Self-isolation

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Maggie had been on offload delay for several hours; peacefully sitting on a thin stretcher that barely contained her overflowing body. A thin pink gown covered her upper half while her slightly unequal legs were left open. As she was shifted onto a hard ambulance stretcher she responded with a slight “umpf” before mumbling to herself and closing her eyes once more. When I finally picked up her chart and went to see her, she only barely acknowledged me. I edged closer, my face shield and mask obscuring any recognizable detail. I shouted this time, “Maggie!”. She jumped in fright. I apologized and clarified that I was her doctor for this evening. “Why are you here?” I asked again.

She opened her eyes and looked at me. Her white hair was unrestrained; it formed a little halo around the edges of her face. Her wrinkles pulled the edges of her face down. The left side of her mouth dropped a little lower than the right, belying a previous stroke. When she spoke, her voice came out as a stuttered whisper. She paused before, and after each word. My mind raced as I flipped through her chart, I glanced at her medications, her past medical history. As she stumbled through her story, I was opening the EMR and reading her previous discharge summaries, her medical history laid bare upon the page. CVA, MI, CHF, COPD, CRF, DM, acronyms and eponyms that defined the narrative of this woman's 94 years. Cancer. Breast. Stage IV. Palliative.

She had stopped talking, I looked at her. “You're the first person outside the home I've talked to in three months.” Unfortunately, this wasn't a shock. It was the height of COVID-19. Patients had been locked in their rooms. Lucky ones spoke to their families once a week for 15 min using an iPad. Others had supervised and sanitized visits with family

members behind plexiglass. One patient had remarked to me that at least in jail you could go outside for an hour for some exercise. Sometimes I think of old people and babies and see a manifestation of the circle of life. What if we had done the same to all the babies?

I pushed away my computer and edged closer to her. Med school terms rushed to mind. I'm sorry to hear that. I can't imagine what that's like. That must have been hard for you. None seemed appropriate. Silence hung between us. I could hear the rasping of her breathing behind her face mask. My face felt hot in the PPE. I should move on; I had a full department, and this was an easy case: admit to hospitalist and let them figure it out in the morning.

“Do you know why I asked them to send me here?” she said. “It couldn't have been for our food.” I replied. I smiled behind my mask. I wondered if she had COVID; her lungs crackled like burning logs in a fire. Her chart said she was a do not resuscitate, do not transfer. But here she was in the ED. “I don't want to die alone.” The irregular rhythm of her breathing punctuated each word. Visitors were still not allowed in most long-term care homes; especially not for COVID patients. The hospital was no better; but in the ED we had wiggle room to bring in visitors for exceptional circumstances. I could maybe swing one visitor, I explained to her. She sighed and smiled. “Call my daughter.”

I vividly remember being told an anecdote when I was choosing emergency medicine. The story goes that for one night in the ED patients were offered the choice between a sandwich and seeing a doctor; most choose the sandwich. It reminded me of how precarious our system is and how close we all are to the edge. But it also speaks to how essential our basic needs are.

When her daughter arrived, we clad her in yellow. Two gloved hands wrapped together. Two generations of women waiting for the spirits of those who came before to claim her. As the night went on I would peak in on them, the sounds of

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their conversations filtered through an otherwise lonely ED. Near morning her nurse came to me. It was time.

It seems to me the ultimate hubris that by the power of my watch and pen I can declare someone dead. As if it wasn't a higher power that stopped her heart and blood and brain that truly holds life and death in their hands. I entered Maggie's room. The oxygen was still on and created a low hum. Her daughters face was hidden behind a now damp mask. We locked eyes. My gloved hands encircled Maggie's. I noticed she still had her wedding ring on. I pulled it off and placed it in her daughters' hand. I no longer carried a stethoscope, so I placed my hand on her chest. There was no movement.

I slid my fingers up to the side of her neck to search for that telltale sign of life. My fingers felt between the folds of her neck. Silence.

Time of death 5:23 am.

Compliance with ethical standards

Conflict of interest The author declares no conflict of interest.