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voice. 5:40 am. "Let's get an EKG, chest x-ray". Suddenly I heard a piercing alarm—a code. The phone fell silent. It was 5:55 am.

The call came at 7. Derek was crying. "Natalie had a massive heart attack. She's in critical care. They are not sure she's going to make it." I don't even remember what I answered.

How could we forget? My sister, a 39-year-old mom, with no cardiac history is now in the cardiac care unit at our very well known and well respected academic hospital. She had a complete occlusion of her proximal left anterior descending artery and went into ventricular tachycardia and became pulseless for over 45 min. She is on extracorporeal membrane oxygenation and dialysis. We are taking it day by day. Her voice still rings in my ear. I remember telling her to be calm, take shallow breaths, she was safe, there were people there who knew what to do, knew how to take care of her. And we forgot. In the

midst of COVID, we forgot to do a differential, to make an assessment, or get an electrocardiogram. More than that...we forgot to care and to be present. How could we forget?

In the days following, people continue to send me messages, about unsettling heart problems associated with COVID. My sister is COVID-negative. She had a normal massive heart attack. But COVID probably affected her outcomes dramatically. It has changed the way we practice medicine, the way we touch, and care, and think. It has changed our process, instilled fear instead of logic, and made us forget that we are so much more than this horrible virus.

I declare no competing interests.

Kavitha Ramchandran

kavitha@stanford.edu

Department of Medicine, Stanford University, CA 94305, USA

Bearing witness in the time of COVID

My patient was an octogenarian with numerous comorbidities. He had now been intubated for 10 days with acute respiratory distress syndrome from COVID-19. He had previously lived in a nursing home and caught the virus at the facility. On arrival at the hospital, he reversed his previous status of "do not intubate" and agreed to a trial of intubation. As the oncoming intensive care unit (ICU) fellow in the COVID unit, I recognised he had developed multiorgan failure and was not going to leave the ICU, despite our aggressive interventions.

I had seen this play out numerous times pre-COVID. The typical process involved checking in with family and assessing their understanding of the patient's condition. I would identify statements they made suggesting he was not getting better and pivot on these statements to reflect my agreement from a medical standpoint. We would identify the patient's goals and values and, as a group, often gently arrive at the idea our medical treatments were prolonging the dying process and were not in line with the patient's values. I prided myself in communicating with families and helping them through this gut-wrenching process.

I knew COVID had changed the dynamics of our ICU. Visitors were no longer allowed at the hospital. I loathed calling family members with bad news or to discuss challenging decisions as much of communication is non-verbal and all this is lost via the telephone. Communication regarding life-and-death issues is exponentially more challenging over the telephone.

Nonetheless, I called my patient's daughter and introduced myself as the ICU fellow. Not knowing her medical literacy or her understanding of the situation, I asked her to give me her understanding of her father's

illness so I would know where to start. She recounted with clinical precision the details of her father's admission and gave precise details of the ventilator settings. Clearly, she had been getting daily updates from the team and had taken meticulous notes. I asked her to tell me a little bit more about her father before the hospitalisation, and she described how he had been in and out of the hospital for the past year, but he was a fighter and always pulled through. He was a firefighter and used to dire situations.

I pivoted to discussing his current status. Her father had now been intubated for 10 days and was developing multiorgan failure. My medical jargon seemed to fall on deaf ears. How could I demonstrate her father was dying despite our efforts? I wished my patient's daughter could be at her father's bedside and see how he was suffering. After a pause, she said, "I hear what you are saying", and asked what it would look like if we withdrew care. I stopped her and said we would never stop caring for her father, but we would withdraw his life-sustaining treatment. She thanked me for discussing her father's treatment with her. She needed some time to think.

My patient continued to decline. His daughter agreed we were prolonging his dying process and wanted to transition to comfort-focused care. The hospital chaplain gave him the sacrament of the sick. His daughter could not come to the hospital and say goodbye because of her own health. That afternoon I received a message from the nurse that my patient's daughter needed someone to call her urgently. She was nervous her father would suffer while life support was withdrawn. She recounted a previous hospitalisation when her father was inadequately treated for breathlessness. I assured her I would personally be at



Published Online
February 10, 2021
[https://doi.org/10.1016/S2213-2600\(21\)00036-9](https://doi.org/10.1016/S2213-2600(21)00036-9)



Mukund Ramkumar is an intensivist and palliative medicine fellow. Outside of the hospital he enjoys spending time with his wife and two young children.

his bedside and make sure he got medications to relieve breathlessness or discomfort. I reiterated we would not stop caring for him as we withdrew these treatments. She again thanked me for caring for her father and helping her through this process. I likewise thanked her for dealing with this unprecedented situation with grace and advocating for her father.

She spoke to her father for the final time and said goodbye. I had stepped away from the bedside for a moment and when I came back the respiratory therapist and nurse had already started the process. I deliberated whether to direct this process from outside the room through the glass door. I remembered my promise he would not suffer. I needed to hold his hand and provide the physical and emotional presence his daughter could not provide. I donned my personal protective equipment (PPE) and held his hand. I asked for several doses of opiates to be administered and all unnecessary infusions to be discontinued. He appeared comfortable. I had successfully executed the medical portion of this procedure.

Now, I held my patient's hand. I remained present and gently stroked his hand, and thought of how loving his daughter was towards her father. The nurse mentioned her final goodbye to her father was heartbreaking. I remembered how vibrant he must have been in his youth as a firefighter. I whispered in his ear that he had raised a wonderful daughter. What a wonderful man he must have been to raise a daughter like her. I praised him for all the illnesses he had fought. He truly was a fighter. I told him it was okay to stop fighting right now. I paused. I no longer had any other words to say as I gently touched his forehead.

This moment was overwhelming. What was I supposed to say or do in this moment once his symptoms were managed? I usually slipped out of the room once a patient

was comfortable and let family be alone during the last moments of their loved one's life. I could not leave my patient alone in this moment. Was I playing the role of a family member? Words seemed pointless. ICU doctors are very accustomed to death, but this was different. It was not supposed to be this way. I thought about patients all over the country who did not have anyone at their side as they died. I could not fathom this thought. I tried to return to the current moment and remain present for my patient. I needed support during this process. I relied on my own faith and started chanting Hindu prayers internally. I asked God to help me support my patient as he passed from this life. I asked God to help all of those dying alone during this pandemic. I asked God to help all the health-care workers seeing death in a way they never imagined.

I stood with my patient for some time. I watched the monitors as his oxygen saturations fell, his arterial line became flat, and his cardiac activity ceased. I examined him and pronounced his death. I thanked the staff taking care of him as well as all the other patients on the unit. I thanked my patient for letting me take care of him and for teaching me more than any textbook could. I doffed my PPE and called his daughter. She thanked me for taking care of her father. I reassured her that he had been comfortable and did not suffer. I told her how this process was challenging for me without her bedside presence and I truly could not imagine how difficult this was for her. I again thanked her for all she had done for her father.

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Mukund Ramkumar
mukund.ramkumar@gmail.com

Department of Medicine, Stanford University School of Medicine, Palo Alto, CA 94305, USA