Narrative Medicine

COVID-19: The imposter in our emergency department

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Abstract
As the world battles COVID-19, talks are rife about vaccine distribution and health policy overhauls. Amongst all this mayhem a section of patients suffers silently. The patients with chronic systemic diseases requiring regular care at the hospital for follow-ups and dialysis are getting lost in the crowd of COVID suspects. This paper narrates the harrowing ordeal of a patient shunted across hospitals all because of a fever, and in the end it discloses her eventual diagnosis.

Keywords: Chronic illness; Communication skills; COVID-19; Empathy; Health humanities; Narrative medicine; Pandemic; Provider-patient relationship.

It was 3 AM when Meera (name changed) woke up sweating and feeling uneasy. She was feverish and had a persistent cough. Residing in a remote village, she and her husband decided to hop on to their bicycle, their only mode of transport, and ride to the nearest clinic, the clinic Meera had been going to ever since she could remember. The familiar faces of the clinic staff were now hidden behind masks. They were asked a few questions about “fever, cold, cough” - on hearing that she had a “fever” they were shooed away and told to go to a “bigger hospital”. Meera noticed their judgemental eyes and the muffled whispers of “Corona”. Feelings of dejection filled her heart and with tears in her eyes she decided to head home - the fever was not her concern anymore. Her husband, however, cajoled her and they continued on their journey for the said “bigger hospital”.

Pedaling for the better part of an hour they reached the Community hospital hoping for some answers. They were stopped at the gate and asked the same questions and once again they were asked to go to the District hospital as the Community hospital did not have the means to manage “such cases”. Being a fisherwoman, Meera was used to the rough seas and the climate that came with it. A scratchy throat, fever, and

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cough were not symptoms that were unusual for her, but never before had she faced such discrimination. Little did she know that “a virus” was going to change her life forever.

As the clock struck 5:30 AM, the couple was faced with a decision to make - whether to head back and ignore her symptoms, or to head to the District hospital located 40 kilometers away with the very real possibility of further ignominy. As they took a couple of minutes deliberating on what to do next, they were approached by an ambulance driver who was headed there and offered them a ride. Obviously, the ambulance ride would cost them. “It's been a tough few months,” claimed the driver, shrugging his shoulders. Reluctantly they forked out the money and continued their laborious journey to the next medical facility. Meanwhile, Meera sat in the ambulance puzzling over what the Community hospital had meant by “such cases”. She was aware of the dreaded Coronavirus, but her knowledge was limited to hearsay and local advertisements. Today, she faced the reality of being infected by it.

Reality further struck them when on reaching the District hospital they were told that the facility was full and they were not entertaining any new cases, especially the ones with fever and cough. Meera couldn’t comprehend how something as trivial as a fever had made her a pariah. The only option that was left was to head to the Referral hospital, the hospital - according to their knowledge - where only the most complicated cases were sent.

As the clock struck ten, seven hours and three health facilities later, they reached the triage area of our hospital, the Regional Referral Tertiary-care hospital. They were alarmed to see the fleet of healthcare workers in their strange gear, covered from head to toe, asking rapid questions about fever, cough, breathlessness, and enquiring about travel history. On saying the word ‘fever’, without asking for any further information, she was whisked away inside through a separate entrance, pulled away from her husband, little realizing that she wouldn't see him for a while.

Despite the pressure of a huge number of patients and the obvious risk of infection, triage was smooth and efficient, but it didn’t give time to the patients or to their families to understand what was going on, nor was there much explaining. As her husband waited outside, trying to figure out what the commotion was all about, Meera was pulled into the Emergency Medicine department (ED). Growling faces asked why she did not have a mask on, and they questioned her repeatedly about fever, cough, and breathlessness. She was clueless about what was going on around her. She felt tired, harassed, embarrassed, and scared, and all because of a fever. A fever was turning her life upside down.

Doctors and nurses swooped down on her, attaching monitors, assessing vitals, ordering investigations, and the whispers of COVID and corona could be heard all across the room. Feeling overwhelmed she sobbed silently. She was not prepared for such an ordeal!
What she had thought was an ordinary visit to the clinic had turned into a harrowing journey, comprising countless hours, increasing debt, and the accompanying humiliation. All she wanted was for someone to tell her that all would be okay, but everything around her was mechanical with no familiar faces, no smiles, no reassuring glances, just several pairs of eyes behind strange suits staring at her. “Your oxygen content is low,” she was told, and without any further communication, an oxygen mask was thrust onto her face and she was wheeled into a larger room, away from the ED.

I started my day at 3 PM that day, carefully donning PPE and taking charge of my

designated area of the day, the Emergency ICU. Doing rounds with the residents, retaking histories, reviewing files, and investigations, I met with the new admission, Meera.

She seemed anxious and nervous, grappling with the oxygen mask, and often wanting to know more. Her oxygen saturation was on the lower side of the 80s, but with no visible patch on the Chest X-ray, a normal blood picture, no features of renal disease, and no "typical" history, I was curious to know her COVID status. Could this still be COVID, I asked myself? Then again, why not?

Soon enough, my resident came up to me and said she was POSITIVE. My mind began racing towards COVID protocols and about the bed status on the floors, when my resident interrupted my thoughts and said "HIV POSITIVE."

I was stunned, "And the COVID status?" I asked, unwilling to ignore a synonymous possibility. My resident asserted, "she is COVID negative."

'Pneumocytis carinii,' we muttered in unison.

"A virus" would change her life forever, it just wasn't the one we all thought it would be.

As COVID rages on, creating havoc across the globe, there are many silent sufferers. The poor are getting poorer and the sick are getting sicker. Patients with chronic and systemic diseases are getting neglected with many struggling to keep their regular appointments in order, but ending up defaulting and winding up at the ED doors in extreme and often unsalvageable conditions. As we struggle to keep our sanity in the fight against COVID, let us not forget about our regular asthma exacerbations, and hemodialysis dependent patients, who finally find their way to us but get lost in the melee caused by the imposter in our ED.