

A View from the Front

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As a frontline emergency physician, it is my duty to diagnose and manage a wide range of disorders. Over the past 25 years, I have treated approximately 80,000 emergency department patients. My panel of patients has included victims from the Station Night Club fire, casualties from the Boston Marathon bombing, numerous gunshot wounds (GSWs), horrific intracranial hemorrhages, atypical presentations of aortic dissections, and countless others. Like all of us on the front line, I compartmentalize. I am pretty good at this. I have evolved into a machine – restrained, steady, and stoic – and I am fast and efficient. Occasionally, the white noise and swirling ruminations from a grueling and gruesome shift disrupts my sleep and seeps into my relationships, but eventually I right the ship. I do not brood. I consider myself lucky to have always been on the *physician* side of the patient-physician relationship, and have casually accepted, and routinely taken for granted, my good fortune.

Until now. Until the SARS CoV-2 virus or COVID-19. My walls have been smashed and my confidence has been shaken. For the first time in my professional life, I feel vulnerable, mortal and old. I am over 60 years of age. As I graduated into a senior role, I thought I had seen it all while dodging senescence. I understand anything can happen to anyone at any time, but I have never felt exposed nor susceptible. The coronavirus has stripped away my veneer of invincibility. According to the CDC, I have crossed over a previously unseen line. A news article on a CNN website explained to me what defines “older,” who is at risk, and how to care for your loved ones who are more than 60 years of age. I am the target. My patients are the vector.

The reality of an infection that has a predilection for older adults is difficult to grasp. I can gown and glove, add a HEPA filter, or see a patient in a negative pressure room, but I cannot eliminate my odds of acquiring COVID-19. I can no longer exercise daily, watch my weight, eat quinoa, and expect to stave off the inevitable. An 80-nanometer virus has unmasked the fragility of our health system and simultaneously threatens me with the sequelae of a slow and miserable disease, and I am powerless.

While I may dwell on the sudden recognition of my own mortality, the pandemic has generated other less morbid and more age-appropriate concerns. One physician in his mid-30s recounts how the impact of the coronavirus hit home. His in-laws let him know they could no longer visit with him, his husband, and their three kids for the foreseeable future due to his work in the hospital. They are afraid of the potential for asymptomatic spread given their health histories. Additionally,



The Four Horsemen of the Apocalypse (Viktor Vasnetsov, 1887)

[IN THE PUBLIC DOMAIN, CATEGORY: PD US EXPIRED]

if the daycare he uses closes, he is unsure how he can be a parent and continue to function as an emergency physician supporting his friends, family, and colleagues.

A mid-career colleague bemoaned the multiple system flaws uncovered by this pandemic. One of my co-workers, a witty, insightful, and wry man with a libertarian streak, despairs of the “atrophy of personal responsibility.” He lamented a dependence on disinformation generated by Internet trolls, and the degradation of our institutions which previously acted as a bulwark against humanity’s worst impulses. One of my oldest and dearest friends, an emergency physician at Columbia University, zeroed in on the bumbling, inept federal response to the pandemic.

As appalled as I am by the U.S. government’s anemic response to the SARS CoV-2 pandemic, I am buoyed by the less existential meditations of my colleagues. It is helpful to focus on something other than my own fears. Somehow, I am hopeful, while realistic. I have to be. Despite our societal obsession with Armageddon, this does not appear to be the Apocalypse. Winston Churchill once said Americans will always do the right thing – after exhausting all the alternatives. I feel that way about our response to this pandemic. One by one, frontline anxieties are being addressed. Recently I learned that older physicians in my department will be placed in roles exposing them to less risk. Wellness and burnout issues are being addressed. Surge capacity is being discussed. Rather than futile measures directed toward containment, we are attempting to mitigate the impact of the disease. Local leaders are finally leading. In the meantime, I will take it day by day, manage my stress, care for the ill and turn “it” off, as I, and as we all, attempt to dodge the COVID-19 bullet. ❖

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