

STUDENTS' CORNER

My first call on Covid duty

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Abstract

The Covid-19 pandemic has meant that all available health workers have been summoned to serve the community. Here, I describe my first experience as a resident doctor of shift duty in the Covid ICU of a large municipal hospital in Mumbai, with its accompanying fears and discomforts, all contributing to learning painful but valuable lessons.

Keywords: Covid-19, ICU, pandemic, public health system, learning.

I was nearing the end of my residency, preparing for exams to be held in a month's time. With the rapid spread of the Covid-19 pandemic in India, I realised perhaps it was not the right time to be glued to the library. Public hospitals were running short of healthcare workers. The administration was compelled to postpone our exams and we were called back on duty. I too received a call to join duty in the emergency department (ED) of one of the busiest municipal hospitals in Mumbai.

The hospital has been no less than a second home to me, having spent more than 72 hours a week there during three years of residency. Despite our hospital being located in a metro city, the healthcare resources often fell short due to an overwhelming increase in demand. Owing to this, we were well trained in triaging patients and resources, especially during the monsoon which brought in a tsunami of malaria, dengue and leptospirosis. Mumbai is one of the burning hotspots of Covid-19 in India. Several reports of healthcare workers contracting the infection made me anxious, but could not douse my excitement at being back in the field. The news of my posting in the Covid ICU created panic among my family members. However, each one of them was very supportive and I assumed this was the time to make them proud.

When I walked into the hospital after a month of study leave, I noticed a few remarkable changes. The hospital was guarded by a heavy security force, people were moving around with face masks, the crowd lined up before the pharmacy was disciplined as never before. Social distancing was apparent all over. As I entered the ED, the staff nurse handed over my personal protective equipment (PPE) and I received my first lesson in donning and doffing PPE from her. As a newlywed bride, I had been excited to wear new dresses and jewellery, which had in no time been replaced by masks, goggles, face shields and layer after layer of gowns. I felt heavy, like an astronaut, not in space but on earth, with full gravity trying to pull me down and making it tough to move around. Soon I realised that this was going to be a real task.

We were three residents from different specialties assigned to work on a 6-hour shift. Wrapped up in the PPE from head to toe, I could barely identify anyone. We introduced ourselves to each other and in no time started working as a team. Perhaps it was the first time I made friends without seeing the other person. The ED beds were running to full capacity and as I moved from one bed to the other, I started sweating, my nose started hurting due to the tight face mask and I felt hungry for fresh air. The air conditioner was put off making it tough to work in PPE with the scorching heat. Soon I could feel the sweat trickling down my body. I had often worked for more than 24 hours at a stretch during my residency, but those six hours made me count every minute. It was like a war against time. Every phone call made us anxious, as it would mean a new admission. Ironically, a history of trivial symptoms such as cough and cold were way more concerning than chest pain or convulsions.

When I looked around I realised that there was a wide array of patients admitted into our ward with varied symptoms. An elderly lady who had had a stroke was awaiting a CT brain scan which was kept on hold till she tested negative for Covid. This made me revisit my clinical skills to differentiate a bleed v/s an infarct until we got a neuroimaging done. We had a couple of chronic kidney disease patients, who were refused dialysis at their private centres due to fear of the spread of Covid-19. A bedside haemodialysis machine was shifted into our ED, dedicated exclusively to the Covid-19 patients, which gave me a learning opportunity to understand the haemodynamic and the technicalities of the machine. It was a fascinating scene for me. A febrile, panting, diabetic patient with uncontrolled sugars while awaiting the blood gas and urine ketones had tested our clinical insight to make a diagnosis of Kussmaul

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breathing v/s Covid-related respiratory failure. As I could barely breathe under the mask, this time the typical “fruity odour” did not come to my rescue. However physical examination was less exciting than before, and I kept it at a minimum required to guide decision making. The radiological and blood work-up was also kept to its bare minimum, giving me an opportunity to learn what tests truly made a difference.

A young boy was brought in, gasping, by his mother. His x-ray revealed totally white out lungs. As he struggled for every breath, we tried our best to resuscitate him, but we failed. Soon I realised that he was a delivery boy who used to drop food for us at our hostel. With a heavy heart I declared his death, while his mother refused to accept it. I hid my tears admixed with my sweat behind the face shield. The real cost of Covid is paid by “non-Covid” patients as they are unable to receive the adequate standard of care, or their procedures are put on hold till their Covid tests are negative. I am afraid quite a few may lose their lives during the wait.

Having done countless blood collections and central line insertions during residency, perhaps it was the first time my hands shook while I swept down the nasopharynx of a suspected Covid-19 patient to obtain a throat swab, praying to escape the contamination. The fear of exposure made simple procedures like Foleys and feeding tube insertion, suctioning

of the endotracheal tube a daunting task. As I finished the swab collection, a patient at the corner had her saturation crash precipitously which warranted immediate intubation. We rushed to her bed and my colleague took charge of the intubation while I assisted her in making sure that there was no breach in safety.

As I was busy calculating endless PaO₂/FiO₂ ratios and QTC intervals, I could see many eyes peeping anxiously from the window, wanting to have a sight of their dear ones.

I heaved a sigh of relief when I saw my colleague walk into the ED to take charge of the next shift. I could not resist my thirst at the end of the duty shift and gulped down a jug full of tap water. As I ended the first shift of my Covid duty, I realised that I could no longer be the same person who could go and hug my family back home. I was supposed to be quarantined for their safety. But unfortunately, quarantine is a privilege and too costly an affair for us to afford in this country.

During my undergraduate training years, the words “epidemic” and “pandemic” were considered to be of historical importance only. But I had never dreamt of living through a pandemic, given the enormous advances in health sciences. Our generation has a lot to learn from this pandemic as well as to reconsider our priorities in personal and professional life.

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