2020: What Should Have Been Our Year

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CORONAVIRUS 2020. HONESTLY, THIS WHOLE EDITORIAL can end with that sentence alone. It can be added to the repertoire of the "where were you" questions: where were you when JFK and MLK Jr were assassinated, when the flights crashed on 9/11, and when Obama became elected as the first African American President of the United States. An endless stream of memories begin from the moment COVID-19 was first widely reported in the global arena in January 2020, although it actually started in late winter 2019 in Wuhan, China. February was wrought with anticipation and worry in the United States as cases steadily rose in our home and we watched its merciless ravage abroad, especially in Italy and Spain. Then, in March, one by one each state fell as a domino to the grip of COVID-19, more stringent social distancing rules with each passing day until eventually declaring states of emergencies, invoking stay-at-home orders, and some even barring entrance or exit from their borders. Afterward came the stand still, the silence, the isolation in April and May. When flowers were blooming and the weather changing from the cold chill to the beckoning breeze, life was on hold. We may have yearned for a return to normalcy, but we continued to be met with uncertainty. As physicians, we had already spent months away from our families, particularly if there were elderly in the mix, to keep them safe or if they were infected, to keep ourselves and our patients out of COVID's rampage. We took the burden on ourselves as physicians, upholding the Hippocratic Oath to which we swore, to carry the country through this crisis.

As ophthalmologists, we were in an interesting position. It was an ophthalmologist after all who diagnosed the virus and tried to bring awareness, initially silenced and then himself succumbing beneath its weight. We were both essential health care workers still employed throughout the crisis, but by nature of our mostly outpatient clinical and surgical careers, we were also elective. Our race for personal protective equipment in the hospitals and clinics was relentless: by nature of our careers, we were at most risk, along with our anesthesiology, otolaryngology, and dental colleagues, for exposure. We were reusing the same unchanged, soiled, and contaminated personal protective equipment for weeks, sometimes months, at a time due to its scarcity.

Accepted for publication Jun 19, 2020.

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Surgical volume became practically nil, only for the truly urgent cases. For clinics, countless patients were rescheduled to a future time in hope that things will be up and running by then. With that rescheduling came the ethical questions: can these patients truly wait or will their vision be sentenced to exacerbation without a way of return? When the patients did come, the clinics were bare boned: empty waiting rooms and limited use of all the imaging modalities in our arsenal. Slit lamps became equipped with shields that made the employment of ergonomics sometimes more difficult than it already was pre-crisis.

Lenses fogged from the respiration of our patients beneath their masks that became stained with betadine when ocular injections or other procedures were done. Telehealth took the center stage, but given its rarity earlier, the learning curve was as difficult for our patients, at least half of whom are elderly and unable to adapt, as it was for us. Triage through phone conversations, pictures, and video were all we had: a preparation of some sorts for oral boards I suppose. As physicians, we like the intellectual challenge of diagnosis and management, and as surgeons, we inherently like to fix things. COVID-19 hampered and humbled us in both.

As trainees, we had shifts in our intellectual and clinical paradigms: if we were not deployed or volunteered to return to medicine to assist with the sheer volume of cases, then we were tasked with how best to maximize our education while minimizing our exposure. Surgeries and the Ophthalmic Knowledge Assessment Program were cancelled for the time being, whereas research and a restructuring of our curriculums for virtual education were prioritized. Discussions of extending our residency were held, concern of fulfilling our surgical requirements was felt, and conferences were cancelled or converted to virtual platforms. Consults were now narrowed to be called out of necessity rather than as cursory for academic exercise. The humanistic aspect of these consults is what proved most challenging though. Patients themselves only presented to the emergency room when all their other options were exhausted, which often meant after ocular trauma was induced from an activity undertaken with the intention to remain productive and with too much time having lapsed for vision saving measures to be most effective. One patient I met early in the days of stay-at-home, for example, was a man in his twenties who had an evolving endophthalmitis from a cornea perforated with a tree branch the prior week while he was completing yard work for a meager pay. Another had a ruptured globe from a dehisced penetrating keratoplasty when he

0002-9394/$36.00
https://doi.org/10.1016/j.ajo.2020.06.047

accidentally hit his eye while cleaning his basement. The isolation of these patients, having to undergo emergent treatment for their vision, alone without their loved ones with them was never lost on me. How much more painful was it for those with COVID, particularly those in the intensive care units, who knew that this virus was likely going to claim their lives before they could see their loved ones one last time, hold them, and tell them how much they loved and cared for them?

Come June 2020, the states have gradually reopened. Clinics have become more populated and elective surgeries are beginning again, albeit with a markedly reduced volume after confirmation that the patient is coronavirus free. Some things will never return to what they were: telehealth will likely continue to take precedence and the popularity of virtual meetings provides untapped opportunities for scientific collaboration worldwide in real time. As the world's social and economic infrastructure recovers, we hold our breath, sometimes literally, for the anticipated second wave. With the setting summer heat, throngs of people emerge embracing the freedom of lifted social distancing rules and stay-at-home orders. Yet the threat of COVID looms. Undoubtedly, though, we, particularly those who had to witness and endure the changes firsthand, will be ready.

FUNDING/SUPPORT: NO FUNDING OR GRANT SUPPORT. FINANCIAL DISCLOSURES: THE AUTHOR HAS NO RELEVANT FINANcial disclosures. The author attests that she meets the current ICMJE criteria for authorship.