NARRATIVE
ESSAYS

When COVID Hit Home

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mask, shield, gown, and gloves.
but this time feels different.
"hi grandpa, it's me."

December 12, 2020—the day my life changed forever. In the midst of yet another rise in COVID-19 patients, my colleagues and I found ourselves tired, scared, and constantly reviewing new protocols. This second surge occurring from Thanksgiving travel was a whole different experience than earlier in the year. My aunt called me out of the blue, and when I answered, I immediately heard a sense of urgency in her voice.

"Grandpa doesn't look right. What do we do? Can you come check on him?" she asked.

My heart stopped. What could this even mean? My grandfather was 94 years old and survived multiple wars, government persecution, immigrating across the world, and assimilating to new environments. Even into his 90s, he walked one mile everyday, kept daily notes in a composition notebook with perfect penmanship, and could relay the week's local and national news. My family often said that he would live to be over 100 due to decades of adhering to traditional Chinese medicine. How could he "not look right"?

A few brief screening questions revealed that he had no chest pain, shortness of breath, or neurological changes. He only reported fatigue and involuntary shivering. Did he have chills? Could this be sepsis from an occult kidney or lung infection, given his age? COVID-19 didn't even cross my mind. Despite living in the same county, I hadn't seen him in months and everyone else at home was adhering to social distancing. Knowing that all hospitals at the time had strict no-visitor policies, I told them to drive him immediately to the hospital I worked at.

When my grandfather arrived at my hospital, his first documented oxygen saturation was 82%. His chest x-ray was filled with patchy infiltrates. Standing in front of the emergency room computers before I could see him, even before the rapid test was back, I knew he had severe COVID-19 pneumonia. He was placed on high-flow oxygen and immediately went through the same procedures and therapeutics that I had been ordering for my COVID-19 patients this whole time.

The next 39 surreal days were the hardest chapter of my life. While he was managed by a different hospitalist's service, I slowly became integral to his care. I advocated to have his hearing aids and glasses at bedside and ensured that care team members communicated in languages he understood. As the only family member with access to him, I balanced the hectic duties of caring for my own patients during a pandemic and fitting him into my schedule. Despite my visitations, the isolation from the rest of his family and home was torture for him, and he quickly developed delirium; every lunch break and after-hours visit was a chance to reorient and FaceTime with family. I constantly had to stop him from taking off his oxygen and encourage him to lift his arms and wiggle his legs for exercise. He decompensated multiple times throughout the hospitalization, and I helplessly watched his respiratory status go back and forth between BiPAP and high flow like a pendulum, teetering closer and closer to intubation. His nurses and therapists, my colleagues and friends the past 3 years, tried their best to care for him but they were strapped for staffing, support, time, and energy as they became more and more overworked. In the midst of a full hospital, crashing patients, and burned-out staff, I navigated a cruel balancing act between my feelings of pandemic fatigue and hoping for the best for my ailing grandfather.

Witnessing his experience also brought a harrowing guilt to me as a family physician. While I had the privilege to be at the hospital alongside him, so many other patients suffered alone. Even though I tried to hold my patients' hands just a little longer, spend extra minutes on

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the phone updating families, and arrange for the safest dispositions, I was torn between helping others and keeping up my own stamina in the midst of the drowning pandemic. For my grandfather's care, I felt guilty advocating for essential treatments like physical therapy or swallow revaluations when I knew our staff was already overloaded. As for my family, I was split between addressing the realities of his poor condition while maintaining their hope for his recovery. The clinician in me knew how serious this was, but the granddaughter in me couldn't imagine my grandfather becoming the empty chair at the dinner table. While I have led countless goals-of-care conversations before, nothing prepared me for counseling my own family.

After 5 weeks of tireless care at our hospital, my grandfather was miraculously discharged home. As he wheeled out of the hospital, my coworkers cheered him on as we passed them through the hallway. I felt overwhelming relief and happiness that day. However, with COVID-19 deconditioning him to his bodily limits, he died 2 weeks later at home, peacefully in his sleep and surrounded by multiple children and his wife. Deep down I knew it was coming; I knew the day he came into the hospital and I saw that horrible x-ray. But the worst time of my life was also the best time of our relationship. My grandfather always lived across the country during my childhood, and it wasn't until residency that I moved within a drivable distance to him. I can't recall many stories of us together before then. But now, I remember our little moments in the hospital: holding his hand, talking into his ear about my day, making him smile as we FaceTimed loved ones, and reconnecting over funny videos on YouTube. Those times at the end of his life brought us closer together. And as I reflect, grieve, and recover... I will always cherish those memories.

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