Staring Death in the Eyes: Fighting on the COVID Frontline as an Ophthalmologist

ARCHANA A. NAIR

"AIRWAY TEAM, FLOOR 17. AIRWAY TEAM, FLOOR 15." The overhead system kept calling code after code. Our patients were fighting to breathe. We were fighting to save them, and often we lost the battle.

On March 30, 2020, we walked into Bellevue Hospital, transformed into internal medicine residents. Yesterday we were dermatologists, ophthalmologists, psychiatrists, radiologists, psychiatrists, orthopedic surgeons, and various other specialists. Today, we were working together as COVID-19 physicians. Had it really only been a year and a half since my last internal medicine shift? I was flooded with emotions. Sure there was a strong sense of duty and obligation to step up and help my patients, but there was also an undercurrent of fear and inadequacy. A fear that stemmed from my voracious consumption of all COVID-related news in the days leading up to redeployment and a media narrative that had painted a bleak, almost war-zone–like picture of what I could expect. Sadly, in reality, the experiences that I would have over the next month would still be worse than my wildest imaginations.

On my first day of wards, there were 2 patients, sent to us from other struggling New York City (NYC) hospitals, who were already dead on arrival. One had passed sometime during the transfer from the outside hospital and brought up to a hospital room. The other passed away when he simply took off his nasal canula and walked to the restroom. How could this have happened? How could patients be transferred like this? On that day and in that moment, I presumed this to be unjust and negligent, but very quickly I realized just how overwhelmed the hospital systems were. The sad reality was that everyone was doing the best they could.

This was especially true for all of the health care workers around me. New friends and colleagues, who I couldn't help but admire. They were also a stark daily reminder of just how dangerous our jobs had become. While working on the medicine floors, I met Steve, an active 60-year-old Bellevue nurse. When I first met him, he was a healthy patient with no other medical issues. Unfortunately, over the next 12 hours, he quickly deteriorated to requiring 2 liters of oxygen, then a non-rebreather mask. Before long, he was unable to simply string words together without heaving for air. He reluctantly changed his code status and agreed to intubation for 2-3 days. He was transferred that night to the intensive care unit (ICU), intubated, and sedated. He lived for 14 days in the ICU before ultimately succumbing to the virus. He was simply doing his job, and that cost him his life. I couldn't help but think, how could we as a system have protected him. If he had the personal protective equipment (PPE) necessary, would he have had the same fate? It was our job to protect our health care workers. He was putting himself in harm's way, and we as a system had failed him.

Days later, I met another health care worker. This time it was a 65-year-old psychiatrist. On morning rounds, her oxygen saturation was only in the 80s on the maximum oxygen setting the non-rebreather would allow. She was already gasping for air. Given our shortage of ICU beds, we tried to improve her oxygen by adding a nasal cannula and turning her to her stomach. After 2 hours of fighting for breaths, she was beginning to tire out, and we needed to place her on the ventilator. It took an hour and a half with her on the breathing machine for the ICU bed to finally be cleaned and ready for transfer. After 14 days in the ICU, she passed away from a hemorrhagic stroke. I can't help but think that those 3.5 hours expedited her untimely death in some way. Yet again, here is a health care worker, doing their job, putting themselves in the front lines, who we as a system had let down.

One night at Bellevue, I was told that the hospital would run out of oxygen shortly, and no one knew when more would be delivered. The fear was visible in the eyes of every physician and nurse that night. As the overhead pager called out a seemingly endless sequence of rapid response and airway codes, all we could do was hope. For 2 hours, my patients barely hung onto their life, breathing the little oxygen that was left for them. When the oxygen was finally delivered, we all sighed a sigh of relief. We were together in this fight, and somehow most of our patients had survived another night.

For weeks, the faces of my patients continued to haunt me. I felt like an imposter, trying to be an internal medicine doctor. No matter how much I tried to soak up knowledge and experience from my internal medicine colleagues, from pulmonary physiology to proper medication dosages, at the end of the day I couldn't help but thinking, "Did I as a physician do wrong by my patients?" "Did they

Accepted for publication Jun 19, 2020.

From the Department of Ophthalmology, NYU Langone Health, New York University, New York, New York, USA

Inquiries to Archana A. Nair, NYU Langone Health, 222 E. 41st Street, 3rd Floor, New York, NY 10017, USA; e-mail: Archana.nair@nyulangone.org

0002-9394/$36.00
https://doi.org/10.1016/j.ajo.2020.06.043

decompensate because they were unlucky enough to be under the care of an ophthalmologist?"

The reality is that nothing I or anyone else did would have altered the course of these patients. We are still learning so much about this deadly disease. In the process, thousands and thousands of patients have died. Hospital systems have been strapped for resources including oxygen, ventilators, medications, and ICU beds. Critical aspects of patient care seem even more significant in their absence: gowns, masks, and gloves. The term "PPE," once considered medical jargon only uttered inside the 4 walls of the hospital, has now joined our national vernacular. Moreover, it remains inconceivable that physicians and nurses died in Bellevue, the oldest public hospital and one of the most important teaching hospitals in all of NYC. When I think of the patients who had passed so suddenly, alone, without family, I reflect on my own life and feel a sense of gratitude I had not experienced before. The untimely death of a health care worker hits even closer to home. These were people doing their job, putting their patients' needs in front of their own, and in the process giving up their own life.

At the same time, New York City came together in a way that was unimaginable. Retired nurses and physicians were volunteering, putting their lives at risk. The chair of our department, an ophthalmologist over 30 years since internship, was working alongside us as an intern. The military came in and provided vital resources that saved countless lives. Health care workers from across the country traveled to NYC to help. We as a city and community are forever grateful.

My second year of residency has been drastically different from how I imagined, but the experience has only made me stronger as a physician and ophthalmologist. Although I may not fully appreciate this in the moment, one day I will look back and know that I gave everything that I had, that I could not have done more for my patients, and that I should be proud of the work I did.

FUNDING/SUPPORT: THERE WAS NO FUNDING OBTAINED FOR THIS PAPER. FINANCIAL DISCLOSURES: THE AUTHOR DOES NOT have any relevant financial disclosures. The author attests that she meets the current ICMJE criteria for authorship.