

# Braving the COVID-19 Pandemic

Cindy M. Pabon, MD

I peeked at the clock as it struck 10:55 AM—just 5 minutes until we would be free from further admissions. I could identify only one patient on the emergency department's census who looked unwell enough to be hospitalized: a young man with the most convincing story for a COVID-19 diagnosis. He had a non-productive cough, fevers, lymphopenia, dyspnea upon exertion with associated hypoxemia, and recent travel with friends who were confirmed to have COVID-19. The hospitalists had been caring for these patients thus far, though rumors had been circulating that their teams were full, and the resident teams would be up next. It was barely before 11:00 when my pager went off. "Call the ER for admission of 31 y/o M with dyspnea, concerning for COVID-19." My heart sank.

The last couple of months had been sobering as we watched our friends in New York take on the COVID-19 health crisis. We awaited, with a mix of fear and anticipation, for the surge of patients that we knew was coming. The longer we waited, the more conflicted I felt by how society had been portraying people like me—we were the so-called "health care heroes." Though, to tell you the truth, I had never been more terrified. I looked around the room and sensed a similar uneasiness as my peers acknowledged the page I had received. At that moment we understood that our time to be at the frontlines had begun.

I had noticed an escalating tension in the hospital over the last couple of weeks as our staff had begun caring for patients under investigation for COVID-19. Now, in the moment, the fear was clear on the faces of the ER staff waiting for me downstairs. For many of us, this person was likely to be our first positive case. The nurse's hands trembled as he handed me supplies for monitoring vitals and performing blood draws. There was no sense in having multiple providers in the room assessing the patient when I could do it and prevent them from further exposure. The ER staff gathered in a crowd, along with my team and our infectious disease consultants, all of whom nervously watched as I stepped into the anteroom and gowned up to enter the unknown.

Weeks later, we have all become more familiar and comfortable with caring for patients with COVID-19. The clinical trajectory has become more predictable for us, though not always with the outcomes we had hoped.

Our anxiety and fear of the unknown have transformed into a deep sorrow. We watched as several patients lose their battles, not knowing what we could have done differently to save them. How can we practice evidence-based medicine, when the only existing studies are either too small, unrandomized, or unblinded? Where do we find guidance when no one has cared for a patient with this illness before? It felt like I was wobbling in place with the weight of the world on my shoulders as I stood unsure of which direction to take.

It was not long before we started hearing about health care workers losing their lives to COVID-19 as well. It hits the hardest when I hear that a resident passed on from this disease. There is an existential crisis that follows with every loss, layered with feelings of guilt, grief, and a sense of injustice. But the COVID-19 pandemic is unforgiving. There is no time to dwell, as patients keep coming in at an alarming rate. Most of us at the frontlines have largely suppressed these emotional reactions to allow for a clear mind amid the pandemic. This health crisis has been a life-altering experience that has challenged us and brought the medical community together in ways we could never have imagined. When the world someday begins to recover, we too must find ways to heal from the emotional burden we harbored as trainees.

The Hippocratic Oath promises a life of service that places value on the principles of patient autonomy and nonmaleficence. At no point is there an agreement to be brave, though it is implicit with our current pandemic that we must try our best. We are the "health care heroes." When alone in the anteroom, we must decide whether to remain paralyzed by fear or whether to open that next door. By doing the latter, we follow through with our duty to our patients while empowering each other to face this new challenge together. As we continue facing the surge of COVID-19 cases, I feel committed to complete the mission started by those in the health care field who fought, despite their fears, and lost their lives. Even with the wobbling sensation of the world on my shoulders, I choose to go forward.



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