A Miracle in Evolution

Eighteen months ago, when I accepted a hospitalist teaching position in California, I couldn't believe my good fortune, guiding family medicine residents on the front lines of healthcare. I was so excited I bought a new perfume solely based on its name: Miracle. "It's a miracle!" I declared each morning, out loud, to myself, spritzing my wrists before work.

Two weeks ago, sliding over the threshold of pandemic, I might have opted for a scent called Anxiety, or Panic. It wasn’t the patients. Our census was low, due to our governor (thanks!) locking down the state early, and most people (correctly) identifying they really didn't need to be in the emergency room facing the risk of contracting a life-threatening illness unless they were already experiencing one.  In hindsight, it looks like that week was the peak of our first surge, though patients only trickled in, half suspicious for covid, and the rest heart attacks and strokes—remnants of the mundane past, hope for a not-too-distant future.

My anxiety, like my peers, has a new source: avoiding viral spread. Much has been written about large respiratory droplets being the major mode of transmission. But the fact is few people now, or ever, cough directly into our faces. It’s aerosols and fomites--the deposition of infected material on common, vulnerable surfaces--that are likely responsible for most contagion. That's why distancing works. And hand-washing. Diligence is necessary, and potentially life-saving.

My work days start routinely enough, born of confidence that my condo is pristine as far as pandemic germs go. (Not so much with dust, cobwebs or spotless floors.) I rise, wash, and dress without concern. My work phone and keys go into the pockets of my laundered scrubs. I don't carry my personal phone to work anymore--a viral vector I can literally live without. No, also, to normal clothing--too hard to maintain, too easy to contaminate. No white coat. Nowhere to hang it when I put on an isolation gown, and too hot under all those layers.

The disquiet begins with pings of anxiety when I enter my garage and prepare for the potential of known but unseen multitudes of viruses, lurking. I pick up my disinfected badge from the windshield of my car, and clip it to my chest pocket--exactly at the level necessary to allow me to "beep" into restricted areas without touching the badge or the access box it must get within an inch of. Ping.

I pry on tennis shoes, washable, but only once a week so they can dry, with fingers which now need sanitized. Data show shoes probably don’t carry much coronavirus. Probably. Ping. Enter the car, the interior of which I wipe down each evening. Coronavirus can persist on plastic up to 3 days, and steel up to 7. My car is both. Ping. Ping. I am comforted by the knowledge that viruses begin deteriorating immediately when sloughed off the host. Host = me/you = ping.

Drive to work. Easy. No pings. The sun is shining in quintessential southern California fashion, oblivious to the plague. Its indifference rather cheers me, helps me see the long view, that there will be normalcy again, just not soon. I park in the emptied lot of the hospital, where visitors are no longer allowed. There are no crowds at the fountain or in the lobby, where spectacular arrangements of fresh flowers are still replaced weekly. I hope the florist doesn't get sick; these bouquets are a tonic for the soul.

I touch the first of many door handles. Ping. My brain has registered contamination, and I gel. I used to open doors with an elbow, or hip, until I realized I couldn’t gel those.

I enter the office where 3 residents and I manage patients from computers and sit, unfortunately, closer than 6 feet all day long. Ping. Some of the doctors and residents are likely asymptomatic and infected. Maybe even me. None of us knows because we don’t have enough tests to check. Should I wear a mask in our office wing? Or save it for a shortage? No one will tell us how much PPE we have. In early March we were told not to wear masks anywhere but covid patient rooms. By April we knew better. Ping. Ping. Ping.

I want to clean my chair, keyboard, desk, pen, highlighter, and screen, but find the wipes have been stolen. Fourteen canisters provided this week to office wing and all but one have disappeared. Ping. I filch two from the remaining canister, and get to work.

I wash a K-cup with soap and water before placing it in the shared-by-100-people coffee machine. Every surface I touch is suspect. Who coughed here? Who sneezed? The Keurig handle. Ping. The lid of the water reservoir. Ping. The button to brew. Ping. I peel the individual coffee cream top back carefully--I assume the outside has virus, but the inside does not. I pour carefully from the exposed sterile lip of the container into my cup, without touching the rim. It’s fragrant, and that’s comforting; losing the sense of smell may be an early symptom.

You're getting the point. Let's skip hours of pings—handling my paper list of patients’ tasks, writing, highlighting, despite the germy risks the only way I can manage a full list of patients; opening a bottle of water; bathroom excursions; hearing someone, anyone, cough—and move on to delivering actual patient care. Before I leave the hospitalist wing I don a surgical mask and start with the non-covid patients, pinging with every patient whose symptoms cannot be easily explained with an alternate diagnosis, never trusting anymore that anyone is non-covid because maybe half of carriers are asymptomatic. I gel 100, maybe 200 times a day. And wash between. My hands look like lizards.

For the mandatory sign-in to the covid unit, I refuse the contaminated pen offered by the nurse—it might as well be slathered in tar, or poop. I use my own. Ping, avoided. I gel before changing my surgical mask for an N95, dragging elastic over my hair, ears and cheeks. I put on goggles that rest against my eyebrows and nose. We're re-using disposables. They've been cleaned. How well? Ping. I clean them again. Put on a gown, gloves. Hear the whoosh of negative air pressure rushing with me as I enter the patient’s room. I feel like an astronaut going for a spacewalk. Without the gorgeous view of earth.

Do I use the disposable stethoscope assigned to this infected room? It takes two minutes of cleansing to sanitize. There’s no technology available in a hospital room to do that to a snaky piece of tubing with two business ends. Earlier in the week, the clean-but-not-sterile stethoscope embedded in my ears also touched my neck and face during auscultation. Ping, ping, ping. Bleach-wiped my face. Not acceptable. Instead, I assess my patient from a judicious distance: is he working to breathe? Coughing? Rattling? His oxygen levels and pulse are steady on the monitors. We intubate based on oxygen needs, not lung sounds. He looks good. The stethoscope remains on its infected perch. Skills honed for 40 years have become a needlessly risky ritual. Another doctor able to work another day. Pings, avoided.

Twelve hours, non-stop, pinging is the soundtrack of my life. Leaving, I clean badge, car keys, and phone, but they return to my now-suspect scrub pockets because I no longer carry a bag. In my garage, I clean them again, laying them on the windshield, figuring squished bugs are at least corona-free. I remove my clothing carefully, but my top brushes my right cheek as I pull it over my head. Dammit. Ping. Everything goes into the washer, before I run naked, outside, to the house, a 30-foot sprint. I shower immediately, washing virus and pings down the drain. I am safe. And exhausted.

Regrouping now, after a week off, I’m turning useless anxiety into useful pursuits. Unlike some parts of the world, I feel lucky to have had a chance to hone my sterility skills; my mind is now free for patient care. Despite the overwhelming odds of exposure, I am hopeful, focused on tools for survival. Meditation. Exercise. Writing. Visiting friends and family from a distance. And for the first time since I turned 40, intentionally adding weight—from my usual healthy BMI to a higher healthy BMI. Being at the upper end of ideal body weight is protective through critical illness (need those extra calories on the vent!). I’m enjoying the hedonism of life with dessert first.

I'm 64 years old. As we ramped up to covid I left my perfume on the shelf. But this week I've decided to re-deploy it. Each morning I wake up without acquiring, transmitting or succumbing to this disease is a hard-fought miracle. I intend to try to make it last.