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URGENT MATTERS IN THE EMERGENCY ROOM WHEN FACING COVID-19

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With 18 years working as an emergency doctor behind me, I am a witness of some failures in our health care system. Do you think I am exaggerating? Well, the statistics tell the truth when our data (in Quebec, Canada) are compared to similar countries in The Organisation for Economic Co-operation and Development. For example, after endless hours of waiting, one patient in ten leaves the ER without having been seen by a doctor. Let us not be fooled, some of them return later in worse condition.

When the pandemic arrived in Montreal, I thought our system was bound to collapse. Overcrowding in the ER kills, and the situation made me fear for the worst. Once my first reaction (panic) passed, a vibrant anger took its place. I had just completed four years as an advisor to the Minister of Health. During that time, I realized that health systems are very complex and there are many influential actors: politicians, provincial managers, hospital staff (from top to bottom), federations, labour unions (still strong in Quebec), etc. Some of these groups have too much, or not enough, power, while others are unable to produce meaningful change. Ultimately, all of this is detrimental to the care of the population and I realized that our system was hanging by a very thin thread.

After years of feeling a sense of urgency and attempting to communicate it, I wanted, at the risk of sounding pretentious, to shout: “I told you that we had to act!’’ That inner cry illustrates how I felt at the time but, of course, this is not constructive and fails to recognize those who do the right thing, despite challenging

issues. COVID-19 had the potential to sink the system and I was angry with myself and just about everything else.

Luckily, this fury was channeled into an unprecedented administrative sprint, including emergency services. During the weeks that followed, reorganization of services took place at the same time as we tried to understand a disease caused by a mysterious virus. Information rushed through cyberspace overloading email inboxes. Taking action can counter the impact of stressors of this nature; I felt a sense of excitement during this blitz. My last memories of being so obsessed by a unique problem were when I took my final exams in medical school. Decades ago.

Hope emerged; perhaps this situation would be a catalyst for new ideas and transformation. Already collective efforts were getting in gear, prioritizing efficient actions needed now and afterwards. Could the pandemic precipitate changes that would propel our ERs into the 21st century? While I still feel hope resonating within me, other things have caused me consternation. For instance, Dr. Johanne Liu, a Canadian pediatric ER doctor, recognized by the WHO for her expertise in infectious diseases and a pioneer former President of Doctors without Borders, was not consulted by our Minister of Health. This resistance to "outsider" input by certain administrators triggers all kinds of negative emotions in me.

Well, I must make a statement. I am aware of being very hard regarding our health system, but when I analyze all my observations from my time at the Ministry of Health, I feel a huge disappointment. I have met dedicated and extremely knowledgeable staff and decision makers. Nonetheless, widespread resistance to change is rooted in the medical culture. It seems that I am in a period of my career whereby, some days, I no longer have faith in the situation as it stands now. One glimmer of hope is that we will learn from what is going on and eventually achieve a better health system.

Let us return to the ER. While committees were deliberating, little by little, people with COVID-19 arrived in our service at the Sacred Heart Hospital, where I work in Montreal. While we were ready, a palpable apprehension was present. Will we lack personal protective equipment (PPE)? I recall a meeting that bordered on the surreal when the question arose, "Should we intubate a patient if we do not have a mask?" When a person is in respiratory distress they breathe quickly and emit enormous amounts of virus in the air. In other words, the doctors and staff would be put elevated at-risk under these conditions. Would it be wise to do this? If we accept this, trying to ignore the rational fear of catching the disease, this could inevitably lead to understaffing or exposure of other patients to the virus. Yet, without attending to patients' needs they could die!

Subsequently, other issues arose, such as age. At a young age for a given patient, do we intubate without protection? My mind was turning in circles. Fortunately, I had learned to meditate years earlier and I was able to deal with these troubling thoughts and feelings in a way that allowed me to face them better. Against the odds, calm prevailed. In fact, we did not lack PPE, or testing kits (another worry and source of

confusion), and surprisingly the ER was not busy! None of us with upwards of 30 years of experience had ever seen such a thing. OK, there was a general order to stay at home for the entire population and that could explain less trauma victims, and perhaps coronary events, but not other serious conditions such as digestive bleeds or vascular cerebral accidents. We experienced a 50% decrease for weeks, no kidding! Frankly, this decrease was worrisome.

A novel situation not taught in medical school or addressed previously in our experience arose. Are the investigations and the reasons for hospitalizations the same when symptoms have been present for a long time? Previously, I had never seen a patient with heart attack wait so long before coming to the hospital. It was destabilizing to confront these new scenarios. Our thought patterns were being undermined and uncertainty was gaining ground. Even though ER doctors are accustomed to constant shifting from known to unknown, the situations caused by the first wave of COVID19 was very disturbing.

Little by little, hospital beds filled with viral pneumonia cases, but the ER was not overwhelmed. Lives were certainly saved by the measures put in place. Unfortunately, one bright morning the province of Quebec woke up to the fact that the elderly living in nursing homes were caught in a deadly situation. It is terrible to write but it was fortunate that we, the ER staff, were oblivious of what was going on with a select group of seniors during the crazy weeks that followed (70% of fatal cases we learned afterwards). Several months later a feeling of guilt crept into my psyche. Why did the personnel there lack PPE while we were equipped? Could we have assisted them better, sooner? Should we have kept patients in the ER longer rather than transferring them back to their living environments? There went my mind again, like a hamster running round and round, getting nowhere. I nicknamed it ‘Donald’, as it represented something to dispose of.

In the everyday ER work I found it hard, at times, not to feel discouraged when confronted by human nature. Situations arose where egoistic and unconscientious behaviours prevailed. For example, patients who avoided confinement or others who tested positive but failed to quarantine themselves until test results were known. So much time was required to call and locate these patients. One professor refused to be tested until after he had finished an important meeting the following day. Some family members left their vulnerable parents alone to fend for themselves. My challenge was not to judge these people and remain professional. This was not always easy to do.

Personally, I hope not to be infected with COVID-19 but, in hindsight, I can see that I never really feared grave consequences for myself. In the ER we play with statistics. As an example, we cannot test everyone, that would be poor medical practice, therefore we select those at high risk. Patient X has 1% chance to have a pulmonary embolism, so we stop investigating. So, at my age, I calculated that I have one chance in 250 to die, if contaminated. Thus, I can stop my ‘Donald mind’ from running amok. Yet, my head is not buried in the sand; if COVID-19 were dangerous for children I would have trouble quieting my mind given I have a son and daughter at home.

In conclusion, as a new chapter in modern medicine is being written, we are all learning so much. In the midst of conflicting emotions, I believe this situation offers a unique opportunity to better understand myself. There is fear, anger, disappointment, and guilt, but also hope. Clearly, we have internal resources that will help us get through. Despite the uncertainties and the difficulties, I am convinced of one thing: we will be better after the pandemic, individually and collectively.■