

Transcript of Interview with Anonymous By Christina Lefebvre

Interviewee: Anonymous

Interviewer: Christina Lefebvre

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Location (Interviewee): Massachusetts

Location (Interviewer):

Transcriber: Cass CC Walrath

Summary: Anonymous oral history of Dr who is treating patients and a Massachusetts hospital. He talks about working with residents and students and how work life has changed because of the Covid-19 pandemic. He discusses one such patient who is an employee at his hospital who contracted Covid-19 and was dealing with the implications of it. He mentions that the patient is of Salvadoran decent and had to learn how to take steps and even talk after being on a ventilator. The doctor interviewed is optimistic about what this is teaching medical students and residents about their job profession and finishes the interview with his opinions about how the government response was complicated and lacking. However, at a societal level the interviewee states, the nation is handling the pandemic, well.

Christina Lefebvre 00:00

Thank you very much for taking the time to do this interview. Before we start, could you please give consent for the interview to be uploaded to a public archive?

Anonymous 00:11

Happy to provide this interview, and its, I give my permission for Northeastern to use it and I understand that it's going to be a public archive.

Christina Lefebvre 00:18

Thank you.

Anonymous 00:22

A lot of what I've been doing is sort of my regular job. And we have COVID patients on our floors, but haven't spent much time on a dedicated COVID floor.

Christina Lefebvre 00:34

Could you talk a little bit about what your regular job is? And then if your daily routine has changed in any ways, because of COVID? Could you talk about that?

Anonymous 00:42

Yes, my regular job is to take care of, uh inpatients at Massachusetts General Hospital. Medical inpatients and these are people with a broad range of medical problems, anything from heart failure to liver failure to kidney failure to delirium, problems with diabetes, endocrine problems, all sorts of things. So, I work on general medicine floors with residents, and I'm a teaching physician. So, I round on patients with in small teams, with a group of residents and interns and medical students. So that's sort of what I what I normally do. The pandemic has changed that in some ways. Our, first of all, it's made it much more stressful to be in the hospital. Because you,

first of all, all the routines are different, you have to, you have to show up on a app, when you come into the hospital declaring that you don't have any symptoms. You have to wear a mask and the mask isn't trivial. It's all day, and it fogs up your glasses and it gets caught on things and it's kind of uncomfortable. And then you, there's sort of the added stress of a lot of routines being quite different. Our medical team composition was changed around for a while so that because we needed some of the upper-level residents to work in the intensive care units. So normally, where we have supervising residents on teams, residents who are a little farther along in their second or third years, we just had interns so whereas normally I would be used to working [inaudible] case it was just directly with the interns, because the upper-level residents were being used in the ICUs. And some of our services have lost their residents entirely. So normally I would, I spend a fair amount of time in what's called the medicine consult service where we go to non-medical floors like surgical floors or psychiatry or neurology, neurosurgery. And provide medical advice. Well, normally we do that with residents. But again, the residents were taken off to do other tasks. So we've been doing that by ourselves as attendings. So the routines are different. The hospital is different. And then the biggest thing is that, you, there's this sort of cloud hanging over everything. And you know that a lot of people are suffering and dying. I do not work in the ICUs. But I, the residents that I know are working there, and I know a lot of staff and nurses who are working there, and it's very intense for them. And so that sort of pervades the atmosphere of the hospital, lot of people have died recently, lots and lots of people in our hospital. And and then there's the the fear that that I or you know, as a provider will catch it. And I'm a little older, I'm 61. And so I'm really trying hard to avoid catching it.

Christina Lefebvre 04:15

Right.

Anonymous 04:16

And even though patients will test negative and you're taking care of them, and you think that they don't have COVID, they may in fact have it, because the tests are not perfect. So there's this sort of anxiety that I never have felt I've never been afraid of a patient before. But now I sometimes worry. A patient coughed on me two days ago, and normally I wouldn't think anything of it. But in this era, you just, you just worry a bit. So anyway, that's sort of, in a nutshell, how things have changed for me.

Christina Lefebvre 05:04

Could you talk a little bit more, you mentioned how the course of the current interns and residents' education is being impacted? Could you talk a little bit more about how you see the pandemic influencing... medical education in the future?

Anonymous 05:18

Yes... Yes. And, yeah, so I do a fair amount of work with the medical students, as you know, and they, you know, they're not in the hospital. And the hospital is, what the reason we have them in the hospital for their, for their second and third and fourth years, is that we feel that that's where they learn best. Well, they're not here, they're there. Many of them are doing wonderful things they're, they've really stepped up to the plate, and there have all sorts of absolutely fabulous projects, but they're not in the hospital where we sort of feel like they would learn best now that won't go on forever. And we're, I think, over the summer, we're going to be bringing students back onto their regular rotations. But it's been, it's been very difficult for them. And you know, a lot of them lost their housing and had to go back and move in with their parents. And there's, they're all sort of doing the best they can and making do, but it's a big disruption. And it's also a disruption for our residents in the sense that we're so

focused on COVID. That, and they're learning a lot about COVID. And it's a very interesting and complicated disease. So, it's, it's, it's certainly not for naught. But it's different when you're focused. So much of when you focus so much of your effort on one disease, it means that you're focusing less effort on other diseases, and the residents are in the hospital to learn about disease, that's sort of what we do. And so it's skewing their education a little bit. But it's also giving them this wonderful experience of seeing the entire profession. And by that I mean, profession in the larger sense, including the nurses, and all the staff who are in the hospital. And many people in the community, in primary care doctors, and all these people sort of stepping up to do this amazing job of trying to deal with this onslaught of patients. And so I think, educationally that has huge value. It's teaching them what we can do as a professional when we put our mind to it.

Christina Lefebvre 07:58

Some of the other doctors that I've interviewed have talked about the difficulty of working with COVID patients as kind of this [inaudible], the information is coming out so gradually, and where you're continuing to learn about all the new symptoms?

Anonymous 08:14

Right.

Christina Lefebvre 08:14

I can imagine that that would be difficult when you're trying to teach students but don't have all the information yourself. Is that?

Anonymous 08:25

Yeah, um, it puts us in a in, a it's kind of fun in a way because it's learning in parallel with the trainees.

Christina Lefebvre 08:36

Right.

Anonymous 08:37

And, you know, since it's such a new disease, and all of us have, you know, exactly two and a half months' worth of experience with it. The trainees know as much as we do about it.

Christina Lefebvre 08:50

Mhmm.

Anonymous 08:51

In other words, there's more of a parity between the attendings and the trainees. And in many cases, they know more about it, because they're spending more time in the ICU.

Christina Lefebvre 09:01

Mhmm.

Anonymous 09:02

So, we're learning in parallel with them. And I don't think there's anything wrong with that. I think it's actually, I don't, I don't feel anxious because of it. I feel like it's, it's lovely to be sort of learning alongside of people who, who you respect.

Christina Lefebvre 09:22

Mmhmm.

Anonymous 09:22

So, I don't really see it as a problem. It is way more difficult taking care of the patients who have COVID Because there are no visitors, you are talking through a mask. Sometimes they have a mask. It's harder to understand them. And you don't want to spend as much time with them.

Christina Lefebvre 09:45

Right.

Anonymous 09:46

Because when you're in the room, you're sort of being exposed. So, there are a lot of things conspiring to, you don't want to touch them. If I'm honest, I touch patients way less frequently than I used to. I don't even hold their hand, you know, we're not, we're not shaking hands with patients, you come in the room, and they stick out their hand and you give them an elbow, you know. It's, it's, it's very awkward. And especially if you have a patient who doesn't speak English, and a lot of the COVID patients in our hospital don't speak English. The communication is really difficult.

Christina Lefebvre 10:28

Do you have any specific, memorable patient experience either directly or indirectly related to the pandemic that you could share?

Anonymous 10:36

Yes, I took care of one patient who had been on a ventilator for many weeks. And he had come out of the ICU onto my floor. And he, he worked in the hospital. He was in a worker in the materials management section of the hospital. And he was a man in his 30s. And a lovely guy. And it's amazing how, you know, we focus on a lot of times we focus on are patient's going to survive? And we're hoping that they will have, but it's not over when you survive. It's not over when you get out of the ICU, and many things are just beginning the disease is. The disease itself ravages the body, but the experience of complications that go along with the disease like pneumonia, renal failure, delirium, cardiac issues, there are a lot of things that sort of, along with the disease, and also the lung disease of COVID is terrible. So, people have been on a ventilator, sometimes for days or many or even weeks. And this gentleman had been on a ventilator for approximately a month. And he was in terrible shape. Even though he was alive, he was in terrible shape, and he was starting to lose hope. He had a couple of kids that he hadn't been able to see, he hadn't been able to see his wife. And he was demoralized. And over the course of the week that I took care of him, we talked a lot. And he started getting better, I don't think, necessarily at all because of anything that I did. But I did spend a lot of time and he started getting better. And one day, he he took a few steps, and he hadn't been able to walk, the patients are so deconditioned by being essentially paralyzed for the time that they're on the ventilator. And a lot of them are face down. And some of them can have even abrasions or wounds on their face from being faced down for so long. And gradually, he took, he took a few steps one day.

And I could tell that that was so meaningful to him. It was it was a turning point. And a day or two later he he shuffled around the whole unit. He took a walk around the unit with a walker and with a couple of people helping him, but he made it, and I could see his whole mood, but more than his mood, his whole spirit sort of change on that day. And I felt so bad for him. But on the other hand, he in because I know that life was going to be really hard for him and his family for a long time. He's not going to be normal. But at least he was able to walk and had some hope. And after a few more days, he got good enough. He got well enough to leave the hospital and the entire materials management department came up and his primary care doc came up and lots and lots of people nurses who had his a lot of people taking care of him over the time that had been there. People came and stood in the hallway while he was getting wheeled out by the EMS folks and people made signs and he was from El Salvador they had, somebody had gotten a Salvadoran flag. It was just the most heartwarming thing and I'll never forget that.

Christina Lefebvre 15:00

That's so incredible.

Anonymous 15:01

Yeah.

Christina Lefebvre 15:02

Um, a lot of the people that I've interviewed have talked about the sense of community within the hospital. Yeah, being so strengthened, and I've, that's definitely an example of that, is there anything else that you would want to talk?

Anonymous 15:19

So many things' people are I think all of us have sort of better selves and worst selves, that can come out at various times. But this pandemic has brought out the best in everybody. And it's, it's amazing to see, people are going out of their way to be helpful to be understanding. And this is in the middle of a lot of inconvenience, it's, you know, even just to walk into somebody's room, you got to, you got to be very careful and go through a lot of steps to put on your PPE properly. And so, there's a high level of frustration, but people are not showing it. They're amazingly patient, and it makes it's just a wonderful place to work. I can't imagine a more positive and uplifting atmosphere than to be in, in that. I'm, I'm sure it's like this in many hospitals, but the one that I work in is is amazing.

Christina Lefebvre 16:36

Do you feel like that strengthened sense of community has also kind of occurred in our overall society? Or do you feel like the pandemic is dividing us?

Anonymous 16:48

I feel like there's a sense of community that's been strengthened among, I think it's doing both. Even in our town, there are kids who won't wear masks and won't stay isolated from each other, and they're posting pictures, hugging their friends and, and that creates a certain amount of concern, and maybe even bitterness among people who are being really careful. And that's just our one little town, you know, they're all across the country, you can see that this is sort of playing out people who were sort of taking it more seriously, and people are taking it less seriously. And then, you know, people are having such different experiences like we I have the luxury of having a

job. And when if we need to isolate, we can we have another bedroom, but so many people don't. And so just enormous stress is being placed on lots of people. And yet, at the same time, there is a sense of community that's even far flung, that you can even experience online with things that people are doing and reading about projects that people have. And I think it's bringing out the best and in many, many people. And so I would have to answer that. I think it's both uniting us and dividing us.

Christina Lefebvre 18:31

Okay. I've actually, that's how most people have answered. And then shifting gears a little bit. You talked about how rewarding but difficult it is to work in a hospital at this time. Could you talk about some of the mental health resources that are available to both doctors and patients?

Anonymous 18:52

Sure. The the real groups who have really stepped up to the Department of Psychiatry, as well as the palliative care service and geriatrics, and so, for, there are just, you know, our hospital had a pretty good system for mental health issues. Even before this, we have a confidential system where you can, any employee can get help, and all you got to do is call and it's really pretty remarkable. But now they've layered on lots of other resources, and I can't name all of them, but people have really stepped up in it. For example, for the residents. There are psychiatrists who have volunteered their time to talk to any resident who's having difficulties. It's, they're just doing it pro bono. So, they will you can get on the phone with a psychiatrist and, and talk things through if you're if you're having difficulties, my residency program organized a system whereby certain faculty sort of watch over a little bit and keep tabs of residents. So, I have a panel of 10 residents that I stay in touch with, to see how they're doing and figure out how stressed they seem and whether they need additional resources. And if they do, we can help steer them to the those resources. For people who are taking care of COVID patients. There are hotlines that you can call to have advice from palliative care doctors on the difficult conversations that you may have to have with patients, or even help having those conversations, you can get a Spanish speaking doctor to come and talk to your patient for you if the patient speaks Spanish, and that doesn't sound like a mental health resource, but it really is for the patients because they there's nothing like being spoken to in your own language. So I see a whole array of things and some of them. And there are some that I don't know what they are. But I know that they're because we keep getting reformed. And I feel like the resources or have people have really gone out of their way to try to stand up special on the spot resources. There's something called PSS tips, where you can you can call anytime and talk to a peer about whatever it is that's bothering you.

Christina Lefebvre 22:01

That's really amazing. And then are there any things that you feel like could have been done differently either in healthcare or in society as a whole to prepare for response to the pandemic?

Anonymous 22:17

I feel that we were caught flat footed. The fact that we didn't have a clear plan for this, that we didn't have anywhere near enough ventilators or personal protective equipment stockpiled is criminal. It's it's government negligence at its worst. We're well prepared for war. I think that our military resident readiness is probably extraordinary. But we were completely unprepared for this. And that cost a lot of people their lives. And I think also, we didn't respond quickly enough when it became clear that this was coming, and that we were going to have to isolate, we should have done it sooner, even just a couple of weeks sooner. And I think there was concerned about the economy that was misplaced initially. The economic ruin from this has been devastating and

just terrible. But we could have saved a lot of lives by jumping on it a week or two sooner, and having the necessary supplies the, the governmental response has been chaotic. And the fact that every state is left dealing with this on their own is absolutely in my view, ridiculous that there hasn't been a coordinated federal response. So, you have states doing things differently. And as soon as you have that people are looking to the next state saying well, they can go you know, their parks are open, why aren't my hours so it leads, leads to a huge amount of resentment and confusion. So, I think we've handled it from a governmental level terribly, from a societal level pretty well. And from, from a hospital level, amazingly, that's sort of how I look at it.

Christina Lefebvre 24:25

Definitely.