Introduction

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INTRODUCTION

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As an introduction to this special volume I will toggle between Camus’ words from *The Plague* to the evolution of the COVID-19 pandemic as it is spreading across the globe in real time. So as not to confuse the reader, given the uncanny similarity between what Camus describes and our current reality I will put Camus’ Dr. Rieux’s observations and reflections in italics. You, the reader, may wish to compare these with those of the physicians and health care professionals who have generously shared their own stories as they bravely worked on the front line during the progression of the COVID-19 health crisis in 2020. I simply invited clinicians to describe their experiences in 1,500 words employing narrative medicine techniques. Narrative medicine is a methodology that utilizes people's stories in clinical practice to promote healing. In doing this, narrative medicine aims not only to validate the experience of the patient, but also to encourage creativity and self-reflection in the clinician.

Fictional Dr. Rieux, the equivalent of a family doctor today, works in an ordinary, ugly, dry colonial port in Algeria in the 1940s. Typical of Camus’ writing style, all senses are evoked (e.g. “[rats] emerged in long wavering files into the light of the day, swayed helplessly, then did a sort of pirouette and fell dead; listening to the curious buzzing sound that was rising from the streets as if in answer to the soughing of the plague; an oily, foul-smelling cloud of smoke hung low”) as the epidemic migrated from rats to humans. The volatile climate foreshadows what awaits the population; for example, “feverish air” and “incarceration under the blue dome of sky, already beginning to sizzle in the fires of the summer.” Eerily, Camus notes that the main preoccupation of the inhabitants is commerce – much like 21st century economic concerns.

Dr. Rieux serves as the author of stories from the frontline in a sleepy town that was rudely awakened by a widespread calamity. He is the doctor who sounds the alarm to the health authorities who resist creating
panic in the population (recall Dr. Li Wenliang, in China; President Donald Trump in the USA). The first death Dr. Rieux encounters is that of his concierge, M. Michel. The doctor’s reflections vacillate at first – How serious is this really? He responds to the concierge’s wife’s question, “Please, doctor. What is it?” with, “It might be almost anything. There’s nothing definite yet.” He subsequently rang up a colleague to compare notes. As the number of deaths increase Dr. Rieux reflects on his own “nervous exhaustion” followed by, “it was high time to put the brakes on and try to get his nerves into some sort of order.” Suppression of emotions is a psychological defense used with the mistaken idea that by turning away from one’s own feelings one will be able to cope better with exposure to patients’ suffering.

Do the stories in this volume show how distress is experienced by those at the frontline in 2020? Dr. Rieux recognizes that “everything points to it being plague.” He is torn between conflicting fears and confidence, at least early on. Meanwhile the townspeople carry on with their usual business, plan trips, visit cafés as if their lives were not altered (as was the case in 2020 until confinement was ordered). As hard evidence points to the worst, Dr. Rieux thinks, “The thing was to do your job as it should be done.” He is alarmed when he discovers that medications are unavailable. He stands his ground when the authorities minimize the situation; he insists that the risk of spread calls for “taking precautions.” He points out, based on data at hand, that if they fail to alert the public, “there’s a risk that half the population may be wiped out.”

Camus wrote, “No one had yet really accepted the idea of disease. Most were chiefly affected by whatever upset their habits or touched their interests.” Sound familiar? The townspeople were advised to practice “extreme cleanliness.” While the town awaits the serum from Paris, Dr. Rieux doubts that it will be much use; “This bacillus is such a queer one.” i.e. he recognizes that this disease is different, somehow. “Throughout the day the doctor was conscious that the slightly dazed feeling came over him whenever he thought about the plague was growing more pronounced. Finally, he realized that he was afraid.” As days became weeks his relationships with his patients were altered by the gravity of the situation “his profession weighed on him heavily.” Treatment facilities were inadequate; makeshift hospitals were erected.

Much like international border closings in 2020, the town gates were sealed; sentries stood rigidly on guard. Mailrooms were shuttered – communications were truncated to 10-word telegrams. Love letters were relegated to dusty desk drawers. No internet services existed to break the isolation. The townspeople were “prisoners of the plague.” Dr. Rieux’s mind occasionally drifts towards his wife who was at a sanitarium outside of town for an undisclosed ailment. He mused that in the case of parted lovers, “minds were prey of different emotions, notably remorse.” In the meantime, “commerce, too, had died of plague.” Crowds lined up to buy dwindling supplies.

Dr. Rieux oversees three hospitals: one being a requisitioned schoolhouse. He personally supervises reception of new, infected patients (gloves are not mentioned!). The demands are relentless. He admits that the work was beginning to put a great strain on his endurance, despite his robust constitution. He feels
pity yet rationalizes, “But what purpose could it serve?” After countless encounters with desperate cases, “only one factor changed, and that was Rieux himself... all he was conscious of was a bleak indifference steadily gaining upon him...And this feeling that his heart had slowly closed in on itself...” Before the disaster, the doctor’s encounters with his patients were compassionate. He tended to the poor (at no charge), elderly, strangers and suicidal alike, conducting house calls with generosity, late into the evenings. The doctor is a righteous, albeit not self-righteous human being, easy to be fond of and respect. While bearing witness to miserable, lonely deaths, this trait is not lost. For example, Dr. Rieux abhors the idea of conscripting prisoners into the grim service of “heavy work” (collecting corpses?). He states, “I loathe men’s being condemned to death.” Death and suffering were painful before the plague; during it Dr. Rieux considered the battle as “A never ending defeat.”

The cracking of the good doctor’s heart is muffled by the moans of dying patients and the screams of a boy he is attending to months into the plague. Up until this point, Dr. Rieux has been stoic, determined, and logical – but this particular death defeated his defenses. The doctor took the boy’s pulse, “less because this served any purpose than to escape his utter helplessness, and when he closed his eyes, he seemed to feel its tumult mingling with the fever of his own blood. And then, at one with the tortured child, he struggled to sustain him with all the remaining strength of his own body. But, linked for a few moments, the rhythms of their heartbeats soon fell apart, the child escaped him, and again he knew of his impotence.” His body expresses his feelings: his hands were gripping the rail of the bed, his jaws were clenched, his eyes shut – dazed with exhaustion and disgust. Here we see the whole person of the physician – suffering with his patients and feeling “mad revolt.”

While the novel is not based on a pandemic, what we are living through in 2020 is. The true stories you are about to read may or may not remind you of Dr. Rieux. His morals and determination to do the right thing rings true today, even if some of his reflections and discussions with fellow citizens imprisoned by the plague are fictional.

The quote “Never let a crisis go to waste” (attributed to Churchill) may be apt. By sharing what these brave professionals experienced on the frontline we may learn from them how to be fiercely engaged in fearsome work.■