

COVID 19: WITHOUT DISTINCTION OF RACE, SEX OR SOCIOECONOMIC POSITION; NO ONE IS SAFE

COVID 19: SIN DISTINCIÓN DE RAZA, SEXO O POSICIÓN SOCIOECONÓMICA; NADIE ESTÁ SEGURO

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Mr. Editor

I have read with great pleasure and gratitude the article Protecting Health Personnel in the COVID-19 Pandemic By Jhony De La Cruz, publish March, 21, 2020 in this prestigious magazine.

In response to this very informative article on the COVID-19 pandemic, I would like to express my sadness and share my experience of what we are living first hand here in the epicenter of the United States, New York city but first let me begin by giving you an idea of the timeline that has taken place to get us where we are today. As we all know, there was a whistleblower doctor in Wuhan, China, his name was Li Wenliang, he was an ophthalmologist. On December 31st 2019, China confirmed the existence of the new virus initially called 2019-nCoV now referred to as SARS-CoV2, but Dr. Li Wenliang said he had observed many of his colleagues get very ill, fall sick, and observed 4 die from the virus in the 2 months prior to that. Before china acknowledged the virus they had punished Dr. Wenliang for "spreading rumors." It wasn't until January 21, 2020 the Chinese official confirmed there was human to human transmission and that same day the United States observed their first case in Washington state as well as Vietnam, Singapore, and South Korea. On January 30, the WHO (World Health Organization) declared a global health emergency and that day President Trump blocked all travel from China. February 11th, 2020 the WHO named the new disease caused by SARS-CoV2, COVID-19. It wasn't until March 13, 2020 that President Donald Trump finally declared a national state of emergency in the United States. Finally, on Sunday March 22,2020 Governor Cuomo put a shelter in place order for all new Yorkers to stay home unless you are an essential employee. What does that mean? Essential employees include first responders, health care workers: doctors, nurses, physician assistants, etc., researchers and laboratory services, veterinary services, utilities and power generation, any type of travel, grocery stores, restaurants, convenience stores, pharmacies, laundry, anything that requires essential needs of the people.

Unfortunately, the United States response came too late and now we are in a horrendous, horrifying situation we are faced with every day. Healthcare workers are not only required to face the tragedy of this horrible disease but there are many layers involved in this pandemic. I am an Internal Medicine resident at 4 different hospitals in NYC. When I decided to become a doctor a few years ago I never in a million years would have ever thought that we would be living in this nightmare. The different layers we are faced to overcome and expose everyday as doctors in the epicenter of this pandemic come from deep within. We have a commitment to wake up every day, not knowing what we will be faced with that day and fight to be strong and save lives while risking our own. Our hospitals are so overwhelmed and the burden gets worse every single day. As cases in NYC basically have doubled every single day, we started to see the wave of patients coming in every shift, of each wave, about 25% would need to be intubated and transferred to ICU. To give you an idea, in one day 8 patients got intubated from 1 COVID team. Then we transitioned to having full emergency rooms that were not equipped to handle this many cases of COVID- 19 at once. The cubicles

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separated by a curtain that says "Iso" (Isolation) on it (Fig. N° 1A). As if that curtain is enough to protect the patient next to them or the many doctors, nurses, and hospital workers that have to work 12 hour shifts in that emergency room every day.

Then we started seeing multiple people die before they even got moved out of the emergency room, and cardiac arrest codes called every hour. Not only did the patient load become extremely overwhelming but we are faced with a bigger problem, we are running out of personal protective equipment (PPE). So to make matters worse we all get one N95 respirator mask per shift unless you get blood or it gets soiled, 1 set of goggles, and a gown (Fig. N° 1B). If they call a code, we have to put all our gear on as fast as we can and run into the room but even then the number of people allowed inside is very limited and sometimes if it's very

severe disease and will be medically futile we can't even do CPR (cardiopulmonary resuscitation) on them. Unfortunately, because there is a chance the patient can progress quickly to severe disease and death, every patient who comes through the door has to have a goals of care discussion regardless if they are in their 20's and code status needs to be addressed. Every time we go in a room our chances of getting the virus increases and every time we get exposed we have to go home with a guilty conscience of possibly infecting our loved ones that live with us. We are seeing people of all ages dying, but when we are faced with the young people in their 20's and 30's dying of cardiac arrest I can't help but see myself or my fiancé who is also an internal medicine resident in them. There are no visitors allowed to see the patients with COVID-19, therefore sadly these people are dying alone.



Figure 1. A) Isolation in small cubicles of COVID-19 patients separated by a curtain and a small sign. B) Personal protective equipment.

When I wake up in the morning when my alarm goes off, I take a second to say a prayer, to thank God first and foremost that I am alive and healthy and able to help these people. As I put on my scrubs and drive to the hospital I say a second prayer to give me the strength to face the horror I will see for that day because each and every day is worse than the day before. And lastly, throughout the day when I walk in the hospital I pray for my patients and my colleagues, seeing the despair in all of their faces and the sadness that we really can't save everyone.

As this gets worse and we prepare for the apex that is coming, we are faced with thinking in the future, how we will have enough supplies to continue caring for these patients but also when we get to the point where we will not have enough ventilators basically choosing who lives and who doesn't, as of now they are saying anyone over the age of 70 will not get a ventilator and younger people with too many comorbidities will not get one. This is the saddest part of it all, who are we to decide who gets to live and who doesn't, this was not part of our job description, we swore to do no harm. The most frustrating part of it all is you want so badly to save their life but you can't because you don't have the resources.... This is the sad reality of what we are about to be faced with.

One day, when we make it out of this crisis we will look

back and appreciate. This will be a constant reminder to not take anything for granted and we will make it out of this stronger than ever, better doctors than we ever imagined we could be. Not only proving to ourselves that we made it through something we couldn't have ever imagined we would survive both physically and emotionally but also we will never forget those we cared for who survived and we saved or unfortunately we lost due to this horrendous disease. I am truly humbled and honored to be a doctor during this time and this will definitely be a portion of my life I share with the generations to come.

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