Palliative and Supportive Care

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The three faces of isolation

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Essay/Personal Reflection

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As the COVID-19 pandemic continues to rear its ugly head over all the world, it appears that the end is still nowhere in sight. Many countries have been affected by the pandemic and healthcare institutions all over the world continue to brave the ever-increasing influx of new cases which flock the emergency department each day. The term "isolation" has taken on a new meaning to many of us during this pandemic. This is especially so for me as I reflect over the past year battling COVID-19 in the hospital.

Isolation as a patient

When patients get admitted to the hospital for suspicion of COVID-19, they are often kept in an isolation ward by themselves awaiting for their results to come back. As they await for their swab results, they are often overcome with fear and loneliness in their isolation ward. What surrounds them are just the four walls in the room and the nurse or doctor who comes in to check in on them every now and then. This can be a most worrying period of time for the patient as they do not know what to expect and they are often isolated from their family members. If the test comes back negative, they often get a sense of relief and look forward to their release from the isolation ward. However, when the test comes back positive, things take a different turn as another set of worries embrace them as they are unsure of how the clinical course of the disease will be. Patients often stay in isolation for at least 14 days and this can be a most harrowing experience for them especially if their condition takes a turn for the worst. Many of my patients often feel lonely and really wish they could get a chance to leave the room even for a short while or for their families to come and visit them. This is, however, impossible due to the strict isolation policies in the hospital. This often brings a big toll on their mental health as they have never experience such long periods of isolation by themselves and it definitely does not help with the healing process too. Many patients do fall into depression during this period of time as they may feel that there is no end to this long period of isolation. We have also had patients who have been sent down to the intensive care unit when their oxygen levels drop to dangerous levels and require sedation and intubation. Some of these patients remain intubated until they die and never get a chance to see their family members again. It is often a very sad sight to behold as they do not get a chance to say their final words to their loved ones.

Isolation as a doctor

When COVID-19 hit us initially, we were confident that we would be able to handle it well and that it would probably pass us in a matter of a few months. However, when we realized that the cases were increasing day by day, we then knew that this was going to be for the long haul. Looking after our patients in the isolation ward was not easy. The need to wear personal protective equipment for the entire day was very uncomfortable and draining. However, we knew that it was important to protect ourselves well lest we contract the disease ourselves and bring it back to our families. Seeing how lonely our patients felt in isolation, we did our best each day to bring them some joy or comfort. We would always go in to encourage them during our morning rounds and comfort them as much as we could. There were times when we would meet patients who got aggressive as they were getting fed up staying in isolation all the time, especially those who were smokers and wanted to get out of the room to smoke. Not only did we face aggression from our patients who were in isolation, we would also face complaints and angry families who would badger us for not allowing them to visit their families. I have to admit that it was difficult for us as healthcare professionals to have to handle these angry situations on top of the ever-increasing number of new patients coming in through the door. Oftentimes, we would feel disappointed and dismayed but then again, when I tried to put myself in the shoes of the patient or the family, I would come to accept that this is a natural reaction for them being in isolation. With that in mind, we did our best to help connect our patients to their loved ones outside. For the young and tech savvy, they could easily connect with their loved ones through their mobile phones. However for the elderly and not so technologically inclined, the treating team brought in mobile devices so that they could do video calls to their family members and maintain some form of communication with them.

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Going home at the end of the day after a long day of work had its new set of challenges too. In the past, I could not wait to change and get home. However during this pandemic, the routine had to change. I became a lot more obsessed with hand washing during this past year. I had to take a shower each day before going home and then again after reaching home too. I made sure that I separate my laundry from the rest of my family and I always thought twice before I hugged my wife at home. My wife was carrying our first child in the past year and I was often worried that I would bring the virus home to my family. If I was feeling under the weather, I would isolate myself in another room from the rest of my family too. We never shared our meals together and it has been a long time since the extended family came together for family gatherings.

Isolation as a family member

In the month of September 2020, my frail 90-year-old grandmother had become unwell with signs of pneumonia and had to be admitted to the hospital. She had to be isolated because of pneumonia and was monitored in the High Dependency ward. Everyone in the family was worried as she was old and frail. Due to the strict isolation policies, we were not able to visit her as we hoped and that was most exasperating for us. I felt helpless during this point of time as she was not doing well in the initial stages and we all wanted to spend her last days together with her. My grandmother would have wanted to be surrounded by her loved ones too. It was then that I realized personally, how my patient's families felt when they were not able to visit their loved ones in the hospital, especially when they were unwell. Thankfully, my grandmother turned out to be COVID-19 negative and she managed to recover from her illness and was discharged. This distressing experience left a deep impression on me and I could finally empathize with my patients and their family members when they were isolated from each other.

The term "isolation" has definitely taken on a new meaning for each and every one of us during this COVID-19 pandemic. Life as it seems may never go back to what it was in the past. Perhaps with the global rollout of the COVID-19 vaccines, we may finally look forward to a new normal way of life. As we continue to care for our patients who are in isolation, may we learn to spare a thought for our patients and also their families. Remembering the old adage "to comfort always" as we go about our daily duties. We should also take time to check in on our fellow colleagues as everyone would appreciate some care and comfort from a friend. Last but not least, let us also continue to show our concern to our family and friends and to check in on them if we have not done so for a long time. We never know how big a difference it would make in someone's life when they hear from a concerned friend or loved one especially in these times of isolation.

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