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COVID-19 IN PARIS: IDENTIFYING INTENTIONS

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Interestingly, a previously unknown virus has triggered questions in me such as, "Who am I as caregiver?"

As the youngest healthcare providers among us were enlisted into the frontline forces, others were asked to stay home or to step back from the risky mission of acute care of COVID-19 patients. At our Pitié-Salpêtrière Hospital, which is over 400 years old with a long history of plagues and other contagious outbreaks, a huge and spontaneous energy arose from the teams, nurses, and physicians to create a battle plan and have our forces re-organized for the benefit of the health crisis and the patients.

Everyday meetings were held, digital feedback sent through the hospital internet to ensure only one voice would be heard. With creativity and a sense of pragmatism, solutions were found for the assortment of problems encountered. Indeed, each single day we were presented new situations, such as, a syringe shortage, professionals falling sick needing backup, opening of an ICU in the surgery department, new protocols for preforming CT scan for COVID-19 positive patients, different pathways for patients in dialysis to ensure positive and negative cases would not be mixed.

But only some of us were directly involved in this momentous campaign. Many, including me, felt left out. Especially because we, doctors specialized in chronic diseases, were asked to stop seeing patients and maintain them at home via telemedicine. My first reaction was unmistakably frustration. My mind was saturated with negative thoughts such as: So, I am not part of this story? Am I expected to just do nothing and wait? Am I too old; not good enough? Unable to be recycled in an ICU department? i.e. self-criticism

and insecurity. These painful thoughts were shadows of my younger self who experienced feelings of separation and loneliness, sense of not belonging, feeling left over, unloved. So, I stepped back and ushered in who I have become. A clear window inside me enabled me to ask and answer these questions.

Did tuning up the respirator and calculating the speed of delivery of the adrenaline salt in the electric syringe define me as a clinician? Of course not, I have not performed those tasks in ages, except recently in an airplane during an emergency.

Frustration brought forth anger and made me reflect on what I was ready to do to stay involved. Accepting that I would not be on the frontline was difficult and evoked bitterness and anxiety. Why? Did the television images flashing heroes in blue pajamas dashing through the corridors of the ICU departments upset me? Encouraged by social media, at 8 pm each evening, bursts of applause and clanging of pots from citizens on balconies cheered on health care workers battling the pandemic. One night, after working all day online to care for COVID-19 patients who were stuck at home, I dashed to my car feeling that I did not deserve their appreciation because I am not an emergency specialist.

Becoming aware of those feelings brought me closer to reality and enabled me to identify ways to be useful for my colleagues. I began to transfer information received as a manager to my team and facilitated their use of new essential digital tools. Remarkedly, in less than a week we implemented our e-health services and connected online with our chronically ill patients. I made it easy for everyone to find recent articles and guidelines at a time when uncertainty and contradictory protocols surfaced daily. I was responsible for our new communication toolbox since we could not physically meet anymore. I wrote tutorials for my colleagues to simplify their connections to our novel videoconference platform.

I became activated, realizing how much support they needed. In contrast to my former work, I was the one calling each of them in the morning to compile their needs, listen to their questions, and act as a link between the crisis direction and my team. As strange as it seems, I turned out to be a resource person, listening and supporting my colleagues.

This situation has deeply touched me, as if, amid a health crisis, roles could change. For instance, caring for others (not only patients) while maintaining empathy, openness, lovingkindness was possible. Realizing that I could be my true self, be compassionate towards my colleagues, my initial frustration was transformed into a sense of being reassured and fulfilled.

But the pandemic has also shined light on an ever-existing apparent paradox vis-à-vis cure and care. Are they mutually exclusive or do they go hand-in-hand for the benefit of patients? We spent years finding ways to reintegrate the role of care into the pathway for chronic disease patients. Suddenly, only intensive care appeared to be essential. This was disappointing but I had to respond to what was happening in real time. I did this by attending at the new outpatient consultation center. I received patients who had symptoms

suggesting COVID-19 infection. My role at that time (beginning April 2020) was to confirm whether they had the disease (with nothing to actually make an appropriate diagnosis, i.e. no PCR test, no serology) and direct them either to the inpatient department (based on the clinical exam and blood oxygen level) or home.

Half a day was sufficient for me to experience deeply the anxiety, stress and loneliness of patients who likely had the disease when they were sent home with no treatment and only advice about how to avoid transmitting the virus to their beloved ones – without masks! Again, I spent time listening with empathy, re-assuring and being compassionate with people who were feeling abandoned. I remember one woman in her sixties, crying in front of me, not wanting to go home, where her daughter refused to take her in because she was afraid her mother would transmit the disease to her grandson.

It seemed to me everyone wanted to help those "poor health care givers." I received many emails and phone calls from meditation teachers who offered free mindful sessions to nurses and doctors. This raised questions such as: Did the professionals need meditation right now when they were exhausted, anxious and under immense pressure? Did they need compassion or PPE? Did they expect being honoured as heroes or simply carry on with professionalism?

While listening to the meditation teachers, some were almost aggressive towards me because I did not automatically congratulate them for being so generous, I was curious about the driving force of empathy when contemplating the suffering of others while simultaneously experiencing it. Notably, compassion did not necessarily lead to anything other than action to contest our inner fears. Thus, it is critical to clarify one's intentions! Nonetheless, most initiatives were purely generous. Many colleagues offered free guided meditations. Participants really needed to connect and feel the common humanity of the world of meditators and their meditation teachers.

I offered a series of webinars for professionals while inviting colleagues and teachers to present on anxiety, burnout, compassion, and how to handle emotions in the mist of the pandemic. Those moments were supportive and allowed us to discover how close we could feel even through a cyberspace connection. Finally, I co-authored the book, La e-santé en question(s) [Telehealth in Question], with Olivier Babinet, that is timely in its examination of crucial issues regarding telehealth in the 21st century.

Returning to my own home, I anticipated, life would be easier. Not at all! I was perceived as dangerous due to my work at the hospital. I understood the fear and decided to wear a mask at home and sleep in an extra room that we were lucky enough to have. My nights alone were short and gave me an opportunity to examine who I am as a doctor and wife. A critical need for self-compassion surfaced. Being sweet to myself, allowing sadness and fear to be present, while experiencing the sense of shared humanity invited me to surf the waves of the virus. This is what I intend to do until the crisis has passed and I can return to my former roles as nephrologist and wife. ■