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The "Privilege" of Working in the COVID ICU

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I had a difficult time deciding what to name this piece. In some ways, I hate to look at COVID with any positivity, and honestly, my time as a resident in the COVID ICU was the worst thing I've ever done.

On the flip side, looking back to how I felt early in the pandemic, I signed up for this, right? I signed up to take care of people at their sickest and most vulnerable. I signed up for the long hours, nights, and weekends. I signed up understanding that medicine would often come first. I signed up to be on the frontlines, even if a pandemic happened to fall right in the middle of residency. But I didn't sign up for the daily self-doubt and soul-searching, the never-ending phone calls to family members trying to make them understand just how sick their loved ones were despite them not being able to see them, the seemingly constant death certificates. In the moment, I was beaten down and angry nearly constantly. And while it's important to allow for those negative emotions, the only way to move on is to "make lemonade," so to speak. To do that, I'm choosing to look at my time in the COVID ICU as a privilege—the privilege of taking care of some of the sickest patients medicine has ever seen, the privilege of being a lifeline between them and their loved ones, and the privilege of working alongside other physicians, nurses, respiratory therapists, and countless others trying to do the best we could in one of the most difficult situations.

In the time since I worked in the COVID ICU, I've thought a lot about how the experience has changed me as a physician. One of my patients died every single day. Luckily, the overwhelming majority of those were made Comfort Measures Only prior to dying, so that they could do so in comfort and with dignity. However, seeing another person die every day, regardless of how comfortable they were, was an ever-present painful reminder that there was, in reality, very little we could do with the modern medicine we've committed our lives to studying. Of course, I'm not naïve; I recognize the limits of critical care and understand that dying is not the worst thing that can happen to someone in the ICU. But this was different.

In a way, we're shielded in the emergency department. We're able to stabilize many of the people who come in extremely ill and get them to the ICU. Mentally, this has always been a shield from the reality of the poor prognosis up there. It also provides a shield from having to have difficult conversations with the patient's family. Admittedly, we cannot always know a patient's trajectory based on the limited time we are taking care of them, but I wonder if I've used this to be as vague as possible with family to shield myself from a difficult conversation.

I left the COVID ICU worried that I would never be the same physician I was before that experience. And while that's true, I'm choosing to see that as a good thing. I've started having earlier prognostic discussions with patients and their families. Sure, I've had to reframe those discussions to allow for more uncertainty, but when I explain to a family member that I'm choosing to be honest and open up front so that they aren't blindsided later on, I'm almost always met with appreciation. I spend more time having such discussions or even just providing updates because I have a greater understanding of how difficult it is to not be with a loved one when they are sick and vulnerable. I'm hoping that these changes will help me become a better physician, and if that's the case, working in the COVID ICU would have been the greatest privilege of all. ●

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