Musings of D'tee

Yesterday, I understood first-hand the flashbacks described by war veterans in documentaries. Most of the nursing staff assigned for the night shift had become infected with the SARS CoV-2 virus and so only one nurse came to work. She was an amiable good-spirited professional sister. The COVID intensive care unit was at its maximum capacity but we still worked well together. As I doubled the roles as doctor and nurse, I had light chats with one of the patients I had admitted a few days prior– he was still awake at 3am! He mentioned how grateful he was for the care he had received and that in his capacity as a titled Chief, he would love his kinsmen to slaughter a cow in appreciation to the unit. He was saturating at 85% on high flow nasal oxygen at a FIO2 of .95 and 40L with an arterial blood gas PaO2 of 58mmHg as we spoke. He was happily hypoxic! COVID embarrasses an anaesthetist. One is not used to such abnormal saturations with dismal PF ratios and A-a gradients for extended periods of time. Anaesthetists are geared to be pro-active and to intervene. It is a new learning curve because overzealous interventions in this setting may halt recovery.

My patient talked about his three wives and his leeway to go up to five by reason of his chieftaincy title. I asked him what made each wife special. I told him who I thought was the most special – the wife he chose as the next of kin on the admission forms. He laughed so heartily – the arterial line almost pulled out while I was stitching it. I realized yet again the wisdom of my *Aunty* – Omolayo Ilemobade. She had told me shortly before I got married that the way to a man's heart is not just a full stomach but also an empty scrotum. My patient talked about his administrative roles at work and his pension plans. I engaged him on the need for him to lie prone to help his lungs. He said he could hardly lie on his side. I felt I did not need to tell him about clinical trials that have shown that prone positioning works.[1] He needed something more that he would relate with to motivate him. So, I went back to his pension plans and asked him how his wives would split it amicably. My patient immediately agreed to lie prone and strangely thanked me for a welcomed improvement. This conversation was while I was placing his invasive lines.

I had flashbacks immediately thereafter and I fought back tears. On that same bed was Ma'Zizipho (not real name). She startled me the first time I met her. I was examining her when I noticed what looked like a fit – indeed it was! The right sided nasal prong had drifted off her nostril behind her surgical mask and in that split of a second – she had become hypoxic and she convulsed. I remembered the conversation I had with her while changing her lines as part of a septic workup. The conversation was to relax her and distract her. She talked about her husband with a glow. She looked forward to

being home for her son's 25th birthday. She talked about her 40-year-old son and the way he refused to go home throughout her stay in ICU the previous year. My jaw dropped – "you were in ICU previously Ma'am?" I asked. "Yes", she said. "Pelonomi ICU because my lungs were very sick", she added. "Oh no! That is a crucial piece of information Ma'am". She still wanted to say more about her family. She emphasized how she raised her sons to be independent. They both work and live on their own she said. I asked if I could call her husband to deliver a message. She was so delighted. She gave me a number to call but it was her own cell number. I told her I delivered the message to her husband. She was happy. She kept on saying "Ohhh shame…oh shame. What did he say Dr?" – "He said he loves you too Ma'am. He is praying and he wants you to hold strong for him". I knew she was happy.

I didn't meet Ma'Zizipho when I returned. I was so heart broken. I succeeded in tracing the correct number of her husband. I delivered the message to him still, the birthday greetings to their son and my condolences too.

On that same bed was a gentleman – a supplier of power parts. He was so cooperative. I recall him picking a call from his boss while I was with him. His phone rang on for hours after he had gone. His boss kept on calling without end.

Each bed carries a story.

On the next bed was a 44-year-old lady with no known co-morbidities other than obesity. She sat up on the bed most times. There is a strong epidemiological association between increased BMI and worsening COVID 19 mortality outcome.[2] There are many theories which indicates that there is a poor understanding of the association.[3] A body mass index (BMI) of ≥ 35kg/m2 is a predictor of poor outcome and seven times mortality risk.[2]

On the bed of the 44-year-old was a female health care worker that was unresponsive on arrival. The images are still vivid in my memory – fast-track intubation; she subsequently arrested and so I jumped on her chest to perform cardiopulmonary resuscitation (CPR); my visor and eye shield fell off without my realizing; I felt her ribs crack; shocked her twice; resuscitation was on till the day staff came…she never came back. I wept. I struggled for days on end after that experience despite the debriefing session. Why on earth would any nation underplay the severity of this virus and keep the gory details from the rest of the world till it became a pandemic?

On that same bed is thankfully a story of victory – a young gentleman who worked as a cake distributor. He was certain he picked up the infection during a delivery. He skipped the Peep mask and went on straight to being intubated. I wanted him to speak

to his mom and his girlfriend and 7-year-old daughter before I intubated him but very sadly none of them picked the call. I also had the privilege of extubating him. I witnessed the joy he exuded even with his little strength as he spoke to his mom a few hours post extubation. His Mom, typical of a mother, bursted into songs of thanksgiving. His girlfriend didn't talk about unpaid electricity bills or nag him when I gave him the phone, she rather used endearing terms and praised him. She immediately thereafter asked to speak to the doctor and the nursing sisters. I smiled as I spoke to her. I couldn't shake off the thoughts that she was cross checking that her man was really in the hospital and not on lockdown with another babe. He has recuperated well in the general COVID ward. Today, he totally got off oxygen.

Next to that bed was a lady in her late 50s. She was dearly loved by her family. They called literally every hour to check on her. I had to use one of the terms made popular by eNCA news channel when Madiba – Tata Nelson Mandela- was hospitalized in his final days. I would say she is 'critical but stable'. I remember her waving to me after the end of my shift. I was so touched – I went to hold her hands to affirm her. On that same bed was a young gentleman in his 30s with an estimated BMI of 50 kg/m2. His wife sent a message to the unit cell phone today saying she can't still believe her beloved husband is no more but that she would like to thank everyone in the hospital for caring for him.

Next to the bed was an amiable bus driver. His work required him to make a trip to Pretoria. He was reluctant to go but when he was told that they could not get anyone else – he opted in. He was accompanied by the consultant from Pelonomi Hospital to Universitas Academic Hospital. He made us laugh when he recognized my group partner. He remembered him as his diabetic doctor from National (My group partner had done his community service at the National District Hospital). The patient's HBA1c was elevated which indicated sub-optimal glucose control. His 'diabetic doctor' was unimpressed. I had sprayed my consultant's gloved hands with alcohol after he made an adjustment on the monitor, it was amusing and yet admirable when the patient asked me to spray his own hands too. I could not but shake off the thoughts that the alcohol spraying was a little too late. I asked if he wanted to call his family – he asked to speak to his wife first. His macho image melted at the voice of his wife. His eyes streamed with tears. It was deeply moving.

As I drove home, my mind went to the story of victory and his description of himself as a fighter. I wondered if I should have told him about the RECOVERY trial from Oxford that placed intravenous Dexamethasone[4] on his treatment chart. I wondered if he would still say the same thing if he knew that the final year anaesthesiology registrar

lady at MEDUNSA/Sefako Makgatho Health Sciences University and the family-man-anaesthetist colleague of mine (from my previous workplace) who both passed on this morning in ICU were fighters too. The World Health Organisation (WHO) explained that healthcare workers account for 10% of global infections.[5] There is currently no data on the 'affected' health care workers - those affected by the strain of the infected and the infection.

COVID 19 came and shifted roles. Parents prior to now ask their children where they were headed with the emphasis on the need for the children to exercise caution. Now, children hound their parents to stay in-doors and not step out. This could be explained by the statistics released by the Centre for Disease Control that showed more COVID 19-related deaths in the elderly population (65-74/75-84, >85years).[6]

The anaesthetists have not been spared from these shift in roles. An anaesthetist simply put, gets a patient through surgery (before, during and after). Previously confined roles are being stretched to critical care. In my observation, these are expanding skill sets such as managing the same patient over and over again for an extended period of time and the exploration of social factors that necessarily would not have been the primary concern of the average anaesthetist.

A lot of lessons have accrued to me from this experience. I have learnt that:

- Patience is truly a virtue
- There are no fixed roles. Roles can be expanded and done graciously too
- The implementation of extra steps to double fix my PPE to avoid errors is not onerous
- The critical care physicians and critical care nurses need more empathy. I now have a better understanding of the intensity of their burnout
- Team work is important in unity of purpose in a challenging environment
- Leadership is a vital key to the success of any intervention.

The media reports that arrogance led to the spread of the virus in America and that wilful ignorance was the problem in Europe.

I am grateful that Africa got a chance to prepare before the peak and that South Africa has been exemplary in the fight against this virus.

I am grateful for the opportunity to be part of a wonderful team that helps people whose backs are against the wall because of the virus.

I am grateful for the resilience of the leadership of the UAH COVID ICU team in ensuring that people get a second chance at life even under difficult circumstances.

I am grateful for the largeness of My HOD's heart - Dr Edwin Turton. He donned me on my very first day in the unit.

References

1. Anna Coppo, Giacomo Bellani, Dario Winterton, Michela Di Pierro, Alessandro Soria, Paola Faverio et al. Feasibility and physiological effects of prone positioning in non-intubated patients with acute respiratory failure due to COVID-19 (PRON-COVID): a prospective cohort study. Lancet Respir Med 2020
2. Arthur Simonnet, Mikael Chetboun, Julien Poissy, Violeta Raverdy, Jerome Noulette, Alain Duhamel et al. High Prevalence of Obesity in Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) Requiring Invasive Mechanical Ventilation. Obesity. Volume 28 Number 7 July 2020
3. Naveed Sattar, Iain B. McInnes, John J.V. McMurray. Obesity Is a Risk Factor for Severe COVID-19 Infection. Multiple Potential Mechanisms. CirculationAHA 2020
4. www.recoverytrial.net Retrieved: 31 July 2020.
5. https://www.dw.com/en/coronavirus-latest-who-says-health-workers-account-for-10-of-global-infections/a-54208221 Retrieved: 31 July 2020
6. Characteristics of Persons who died with COVID-19 – United States. Morbidity and Mortality Weekly Report. February 12 – May 18 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6928e1.htm Retrieved: 31 July 2020

First Semester 2020 Reflections. 31/07/2020