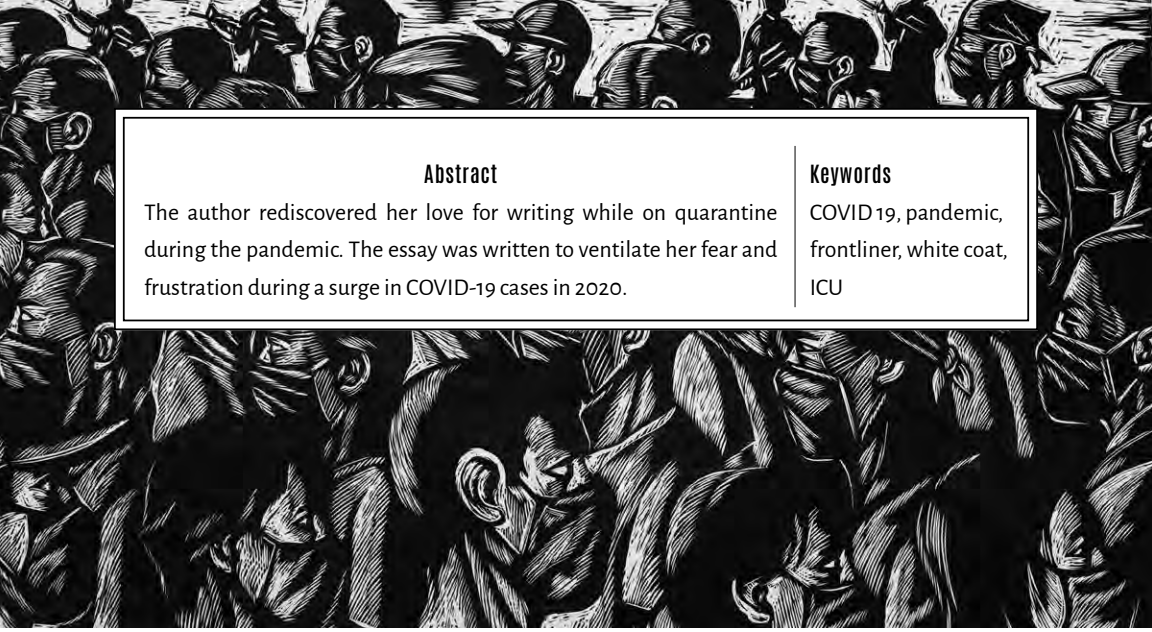

Abstract

The author rediscovered her love for writing while on quarantine during the pandemic. The essay was written to ventilate her fear and frustration during a surge in COVID-19 cases in 2020.

Keywords

COVID 19, pandemic, frontliner, white coat, ICU

THE FRONTLINERS: COAT OF ARMS

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I REMEMBER HOW excited I was on May 1, 1995, the first day of senior internship (SI), or postgraduate internship (PGI) to others, depending on where one studied medicine. I was theoretically on my fifth and final year of medical school and I was beginning to look like a real doctor, but for certain did not feel like one. I was just a rung higher in the stratospheric ladder of the rigid hospital hierarchy. But I have earned the right to wear the universal symbol and attire of a physician, the white coat.

Of all the white coats I had, those during this phase of my medical life must have been the cleanest. I was very careful in keeping them in pristine condition because they made me appear as if I knew what I was doing. Of course, to a certain limited extent, I did know what I was doing. I was allowed to do minor procedures and even managed my own patients occupying the SI or PGI beds in the medical ward. I did so under the guidance of senior medical residents, all duly licensed physicians unlike myself, who generously exercised command responsibility over my actions. I supervised the junior interns or clinical clerks (fourth-

year medical students) and helped them with their intravenous catheter insertions, blood extraction, and gastric and urinary tube placements. If not for the upcoming licensure exam hanging like a guillotine above my head, I remembered my SI year as relatively innocuous yet delightful. Now I know better. It was, in fact, the year of deceptive tranquility that preceded the stormy and rigorous years of residency and fellowship.

My white coats worn during residency were the most abused, easily turning into dirty white at the end of the duty. They were often accented with cafe au lait spots (a.k.a. drops of coffee) by midday and could have stood on their own without any human at the end of 36 hours. No matter how hard I tried to make my coats stay clean during those years, I failed miserably. As a first-year resident, I empathized with headless chickens during my first months of training, having felt moments of profound aimlessness, of lack in clarity and of absence in purpose. Residency made me realize that the diseases in my books appeared alarmingly foreign and their treatment not as easily straightforward when seen in a living, breathing person. As I was a victim of this insanity, so too were my white coats. The initial pride of wearing them with the newly minted "MD" at the end of my name was soon eclipsed by the sheer fatigue of days and nights in the hospital. But through my highs and lows, through endless cardiac codes and nausea-inducing conferences, through the beauty and madness of medical residency, I wore my coat over my shoulders as if it was an armor to shield me from indecision and a weapon to bolster my confidence. Most importantly, it provided me with pockets for my pager, patient census, peanuts, and half-eaten sandwiches.

As I tell trainees nowadays, there is really no special formula in surviving residency except show up daily and pour your heart and mind into it. At times when nothing felt like going my way, I vividly imagined digging deep within me for that small spark of energy, to sustain me through the most nightmarish of duty nights. At other times, I obsessively roamed the hospital halls in the early morning hours with enough energy to light up a small town, as I watched over a patient's vital signs the way Swiss Guards watch over the Pope. Still, there were moments when I could have fallen asleep on any surface and did so literally while seated in nurses' stations with my white coat draped over me like a makeshift blanket. But all greenhorn residents eventually grow, with enough guidance and inspiration, to be physicians who are thankfully better and more competent in looking after patients.

Just when I thought I had it all figured out, I bravely entered cardiology fellowship. I was given a longer coat on whose left breast pocket the logo of a proud heart institute was sewn. It bore my name and identified me as a cardiologist. It resembled those coats which made all TV doctors look brilliant and infallible in the face of rare diseases unknown to most in medicine. But just like any first-year trainee, I was at a loss during the first two months of fellowship. There were certainly moments when I felt undeserving of wearing the coat and petrified at the expectations that it may invite from patients, nurses and younger trainees.

During my first duty in the Coronary Care Unit (CCU), I had patients hooked to several medical equipment: Swan Ganz Catheter, Intraaortic Balloon Pump, Pacemakers … sometimes, all in one person! I sheepishly realized then that what I confidently knew about interpreting the most basic cardiac diagnostic tool, the electrocardiogram (ECG) was at best, elementary. How can I take care of twelve patients showing bizarre-looking lines and flashing numbers on the monitors? I only read about these machines in medical books. I knew nothing. The CCU nurses and my back fellow helped me get through that baptism by fire without being incinerated. My white coat kept me warm in the frigid air conditioning of the hospital and again became the repository of my pager, census, a small notebook containing my peripheral brain and of course, (mal) nourishment. I was one among forty white coats dreaming to be a healer of hearts, frequently wondering whether I could be one in the truest sense of the word. But as proven many times in life, there are certainties which God faithfully promises. A person who perseveres enough evolves into someone who may even be beyond the doctor she dreamed to be.

As I graduated from four years of cardiovascular training and went into practice, I became more painstakingly aware of the responsibility of wearing the white coat. I even consciously take it off when I eat crispy *pata* in the hospital's Via Mare, knowing that a doctor who partakes of the cholesterol-laden meal does not inspire confidence on the medical profession as a whole. With a white coat on, people readily identify you with your profession and seemingly expect you to have all the answers to their troubles. There are even moments when patients would share with me their personal woes, catapulting me into the medical version of a father confessor. Any conscientious individual would be uncomfortable with such high expectations as I am until now. But I find that the Messianic complex of doctors is often self-inflicted. What patients mostly look for

is not the brilliant automaton who has all the answers but someone who cares enough to listen and explain. Our mentors were indeed correct when they say: treat the patient and not the disease. The patient-doctor relationship is sacred and is the backbone of this noble profession.

I have been in practice for fourteen years, and I love being a doctor. But the saddest thing about taking care of patients with chronic illnesses is that they eventually pass away after we have become part of each other's lives. Throughout many summers, many Christmases, and many birthdays, I celebrated these with their greetings, but just like everybody else, my once old patients became older and soon had to go in spite of all my efforts. Yet I am always left with the consolation of the special and enduring relationship I have cultivated with their loved ones. They often convey their appreciation despite a sad outcome when they see that we have done our best. Once, it was even the son of a beloved patient who was consoling me when we lost his mother. In such moments, I knew that I have worn that white coat well.

Then COVID-19 came. Our attire had to be altered and restricted in many places. As the pandemic erupted and grew, we were told to leave our coats, watches, earrings, and other jewelry behind and wear our scrub suits, covered shoes, and of course, those tight terrible masks and goggles when seeing patients. And the more terrible but necessary personal protective equipment (PPE) in the COVID-19 areas. We were not giving the virus a chance to hitch a ride on our clothes so that it could wreak havoc among patients. Regrettably, I had to bid farewell to my reliable white coat—a shield against ignorance and the cold, a repository of memories and sustenance, a welcome cover for the indecision of the uninitiated and more importantly, for the belly curves I did not want to show. It was sad to retire something which defines one whole profession, but I have long realized that the essence of being a physician resides deep within my heart and mind and not on any armor I wear.

By destiny's design, it came to be that in my twenty-fifth year of being a doctor, we entered a pandemic. Although there was some nervous anticipation and ceaseless planning for months in the hospitals preceding the surge of cases, I think no one really believed that the nightmare will ever come true. Or no one wanted to believe it will. We have been relatively spared by the SARS and by N1H1 attacks. We all naively thought this would be the same, that the tropical sun and humid heat will scare the virus away.

It was, however, to all our chagrin, ferociously different. In a span of what may have been just a week, they came. It initially felt like a trickle of patients until the deluge arrived one night. We suddenly inhabited a world of uncertainty and of chaos—a world in which we ourselves felt like strangers when we should have been the main protagonists. It felt so disconcerting to be in the hospital where I worked for almost two decades and feel everything to be suddenly, frighteningly unfamiliar. Medicine is a discipline which heavily depends on the experience of those who have gone before us, but in what seemed like an instant, we had nothing to look back on for guidance. From clinical presentation to viable treatment, everything felt like a dystopian guessing game that we were about to miserably lose.

No living doctor has gone through a pandemic such as this and for the first time in my life as a physician, I was truly afraid. For my life. For my family. For my colleagues and for my patients. I was terrified for not knowing what to do. For not knowing how to make patients well again. There is nothing more frightful for a doctor than not knowing what is wrong with the patient. Many times, during the initial months of the pandemic, I felt like living a scene in the post-apocalyptic 1970s Hollywood movie, *Omega Man*—driving through an almost empty EDSA during what was supposed to be the notorious Manila morning rush hour and going through check points with my medical ID on display. I never thought I would miss heavy traffic the way I did then.

Arriving in the hospital, I went through empty yet aseptically clean lobbies and hallways, saw empty medical conference rooms and pantries, closed down out-patient clinics and food courts. Everybody lined up for meals in the hospital cafeteria the way soldiers lined up for food in the commissary of warfronts. My money could not buy food anywhere so the hospital generously provided sustenance for all. There were neither patients nor relatives in the usually crowded waiting areas of diagnostic centers where only skeleton staff was deployed. All manpower was concentrated in the battlefields or what will eventually be called the "hot zones."

The eerie silence in some parts of the hospital belied the chaos that was happening in the emergency room, the COVID-19 ICU, and the COVID-19 wards. I could vividly remember to this day hearing the numerous code blue calls over the paging system, all directed to the COVID-19 areas. One after the other, in a span of what felt like a few minutes—a calm yet urgent

female voice announced the calls overhead—and although I was rounding many floors below, I could almost hear the rush of running footsteps and the metal clang of the CODE cart as it was pushed hurriedly toward the rooms of the seriously ill above. It made many of us stop what we were doing because we knew that somewhere in the hospital, COVID-19 patients were dying and our colleagues and friends were risking their own lives to desperately save them.

Performing cardiopulmonary resuscitation (CPR), the well-orchestrated medical attempt to bring a person back to life, was no longer novel to doctors and nurses alike. But in the time of COVID-19, especially during the initial days, doing CPR totally meant putting one's own safety on the line. It meant placing one's own hands on the patient's chest to perform compressions. It meant staring straight down into a patient's throat to insert a breathing tube. It meant standing close to a patient and increasing the risk of contamination many times over. And mostly, for nothing. In the initial days of the pandemic, almost all patients who went into cardiac arrest were either not resuscitated at all, or died eventually. Almost all who were hooked to a mechanical ventilator for respiratory failure never saw the light of day again. To compound this mounting helplessness in the medical community, we heard of news that doctors who were in some way known to us by affinity or by reputation, were dying one after the other. The situation was desperate and there seemed to be nothing anybody could do.

Much like a soldier's call to war, my time to cover the COVID-19 ICU came. I was about to don on a new white—the bunny suit. Realizing that we will not survive by continuing with our individual practices, all medical specialties in the hospital formed group practice teams. It was not different to platoons of soldiers preparing for war. We could not risk exposure at the same time because no one will man the fort if we all got quarantined. The call for COVID-19 team volunteers came and although I joined the group, I did not do so without hesitation. My first instinct was to say no because I live with my elderly parents who could not afford to be exposed to the relentless virus. Although I am not old enough to make my age as an exemption, I am also not young anymore to just dauntlessly stride inside the hot zones with arms akimbo, like a cowboy sauntering into a saloon full of outlaws. I am perimenopausal, for heaven's sake. But I knew I could not turn my back on colleagues and trainees who need all the moral and specialty support. My father did tell me to stop going to the

hospital, but I could never do that in good conscience. In ten years' time, when I look back to this historic moment, I would not want to see myself in the sidelines but with my colleagues trying to crush the unseen enemy in the best manner that we could.

As the time came for me to put on the layers of protective gear for the first time, I paused and whispered a little prayer, clutched the cross of St. Benedict in my pocket and dug deep within me for that old familiar spark of energy that had propelled me through my most difficult hospital duties in the past.

Alcohol. New scrub suits. Alcohol. Booties. Alcohol. Bunny suit. Alcohol. N-95 mask. Alcohol. Hair cover. Alcohol. Put on the hood of the bunny suit. Alcohol. Goggles or face shield. Alcohol. Double gloves. This is the sequence of steps plastered on the wall of the donning areas. Rubbing my hands with alcohol in between each step, I religiously stared unblinking on these instructions and followed it ever so slowly to the letter until I am covered from head to toe. My God. That must be how Darth Vader felt. No wonder he breathed so noisily. It was suffocating. I had this cartoonish vision of myself spontaneously combusting underneath the furnace of a PPE during one of my hot flushes. I did all this under the watchful eyes of a marshall who made sure that I was following the donning protocol correctly. I felt like a medical version of a *lumpiang shanghai*, tightly wrapped in aseptic layers of clothing instead of rice flour, ready to be devoured.

As I entered the COVID-19 ICU, I greeted similarly dressed medical personnel, introduced myself and asked for the identities of those around me. There were faint markings on their suits—RN (nurse) and MD (doctor)—this was a time preceding the more creative ways of identification. Once identified, we all can't help but give a surprised smile of recognition at each other. Our eyes smiled anyway. We knew each other after all and there was much comfort in that notion. I could never be prouder of these brave souls who stay inside the COVID-19 units for long periods of time, taking care of the sickest of the sick, closely and dedicatedly. Most of them belong to the younger generation of healthcare workers—nurses, medical residents, fellows, junior consultants—the so-called millennials that we have been railing against many times, rising to the call of service despite their own trepidation and putting themselves at risk of a deadly infection. I see even braver support staff—technologists, nursing assistants, cleaners, engineers, secretaries—those who bravely

stood by our side despite the danger they had to face by having done so. As long as we have people like these, hope indeed springs eternal.

Inside the ICU, I made rounds on COVID-19 patients referred to the cardiology service. One by one, I slowly went through each medical chart stationed outside the patient's cubicles. The PPE slowed me down and my own anxiety did not make it any easier. I could not see well and I could not breathe normally either. But after some time, to my pleasant surprise, my training took over. The wheels of my brain turned—absorbing, analyzing, and deciding—all familiar motions of daily medical life. When it came to see the patients closely, however, my anxiety resurfaced.

Not the type who would not talk to patients lengthily during the course of my rounds, I knew I could not do the same during the pandemic, for my own and the patient's safety. I had to tame my impulses and modify my instincts. In the beginning, I followed an unwritten dictum—if other doctors have already seen and examined the patient, I depended on their findings for my decision. But there were certain patients whom I needed to examine personally and I had to muster enough courage to enter their individual cubicles. One of them was my personal patient, a gentleman who has not seen me in two years and who has defied most of my instructions in the past. On top of my already smothering PPE, I wore another layer of gown and donned a third pair of gloves as I prepared to look at them closer. It made every movement I made seem a hundred times slower and a thousand times less precise.

The first time I entered a COVID-19 patient's cubicle was one of the scariest I have been in my life and I hated myself for feeling that way. Through the carbon haze of the mask and goggles, I was able to speak to my patient who smiled when he learned of my identity. Characteristically, even as he was breathless, he cajoled me into serving him better food and asked me to authorize his transfer to a regular room. I did not have the heart to tell him that he was turning for the worse. I could not. All I can do was squeeze his hand briefly, relay encouraging messages from his children, and reassure him that I will be back the following day. I hated the hesitation to hold his hands, feel his pulse or listen to his heart. I hated COVID-19 for turning me into a doctor whose touch has become alien to patients. I hated COVID-19 for changing me. But I knew that though I was changed, I had to trudge along. Through the fear. Through the uncertainty. Through the sorrow around me. Through the sorrow in all our hearts. As I told myself through numerous difficult moments in

the past, I just needed to show up. Maybe, this was just the same. Just a million times more difficult.

On that first day in the COVID-19 ICU, I found, lost, and found again my courage as I finished my rounds. It was like riding the roller coaster in slow motion, blindfolded. Proceeding to the doffing area, I felt my wet hair plastered to my forehead, trickles of sweat slid down my back, my underwear soaked and stuck to me like a second skin. Again, steps on how to doff our PPE were displayed across the wall. Again, there was a marshall watching. Much slower than donning, I went through each step. We were often reminded that contamination frequently occurred during doffing so I concentrated on the process like my life depended on it. My life did depend on it. Then, I showered. It was a mandatory decontamination step before we leave the COVID-19 ICU and floors. Afraid of bringing home the virus, I scrubbed myself with soap and an antiseptic agent so hard that I thought my epidermis peeled off.

Almost three hours after entering the ICU, wearing fresh scrub suits, I left and walked again through empty hallways and the almost deserted lobby. I was more exhausted now than when I was doing forty-eight hours of straight duty in neurosurgery during my internship. What more those doctors and nurses who do the eight- to twelve-hour shifts inside the COVID-19 units, I wondered. Strangely enough, being in the hospital gave me a semblance of control and comfort. No matter how seemingly difficult, I knew we shall prevail because I was surrounded by people who, despite their own fears, found within them the tenacity and spirit to fight the fight of our lives. It was almost dusk when I climbed into my car in the vast and vacant driveway. I felt the chill of the air conditioning as I sat on the leather seats and instinctively knew what I was sorely missing . . . my reliable white coat. One day, my old friend, we will be together again.