

ONE SMALL VICTORY

Vivienne Lemos

Physician, Family Medicine, Toronto, Ontario, Canada
vivienne.lemos@gmail.com

C **COVID-19 POSITIVE.**

Red. **Bold.** CAPITALS.

The result had been sitting in my inbox like a Trojan horse all weekend – a completely mundane, uneventful weekend as all weekends have been since the start of this pandemic.

My tea steamed at my elbow as my hands paused on the keyboard.

I was not in clinic that Monday morning, but results and in-boxes wait for no woman and it was with a resigned sigh that I had sat down at my computer to deal with the inevitable Monday deluge.

I just had not expected this to top my list.

I had to call her.

With the result came a note from her retirement home – she was case zero and had been quarantined to her room, a fact about which she was not terribly pleased. Her husband – also my patient – refused to leave her, even though his test was negative. They had weathered decades together and they were not about to be separated now, risk of contagion, aside.

In the early spring of 2020, COVID-19 was still very much a vast unknown that was cutting a swathe through the world's population.

I could not think of a worse person to get this virus. Name a comorbidity – she had it.

In the past, I had, by turns, admired, respected, and been frustrated by her fierce independence, a self-reliance which she acknowledged sometimes bordered on sheer stubbornness. She was a woman who knew her own mind and spoke it freely. And while her body seemed to be failing her in recent years, she still retained the sharp wit along with a keen mind that had served her well during her journalistic career.

I picked up the phone and made the call.

“Hello?”

“Hi, it’s Dr. Lemos. I just called to check in. I got your COVID test result this morning.”

“I had a feeling I’d be hearing from you. Ugh. I feel fine. A little tired but FINE. I don’t see what all the fuss is about. It’s just a bit of a sniffle and everyone around here is losing their minds.”

I could picture her, rolling her eyes behind her round, wire-rimmed glasses and shaking her head, one hand curled around the cane that was her constant (reluctant) companion.

“I don’t understand why I can’t leave my room. It’s completely ridiculous.”

I had learned over the years that there was nothing she hated more than being told what to do. And that if she truly did not want to do something, then she simply was not going to do it. Unfortunately, she had little choice in the matter this time – and she knew it. She just needed a place to park her frustration and it happened to land on my ears.

I could not blame her.

Because underneath the bluster, I heard the fear.

I felt for her. Being in her 80’s with multiple comorbidities, the odds were against her. There was little we could do beyond supportive care and watch and wait for the disease to run its course, one way or the other. But even that warranted tight communication with the nursing team at the retirement home who were bearing the brunt of her care.

She was lucky to have them.

One special nurse: diligent, careful, attentive. Experienced enough to know when to call for help and calm enough to ride the storm of our shared charge’s moods, of which there were many.

Over the coming weeks, we would come to know each other well.

In some ways, it reminded me of my time working in Northern Ontario, relying on the skills and competence of a nurse in a remote, fly-in community to be my eyes and ears on the ground in order to care for a person I had never met. There is an understanding that builds between providers in a crisis, particularly when your only connection is a phone line.

You must trust each other more deeply than if you are in the same room.

Clear communication is essential.

Verbal orders reinforced by faxed order sheets.

Phone calls well outside of regular office hours.

Putting out fires and backing each other up.

Whatever needed to be done.

My patient would often unload her frustrations onto her nurse but, then would share with me how much she appreciated the care that same nurse provided.

I recognized through these conversations that she was seeking to control what little part of the universe she could while everything else went spinning madly around her. And sometimes that meant striking a balance between her safety and her need to be in charge of her own destiny.

"I don't need the oxygen. Why do they keep putting it on me?"

"Because you were having some trouble breathing and your oxygen dropped to 92%. How are you feeling now?"

"A little bit better. Just tired. But I hate that they come in here and poke at me all the time."

"She's just following my instructions and looking out for you. Everybody wants you to be around for a good, long time."

"I know...but I don't have to like it." She grumbled, and then barked out a laugh.

And I was grateful that, despite it all, she had sufficient breath to laugh and complain in the same sentence.

4 weeks.

By some act of grace, her husband's tests (four of them!) all came back negative.

And finally, hers did too.

She, who had endured it all while caring for her frail husband through the course of her own illness, had quashed her virulent enemy.

I am convinced that the independent spirit of hers that I admire so much had a large part to play in that.

“Did you see it?!” I called the nursing station to speak to the nurse who had been my constant virtual companion over the last few weeks.

“I know! I can hardly believe it!” She laughed and I could hear the cheers in the background.

And suddenly we both found ourselves whisking away tears on both ends of the line, unexpectedly emotional at this one, small victory over a virus that had killed so many.

“Thank you.” I said. “I simply could not have done it without you.”

A cake arrived at the nursing station:

“Dear Nursing Team,

Thank you for risking your lives to care for my patients and doing such an excellent job.

Stay safe and stay well.

Dr. Vivienne Lemos”

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This pandemic has brought to the fore how connected and yet, so isolated, we all are. I returned to Canada on one of the last flights out of Mumbai before India closed its airspace in mid-March 2020, uncertain of what my practice was going to look like when I got back and deeply worried about the family I was leaving behind.

Fear coloured everything.

The uncertainty weighed heavily on me.

My friends and family members are all frontline workers and none of us had the luxury of just staying home.

I remember the first day I stepped into my office after the lockdown was declared, wearing the scrubs that I had previously relegated to the back of my closet, rubber clogs, hair wound under a scrub cap, mask taped to my face, goggles and face shield compressing my skull and the whole mess covered by the tent of a level-2 isolation gown.

None of my patients recognized me.

I did not recognize myself.

We have sacrificed so much for our patients. I have been deeply angered and frustrated with the anti-mask protests, the conspiracy theories that COVID-19 is a hoax and the unwillingness of some individuals to follow public health recommendations. It is an insult to all of us who are risking our lives for those of in our care and for the families who have lost loved ones to this virus.

I, like many others, have not seen my family in nearly a year, and likely will not be seeing them any time soon. It is that social disconnection, the absence of touch, that I find hardest to bear.

And yet, I am one of the lucky ones.

I have a family.

So many of my elderly patients do not.

It is their isolation that I feel most keenly, unspoken between the pauses in conversation.

Reason for medical visit: social isolation.

There are some whom I call periodically to check in for that reason alone: there is simply no one else.

In these difficult times, it is my hope that we rebuild our communities, redefine what it means to be family and reach out to those on the edges of our circles.

That we begin to think of the collective, not just the individual.

Life is too short not to be shared and too long to be lived alone. ■