

PERSPECTIVE



Soul-crushing helplessness

“Things are starting to feel apocalyptic. Last week, we had two covid-19 patients. Now, 100% of our ICU has tested positive for the novel coronavirus. Many patients are in their 40s and 50s and have little medical history. I took in the whole unit: the intubated patients, the rhythmic “whoosh” of the machines, the beeps and alarms, the groaning mechanical sounds. My head was pounding, every muscle ached, all I wanted was to lie down on the floor. I snuck over to a thermometer and saw I had a low-grade temperature ...” ¶ So wrote Shaoli Chaudhuri on March 24. In her third and last year as an internal medicine resident at Columbia University Irving Medical Center, Shaoli found herself working the frontlines at the Allen Hospital in New York City, the epicenter of the worst pandemic in the United States in over century. ¶ For a month, she kept a diary. ¶ Reflecting, Chaudhuri writes: “Sometimes I think there are no words for what we are going through as health care workers combatting COVID-19. But looking at this journal, there seem to be plenty. Writing about the experience has helped me through the trauma, the ups and downs, and the search for light in the darkness. This is dedicated to the heroes we’ve lost, Lorna Breen, Romy Ocampo; and my personal heroes, my loving family, friends, podmates and colleagues in the trenches with me.”

By SHAOLI CHAUDHURI

Day 1, March 17

A FEW DAYS AGO, I learned Columbia had one of the first COVID-19 patients in New York City.

Today, I truly stepped into the pandemic. A nightmarish scene met me as I entered the intensive care unit (ICU) for the first time since the virus took hold in the city. The overnight case involved a man in his 40s with no foreign travel and no real medical history except hypertension. He had experienced typical cold symptoms for three days.

Then, in the emergency room, his oxygen saturation dropped suddenly, and he was put on a ventilator. His chest X-ray was abnormally white and filled with cotton-like opacities — all the fluid and inflammatory debris were keeping him from breathing.

“He’s so young,” I exclaimed more than once. And so sick.

The day progressed downhill. I rushed around the hospital, responding to pages for critically ill patients. Where were these people coming from? In less than 48 hours, the number of COVID-19 patients in our hospital exploded from less than 20 to more than 200.

These weren’t the patients we always saw during flu season. They weren’t the run-of-the-mill 70-somethings with diabetes, emphysema, kidney disease. These were “normal” people, 20- and 30-somethings with few health problems, connected to ventilators, drips, ’pressors. Was this our new AIDS pandemic?

As I myself tried to catch my breath, I texted my colleague, “The hospital is FULL of COVID.” He had been at our sister hospital and messaged back that he had just intubated a young patient in his late 20s. All he had was mild asthma.

“Brian,” I replied, “I have mild asthma.”

I feel like I’ve fallen through the looking glass, into another reality where I’m just as vulnerable as my patients. A reality where it could be me on the other side of the glass, hooked up to a ventilator.

Day 2, March 18

THE TWO CRITICAL CARE attending physicians who run the ICU are its rockstars. Dr. D. is a whip-smart firecracker who is unfailingly kind and refers to everyone as “honey” or “sweetheart.” Dr. S. is a tall, broad-shouldered Argentinian man whose main goal in life is, I assume, to make sure everyone is OK. I know because he constantly asks us all, “Are you OK? Everything OK?”

Per Dr. S., we must become the “world experts in covid.” Since yesterday, yet another COVID-19 patient, an elderly man with multiple neurological problems, has taken up residence here. At this rate, Dr. S. should not be worried about our experience with the virus.

We are giving patients hydroxychloroquine, a medicine used to treat malaria, because they’re sick and there is nothing else. A small study came out of South France that everyone is going gaga about it, but I really wish the public could understand there’s virtually no evidence hydroxychloroquine works any better than water. People are losing their minds.

Day 3, March 19

TODAY IS MY DAY OFF. I woke up around 5 a.m. after sleeping for three hours. I spent the morning reading the news and obsessively checking social media. For the rest of the day, I lied curled up on my couch, crying uncontrollably.

I’m living and breathing the anxiety of COVID-19 in a way very few can understand.

My thoughts race around my head; the palpitations get me; I’m sometimes drowning in fear. First, it’s worries about being found dead in my apartment from the virus, surrounded by takeout containers. Or fears about my parents, who are both anesthesiologists in their 60s. They are considered “very high-risk exposure” because they intubate patients, bringing them up close and personal with all those aerosolized particles. Wrapped in my fleece blanket, I feel pinned



‘I’m just this machine, sucking up near-dead bodies and churning out dead ones, barely having treated them. This isn’t what being a doctor is about.’

— SHAOLI CHAUDHURI, ABOVE AND TOP

PHOTOS COURTESY THE AUTHOR

down and paralyzed by dread.

Day 4, March 20

“HE’S ABOUT TO CODE.”

I looked up from the workstation. It was an older man who’s constantly admitted with infections. He was suddenly maxed out on three ’pressors.

It ended up being our first COVID-19 code, i.e. a cardiac arrest caused by the virus. It was also our first COVID-19 death.

Day 5, March 21

PERSONAL PROTECTIVE equipment, known commonly as PPE, is precious. Disinfectant wipes are like gold. When I go to the emergency room, PPE is closely guarded, forcing me to bring my own. I sometimes worry about the supply among my team.

In the news and in the city, I hear horror stories about PPE.

Nurses wearing patient gowns or garbage bags. Residents running to codes and not having N95 masks. How can health care workers serve without adequate protection?

Day 6, March 22

I WONDER WHAT they’ll call it in the future. Post-Covid Stress Disorder? Scrub Shock?

The toll of the pandemic is making its mark on health care workers. When I leave the Allen ICU, I’m distracted by chest tightness, shortness of breath and subjective fevers. But in reality, my oxygen saturation and heart rate are normal. Everything is fine.

A psychiatrist reached out to my colleagues and me, offering her number and to talk anytime. As I opened up to her later about my fears regarding my parents and myself, she told me: “You’re going through something traumatic. It is normal to feel this way.”

She was right. But nothing about this is normal.

Day 7, March 23

IN THE ER, I met a man who was breathing at 40 times a minute. Upon laying eyes on him, I realized he would become the third intubation of this crazy morning. He’d had two weeks of symptoms, the progression of high fevers, diffuse pain, cough and now shortness of breath.

He is a normal, functional guy, who has high blood pressure and is overweight. But he was unlucky. As he struggled to catch his breath, I called his wife, who immediately said she was on her way.

A pause. “I’m sorry, no visitors are allowed anymore,” I said in Spanish. It is awful, having to keep families from seeing their loved ones during the most traumatizing moments of their lives.

The other day, the quarantined wife of a patient who’d just passed away said between sobs, “I just want to grieve with my family. I

just want to touch him — while he’s still warm.”

Day 8, March 24

Things are starting to feel apocalyptic. Last week, we had two covid-19 patients. Now, 100% of our ICU has tested positive for the novel coronavirus. Many patients are in their 40s and 50s and have little medical history. I took in the whole unit: the intubated patients, the rhythmic “whoosh” of the machines, the beeps and alarms, the groaning mechanical sounds.

In the afternoon, one of our nurses, Marco, asked me: “You OK?”

I’d woken up with headaches and muscle pain but dismissed it; I figured I was just worn down and stressed. But as I tried to talk to my team, I couldn’t focus. My head was pounding, every muscle ached, all I wanted was to lie down on the floor. I snuck over to a thermometer and saw I had a low-grade temperature. As fast as I could, I left the Allen ICU, away from people, to call health and safety. They instructed me to self-isolate immediately.

I felt myself tearing up. The thing I’ve dreaded has happened. I have COVID-19.

Day 9, March 25

I FEEL VERY FEVERISH. The muscle aches are mind-numbingly bad. I hurt from the tips of my fingers to the ends of my toes. I’m so fatigued, I can’t stay on my feet for long.

Day 10, March 26

FEVERS AND HEADACHES. Pain in my lower back and spreading across my body, layers of pressure and pain.

I didn’t want to tell my parents — who are back in Texas — that I am sick. I didn’t want them to worry or, God forbid, hop on a plane to take care of me. But the loneliness got to me today. I told my mom at the end of a phone call, in a rush.

Calmly, she said, “Are you sure? OK, take some Tylenol and drink plenty of fluids. You’ll be OK.”

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