Six feet apart: the COVID- 19 times

Undoubtedly, I was afraid of the unknown. In the week prior to my rotation inside the COVID- 19 unit, I was stressed. This was not a time for social distancing. Physically distanced, I decided to remain ‘socially connected’ with friends via the cell phone. Plenty of phone calls, non-stop chatter, venting out pent up anxiety and anger on the ‘novel’ illness, risks involved, uncertain treatment, and contradictory recommendations from those who are dealing with this contagion across the globe, sharing my fears, and verbalizing my emotions. A couple of times I woke up in the night covered in sweat. I learnt that I was not alone in this, others held the same fears too. Sharing emotions helped reduce their intensity. Gratitude!

Sweating inside the cumbersome yet protective equipment, hot and uncomfortable, I took my first step inside the unit. A completely calm unit, unlike the hustle-bustle in an otherwise ICU that I am used to. Awake patients, some on oxygen others without sitting on their beds keeping themselves occupied on social media or reading books.

There was this particularly sick patient who had required invasive ventilatory support in view of worsening oxygenation. Medications were administered as per the latest recommendations. A few days later, sedation holiday attempt was given who though recovered his consciousness quickly, desaturated quicker than that requiring re-sedation for another day. He remained persistently hypoxic with oxygen requirements yoyoing constantly. Subsequently, hypoxia lead to pulseless electrical activity. A candidate for cardiopulmonary resuscitation (CPR), but this clearly had to be minimized. A helpless feeling came over as CPR efforts had to be abridged in a bid to reduce any harmful effects to the health care workers. The patient succumbed.

The following morning, I went back to my rounds. I struck up a conversation with this octogenarian lady who was eagerly waiting for her second swab results. Her first swab result, the day before, was negative. She spent her time talking to her son via her cell phone and listening to religious songs and bhajans. “I listen to bhajans of all God’s as I would not like to displease anyone”, as she rattled out names of about a dozen Gods. I was given recommendations on a variety of music, by this pleasant lady. As I was chit-chatting with her, she voiced her keenness on leaving her COVID- 19 cubicle to a person who was genuinely in need of it. She later went on to add that her neighbouring patient had expired last evening. To this she added, “how sad that the patient who expired did not have any of his loved ones by his side at his time of death”. Aptly named, the ‘pandemic of loneliness’.

I did spend some time talking with the otherwise awake and not so symptomatic patients about their experiences with the illness and what feelings were going through them. “Missing my daughter”, is what one young mother said choking on her voice. An elderly lady who was transferred as a suspected COVID- 19, was in tears saying that it is a mistake that she has been transferred there and that she would go mad and would escape if kept in those confines any longer. Positive talking did not really calm her down, and why should it for someone who is wheeled involuntarily inside the isolation. This reflects the negative psychological impact of a complex biological interaction between the virus and humans. Later, she was shipped out of the unit as soon as her swab results were reported negative.

Patients were not permitted to have family or visitors. There were multiple requests from some of the patients as well as their relatives to have the opportunity to talk to each other. Unfortunately, those who did not have personal cell phones with them in the unit, were unable to communicate with their near and dear ones. Messages to a patient’s wife (who is a hypertensive) to not be worried were passed on to the relative on the other side of the phone during daily patient updates. The same held true for messages from the relatives of a ventilated patient, an elderly father, who was on sedation and NM blockade infusion. They requested to talk to their father via cell phone held to his ear. Explanations that the patient was completely sedated and paralyzed and would hence be unable to hear were unheeded to, as logic was superseded by the emotion of ‘isolation’. "Please convey to my father that he is not alone, and the entire family is there for him.  We are praying for him." Families hospitalized in the same unit too were not permitted to see to each other leave alone talk to them. A daughter (patient) was keen on seeing her father who was ventilated. Restrictions were posed on this.

During a daily round one fine isolation day, I spotted somebody in a cubicle without any personal protective equipment on. My knee jerk reaction? “Hey”, I called out but to no avail as this was a muted voice arising behind the mask. I rushed to the person, only to realize that this was a patient who was walking inside their cubicle!

What was the most notable from the entire team handling the COVID- 19 unit was that when faced with a crisis, we do not stand down. Collectively we rise to the situation and deal with the hardships bravely. Together, we are not alone.

These six feet have never felt so far away

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