

“You saved my life.”—A Trainee’s Reflection on COVID-19 and Social Justice



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YOU SAVED MY LIFE.” THESE WERE THE WORDS OF A middle-aged black woman on the first postoperative visit. Because of the COVID-19 pandemic, she battled against clinic closures and cancelled appointments, leading to untreated proliferative diabetic retinopathy. The lapse in visits caused her to rush to the emergency room with severe, intolerable eye pain caused by neovascular glaucoma and uncontrolled intraocular pressure. After many logistical hurdles, the patient underwent a glaucoma drainage implant insertion. She was so thankful to the medical staff that the pain was relieved.

Although patients are generally thankful, there was much more meaning in the gratitude expressed in this case. In addition to the reprieve of eye pain, there was an emotional catharsis, as the uncertainty and fear related to the tumultuous pursuit of aid was finally put to rest. It was the lack of access and support, as well as the physical discomfort, that took a severe toll on the patient’s health. There were no heroic measures performed. In fact, this particular indication and surgery is a weekly routine at our institution. Yet, the relief of agony during this time where no other help was available was lifesaving to the patient.

At the height of the COVID-19 pandemic, when many outpatient offices and surgical centers were closed, there were still many patients who required ophthalmological services. High acuity patients came to us with a longer duration of symptoms. When they were finally able to seek medical care, they expressed such a special appreciation.

For us as residents-in-training, it reaffirmed the major reason why we chose this profession. The pandemic stripped medicine back to its core—helping those in need. The sleepless nights, the bureaucratic oversight, and the financial burden all seem to dull the idealistic sheen from just a few years ago when we were handed the cap and gown. However, the fulfillment in treating these patients in the last few months confirmed the aspects of medicine that make it worthwhile.

In contemplating this unique period as the nation shifts its focus toward social justice, we can’t help but to consider those who routinely lack care. In ordinary times, even without the pandemic lockdown, there are some who still find themselves in the same war as the patient in our story, battling for health care.

In order to keep appointments, adequate access is required. Those with sufficient insurance, transportation, and health literacy are more likely to benefit. The distressing truth is that health disparities do exist. In ophthalmology, we are often comfortably shielded from this reality, as it is those patients who make their way to clinic who emerge blessed. But it begs the question: what happens to those who cannot? Based on our experience in the last few months, the likely answer is unnerving.

Unfortunately, it is largely racial minorities who are disproportionately afflicted with this struggle.¹ There are data that these populations have worse health care outcomes.¹ During this time, they have also been less likely to obtain COVID-19 tests and are accounting for a higher percentage of deaths.²

The same inequalities faced outside of medicine have led to protests, social media posts, and demonstrations, all with the theme: Black lives matter.³ Although this movement has origins outside of our field, we can still heed the message. It is true that not all physicians save lives. But in some ways, as inspired by our own black patient, the help we provide, even with a simple eye surgery to those in need, can be equally as important.

As the curve flattens and the amount of protective equipment meets the demand, we can draw on our recent experiences in helping a desperate and fearful population. Reflecting on the current health crisis and now the rising social tensions based on inequality, we recognize that there is still more to be done. We must harness our renewed commitment to assist the underserved community, particularly the racial minorities, in their need for health care access.

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