



VOICES

a literary journal

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VOICES

about us

Voices is a literary magazine of the Duke University School of Medicine. We publish varied forms of creative expression from the medical community, and welcome submissions from patients, students, healthcare providers, employees, families, and friends. Our goal is to publish a range of unique voices in the healthcare system. We hope that as you read through the pieces published in this issue, you will be inspired to submit something as well. All submissions can be sent to dukemedvoices@gmail.com or online at sites.duke.edu/voices.

letter from the editors

In more ways than one, 2020 was a year that very few people want to repeat. Metaphors ranging from the world on fire to Tiger King and horror movies have been used to describe such a tumultuous year. Yet within such a chaotic year, we have also bore witness to many thoughtful and courageous acts in healthcare that have made the year more bearable. In this COVID19 special issue, we are proud to publish the musings of physicians, nurses, medical and global health students as each reflects on their experiences throughout the year.

As always, please send us your thoughts and comments to dukemedvoices@gmail.com. We always welcome new submissions and interests in joining the Voices team.

Your Editor-in-Chief and Managing Editors,
Rui Dai
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Megha Gupta
Rosa Yang

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The Deception of Skin

Soul, I find you've been lacking lately; you're supposed to be light, translucent, but I've caught you skulking around my bedroom at night, heavy, opaque, staring at the old barn owl that perches itself on my telephone line. When exactly did you find yourself able to twist your way out of my body, wrapping your gossamer toes through mine until they torque themselves forward? There's been so much time, lately, since safe became unsafe. You've been learning to escape, and here I've been, quarantined, unnoticed, just staring at the walls in my apartment – now suddenly forced laconic, complacent, my mask sewing my expression closed.

Did you change my bedroom? Because I thought my bedroom was white, all white, a pristine white, a white like snow, the kind of white that blinds a person, with no interruptions; just white, all the way through. But it's not. There are cracks where nails used to be, and in their places remain these gaping holes that peer out like dilated pupils. I just stare at them, with all this time I have, contemplating the nothing I have to do, and they stare, blank, all the way the fuck back. I think you've tampered with these walls, snuck out of my body when I'm dreaming to move the wood around.

Sometimes, the holes even blink when I blink.

I would have bought some spackle, but I hate going to the store now; all the people there stand so closely together, even though they're not supposed

to. And the world would need me to hide, holding my bandana tightly around my face: my breath could be poison. But the longer I stay home, the harder you're pushing to have a party; haven't you heard the rules have changed?

When I catch you wresting free, you move like a skeleton with myoclonic jerks, your legs buckling as they pull and catching at the air until you lift yourself onto the floor of my room. You have even acquired an outline, as if you have a body now – and I see you breathe, your chest flickering like a shadow by the candle of the moon.

You're very bold. And this makes me really angry. These nights, when I sit upright in bed, half asleep, and spot you watching the owl, you don't even retreat back into me. You just stand there, staring at the world until it hides in daylight. You've made me think a lot about safety; lately, you make me feel unsafe.

You've gotten taller than me, too. I am not sure when you gained this extra foot or five, but you're just so tall, and your hair is so long, and you're so much thinner than me. It's as if, over time, you've stretched yourself out; I think you could even fit through the cracks in my door.

I used to think that when I couldn't see you, you had dissipated (or whatever shadows do) back into me, shrouding yourself in the advertised safety of skin. Now I wonder if you don't just stay in some small space in my room, gaining independence

and strength, plotting how to pull time backwards, stretching it to normal so you can bolt into existence right out my bedside window. But the air, dear soul, doesn't have arms to catch anything... well, maybe the leaves. And right now, there are buildings on fire outside, the world pinned in contagion, and you don't seem to mind. Everyone with face shields and fevers, and I'm just inside keeping my window safely closed. Did you just get sick of teaching me when and how to care? Isn't that the point of a soul?

I know why you keep leaving though: it must be exhausting to be my soul. I know, I demand so much. But we should blame the world, I think. It creates the too much.

Sometimes, you turn on the television – no, I turn on the television – maybe attempting to translate whatever everything is, but it just tells me nonsense sentences, to “go search safety alone, under a roof's shingled frown, in entrenching coats, in outside lawn chairs.”

Maybe this nonsense I hear is why you're so detached. Last night, when I saw you, you did not even pretend that you were mine. Your shoulders and spine were rigid, and I could see a pencil outline of your neck; little specks of stars occasionally danced off your fingertips and faded into the room. Maybe this is how you were changing my walls. When you turned and twisted your body, it moved like mine used to move: completely and without apology. Lately, the

old sure has been unsure, and I keep my head bent so no one can breathe their way into me.

The owl is gone tonight. I think all evidence of life has abandoned us, so you stare at me instead. Holes like dilated pupils. The television blares senseless statements, and you repeat their words as if to mimic them: “a person has to know where and what everything is when they share. So, they don't share, not the way you do.”

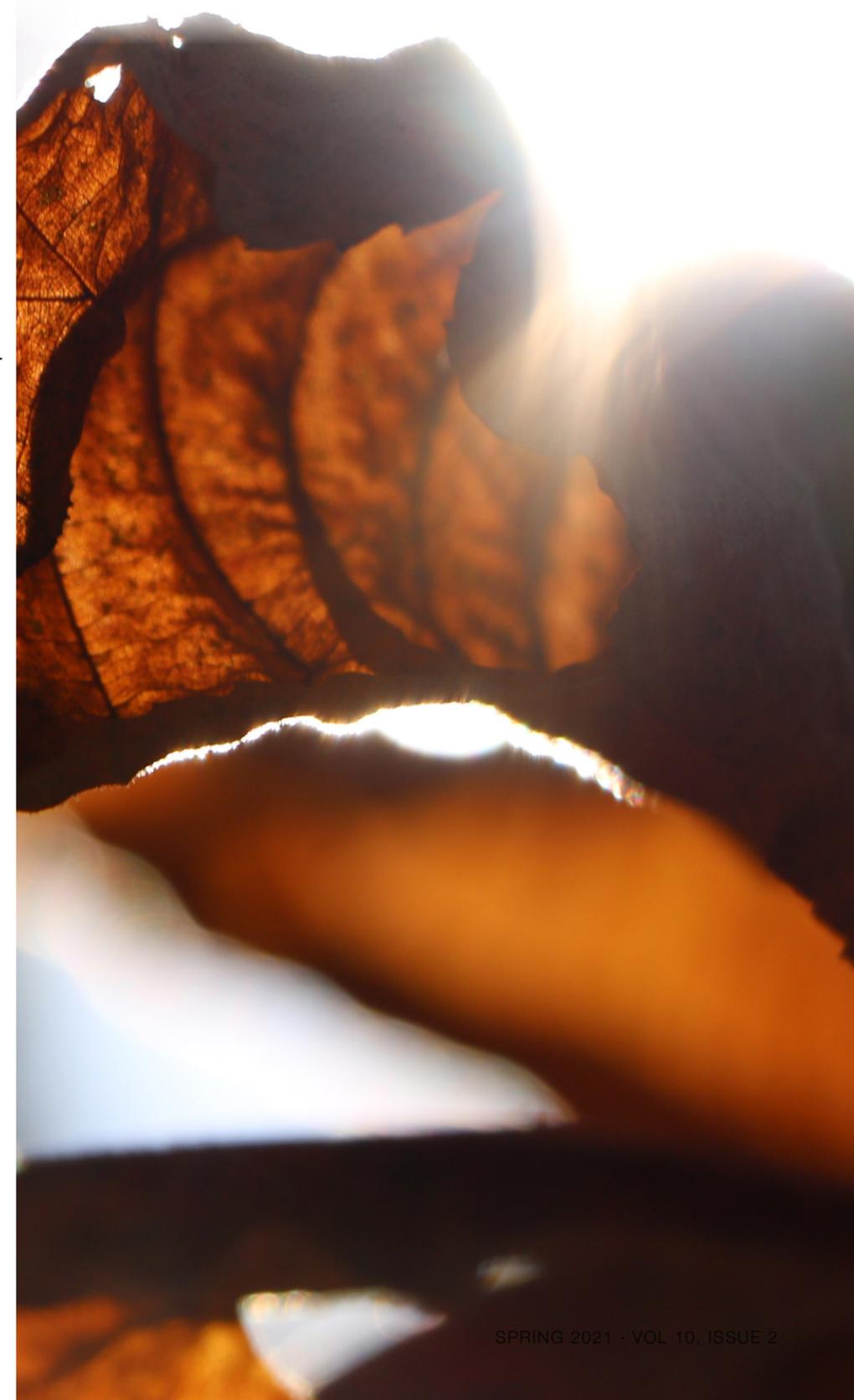
I'm exhausted, and you look like you have my skin, this rough leather glean; we're all too exposed for the closeness I want. I raise my voice, shout, “Skin never helped anyone anyway. It just scars, and bruises, and betrays our secrets! It has cracks, and creases, and disease shelters in it!”

The television just drones, “What was safe is unsafe. Normal is abnormal. How do we adjust to that?” There is a picture of an owl. The newscaster asks: “Did you know they have gigantic wingspans? It's like they could connect the sun to the moon if they thought hard enough. With a wingspan like that, owls getting coronavirus could prove damaging for the avian population.” This seems impossible. I never saw our owl fly.

You're staring harder now; it feels like you're stealing my breath. I look in the mirror to see if you have a reflection, but you are so clear. My fingers are shimmering; I can see the floor through them. It's wooden. Dear soul, you've stolen all my options. You have me cold and lonely, and you like me like that. But we're stuck here. And I

need you. We're supposed to be plotting our way back to safety together.

Lucy R. Frank, BSN, is a nurse in the Emergency Department at Duke University Medical Center



The Perils of Gardening

Living through the COVID-19 pandemic is a little like planting a garden. All through autumn you imagine your garden. You find the perfect spot, with plenty of sunlight and loose, fertile soil. You gather the bulbs of tulips, daffodils, lilies, and irises, and carefully bury them in the ground. Then, you brush the dirt from your hands, sprinkle water over the earth, and wait for winter to pass – eager to see how your garden will bloom.

Finally, after the last spring frost, after months of waiting, you kneel down to examine your garden. There! You notice the first sign of life – the beginnings of a stalk. In the next few weeks, more stalks appear, growing into buds, bursting into flowers. Your garden becomes a riot of color: red, yellow, white, and purple. It's all quite thrilling.

Then, one day, while tending to your garden, you spot something out of place. It's a bit of green that doesn't belong. You take a closer look. A weed – it's a pesky little weed! "Well," you say, "It's just one weed. How harmful can it be, really?" You pluck it from the earth and go on your way. A week later you return to your garden. To your surprise, more weeds have grown. They are scattered through your soil! You start to feel anxious. How did so many weeds appear so quickly? "No matter," you tell yourself. "Everything is fine. They're only weeds. My flowers will be fine. Nothing will change."

Still, you feel a little niggle of worry. So, you visit your neigh-

bors and ask if they have any weeds in their gardens. "Why yes!" they say, "Weeds are popping up all over the place. Some Gardeners have even begun to lose their gardens because of the weeds!"

When you make your weekly trip to The Garden Store, you see it is full of Gardeners frantically buying mulch and fertilizer, hoping to stop the weeds and save their gardens. The shelves are nearly empty! You ask around, but no one knows when supplies will be available again.

The weeds continue to spread and soon you find yourself in your garden every day – desperately pulling out weeds. You read articles titled Top 10 Ways to Remove Weeds and 5 Tips for Effective Weed Control. You scour websites selling miraculous organic herbicides (only \$89.99!) and mechanical weed-pickers that promise to Kill Weeds at the Root!

You feel surrounded by confusion and fear. You ask, "How is this happening? Is there not some way to stop the weeds?" You long for guidance.

The Local Gardening Association releases a statement:

"After much research, we have discovered how the weeds spread. When a Gardener stands in or near a weed-infested garden, the seeds of the weeds latch onto her boots, and she unwittingly carries those seeds to any other gardens she visits. Thus, the first step to controlling the weeds is Garden Separation. This means that all Gardeners must stay within

the confines of their gardens. Do not travel between gardens. Maintaining Garden Separation will protect the most vulnerable gardens among us. These are challenging times, but we will get through this together."

You check the mail and find that the Local Gardening Association has sent you a fence. It's meant to barricade you and your garden from the outside world – from the weeds. So, you build a wall around your garden and watch your neighbors do the same.

Every day, the Local Gardening Association releases more information. They claim that there are different strains of weeds, and that the weeds will be invading and destroying gardens for the next two years. They say, "We have our best Master Gardeners working day and night to find a poison that will kill the weeds and stop this plant-demic. Until they succeed, we must maintain Garden Separation. We will get through this together."

A few Gardeners are angry. They do not want to build fences. They do not like "Garden Separation." They say it violates their rights. They say, "It's my garden, so I should be able to do what I want! I haven't had weeds yet. None of my neighbors have weeds. Why should I listen to these know-it-alls at the Local Gardening Association?" So, they ignore the warnings. They tear down fences and run between gardens, spreading the weeds.

Weeks pass and you begin to notice that Some Gardeners

fare better than Other Gardeners. Some Gardeners never have to venture beyond their garden fences – they can easily work from home and grow all of the food they need in their own gardens. Some Gardeners can even invest in expensive greenhouses that allow them to carefully control their gardens' environments. Their gardens stay safe and healthy, free from the weeds. Other Gardeners live in neighborhoods where fences make no difference. Their gardens are crowded – almost on top of one another. They are forced to travel between gardens to get to work or buy the food they cannot grow in their own gardens. Their survival depends on moving between gardens. They become overwhelmed with weeds and begin to lose their gardens. When the Other Gardeners cry for help, the Local Gardening Association says, "Well, if you didn't want weeds, why did you build your gardens so close together in the first place?" The Other Gardeners respond, "We did not have a choice! You designed our gardens!" But the Local Gardening Association does not hear the Other Gardeners. After all, what does it matter if Other Gardeners lose their gardens? At least Some Gardeners are safe.

The weeds spread.

Months go by, and you feel sadness for the many who have lost their gardens, and the many more that surely will until the weeds are gone. You worry about your own garden. You lie in bed wondering which of your

beautiful flowers will survive and which will perish. You feel so tired, so alone. You remember all the garden parties you had planned, all the trips to other gardens you had scheduled. They've been cancelled or delayed now. Nothing about your garden is as you had imagined.

After a time, the number of weeds stabilizes and even starts to decrease. The Local Gardening Association slowly allows Gardeners to take down their fences and visit their neighbors' gardens. There are those that rejoice in finally dismantling their fences. They cheer, "It's about time!" Then there are those that worry it's too soon to end Garden Separation. They cry, "What if there is another wave of weeds?"

Still, you carry on. You tend to your garden. You occasionally timidly venture beyond your garden fence and wave to your neighbors. Things begin to feel something like normal but not quite. One day, while watering your flowers, you spot another weed. You pluck it from the earth and bring it close for inspection. You see this small, green plant – so unassuming, so seemingly harmless. How could such a tiny thing cause such devastation? Then you begin to wonder. What if the weeds are not the only problem? What if a warning system had existed to alert gardeners that the weeds were coming? What if Master Gardeners had prepared fortified fences and fertilizers in case a weed invasion occurred? What if the Local Gardening Associa-

tion had helped to ensure that all Gardeners, but most especially Other Gardeners, had well-spaced and well-supplied gardens from the very start? Would things have been different?

Looking back down at your garden, you see remnants of the flowers you have lost and the few blooms that have survived. You do not know if the weeds will ever truly be gone, if your garden is forever changed. But, for now, you will kneel beside your garden, till and water the soil, pluck out the weeds. You will do your part to care for your garden and try to help those whose gardens have suffered even more than your own.

You work and you wait.

Hoping one day your garden will flourish again.

Abigail Clark is a fourth year medical student at Duke University School of Medicine.

Author's Note: This story was inspired by the poem Welcome to Holland by Emily Perl Kingsley.



Courage

I was twelve hours into a twenty-eight-hour shift and could feel the mental fatigue setting in. Even though every patient under my care was diagnosed with COVID-19, they each had different ventilator settings, oxygen requirements, and times to be rotated into the prone position. Additionally, an avalanche of clinical trials and observational data had emerged along with the virus. Daily, my head was full of new and changing clinical trial medications, hospital policies, and personal protective equipment updates.

It had been one week since I entered the medical intensive care unit (MICU) for the first time since the COVID-19 pandemic inserted itself into our lives, and I had immediately sensed the deep impact the virus had on the unit. In contrast to the meticulously designed hallways that housed the contact gowns and gloves sufficient during normal times, each patient's room had a new plastic battle station positioned outside, armed with the personal protective equipment I knew I would rely on for protection. I could see the hospital adapting, rising to the challenge the new infection had brought. Life-saving medications, typically stored inches from patients, were now snaked outside using extended tubing which allowed nurses to adjust medications from outside the room. Baby monitors, radios, and iPads were scattered throughout the unit to communicate with patients and staff inside the rooms.

The innovations were inspiring but concerning. Could this new world still provide meaningful patient interaction while simultaneously caring for some of the sickest patients in the hospital?

One shift provided a simple, resounding answer—yes.

My first admit was in the early evening. Ms. W came into the emergency room with shortness of breath and a rapidly increasing oxygen requirement. She was a portly, middle-aged woman who appeared surprisingly calm despite her obvious discomfort as she struggled to bring in more air. Upon her arrival to the MICU, I cautiously donned my personal protective equipment and walked into the room. Over the steady hum of the HEPA filter sifting the air, I introduced myself, yelling rather than speaking to make myself heard.

I quickly asked if she had ever thought about CPR and intubation, knowing that we already called our anesthesia team and they were on the way up. As I was talking, I realized how disconcerting and frightening discussing the end of life with a stranger must be. She looked at me, her face distorted through my plastic shield, and said she wanted everything, nodding as if to convince herself. I crouched to eye level and asked her if she wanted to call her husband. Due to the infectious risks of COVID-19, we had limited the ability of family to visit and privately I knew she may never speak to her husband again. However, she must have sensed

my thoughts and, with tears in her eyes, responded:

“I have courage right now. If I talk to my husband, I might lose that. Please tell him that I love him.”

I gave her hand a squeeze assuring her that I would call him immediately. Shaking, I walked out of the room and told my colleagues that she would want to be intubated.

In the adjacent room was Mr. C, an 84-year-old who had arrived from another hospital already intubated. He was a petite older male; the effects of multiple cancers and their treatments had clearly weakened what was previously a strong body. When I first met him, I took his hand to remind him that he was in the hospital, but his calloused, wrinkled hand was barely responsive to the touch of my gloves under the immense sedation. Without the ability to get to know him by talking, I pored over his chart and spoke with his family. I learned that his wife had died a few years earlier. He had made it clear to his remaining family and nursing home directors that his life goal was to sit outside as much as possible to smoke a cigarette or fish, ideally both.

When I examined him in the morning, Mr. C was more lucid. His hands were now squeezing back when touched and his eyes followed me around the room. He kept pointing to the area near the door and trying to talk, instead producing a harsh gurgle as the endotracheal tube stopped him from vocalizing. I finally understood that he was

pointing to the white board perched beside his room's entrance, which I handed to him along with a marker. In clear black letters, his hands shakily wrote “S-T-O-P”.

Months later, I can't remember lab values, locations of invasive lines, oxygen requirements, or any other part of my ICU checklist for each of my patients, but I do remember the contrast. My patients were on different ends of their journeys with the COVID-19 infection, but each of them had an immense impact on me. Ms. W, in a moment of terror, completely understood herself and trusted me, a stranger, to convey one of life's most private messages to her husband. I imagine Mr. C in moments of clarity, thinking of fresh air and fishing, sagely understanding that being intubated in a hospital ward was the opposite of life's meaning for him. I entered the medical intensive care unit fearful that the social distancing I had been practicing outside of the hospital would continue with these patients that needed the most support. Although my moments at Ms. W and Mr. C's bedside were brief and separated by masks and plastic, their courage and conviction in the face of uncertainty closed the distance.

Vinay Choksi is a current resident in Internal Medicine pursuing a career in academic hospitalist medicine.

Adapting

We are all tied up inside,
Endeavor now here to hide,
Dousing full of biocide,
Further from this tiny pest.

And we keep our friends away,
Making large the gulf we pay,
Social costs seem here to stay,
Distance all us from the rest.

A thought does rise behind the mask,
Wave now hi my friends I ask,
Breaking bold beyond this task,
Through thou rising with our best.

All

Together now we shall rise,
Supporting through all our cries,
Our allegiance will comprise,
Community carry on.

Our oppressors hold us still,
Fate shall yield now with our will,
Yes, our movement goes until,
Our right actions make it gone.

Future life grows from right now.
Will you make this? Take the vow.
Come here people listen how,
Right will open up our dawn.

Inspire

This is needed, take our stand,
Now we're making this demand,
People blinded through our land,
Stop your drinking from the Lethe.

Holding true now we are thus,
Up front and we drive this bus,
Progress, still you're killing us.
That induces us to seethe.

Is the era coming to?
You can waken this is true,
And we are folks right like you,
We are seeking just to breathe.

Edward D. Levin, Ph.D., Professor of Psychiatry and Behavioral Sciences, has conducted neurobehavioral pharmacology and toxicology research at Duke University for over 31 years.

Joycean Musings

Portrait of the virus
As a young strand
Blooms swift as Daedalus
Ineluctable
Contagious persona
Indiscriminant
In choice of friends
Unkneeling
Usurper of ribosomes from
Fathers, sons, and nuclear hosts.

Our one-eyed first citizen
Blind to the truth
Hurls biscuit tins and twitters
Ineffectually.
The looking glass is cracking,
Will we have seven years bad luck?
Or worse?
Will it be as in the beginning
From now and ever shall be
World without
A man?

J. Trig Brown, MD, MPH, teaches and practices Palliative Medicine at Duke Regional and Duke University Hospitals.

While brady's beat and vents do sigh

While bradys beat and vents do sigh,
A fog of breath clouds past my eye.

Bent teeth concealed, so smile bright,
And when I don't, a hidden sight,
No quivered lip to share my fright,
But eyes confess last restless night.

As bradys beat and vents do sigh,
I'm still the same and that's a lie.

He's told to wear the cloth of crime,
He nods his head, a harmless mime,
With pastels picked to match dark skin,
To shield what they think brews within.*

Still bradys beat and vents do sigh,
You know you know but don't know why.

Her eyes know distance is our crutch,
You'll think to hold could mean so much,
Her paper skin clings to your touch,
While she deflates within your clutch.

So bradys beat and vents do sigh,
Tomorrow morning she will fly.

Bradley A. Potts, M.D. is a fifth year resident in the Division of Urology, Department of General Surgery.

Writing to Heal, Writing to Live

At the beginning of the COVID-19 pandemic in March and the months that followed, the fabric of daily life—from the routines of small chores to travel and visitation plans—unraveled for so many of us. It became easy for me to fall into a mindset of spiraling demoralization, feeling guilt, regret, hope, and anger for the things that were and could have been. In the midst of widespread uncertainty, it was expressive writing (EW) that I turned to as a means of seeking comfort. I needed a way to process how the world was changing and understand my new place in it. In conversations with friends and loved ones about how they were handling the political and public health landscape in both the US and abroad, I was excited to hear about the hobbies and coping mechanisms people had picked up, ranging from poetry to letter-writing to gratitude journaling. Others were even writing freeform to process the trauma.

Regardless of structure or prompt, many of us were writing to live—to be able to relive the feelings of hugs, air travel, and family gatherings; to empty our brains of negative thoughts and feelings of hopelessness; and to have a constant form of sustenance and non-judgmental support in this ever-changing time. Amidst social distancing, physical separation, and the isolation of quarantine, I haven't felt alone, because I've been joined on the page by so many others. But it wasn't always this way,

and my own relationship with EW has been by no means easy.

I first came across the academic and personal practice of expressive writing in the Fall of 2018 as a sophomore through a Bass Connections project with Dr. John Evans focused on expressive writing for resilience. In 2018, I completed a course of EW and became a certified facilitator through Dr. Evans' Transform Your Health, Write to Heal course. The next year, I facilitated an EW series myself with a small group of participants, leading them through the same sequence of prompts I myself had undertaken. Throughout the rest of my journey at Duke—undergrad and now into my Master's degree—I have found expressive writing useful for unpacking my experiences, being vulnerable with myself, and deepening my conversations with others.

Developed by Dr. James Pennebaker of UT Austin, EW focuses on unpacking trauma through identifying it, forgiving others and yourself, and moving forward. Expressive writing programs have since been expanded, with facilitators such as Dr. John Evans of Duke Integrative Medicine including prompts for letter-writing, affirmations, mindfulness, and leaving a legacy. EW has been shown to improve overall health and well-being, with individual participants and facilitators able to tailor sessions to their needs and context.

As humans, there is so much trauma we bury that we cannot

rediscover unless we decide to search for it. For me, EW is just one, and my favorite way, of going after this buried treasure.

I say "treasure" because the reflections gleaned and perspectives gained, from both my own experience as well as others', are deeply valuable. But this is a treasure hunt that comes with challenges; undertaking the journey of EW is difficult, as the writing process is often fraught with strong emotions and memories. Being honest with myself and willingly reliving emotional experiences was difficult when I began the course in 2018, and I left every session with many thoughts and feelings still swirling around in my brain. Over the course of the prompt series, however, I felt a growing sense of relief and closure about my past and became increasingly confident about sharing my experiences. By the end of the Fall semester, I felt ready to lead others through the journey and sit on the other side of the table. I delivered prompts, facilitated the writing process, and saw others' perceptions of and comfort with the series change over the course of a few weeks. I remember hearing stories and reflections that paralleled my own, shared by individuals in the same position I was in only a few months ago:

"I feel a lot better now—actually talking about why and how to forgive someone has moved me further along the path to actually forgiving them...It was relieving to write about what I wish some-

one would have told me."

"Thinking and writing about my strengths helped me focus on my good qualities, instead of flaws."

"Asking for forgiveness or pardon is easy, but admitting the fault that started it is much harder."

By completing the EW prompt series, I was able to internalize that my experiences were valid, real, and didn't have to hide. Through facilitation, I was able to see that I was not alone in my feelings, emotions, and thoughts. My experiences both writing and leading brought me closer to myself and others and showed me the power of letting out my thoughts and feelings even if only for my own eyes.

"What is it about keeping a secret, and why does [writing] therapy work? There must be a common feature to all of the[se events]." This is the phrase I remember most from my call with Dr. James Pennebaker back in March. Though his original Pennebaker paradigm is based on an exact course of 4 sequential prompts, Dr. Pennebaker emphasized to me that there is "no one way that seems to work," and that giving people "different kinds of instructions" and the "opportunity to stop and reflect on their lives is a really smart idea." He created the Pandemic Project, a website that allows viewers to test out expressive writing for 5-10 minutes to process the COVID-19 outbreak. He recommends individuals begin with expressing thoughts and feelings about COVID-19, and then move on to similar topics on social life, work and money,

and health.

In the midst of the COVID-19 pandemic and its effects on mental, physical, and emotional health, EW provides one way of seeking relief on one's own terms and timeline. While the journey to uncovering buried trauma is often difficult, for me and for many others the resulting treasures of peace, acceptance, and forgiveness have been more than worth it.

Arthi Kozhumam is a senior undergraduate and first year MSc in Global Health student at Duke University.

Behind the Mask

Sprinting around the living room with a black sheet for a cape and my sister scurrying behind, we felt like an unstoppable duo. Like many kids, I was a young Batman-in-training, fighting the imaginary villains in my living room. Batman served others selflessly, though at the cost of being estranged by his role as the man behind the mask. A superhero to some, a masked vigilante to others, he never stopped working for the greater good. Despite, and at times a result of, his efforts, Batman struggled to form deeper connections because of the mask concealing his identity.

In my father, I saw another superhero. Although unmasked, he was as altruistic as any of the characters I dressed up as for Halloween. “Thank you for all you did for our family.” This sentiment, expressed to my father from his patients’ families, echoed his commitment to serving his patients wholeheartedly. As an oncologist, he was no stranger to having difficult conversations. One thing that stuck with me was my father saying, “you can have a tremendous impact on people’s lives just by your interactions with them in times of uncertainty.”

No amount of simulated patient encounters could help me fully understand the weight my interactions would carry in the clinical setting as a physician. As I progressed through medical school and started my residency training, I learned the power of a holistic approach for my pa-

tients, which extended to caring for their families. I embraced my father’s outlook on patient-centered care and worked to implement it into my own practice.

I vividly remember the first time I told a mother that her son had been prematurely taken from her. While I searched for the right way to deliver the news, I felt my throat tighten, my lip quiver, and my eyes tear up. I struggled to get the words out, but when I finally did, she stood up from her seat and gave me a hug. As she did, she said gently, “Thank you for doing your best. I can tell how much you cared for him.” A few months later, I found myself telling a sweet, elderly lady that she not only had an unknown type of cancer, but that her vertebral fracture was likely secondary to a metastatic bony lesion. I tried to offer an encouraging smile through my concern, and I asked if there was anything I could do for her. She looked at me and said, “Young man, that smile of yours would put anyone at ease. Thank you.” Both instances preceded the transformation of “COVID-19” into a household name, a time when PPE was plentiful and social distancing was a foreign concept.

Fast forward to March of 2020, I am six feet from my patient, telling her she has multiple lesions in her brain that likely caused her seizure and are concerning for malignancy. I can sense her fear, but as I try to comfort her, my voice is muffled, and I feel a boundary between us. I worry the mask

covering my face is also covering my empathy, the sincere concern I have for her, and the reassurance that I will do everything in my power to take the best care of her that I can. The patient is sitting alone as I deliver the news to her, and when she asks if her son can be with her, I despondently recite the hospital policy for visitors during COVID-19. I proceed to call her son, whose concern is only heightened by the fact that he cannot see his mother. “You can have a tremendous impact on people’s lives just by your interactions with them in times of uncertainty...” But, did I just create more uncertainty?

Medicine in the era of COVID has drastically changed on so many fronts. Once an essential in the toolbelt of physicians, nonverbal communication has become a rug unexpectedly pulled from beneath our feet. We have been left with a clear void in our ability to communicate with our patients and their loved ones for an unclear amount of time. Yet, adaptability is a virtue in our ever-changing field. In a time of indiscriminate incertitude, we continue to reflect on ways to effectively lead our teams and build stronger connections with our patients. And if you’re like me, you keep hope. I keep hope that my patients can see the sincerity in my eyes, sense the smile behind my mask, and that their families can hear the dedication in my voice over the phone. Most importantly, I pray for their health, and I

will continue to work tirelessly to provide them with the best possible outcomes. Like the caped crusader, our commitment to society’s well-being can supersede any uncertainty in these unprecedented times.

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