

True Stories: Facing COVID-19 With Courage and Humility

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Narrative medicine enables clinicians to delve deeply into the experience of caring for fellow human beings. Writing awakens insights into one's own inner processes and enables the author to understand patients' experiences better. Dr Charon, its founder, wrote, "The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others ... Adopting methods such as close reading of literature and reflective writing allows narrative medicine to examine and illuminate 4 of medicine's central narrative situations: physician and patient, physician and self, physician and colleagues, and physicians and society."¹

Physicians write stories for a variety of reasons. They describe victories or mourn the loss of a patient. They share insights gained from complex clinical encounters. Sometimes they reveal their own vulnerabilities or their patients' tribulations. They work through confusion or inner conflicts by writing. They call attention to flaws in the health care system. They imagine new ways of working with courage and humility. Physician-authors remind us of our common humanity. We read their stories out of curiosity. We may identify with them. We feel drawn into a community. We learn. We are stirred emotionally. We admire their service. Hope is ignited.

The *International Journal of Whole Person Care* (an open access journal; <https://ijwpc.mcgill.ca>) published 19 true stories from 6 countries describing frontline COVID-19 experiences. Included are a wide range of disciplines; each author shared their unique experience. Contrary to public opinion, the hero identity was rejected. For example, Dr D Dobkin, a cardiologist, wrote, "We know that no one else can do this job. We are essential. I say that without pride. All our training has led us to this moment ... As I see it, it is not about being a hero. It is our duty." He goes on to quote the doctor in Camus' novel, *The Plague*, "There is no question of heroism in all this. It's a matter of common decency."² Dr Laneville, a psychiatric resident, preferred a battle metaphor. "We are at war and I am called to serve; the health care heroes are its soldiers while the enemy is an invisible virus." Nonetheless, she recognized, "Warriors combat and kill whereas doctors provide care and cure." Following a night shift, she wrote, "I stand by my doorstep and question what a health care hero is. What makes the ordinary extraordinary?"³

Another theme that emerged concerned reactions to the public who ignore precautionary instructions. Dr Lemos, a family physician, wrote, "We have sacrificed so much for our patients. I have been deeply angered and frustrated with the

anti-mask protests, the conspiracy theories that COVID-19 is a hoax and the unwillingness of some individuals to follow public health recommendations. It is an insult to all of us who are risking our lives and for those in our care and for the families who have lost loved ones to this virus."⁴ Dr Messier, an emergency doctor, wrote, "I found it hard at times not to feel discouraged when confronted by human nature. Situations arose where egoistic and unconscientious behaviours prevailed. For example, patients who avoided confinement or others who tested positive but failed to quarantine themselves until test results were known."⁵

Complex emotions were revealed across the stages of the pandemic. Dr Blake, a family doctor working in palliative care, expressed a wide range of reactions. For example, "I feel trapped at the summit of a roller coaster. I sense a fall coming, my stomach floating ..."⁶ A respiratory therapist, Ms Presta, wrote, "I feel like my world is closing in on me. I eat my meals thinking it may be my last, so I make sure it is a good one. I called the cemetery and picked out and paid for my plot, as if I were buying real estate."⁷ Dr D Dobkin – following the sudden death of a previously healthy COVID-19 patient wrote, "I felt a searing sense of failure."²

Challenges specific to pandemic medical care were noted as well. Dr Sharkawy, an infectious disease specialist, wrote, "We [he and his patient] stand here both together and apart wearing dueling masks – mine to protect me from him. His to protect him from ... Neither one of us is safe. COVID-19 is a prison."⁸ His staccato sentences echoed his time-pressured day. Dr Gonsalves, a hematologist, in a love letter to her patients wrote, "When we could not meet in person it was tough for you – for me too. The lack of being right next to you, unable to evaluate through a shift in your eyes or a slight change in your posture your ease or dis-ease, was mutually challenging."⁹ Boundaries blurred for Dr Sang, a family medicine resident, when she became infected. She shared, "My colleagues became my caregivers ... Instead of seeing me at my best, they saw me at my most vulnerable: unkept, unwell, and crying ..."¹⁰

Meanwhile in Paris, Dr Isnard Bagnis was troubled when the virus reached France. A nephrologist, she felt sidelined (chronically ill patients waited for nonurgent services) until

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she clarified her intentions to assist in novel (for her) ways. “Becoming aware of those [her own] feelings brought me closer to reality and enabled me to identify ways to be useful to my colleagues ... I became activated, realizing how much support they [her colleagues] needed ... Realizing that I could be my true self, be compassionate towards my colleagues, my initial frustration was transformed into a sense of being reassured and fulfilled.” Sadly, upon returning home she was “perceived as dangerous due to [her] work at the hospital ... A critical need for self-compassion surfaced.¹¹”

Compassion was often aroused behind walls of hospitals in cloistered hospital rooms. Dr Gonsalves wrote, “You watched me in what must have seemed like an alien spacesuit without the comfort of your family. I tried to be your family as best I could.”⁹ Dr Courteau, facing an infuriated woman in palliative care, wrote, “She makes me want to sob and applaud at the same time. I want to join her, yell across the hospital corridors. I want to throw down my mask, my sterile gloves, and my professional code of conduct. My stethoscope is suffocating around my neck. I stay very still. I envy her life-affirming fury.¹²”

Dr Blake was morally distressed when he recalled, “I draft worst-case scenario staffing schedules, brainstorm what to do if we run out of medications I have read the critical care triage plans and they brook no shades of grey. Every contingency is spelled out in black and white. If the situation deteriorates, I know exactly who we won’t try to save.”⁶ Dr Sharkawy was starkly honest in how he experienced one full day of intensive care unit work, “My stomach turns in short and jagged circles. A chorus of nerves undulates inside me. Thoughts race randomly. Violently. Doubts linger. They intensify.”⁸ Dr Laneville expressed her angst, “Something from the life we knew before has slipped away and cannot be found anymore. The March sky is grey, and the streets are soulless.”³

Anger towards a failing health care system was expressed by Dr Rule, a pediatrician. “Furious [at no plan for the wellbeing of children in daily health updates], I ranted ... What about the hungry kids? What about the kids whose families are close to losing their home, their food sources, their income and now must choose between their kids’ safety and feeding them? ... What about the kids who have learning disorders or disabilities who have not received services in 3-5 months? ... We pediatricians experienced this [adults not following pandemic protocols] as a tightening cord, tying our hands, as we shouted for our patients’ needs against the rising tide of adult chaos.”¹³

Effective coping and resilience were evident as well. Dr Tsuchiya, a Japanese palliative care physician, found that the crisis brought him back to living fully in the here and now; he wrote, “Consequently, this [new rules for working within the pandemic context] enabled me to observe my own actions

while examining the meaning of what I was doing. I was living such that I needed to pay close attention to each and every action for the purpose of infection control. Every deed that I usually did unconsciously became more conscious to me ... This thought process promoted self-awareness and consciousness of the environment that I belonged to ...¹⁴”

Dr Lucena, a psychiatrist from Brazil developed a brief protocol called, Mental Health personal protective equipment. He described the skill set taught to a patient (a physician) who struggled with alcohol, sleep issues, and fears about returning to work due to the pandemic. Interestingly, he wrote in the first-person plural “we,” indicating that he shared her fears and practiced what he taught. He indicated that “COVID-19 remains a threat to us all. It created an unwanted reality that we have not yet been able to modify. Continuous adaptation is required to live in an altered, more challenging world. Mental health personal protective equipment may contribute to keeping us safer and healthier until the day when the current pandemic exists mainly in history books.”¹⁵

While acknowledging tragedy, some discovered silver linings. Dr Tsuchiya mused, “I would say people became kinder with themselves and others as they recognized how precious we all are.”¹⁴ Dr Messier expressed optimism despite his initial fears that the emergency room services would collapse under the weight of countless infected patients, “Hope emerged; perhaps this situation would be a catalyst for new ideas and transformation [of the emergency room].”⁵

Looking towards the future, Dr Blake concluded his story with, “I do not know if I will be okay. I do not know if we will be okay. I do not know if the world we once lived in will ever return. But birds are ancient creatures (descendants of dinosaurs flitting by our windows). They’ve watch us rise and fall in our short span on Earth. They’ve seen us through worse and they’re still singing.”⁶ Dr Gonsalves reflected, “We are forever changed but there is opportunity for growth and learning ... We have a lot more to weather in this storm, but I want you to know that I’m in it for the long haul. For better or worse. I’m betting on the better.”⁹ Dr Rule’s son said, “We are together, it will be over some day and we can go everywhere again.” Neither wanted to wait; but they must, at least for now. Nonetheless, the unknown haunted some. Dr Rule indicated, “It will be years before we fully understand the impact and extent of the neglect our children’s experiences as adults failed to include them in their deliberations.”¹³

Philosophically Dr Ingram mused, “What is the potential of humility as a verb?” Following decades of experience with infectious diseases he wrote, “I have worked within our teams with much pleasure and joy during the pandemic. I believe it all comes from a place of sincere humility to share

this experience with others with an openness to their vantage points. None of us really know. We are learning as we go. We are cautious and caring. I am all eyes and ears; just listening The pandemic is the largest globally shared human experience in my lifetime. If humility were a guiding force, I would expect us, as a society, to be able to listen to each other, appreciate various points of view and have gratitude for each other.¹⁶

Rather than sound an alarm, most of the true stories revealed resilience, grit, dedication, and even love. I recently counselled a radiologist who avoided reading these stories because she feared she would be upset by them. Her habitual defensive reaction robbed her of the possibility of being uplifted and part of a community of caregivers. My hope is that these true stories will inspire others to carry on during these dark times and join those who shine light by being who they are and doing what they do. I invite you to assess them in full, as the sprinkling of quotations herein are simply a taste of their richness. ❖

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