

Alarum

By Chris Wong

As a third-year student, I find that I am still perfecting the rhythm and the art of pre-rounding and presenting. Clutching my annotated list, I attempt to split my concentration between listening to my co-student's presentation and keeping my own patients' lab values from falling out of my head.

A shrill ring emanates from the ceiling speaker, scattering the remainder of my focus. It is a pre-recorded segment we would come to know well, congratulating us on discharging another recovered COVID-19 patient. We are addressed as a family and told *we are simply the best!* The notice is repeated in Spanish (*Ustedes son absolutamente lo mejor!*) to my team's increasing impatience. With the telltale click of the speaker, we trade knowing glances before snapping back into our routine of rounds.

Despite the announcement's robotic impersonality, it was a sliver of optimism on my first day of inpatient medicine at the county hospital, when the rate of new COVID-19 infections had reached an all-time high in Texas. Our clerkship director stressed that we should take every precaution to protect ourselves, our colleagues, and our patients. We would be provided face shields and N95s to be reused indefinitely and forbidden from direct contact with PUIs or COVID-positive patients. Having been off rotations for 3 months, I was more than willing to accept these terms, knowing that there exists only risk mitigation, not elimination.

Our team grew accustomed to our omniscient cheerleader interrupting our table rounds. Each repetition brought me less peace, replaced by a growing sense of dread. There was no ignoring the reality in our ICUs, outside our walls, or on our newsfeeds and TVs, where the tryst between public health and politics continued to play out to no one's benefit. I may not have directly provided care to the COVID patients on our list, but even with the layers of insulation meant to keep me safe, I nevertheless would find myself coming face-to-face with the virus.

Team H has fallen ill. An entire team of fresh-faced July interns and students tested positive, put out of commission for 10 days. This was what our chief residents had warned us about: we are told to limit the maximum occupancy to 5 individuals, refrain from eating or drinking, and wear our masks at all times in the natural incubator we call team rooms. I have come to know my interns and upper levels by their eyes and their voices, and in the clandestine moments a mask is slipped off for a sip of water, I realize how differently I expected their faces and their smiles to look. But two weeks are ample time to learn about a person's hopes, dreams, and fears, even if you are never quite sure of their countenance. Our teams, like military units, foster kinship and collectivity; my attendings often reminisce about the time they served with so-and-so at some point in their decades of training. I am no stranger to this fondness: upon hearing about Team H's misfortune, I send off a concerned text to them. We had parted ways just 2 weeks ago.

My liver patient is dying. Last week we thought he was stable enough to be discharged by the weekend, to follow-up on his biopsies at a more opportune time. But our hopes were dashed as his creatinine ticked up decimal by decimal, and then by 1s, like a kindergartener learning her numbers. The family, barred from the bedside due to a COVID-related ban on visitors, decides that home hospice is the best plan. We are in grim agreement, and we set in motion the referrals and paperwork that will allow him to transition to comfort care. He is now allowed to break the rules and receive one visitor a day – his mother and his son, both stoic and strong, see him on successive days. Our dear social worker rings our callback number and quietly tells us that home hospice has not been a viable option since the start of the pandemic. We must convey to them a choice between discharging him home with palliative medications and no further assistance, or keeping him inpatient for hospice care with all the rules and restrictions that come attached. Neither is ideal.

Today was my birthday. I opt out of anything in-person and instead field texts from my friends, checking in on how they are faring during this time of social distancing. I am surprised to learn that several have contracted the virus, and I mentally chastise myself for not being more in touch. One thinks she received it from her sister, a diligent PA caring for afflicted patients. One was exposed on her second day of her geriatrics rotation, just a weekend after I last saw her on my team. One particularly wild friend thinks he got it at the gym – his first sample was destroyed in transit, so he dragged his febrile, worn-out body to the testing site to be probed yet again, confirming what we had both already expected. I burn my birthday wish on their speedy recoveries. It feels like only a matter of time until I too am the unlucky recipient of this gift.

We all thought the virus would be gone by the summer, but it seems foolish to have felt such blind optimism when many of us didn't invest the effort to achieve that goal. We are warned of an autumn resurgence of infections and deaths when our health systems are already stretched to their limits – all we can muster now is the will to carry on. For every ring of the overhead bell to honor a recovered COVID patient, the echoes remind us of those we have lost in this fight. They were our patients, our blood, our peers, our loves. Amidst this time of division, the question for our community is no longer “Where do we go from here?” – it is “Where *can* we go from here?”

Who among us can still believe *we are simply the best?*

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