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Common decency

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COMMON DECENCY

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Being a physician who has provided medical and whole person care to patients and their families for over 40 years has transformed me into a fuller person and consequently enriched my life. Belonging to an incredible health care system has been a privilege that I never took for granted. Before retiring in February 2019, I was fortunate to be able to say good-bye to over 1,000 patients that I tended to for decades.

After moving to Colorado an unplanned opportunity came my way. Citizens living in rural Colorado typically do not have easy access to a cardiologist; thus, when I was asked to attend one week per month I accepted with a curious, open mind. In fact, I was pleasantly surprised to care for an entirely different set of people who lived in circumstances new to me (e.g. ranchers, farmers). It turned out to be interesting and challenging – one could say I found novel ways to serve my fellow human beings, and that gave me a deep sense of satisfaction.

You can be sure I never expected to be exposed to a pandemic at this final phase of my career.

The events of the last two months have been truly overwhelming and have forced me to reevaluate my role as a health care worker in a new and unexpected light. Two months ago, I treated one of the first patients to die in the ICU in Colorado. I was exposed to numerous patients with COVID-19 wearing marginal protective equipment and I quickly grasped the nature of this extremely contagious and quite deadly disease.

Given that I work part-time, I had time to contemplate the disease, my role as a caregiver, my exposure (i.e. chances for contracting the virus) before returning to the frontline one month later. By then, I had come to terms with this unprecedented situation. I have observed my family, my community, responses by various

levels of the government as well as the public health system. I have closely observed how the public, at large, has responded to this pandemic.

Initially, I was proud of the American public and especially, the dedication and bravery of our health care workers. For example, a Physician Assistant I have worked with over the past year has volunteered to work full-time in the ICU; this means he cannot live with his young family for the foreseeable future.

As a cardiologist, I have attended to patients with serious illnesses and those who die throughout my entire career. I am comfortable with both. Fortunately, cardiology treatments have progressed substantially over 40 years. We have so much to offer and can keep people healthy and functional for decades where once they would have succumbed to heart failure, heart attacks and rhythm problems much earlier. We can comfort those who ultimately perish by making their final weeks and months more tolerable. We were able to console families as they lost loved ones. That was easy compared to the new set of circumstances.

This pandemic is novel to me and all my colleagues. It is more contagious and deadly than anything we have ever witnessed. None of us were prepared to face this challenge. However, we are well prepared to cure those that we can, and comfort those we cannot. We have trained for this and I am confident that we will adjust. That is the easy part.

Currently the question, “How will this situation affect my family and me?” is a major preoccupation. It is personal and acute; more so than during all the years of service behind me. Will I get sick? Might I die? Will I threaten my family members? My son is to wed in one year. Will I be here to attend the ceremony? These concerns are new and impossible to ignore.

I have addressed this challenge on various levels. Over the years, my professional experiences have deeply affected deliberations concerning my own mortality. I am confident that I will face death with less fear than most. I see it as part of nature and the circle of life. My philosophical worldview reinforces this professional perspective. There is an element of fatalism which can be healthy since we all must face mortality.

Trained as a scientist, I relate well to numbers. Here is what is known: eighty percent of those with symptoms have mild disease. Most who contract the virus are asymptomatic. Twenty percent of those with symptoms are hospitalized, twenty percent of these patients will die. These facts suggest that my risk is low. Right?

Perhaps not. Let us add personal facts to the numbers. I am 67 years old with co-morbid conditions. Thus, my risk is higher; by how much? I do not know. No one knows. But does knowing or not knowing change my decision to carry on? No. This is what we who work on the frontline confront daily and I have little hesitation to return to the hospital.

Heath care workers as a group are like others in our desires to remain healthy, enjoy our families and not suffer as we approach death. But our identities as doctors or nurses *and* as human beings change our

commitment to promoting health; moreover, our self-images drive our willingness to serve. We know that no one else can do this job. We are essential; I say that without pride. All our training has led us to this moment. The government and our public health officials play important roles, but ultimately *someone* must take care of the sick and dying. As I see it, it is not about being a hero. It is our duty. Does this sound dramatic? There are other professionals who also face risks.

Police officers expose themselves to danger in zones of violence. Firefighters run into the burning buildings. Soldiers hardly relish deployment but go when called to protect their country. It is not a choice. It is their destiny. We must live up to our own values and expectations of who we are.

When I returned to the hospital following a one-month hiatus the scene had changed drastically. The ICU capacity had doubled. There were COVID-19 and non-COVID-19 units. There were many new protocols to follow keeping patients and staff safe. Over one-third of the patients in the hospital were COVID-19 positive. The hospital was well staffed with providers and gear. The work force was totally engaged realizing the important task ahead of them. In 40 years, I have never seen such sick patients. Some ICU rooms had two patients per room – unthinkable in the past. The absence of family was stark, sad, and depressing. The words death and destruction are not an exaggeration.

One such encounter will illustrate this situation. I met a 55-year-old patient, a construction worker who previously had been healthy. We highly suspected COVID-19. He had had a fever, muscle aches, cough, and shortness of breath for five days. He had no co-morbid conditions; he was not on medications, did not smoke and had never been hospitalized. I saw him for chest pains; his blood tests confirmed damage to his heart. His oxygen levels were still normal, and he appeared mildly ill – thus, I suspected that he would do well.

I was wrong. He was intubated within 12 hours, on a kidney machine in 24 hours and died within 48 hours. No family, all alone. I have tended to hundreds of patients over the years who have died. Some I had met that very day; most I knew for many years. I could help them face their immanent death. I could assist their families cope with losing a loved one. I could not provide either for this patient. I felt a searing sense of failure. I think it will haunt me as much as any of the patients I have lost in the past.

Now six months have passed since the beginning of this tragedy. We have made progress but my overall emotion is one of grave disappointment – in Americans who fail to take precautions to protect their fellow citizens, for our public health officials who are too beholding to the political system, and for our politicians who have made a health care issue a political issue. Nonetheless, I try to recall that the health care professionals I work with who are undeterred and focus on our mission – the patients and their families

A quote from Dr. Rieux in Albert Camus's novel *The Plague* says, "*There is no question of heroism in all this. It's a matter of common decency.*" When asked by his colleague what that means, he replies, "*I don't know what it means for other people. But in my case, I know that it consists of doing my job.*"

Live long enough and we all will face challenges in life. We must look into ourselves and decide what we want to accomplish. For me, the concept of “common decency” is my guide.■