

## PERSPECTIVE

## PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

## Dystopian Diary of a Medical Resident

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**I love dystopian fiction.** All the better when it has a “coming of age” bent. From early childhood favorites like *The Giver* to more recent indulgences like *The Handmaid's Tale*, I marvel at the heroines, the moral dilemmas, and the fantasy of it all. I feel fondness for those characters—while maintaining distance between them and myself. *How bad could it really get?*

As a resident physician, I am starting to see those dystopian fables as prophecies more than fiction.

When the coronavirus disease 2019 (COVID-19) pandemic began, I often caught sight of young people on my way to work, throwing frisbees in some act of defiance against sheltering at home. Today, my commute is eerily quiet—scenes of people clad in scrubs or hard hats, and face masks. When the occasional nonessential worker walks by, they briskly cross the street, seeking far greater than a 6-foot berth. *Maybe my role as a healthcare worker is disquieting.*

An almost militant order of business has overtaken the hospital. I flash my ID badge to the security officer standing guard like a bouncer at the entrance. “Thanks, Doc,” he says.

I pass through the first set of doors, where a redeployed, masked employee sprays my hands with sanitizer. The next staffer issues my surgical mask for the day. A third waves me through after I display my cell phone; on the screen is a completed survey attesting to my lack of COVID-19 symptoms. Another person allows me onto the escalator. Other employees limit access to the elevators; 4 at a time, 6 feet apart. A single-file line of workers snakes down the hospital corridor—the same hallway ordinarily filled with the bustle of patients, their families, and staff. I have found a rhythm to dancing through these restrictions.

Admittedly, I have more routine than many of my peers outside of medicine. I go to work. I see colleagues. And, I am seeing a very different reality unfold.

Our hospital floors are now intensive care units. Patients with COVID-19 usurp the usual delivery ward. I remember joining a friend there last year as she was bringing life into the world. Now, I wipe down my desk and chair with bleach-soaked wipes, and wait for loss. The smell of lavender hand cream from the nurse whose desk I occupy still lingers. There are pamphlets on the cubicle wall about insurance coverage, and pictures of

her children's smiling faces. I wonder about that nurse and her kids. *Are they okay?* I think about my friend and her own child. *Such a lifetime ago.*

As a resident, I usually love the early hours of the day, laughing and connecting with patients at the bedside. Now, it is only emergencies. I am summoned when vitals crash and airways close. In the spirit of social distancing, my touch is dulled by gloves, iPads, and telephone calls. The patients are lonely. We are lonely.

Unless patients are dying, family members are absent. Banned from the bedside, we call them throughout the day with updates. Our hearts break at those missed connections. One patient's husband confided to me that he had slept in a hotel one night of his wife's hospitalization; in his car, the next. He could not bear the quiet of a home without her. Another patient's daughter asked how she could protect herself and her children after we sent her elderly mother home to their multigenerational apartment with a single bathroom. There are no right answers—just compassion, and so much uncertainty.

The cognitive load required to clean my belongings and negotiate returning home at the end of a shift is exhausting. *Did my water bottle touch COVID? My backpack? My unclothed elbow?* I worry about infecting my partner. I cross the threshold to our home, disrobe at the door, and stand in a scalding shower. My fatigue has ramifications. My emotional reserve is depleted. I cry at commercials and routine domestic shortcomings.

When I begin a new rotation, I ask the residents I am supervising what they enjoy, and what bothers them. Lately, I also ask: “What frightens you?” I relate to their answers: “Exposing loved ones,” and “Dying.” We are bonded now, and unenviably connected.

And yet, I am not a soldier, or a hero, or some trending meme that implores us to follow our better angels. I did not sign up for war and battles; I signed up to care for the sick and to be present for their families.

There is a part of me that is proud of this long-overdue recognition of the caring professions, but this is not courage; it is conviction. Like the heroines of my favorite fantasy worlds, I—we—persist in a new normal because we cannot imagine *not* showing up to show love. And so here we are—behind masks, face shields, gowns, and gloves. And, here we will stay.

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