

Love in the Time of Corona

She answers immediately, no doubt waiting beside the telephone. Her voice is calm and croaky; I wish I could see her face.

"Good morning, Doctor."

I picture her standing in the corridor of an old, shady house.

"I'm calling about Mr. Rota. Is this his wife?"

"Yes, doctor. I'm his wife."

"Well, Mrs. Rota, the situation is more or less the same as yesterday. I told you . . . not a good one, indeed. He's quite advanced in age, and this disease is very bad for the elderly, you know. Moreover, he has Alzheimer disease. He's now refusing to eat, and I really don't believe it would be appropriate to push our efforts beyond a certain point. I hope you understand."

"Oh, doctor, it's because I'm not there. He needs me, you see. We have been married for 55 years. My nephew was right. When we brought my husband to the ER, my nephew was afraid that my husband would give up once he was left alone. And he was right!"

"Do you have children, Mrs. Rota?"

"No, doctor. It's just the two of us. We have been living together our entire life, but we have many nephews. Could I ask you a favor? The next time you talk to my husband, please say to him, 'Pietro, I have a message from your Bigi'—that's the nickname he would call me. And please tell him I am not allowed to stay there at his bedside but that I love him. You just tell him this, doctor, please. Remember, 'Bigi,' and I'm sure it will help. He calls me that. He will understand."

I barely hide the strain in my voice and try to advance the conversation; however, to do so I need to pause. Mrs. Rota also falls silent. So, for just a few seconds, both of us are quiet, each one at their end of the line, facing the utter absurdity of the situation. On one side, because of pandemic containment rules, a couple who have shared their whole life—including the last years of a painful, relentless cognitive decline—are separated forever in the final decisive hours without even having had the time to grasp the moment (and while Mrs. Rota herself has probably already been infected with coronavirus, too). On the other side, a demented old man with no possibility of recovering from this pneumonia or the complications that would invariably ensue afterward is tied to his bed; left alone in a foreign place; and surrounded by people he has never met before who attend to him entirely covered with masks, gloves, and gowns in the name of providing him with oxygen supplementation of doubtful advantage.

I could let Mrs. Rota know that her husband is not responding to voice anymore and that he has probably already entered the last hours of his existence. However, I let her believe that her message would be delivered and that her husband will receive, through my voice, the words of his beloved.

One of the most painful aspects of this pandemic is the irremediable separation of patients from their fam-

ilies at the end of their lives. It usually occurs unexpectedly, in the rush of respiratory distress, with relatives' feelings wrapped in the strange mix of survivor's guilt and fear as they try to grasp the concept of contagion and are overwhelmed by the generalized fear of an unnameable, invisible catastrophe.

As the pandemic worsens—and the increasing number of those in need soon outgrows the available resources, the time available for each case shrinks, and the burnout of nurses and physicians skyrockets—the chance for a decent accompaniment to death stands out as one of the "vital signs" we are called to watch for. Not just to prevent the survivors from feeling miserable or to protect physicians' sanity but for the very meaning of our medical profession itself, of our being "there."

Mrs. Rota would like to talk more, but I'm afraid of losing control of my emotions. I try to close the conversation, and she replies, "Thank you, doctor. You've given me some time to talk. You know, I'm alone now."

"Don't even mention it, Mrs. Rota. It is my duty."

This "telephonic relatives' round" is a sad ritual that we've begun to initiate every day, because it is impossible for quarantined families to make visits to the hospital. In a COVID-only ward 3 weeks after it all began, patients resemble each other more and more; the only relevant difference is their PaO₂-FiO₂ ratio, which often can change very quickly (and usually not for the better). Nevertheless, I somehow need this brief conversation with invisible strangers, directly addressing the heart of their sorrow and fears (and mine, as well).

Where medical science fails, medicine can still succeed. After all, this and nothing else is the driving force of medicine's progress across centuries. Long before the advent of antibiotics, pain medications, and oxygen masks, what drove human beings to care for the sick and dying was the urge to dignify and alleviate the abandonment of our common human condition.

This frightening pandemic has not only washed away our hospital routine, cancelled our plans, and overturned our priorities; it has also torn apart our families, struck our friends and colleagues, and made unmistakably clear to our forgetful minds that we're all engaged in the same struggle. We're just poor human beings when we don't hold together.

Until we prevail.

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