

COVID-19 Challenges at Work and Home

I am a pulmonary and critical care specialist working at one of the busiest hospitals in nation, in northern New Jersey. We went on our yearly family trip to India in January 2020, and had just returned at the end of month. Back then, COVID-19 was a novel virus affecting China, and we flew our 18-hour flight with nothing much in mind.

When we returned, I started working regularly in our advanced 28 bedded Medical Intensive Care unit. We started hearing about the first case of this novel virus in the U.S. in Washington state, then about the cruise ships with infected passengers. Still, it was just news happening somewhere else up until first week of March, when New York reported its first case. With our close proximity to New York, worries started.

Within few days, we admitted our first COVID-19 patient and it happened to be our respected colleague. From there, it escalated very rapidly from one patient to 78-80 patients in ICU a day. Our days were long, managing severe ARDS with bare minimum medical personnel and facilities. It was the worst, most nightmarish four to six weeks of my life.

As an intensivist, when I was initially consulted, patients would be awake but extremely hypoxic, isolated in rooms with no family to support them through the crisis. I could see the fear in their eyes and extreme anxiety. When we could no longer manage them on non-invasive ventilation, we discussed placing them on ventilators; some would just shrug their shoulders, some would pass endearing messages to their family and some are too tired to fully process the information.

They would then get intubated and their course would be so tough. We did not have exact answers for the appropriate management of the severe ARDS. Methods which have been tried and shown to work in other severe cases of ARDS didn't seem to work quite as well on COVID-19 patients. We tried every medication possible and our protocol changed often as the evidence came through.

This was not my first time managing infectious disease at large scale; I have worked through a cholera outbreak, a Dengue epidemic, a chikangunya epidemic in India, HIN1 influenza, and a legionella outbreak in NY but this time the scale was exponential. I questioned myself multiple times in a day, "Am I doing the right thing?" Patients who would be talking to you few hours before would go into cardiorespiratory arrest and die before you. You felt helpless and regretful.

As a critical care physician I work with sick people day in and day out and have always been confident in my skill sets but this experience shook my self-confidence as a physician. I hit rock bottom for the first time in my 10 years of clinical work. But I couldn't afford time to reflect on my own short-comings, I had to pick up my pace and kept working.

My rounds would start at 7 a.m. and would go until 11 p.m. with no time to eat or drink or take breaks. Especially with wearing the full PPE, I felt it was better to see patient after patient than to waste time or the PPE. It's a physical and mental marathon and saw many medical staff cry and break down, as we are humans after all. I did not allow myself to do that; the nursing staff, respiratory therapists, the house staff everyone looks up to you; so I tried to shoulder them, encourage them, and then I had to keep working.

I remember the day when we had 5 code blues and 15 critical care consults/admissions in a span of 12 hours. We were running out of ventilators and ICU beds and it was as horrible day as one can imagine but then it was clearly visible that every single person from residents, fellows, nurses, pharmacists, respiratory therapist to house cleaning everyone raised to the occasion and took added responsibility and kept working without complaining. At the end of the shift, I was very emotional and couldn't thank enough all the people who had pitched in, how much small or big their effort on such a dark day. The next day we all came to work like robots to face yet another pandemic day, but we kept working.

For those patients who were not on ventilator but in isolations rooms, we were the only connection to the outside world but we could hardly spend minutes to talk to them as we had endless patients to care for that day. For those patients on the ventilator, I had to answer the countless questions from their loved ones. Most of the times I felt I am saying the same thing again and again. Their families hung on to every word we said. Luckily, we had a great palliative team working along with us, helping the patients family understand the gravity of situation and for those who ended up getting comfort care, we felt relief more than sadness as we knew otherwise the patients might have suffered more. We didn't get time to say a proper good bye to patients as the next patients were waiting for our time and care, so we kept working.

At the end of the day when I would get home, I'd go through the rigorous process of cleaning and taking bath, and all I could do is to hit the bed and get some sleep. Some days was also difficult, as the faces of the patients kept coming back to me. I couldn't ask what my husband had done that day, or what he'd eaten since most restaurants were closed, or what was happening at his work or with our families back in India. I did not get to see or play with my four-year old son who was very curious about the virus that was keeping his mom away from him day and night. He missed hugging and kissing me. I am one of the lucky ones whose my husband could work at home and was able to manage my son while I worked many hours at hospital. However after two weeks, his energy level also dried up from managing work and home, as well listening to my ramblings. My mom had been supposed to travel from India in March but it got postponed and postponed and then canceled. She misses being with her one and only grandson and lives in anxiety about our safety, as we live in anxiety about hers.

We have no other family in U.S., and we had to make a decision about whether to send our beloved son to the emergency day care started at the hospital. After much contemplation, against many of our friends' and family members' advice, we decided to send him to the day care to keep our own and my son's sanity among the pandemic. He was one of the first two kids to join the emergency day care. I was very anxious and felt extremely guilty. The second day

when he said he loved his school and wanted to go to school on a weekend, I felt relief. It was the hardest but I think the best decision I made during this pandemic. It helped to concentrate back on my work with little less guilt.

The nightmare came to slow end as number of patients admitted with COVID 19 went down by end of May 2020. But then, we started wondering where are our usual DKA, COPD exacerbations, substance abuse, acute stroke patients were?!

Work hours got better about a month later and we saw fewer patients as they were still afraid to come to hospitals. We enjoyed a brief period where life returned to a new normal, where people always wore masks at malls and shops, sanitized more frequently than before, moved to suburbs, and working at home became the standard.

But then again, by November, the ICU was more than full capacity with 90 percent COVID 19 cases. My days again became hectic. Testing and equipment are little more accessible this time but medical personnel are still stretched thin, especially in ICU, as COVID-19 is rampant all throughout the nation as opposed to last time where some states were spared.

Every day, I am praying "God let it not go that level again, I can't live through that agony one more time"