We Can't Just Wash Our Hands: a Primary Care Physician's Thoughts on COVID-19 and Her Community

Kelsey B. Bryant, MD MPH

Division of General Medicine, Columbia University Irving Medical Center, New York, NY, USA.

J Gen Intern Med 35(7):2201–2

DOI: 10.1007/s11606-020-05831-0

© Society of General Internal Medicine 2020

Before daily life drastically changed, before we were even aware of SARS-CoV-2 (COVID-19) cases in Seattle, I told a few (healthy) patients they had little to worry about with regard to this emerging virus and continued to encourage them to accept influenza vaccination if lacking it. Just wash your hands, I said. Cough and sneeze into your elbow, I said. We will all be okay, I said. I knew we could not avoid the virus entirely, but like many, I wanted to believe the alarmists were just that.

While I still believe that many of us will be okay, it has become glaringly evident that many will not.

I practice primary care in an academic medical center in a relatively lower-income neighborhood of New York City, and caring for patients is one of the greatest privileges I have been afforded to date. Until recently, workflow was normal: patients came to talk about their problems, we made a plan, and took steps to enact that plan. The exact moment when things changed regarding opinion of COVID-19 is a little hazy. Sometime around early March, we—a community of healthcare providers—went from “wash your hands and avoid unnecessary contact with frail individuals” to “for the love of this city and everyone in it, please do not leave your apartment unless you must!” Perhaps we all knew this was coming, but just as the sad story of someone opting not to wear a seatbelt goes, because “it won’t happen to me,” here we are.

Somewhere near the intersection of the false sense of calm in February and the escalating nationwide panic in March, I noticed news coverage of the Democratic primary elections and the upcoming presidential race dwindled while reports of COVID-19 and its implications rose to dominate all news outlets. Friends were using the hashtag #socialdistancing in a playful way on social media, and this quickly transitioned to eloquent yet stern pleas from colleagues begging their networks to take it more seriously and to self-isolate if their profession allowed. COVID-19 is now saturating all professional and personal conversations, and we have no idea how long it will be here to stay. Had you stepped onto the streets of

New York City at any other time, you were likely to hear snippets of a wide variety of conversations. Now, when I take my dog out to relieve himself, making sure to keep approximately six feet between passersby and me, I hear the panicked voices of fellow New Yorkers wondering what this means for our physical and financial well-being.

FEAR AND UNCERTAINTY HANG HEAVY IN THE AIR

I am not afraid for myself. While I certainly appreciate the flood of messages I have received wishing me well, asking about my health, and praising me for what I do, I cannot seem to shake thoughts about what this pandemic means for other people. I think of those outside the medical profession. What about the public transit operators, grocery store employees, and sanitation workers? I, as a physician, signed up for risk to my personal health should duty call, and there is generally adequate financial compensation for such risk. Additionally, I arguably have the easiest, most reliable access to medical attention should the need arise. Further, I have a steady paycheck throughout all of this, even if I am required to quarantine. But what about them?

While the last thing I intend is to minimize the risk faced by healthcare providers, especially as we face shortages in personal protective equipment, I think about those continuing their community jobs who cannot work from the safety of their living rooms. I think about the retail and food service workers who are going without wages for an uncertain amount of time. I think about people stocking shelves in grocery stores confronted with angry and anxious customers asking for long sold-out supplies. I think about custodial staff—the comparison of those in hospitals risking their health and the health of their families while many who work in schools are sent home. Times like these shed light on existing and emerging inequalities, particularly related to the stability of gainful employment. I am no economist and could not begin to predict the future financial ramifications of a pandemic such as this, but when left alone with my thoughts at night, this is what I think about.

As a physician and public health professional, I see the absolute necessity of our daily routines coming to a grinding halt, particularly in bustling locales like New York City. I cannot help but think of the amplification of health and economic disparities that are certain to arise, and I hope I am not

Received March 19, 2020

Accepted March 30, 2020

Published online April 20, 2020

the only one. We already see high-profile celebrities being tested with minimal to absent symptoms while symptomatic patients are sent home from clinics in droves to self-isolate and provide themselves with supportive care. Rationing COVID-19 testing is dramatically different than rationing ventilators, a heart-wrenching life or death decision. Hoping to avoid that outcome is not enough, and collectively using our platforms to echo the message to practice social distancing, is imperative while we search for effective pharmaceuticals and arm our facilities with equipment to wage this war against an invisible enemy.

I am met with disappointed looks when I confirm that this is, in fact, very serious. I have no special inside information although friends and acquaintances outside of the medical field seem to hope I do. While some of my colleagues have worked on the frontlines of other epidemics, for many of us, this is the largest disruption we have seen in our careers. It is a time fraught with anxiety and unease. For me, what is to come

feels overwhelming and impossible, but perhaps together we are writing history. Though the spread of disease in some capacity is inevitable, how we decide to unite and in support of whom is one thing in our control.

Acknowledgments: Thank you to Dr. Christopher J. Gonzalez, MD; Dr. Julia E. McGuinness, MD; Dr. Susan DeWolf, MD; Stephanie K. Marks, DO candidate; and Courteney L. Daniel, Esq.; for their quick literary feedback and general support in a trying time.

Corresponding Author: Kelsey B. Bryant, MD MPH; Division of General Medicine Columbia University Irving Medical Center, New York, NY, USA (e-mail: kb2828@cumc.columbia.edu).

Publisher's Note: Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.