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Covid Shifts

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When we were hit with the coronavirus roller coaster last year, most of us stepped into this uncharted territory with a lot of zest and hopes to find the cure and somewhere our true calling. In this disturbing atmosphere, I also walked in wholeheartedly.

This pandemic at that time had taken the world by a storm and everyone was affected by it — physically, emotionally and financially.

I always remember my second COVID shift as an ICU appointed physician. Something about that day has never been equivalent to other days no matter how tough they have been physically and mentally.

I was appointed to do the morning shift in the COVID ward of our respected hospital. The unit is a negative pressure area and, to us doctors, that was comforting as we embarked on the Icarus flight.

“You don’t enter here without wearing personal protective equipment,” said a familiar voice. As I looked closely, I recognized him as one of the staff from the intensive care unit whom I can barely identify with all of the layers he has over himself. We all look the same here. I was assisted with putting on my goggles, shoe covers, then a head cover, followed by a respirator and face shield, then gloves, and then a blue gown over my entire person. The number of layers made it hard to breathe and hard to walk. Nevertheless, I persisted.

As soon as I entered, I could hear alarms ring and I rushed to see a patient who was a physician diagnosed with COVID pneumonia, desaturating but not agreeing to intubation. “If we intubate you now, it will help you,” exclaimed the anesthesiologist. The patient replied, “I need to prolong time — I don’t think I will come back.” This patient had most likely acquired the virus from one of his

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patients. Knowing the process of intubation and its associated complications, he could be anything but optimistic about the situation.

However, the process of ratiocination has reached its conclusion and intubation was to be done. It took us a good two hours to get his consent, and once he made up his mind, he wanted to write down his will.

This was case number one.

The code alarm rang and we sprinted down the hall with the crash cart. CPR for 10 minutes — the patient was revived. Thankfully. This patient had returned from a religious congregation where many had been exposed to COVID-19. Now he's here, in the intensive care unit. Even after reviving him — with his deranged blood gases and impending respiratory doom — we had to do an elective intubation. As I approached him to explain the process and its importance, he also decided to write down his will. He was intubated successfully.

Both my patients were in different rooms. Leading different lives, belonging to different sects, living in different cities. How strange that after both heard about being put on a ventilator, they acted the same.

I practiced for seven years after graduation and saw many patients die for a variety of reasons. Never have I ever come across someone asking us to wait so they can pen down their will. A will that talks about loans, return of goods, finances to distribute, things that would be worrisome for their children later. This was thought-provoking and disturbing. It seemed like I announced death to the living. As the day passed, there were more intubations, more deaths, more recoveries. Everything took a pause in the last hours of my shift.

Something felt horribly wrong and painful. It is still difficult to pin down the components leading to it. However, the pessimist in me had come down to two painful truths:

- 1) Doctors do not always have the treatment modalities in spite of their wishes.
We are challenged by the development of the disease.

- 2) Sometimes physicians have no answers or words to heal in a situation that seems unpredictable and the optimal role of a good imagined physician is difficult to keep.

Perhaps I came to medicine with the illusion that doctors always know what to say in horrible situations and always have a cure. Maybe COVID-19 itself is a disease that makes you lose optimism despite how much you may practise it in life.

I realized that the masses are devouring the flow of information that reaches them from all walks of life: Facebook, WhatsApp, television, Twitter. It is haphazard, information disseminated from people who lack knowledge of the workings of medical practice. People truly believe that they will die of COVID regardless, and there is no returning from the ventilator.

We physicians know how illness progresses. We know the prognosis of patients requiring a ventilator. We know that if there is a cardiac arrest during the course of COVID, the prognosis is grimmer. Based on that knowledge, we make our decisions.

At the end of my shift, I talked to one of my colleagues who accompanied me through the many trials of the day. Both of us were fearful as healthcare workers embarking on this Icarus flight. Fear of being thrown in a battle unarmed, without protective equipment. Fear of taking the virus home and acquiring it ourselves.

As people make jokes about toilet paper, panic shopping and quarantine activities, I wish I was someone rejoicing the fruits of boredom rather than standing for 12 hours straight seeing people die, uttering their last words to me instead of their loved ones. While we are in the trenches, our communities need to stay home to prevent the spread. Even if you amplify the number of beds and ventilators, who will run the show if we get sick?