgo the global pandemic.



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