

## A day in the life: Doctor turned patient overnight

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True Stories from the Front: Facing COVID-19

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## A DAY IN THE LIFE: DOCTOR TURNED PATIENT OVERNIGHT

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There I lay, listening to the rhythmic hum of my IV. The hypnotic waves of my heart rate on the telemetry screen reassured me that in that moment I was okay. My eyes burned with fever and my body shivered with a mix of cold and fear of what was yet to come. Having worked on the wards and seen how this disease progresses, I knew I was either going to turn the corner and be safely transferred to the COVID-19 ward, or I was about to crash, require intubation, and an admission to the intensive care unit (ICU). I glanced at my phone—25% of my battery remained. I prayed for the former and that I would be well enough to update my worried family before my phone died altogether.

Suddenly I jolted up in bed, my heart racing almost as fast as my thoughts. I was home in my own bed, completely safe. I settled back under the covers and breathed deeply. Just another nightmare about my time in hospital, I thought to myself. I shook it off like a wet dog drying itself, letting the droplets of fear and anxiety dissipate. Although the flashbacks and nightmares were growing less frequent, my mind refused to let me forget what happened. I can still feel that sinking feeling in the pit of my stomach that fateful Friday morning when I awoke with fever. To this day, I am still in awe of how quickly I deteriorated and that, as a young, previously healthy woman, I required a three-day hospitalization.

When you are hospitalized in your place of work, the boundaries between being a doctor and patient blur completely. My colleagues became my caregivers; those once teaching me how to collect health information were now privy to mine. Attendings who once evaluated me sent me daily texts to see how I was feeling. Instead of seeing me at my best, they saw me at my most vulnerable: unkempt, unwell, and crying from the overwhelmingness of it all.

To any physician who has been a patient, you know how challenging it is to accept the sick role. Being in the doctor role is comforting; you have the knowledge and some control over the situation. Being a patient is riddled with helplessness and uncertainty: you are a prisoner to your own ailment. I wanted to wear my doctor's hat from my hospital bed; so much so that I once tried to intervene on a code white in the middle of the night. Naturally, the nursing staff sent me back to my room. Isolated from my family, I gave them news by phone. I tried to present these health updates like a doctor to hide the fear that I had as a patient.

Despite my rapid return to my usual state of health within a few weeks, the experience had shaken me to my very core. The patient role was thankfully temporary; however, the boundary confusion persisted in a variety of ways. From regularly working with staff who cared for me to treating patients in the room that was once mine, I have constant reminders of my time in hospital. Albeit confusing, this experience has helped me to better connect with my patients and understand their illness experience. Who would have thought being a patient would make me a better doctor?

As the morning sun rolled in, I swatted away the memories like bothersome mosquitos. Time to go to work. Now several months into the pandemic, my new daily routine has become second nature. Every morning before I leave for work, I pick up the pumpkin scented candle on my coffee table and give it a whiff just to be sure I have not lost my sense of smell. Every time the glorious scent of nutmeg and cinnamon tickles my nose, I breathe a sigh of relief. "Safe for now," I think to myself. Although I know I likely have some immunity, I do not want to take any chances; being sick once was bad enough. On my way out of the house I check to make sure I have my hospital ID, wallet, keys, phone, and mask. During my walk to work, I often find myself debating whether it is safe to see my partner, my family, and my friends this week. This often requires an arduous mental calculation of risk based on who I may have been exposed to, how long ago that was, how many new cases there are in my area, etc. Although the risk of losing loved ones to COVID-19 has somewhat blended into the many existing background risks, like wearing your seatbelt in the event of a car accident, I still try to do my part to mitigate any threats.

Once arrived at the hospital, I bypass the queue of patients waiting to be allowed in. As I walk the halls of what feels like my second home, there is a foreign sense of familiarity. There is still the same enticing smell of breakfast as I pass the coffee shop; unchanged except for the floor markers in place to maintain social distancing. There is the usual hustling and bustling of various health care workers except everyone wears a mask now. Colleagues smile with their eyes as they pass each other in the corridor, but they keep a distance and do not hug the way they used to. Chairs in the waiting room and cafeteria are taped up or removed completely to enforce social distancing. The friendly volunteers you saw guiding people in the hallways have been replaced by hand sanitization stations. What is even more surreal is that another year has come and passed, and I have new resident colleagues with whom I have worked with for several months and have no idea what they look like.

Thankfully, medicine is still medicine—a constant in a sea of uncertainty. While the practice of it has changed, the mental puzzle of diagnosis remains at the forefront of patient care. Most of my family medicine clinics have been replaced by phone consultations which brings about a whole set of challenges. Asking patients to take their vital signs at home and guiding them to perform basic physical exam maneuvers on themselves has become commonplace. And for those few necessary in-person appointments, no amount of protective equipment can dissuade human connection. In the emergency room, I call a patient's wife to give her an update on how he is doing as she is immunocompromised and cannot be there with him. On the wards, I hold the hand of a frail older woman as she sobs in a state of complete exasperation after not seeing her husband for several weeks. The firm grip of my gloved hand is the only solace I can offer. At the end of a long day after inhaling whatever leftovers I have in my fridge, I collapse into my couch and let it absorb me completely.

Near the end of February 2020—the last time I ate at a restaurant indoors—I opened a fortune cookie that said: “A thrilling time is in your immediate future.” I have to say, what unfolded in March was not exactly what I had envisioned. Yet here we are, navigating one of the most challenging times in our collective lives. Working during the pandemic has revealed the wounds and weak points of our society i.e. whom we value versus not, and who we take care of versus who we ignore. The media paints a portrait of simultaneous cruel selfishness and collective kindness. From stories about hoarding toilet paper and violence against minorities, to feats demonstrating remarkable bravery, COVID-19 has exposed humanness in the rawest way I have ever experienced. Every night before I go to sleep, I feel a sense of gratitude for the little moments of happiness that carry me through the day. From singing in the car at the top of my lungs to my favourite song at a red light to watching my tomato plants finally begin to bloom. These tiny moments let me forget for a short while that this pandemic exists, offering a brief escape to normalcy. But what is normalcy anyway? It is hard to say. Tomorrow is just another day in the life of a frontline health care worker.■