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Perspective

Waiting

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In January, reported events in China seem as remote as ones that might take place on Mars. I encounter snippets: hospitals overwhelmed, truth tellers silenced, a stunning state response.

A city of 11 million stilled. All transportation shut down. Enormous structures built to confine anyone with a fever. So far away, so foreign to me.

One patient arrives in my town, a student from Wuhan returning to school. Immediately, a textbook public health response: so reassuring. The student never even feels that sick.

In February, more spread, to countries seemingly selected at random. My life goes on as usual: patients in clinic, errands, gathering with friends. I take a trip for the February school vacation. I buy a king cake and celebrate Mardi Gras. At the end of the month, questions arise. Should we stock up on food? I buy some giant tins of tuna, feeling stupid.

March begins, and still no change in day-to-day life. I have a

medical student with me in clinic. I start advising my patients not to take cruises. We all laugh. It seems that every patient I see is coughing and reporting cold symptoms. I wonder if I should wear a mask when I see them, but it feels overwrought and awkward. My clinic discovers that most of our masks and hand sanitizer have disappeared anyway, carried off by either patients or staff.

By the second week of March, fewer and fewer patients are coming to clinic. It feels like a light week. I haven't had a light week in a while, so I really don't mind. Everything feels suspended. I start to be impatient for a possible unscheduled break. A doctor friend writes to me that her partner has a fever, so she has to stay home from work, and I text back, "Does he want to come to my house?"

I'm jealous that she gets 2 weeks off from work.

On March 13, everything changes. My children's school has abruptly closed. Half my clinic slots are empty, so I start to read, and I suddenly realize what's happening in Italy. I see that it's already coming to me. I start doing sixth grade math: number of people in the United States \times the percentage who might be infected \times the percentage who will need a hospital bed \times the percentage who will need a respirator \times the percentage who will die.

The numbers I get are insane. The numbers I get are 780 times as many ICU beds as we have. The numbers of dead that I calculate are in the millions. I realize that our only hope is to shut everything down. I write to my boss and say, "We have to shut our clinic down," and he writes back to say that he agrees, and by the end of that day we are closed.

So now I practice "telemedicine," and I wait. The time that I used to spend on routine and pre-

ventive care, I now spend trying to think of ways to persuade my fellow citizens to stay home and reading obsessively on the Internet. I've developed a sequence of sites that I visit to check in. Hours go by once I start. I've tried to make rules about when in the day I check in, and how often, but I'm terrible at following them.

I feel intense anguish as I witness the ordeals of citizens and health care providers in Italy, Washington State, Spain, France, and now New York. Helplessness and horror fill me, and I don't have great strategies for containing it. I've started making a lot of notes, like it's a med school class that I'm gunning to crush.

Work helps. Going through the old, familiar rituals of taking a history, formulating a differential diagnosis, and making a plan calms me. Many of the calls we get are the same, and we've been given a template to use. We have no testing and no treatment, so all we're really trying to do is figure out whether patients are safe to stay at home, at least for today.

Soon, we will have a tent outside the emergency department for patients with respiratory symptoms. Eventually, if the need arises, I will work there. If further need arises, I may be called to care for patients in the hospital.

When I'm not working, I feel agitated. I try to read and get through a paragraph, then put the book down. I start new tasks before completing the last. I go back and check the Internet again.

I know it's important to sleep, to stay healthy and well-rested. Some nights it happens. Some nights I have moments of terror. My terror is selfish and specific: I'm terrified that I could die. I know exactly how many health care providers died in China (13) and Italy (3), and in France (5) so far. I know how many ED doctors in the United States are patients in ICUs (2). I've divided by the number of doctors who got sick in China and Italy, and those numbers are very reassuring.

I never saw this coming when I went into medicine. Some of medicine is heroic and takes place at the edge of life and death (typically for the patient, not the doctor). I walked away from all that and chose primary care. I haven't been in an ICU since 2003.

When I look at the mortality curves for Italy, France, and other places, I can pinpoint precisely where my town is sitting. We had our first death 3 days ago, followed by one more, then three, then four. It's like we're standing on a wide flat beach, with a 10-story-high tsunami that curves out, not in, looming over us.

But my brain rabbits around trying to unknow what the graph shows. What if our social distancing will help? What if we have "flattened the curve," even a little bit? What if we could be more like Shanghai or Beijing than Wuhan? I've become obsessed with a city in China I had previously never heard of, Guangzhou, in which social distancing limited peak ICU de-

mand to 15 beds.¹ What if we could be a little bit like Guangzhou? What if all the work that heroic people have done in China and Italy before us could help?

It's stunning to me how quickly this life has become normal to me. My old life, 2 weeks ago, feels like it happened to another person. All my old worries now seem like a joke. Did I really care about those things?

In the same way, the future has gotten hazy. I'm no longer planning vacations. I'm no longer planning much of anything. Who can know what will happen? It takes effort to imagine life on the other side of this.

In place of specifics, I'm left with vague hopes. I desperately hope my loved ones will be safe. I hope my community will come together, not fall apart. I hope that the intensity of the ordeal for my town will be blunted. I hope my patients will survive, suffering only mild symptoms. I hope I will be able to do all the work that is assigned to me. I hope, above all, that I will live to tell this tale.

Disclosure forms provided by the author are available at NEJM.org.

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1. Li R, Rivers C, Tan Q, Murray MB, Toner E, Lipsitch M. The demand for inpatient and ICU beds for COVID-19 in the US: lessons from Chinese cities. *Digital Access to Scholarship at Harvard (DASH)*. March 2020 (<http://nrs.harvard.edu/urn-3:HUL.InstRepos:42599304>).

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