

BREADTH

WRITING TO MAKE SENSE OF IT ALL: GRAPPLING WITH COVID-19 WHILE FAR FROM HOME

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Writing has long been a struggle for me. The discipline and steady focus that writing demands, coupled with unperturbed stretches of time, pose formidable barriers. But more difficult to surmount is my poorly managed anxiety that writing distracts from the “real” work of teaching and caring for patients. How is it that I find the time and attention now, in the midst of a dizzyingly accelerating pandemic, to write?

This is a paradox, one of many born of this global uncertainty. For our communities, “gnawing anxiety vs. under-reaction.”¹ For healthcare providers, commitment to our patients despite serious concerns for the safety of our coworkers, our families, ourselves. At a time when healthcare workers face the gravest public health challenge of our careers, the routines and safety nets we have put into place to support our work have evaporated. New ones are already taking their place. Now, when my morning alarm rings, I reach for my phone to silence it and immediately move it from sight. I resist the urge to look at the news ticker for the latest statistics or my inbox with its onslaught of urgent updates. I take a breath and sit, silently, to collect myself before the day begins. I remember, as I open the curtains and feel the golden edge of the morning sun, that the rest of creation is undisturbed by the human consternation about COVID-19. I then turn to writing, which I have discovered is essential to focus my thoughts and unburden my concerns.

Can writing save me from the growing guilt I feel, as I bear witness from afar to the apprehension my hospitalist colleagues face as they wait, hospital emptied and echoing, for the wards to fill beyond capacity? I write, now, as a confession. I was scheduled to be on clinical service these past two weeks, covering night shifts for our busy adult hospitalist service. But I am not writing this from the hospital. Instead, due to mounting travel restrictions in the country where I work for most of the year—Thailand—I made the difficult decision to cancel my flight back to the United States last week. For the first time in my career, I prioritized the immediate needs of my family over those of my patients and team. One week on, I remain torn: with Bangkok under partial lockdown and travelers from the United States facing near-impossible barriers to entry, I know I would have left my young

children stranded here without me for weeks, if not months. At the same time, I grieve the lost opportunity to join with my team members as they prepare for the weeks ahead. I fear for their health and safety and for the health of the communities we serve.

In response, I grasp for opportunities to work, to be of use, from this vast distance. Even as the grim statistics of deaths and inadequate supplies mount, there are flashes of hope. Within the space of two weeks, remote working options that I have pursued for years have become the new norm. Committee meetings are held by Zoom, teaching is conducted fully online, home-based care options proliferate, and logistical barriers to telemedicine are being eliminated. Our university’s teaching, research, and clinical communities are uniting energies in profoundly supportive and creative ways. Many of these changes will, I hope, persist long beyond the direct effects of this virus. Our habitual modes of providing care and instruction have been shaken, and I have hope that we will emerge from this experience with fresh perspectives as to which are most essential to our practice.

But for now: I work from my home, and reflect, and write. As all of Bangkok shelters in place, I mentally occupy the hallowed space of a hospital half the world away. I am humbled and awed by the preparations that have already been put into place and the enormity of the work that remains to be done. I write in solidarity with my colleagues as we anticipate a need that threatens to overwhelm our capabilities—and that demonstrates, as never before, the strength of our united efforts. I hope, along with them, that we will collectively meet the challenge put to physicians so long ago by Hippocrates: to “cure sometimes, treat often, and comfort always.”

References

1. Sandman PM and Lanard J. Commentary: Strange COVID-19 bedfellows: Gnawing anxiety and under-reaction. Center for Infectious Disease Research and Policy. University of Minnesota. <http://www.cidrap.umn.edu/news-perspective/2020/03/commentary-strange-covid-19-bedfellows-gnawing-anxiety-and-under-reaction>. Published March 17, 2020. Accessed April 15, 2020.