

Self-Preservation in a PANDEMIC

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ultimately, burnout. What is so unique about our profession and these struggles? Well, that is the million-dollar question, and something tells me that even if we had the answer there would be no pill for it. My long-held suspicion is that it is the very nature of what we look for in healthcare professionals, physicians, nurses, and all of our other colleagues. It is “caring.” An individual who cares with an open heart and a sharp intellect. We care about the welfare of our patient and the health and welfare of our society. We care about pushing research and therapeutic boundaries. We care about maintaining our fund of knowledge and our skill sets. However, there is a potential downside to this emphasis of “caring.” I want to emphasize potential, as there may be ways for us

to maintain a true “doing good” stance, while also continuing to care with all of our being.

The COVID-19 pandemic has laid bare multiple vulnerabilities in our society. Healthcare has not been spared from this strain. While we could focus on issues of access and social determinants of health, I would rather focus on physicians’ welfare, namely our emotional, psychological, and professional health. In doing so, we can find a silver lining – even it takes some scraping and scratching.

Where we struggle, in pandemic provision of care, should come as no surprise. It arises from our unceasing desire to serve. Our hard wiring to care for our fellow man or woman. It arises from our commitment to serve side by side with our

Does this scenario sound familiar to you? You are on an elevator in the hospital you work in. The door opens and a colleague gets on the elevator with you. You engage in the social norms of greeting each other. “Hey Mark, how are you doing?” “I’m doing good,” you reply. They respond in a similar fashion. However, you are not “doing good.” In fact, if your spouse was on the elevator with you, they would likely look at you, befuddled, and state, “Doing good? No you’re not.” But it’s what we do, isn’t it? We fake it to make it. I would not proclaim that medicine has cornered the market on this practice, but we are damn good at it. Maybe it’s a self-preservation mechanism. It could also just be that our frame of reference of “doing good” is relative. After all, I’m upright, and I’m not in the condition of any of the last dozen patients I have seen.

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colleagues, friends, and our care teams. I believe it is this last arena that offers us the resiliency we need, in such difficult times.

Before we discuss the buttress in front, beside, and behind us, let us discuss the struggle – and let us do it honestly. It is my belief that it is not the long hours we have served over the last five months, or the struggle with balancing home schooling needs, or for some the financial hardships our practices have sustained. Don't get me wrong, those aspects in and of themselves are rough – an overt beating at times. But I do believe it is the waning of the societal support and cheerleading as the weeks have dragged into months of a viral siege. At the beginning of the pandemic, healthcare professionals were being lauded as heroes, and I can recall having an uncomfortable feeling about this. The primary reason for my discomfort with the label of "hero" was that I did not see the collective efforts of physicians, nurses, respiratory therapists, as well as every other necessary team members as "heroic" per se. Brave, yes, but heroic, not sure. Living up to every expectation of physician – yes! So you might ask, "Why so

down on the notion of physician as hero?" Because beyond the fact that "we are just doing what we were trained to do," is that it is our society's nature to take down our heroes when we have grown tired of them. We have seen every bit of that, have we not? We have gone from applause and banging pots outside windows, to physicians being accused of being fearmongers, and even liars, on social media. There is a movement afoot to discount public health and medical recommendations simply be-

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cause we lacked omnipotence on day one, and therefore, the argument is that we are "wrong and can't be trusted." The best is that "it is all a hoax." That is one hell of some remarkable data manipulation, not to mention magical video footage. I am certainly a fan of sci-fi, but that takes it to a whole other level.

Frankly, with this type of external environment, it is difficult to "be good" at this time. So what exists that can actually, sincerely, "make it good?" We have each other. I have you! We have our colleagues. All of our physicians, nurses, chaplains, therapists, social workers, administrators, and our environmental services crews. We have our families, spouses, and our children. That is the secret "I'm good sauce." I know that I can call on you, if need be, and you can count on us at DCMS. You inspire and motivate me. We strengthen each other sometimes simply by bearing witness to the care that we provide to patients, families, and communities. Therefore, next time I run into you on that elevator, I will likely reflexively say that "I'm good," but the truth is, I am good. I am good because of you. **DMJ**

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