



Do I Have What I Need? Do I Have What My Patients Need?

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Eighteen years ago, I was preparing for deployment as a family physician attached to a forward support battalion for the US Army. My fears about my own safety, my shortcomings as a physician, and systemic shortages of protective equipment were laid bare. COVID-19 has brought those feelings front and center once again.

My internal monologue that day still rings true.

“My world has changed in an instant. Forced from my normal routines, the usual ebb and flow of my job as an academic family physician. I’m plunging into the unknown. The news coming from the other side of the world telegraphed my destiny months ago. Still, I’ve been practicing willful ignorance that people like me are being called to action and even dying. I find it difficult to know what to do, and so my solution is to prepare urgently for the great unknown.

Do I have what my patients need? I know that they will need me to be smart, that’s for sure. I’m on the lookout for any relevant clinical information. I feel like I need to act now, so I begin to throw things into duffel bags and my hard-shell trunk. I start out packing the basic medical resources, a textbook or two, and my scissors, stethoscope, and penlight. Then preparing becomes more difficult, because I really don’t know where I’ll be called to help or what

I will have to do. I worry about how I will manage my patients when resources disappear. What will I do about my patients who will need a ventilator? Where will I get the blood, the medicine, and the oxygen that I know they will need? I know my patients will need to see me, their physician, in control of myself, reassuring and resolute that I can get them through whatever they face.

Do I have what I need? How can I reassure my wife that I will be safe, when I’m not even sure what I’ll be doing or what dangers I’ll face? I’m filled with more unknowns than knowns, and I’m scared. How do I prepare to maybe not come back one day? What will my life look like, or hers, should our race of two become her solitary walk of one? I need to update my will, my advanced directives, and do this all by yesterday. I know personal wellness will be important. I’ll throw my running shoes in my bag, thinking that exercise will help my stress. For spiritual support, I’ll include my Bible as part of my plan. I’m also grabbing a picture of my wife, my favorite scrub top, and a collection of my favorite music, hoping that familiar comforts can carry me through. My family asks me, over and over, how I’m doing, what they can help me with, and what more do I need, but I honestly don’t know how to answer.

The more I prepare, the more confident I become. Family medicine is about managing the unknown, being creative, and using what is at hand. I’ve trained for this. I’ve managed trauma, triage, and ventilators. I’ve worked 12-hour shifts and know how to lean on team members when things get tough. I know how to talk to patients and connect to them at their moment of need. I know I won’t be doing this alone. I’ve got medical colleagues to lean on, and the best people I know will be right there with me, standing tall, together driven by a sense of service that defines us. I signed up for this. It is my calling. I am needed. Despite my bolstered confidence, I’m still unsure about how I feel about my personal protective equipment. My PPE.

I really have to make sure that my PPE works, that I am protected, and that I have what I need. I throw my gloves into the mix, my face mask, my respirator, and my specially designed, olive green outfit that is supposed to protect me from pathogens. I keep being trained on how to doff and don that stuff correctly and I fear that if I mess up, I will pay a heavy price. My body armor rounds out my PPE. I have a woven nylon vest with pockets and clips and Velcro and with ceramic

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plates in the front and the back that should stop a 7.62 mm round. It's pretty heavy, and rigid, and stamped all over with black lettering: "Property of the US Government." I hope it protects me. Next, I attach my shoulder holster for my 9 mm pistol. That part of my PPE is supposed to be used for self-defense, as a last resort. I hope I don't need mine, but several of my family physician friends have already needed theirs. Finally, my Kevlar helmet, with goggles on top, stares back at me. I've been told that it's better at protecting me from death than the older models. I trust that's the truth. I want my PPE to protect me so that I can soldier on."

As a family physician who is normally wrapped up in the usually

stable world of my academic medical center, I've found myself unsettled and adrift as a result of COVID-19. Anxious health care professionals concern themselves with PPE, fear of infection and its effect on their families, and being able to provide patients with the appropriate care.¹ My past helps define my present and gives me hope. I returned from the desert, safely, and settled into my new normal. I'm a better husband, leader, and physician now, my career peppered with the wisdom earned while in that combat zone.

Still, the nagging questions remain: Do I have what I need? Do I have what my patients need?

I am ready.

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Reference

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