

# Journal of Emergency Medicine Forecast

## Masked Conversations

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### Perspective

Working 12-hour shifts during this COVID-19 period in a busy tertiary Emergency Department (ED) in Singapore [1], there is barely time to reflect. Finally, as I take a breather, various conversations flood my mind, stirring a wave of emotions and thought-provoking perspectives about humanity, which this narrative depicts.

#### Our calling in medicine

“You work here? Tough job!” commented the driver as I boarded the taxi home from work. “This is what we signed up for.” I replied, in a fatigue-laden voice.

We chose medicine because we want to help. I recall my medical school interview, during the 2003 SARS outbreak- the panel asked if I would still choose medicine despite fatalities amongst healthcare staff. “Of course! Medicine is about putting patients before ourselves.” I recall saying 17 years ago.

#### The fear

“I see COVID-19 positive patients daily. It’s too risky. I can’t visit you till this is over.” I told my immunocompromised grandmother. After shifts, we shower in hospital and head home, fearful of spreading the infection to loved ones. This fear creeps into the most resilient hospital worker, even those who believe medicine is their calling.

“I feel horrible! My junior has the flu and is being tested for COVID-19 after managing a suspect case. Did I overlook her Personal Protective Equipment (PPE)?” I wondered out loud. As a senior in-charge, this fear extends beyond our homes. Our staff is our responsibility. The aim is for zero transmission. “During SARS, none of my staff contracted it despite being front-liners,” I recall my senior commenting proudly.

Our calling is here... with this opportunity, comes a big responsibility and the overhanging fear. I understand what my interviewers meant 17 years ago.

#### Medical education

But should this fear make us overprotective? “Are we compromising medical students’ education and professional identity by halting their clinical attachments? Can’t we train them to follow strict PPE rules and join us in the frontline? How can they be restricted now but expected to function as house-officers immediately upon graduation in 1 month?” I lamented with frustration.

Medical students are restricted from clinical areas. Are there other alternatives? There is a fine line between protection and hands-on training in an apprenticeship like medicine. Valuable lessons can be learnt from this outbreak if educators can bring them through this experience real-time [2].

#### Patients’ narratives-the unspoken agenda

“This Chinese lady presents with hyperventilation, but she denies any triggers.” my junior presents to me. “Did you ask her story to explore a potential trigger?” I questioned. I get a bewildered look- stories are not part of the medical clerking template. It turns out that she works in Singapore. Her mother, a doctor in Wuhan, just passed away from COVID-19. She stoically narrated her life over the past 2 weeks. We were finally able to make sense of her symptoms.

The patients’ narrative contextualises their symptoms and helps us understand their biopsychosocial background. This is especially important in moments like this when the physical symptoms may be manifestations of psychological stressors.

#### Dying alone

“Your dad is dying. Because we cannot rule out COVID-19, he will be isolated.” I had to tell the patient’s family. It is challenging to risk-stratify case suspects. Even palliative patients are isolated

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**Received Date:** 07 Jul 2020

**Accepted Date:** 15 Jul 2020

**Published Date:** 22 Jul 2020

**Citation:** Nadarajan GD. Masked Conversations. *J Emerg Med Forecast.* 2020; 3(1): 1021.

**ISSN 2643-7856**

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till negative swabs. It is heart-wrenching to deprive a dying patient of their loved ones. "Cure sometimes, Treat often and Comfort always." How do we comfort safely in times of COVID? [3].

### **The impact on elderly living alone**

"Auntie is weak. Family cannot visit because of the lockdown. I take care of her," says the helper to me in the ED. The 70-year-old looked cachectic and confused. We are fortunate to have the system of helpers. However, what about the elderly living alone? I fear the neglected cases we may have in the ED when lockdown period is over.

### **Prevention- the best medicine**

"Wash your hands. Don't come to work with the flu." I tell my team. There is a call for simple behavioural changes. Prevention is the best medicine, but challenging and complex as it involves behavioural changes. Appreciating this during COVID-19 may hopefully modify our practice of medicine.

### **Simple yet important**

"It's an irony- we spend on military weapons when in fact, inexpensive basic PPE are defending your lives as front-liners." commented the patient. With PPE shortages, front-liners are getting infected and the world is searching for alternative, sustainable methods. This shouldn't be the case.

### **Physical distancing vs social distancing**

"Can we zoom meet the department?" I asked my boss. It's not the long working hours but the social isolation that is taking its toll me. There is a fine line between physical and social isolation. Social interaction is an important enabler for resilience [4].

### **The best in humanity**

"I have no pay during the lockdown.", the patient comments with tears in her eyes. "I can't return home to Malaysia and need to work; hence am sleeping in the park at night," comments another. These are some heart-wrenching stories I hear.

Thankfully these issues are being recognised. The government is helping through pay-outs and have a National Helpline [5]. Organisations are collecting food, clothing and computers for households in need. COVID-19 is bringing out the best in humanity. There is hope. Where there is hope, there is resilience.

### **COVID cloud-is there a silver lining?**

"With lesser pollution, the sunrise looks clearer," my dad comments. The world is slowing down. Hopefully, the Earth will have time to heal and return to a normal state. However, things will never be the same. Sadly, the imprints of COVID-19 will be left behind.

### **Grateful- The power of reflections**

"You work in the ED? Thank you!" the taxi-driver commented as he fetched me to work. "I'm lucky to have a job I love and help people from all walks of life. I'm tired but grateful." I thought to myself.

However, the impact of COVID-19 on the general population scares me. If we fail to process events in a constructive, reflective manner, we may turn into fearful, anxious, isolated beings.

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