

COVID-19: A junior doctor's reflections

The COVID-19 pandemic has altered my personal and professional life. When it first started, I dismissed it as a bad 'flu that would have a negligible effect in South Africa (SA). I thought that the reports from China and Europe were media hype and that the prophylactic lockdown measures implemented in SA were a tad draconian. Then, as infections became more widespread in SA, my main concerns were personal: needing to make up time in any one rotation if I missed work through illness and worrying about spreading it to vulnerable loved ones at home. Recently though, I have heard of several devastating cases among young, fit colleagues – incidences of severe myocarditis, embolised thrombi resulting in protracted hospital stays (or worse) and extended periods of absence from work. Suddenly the sense of being relatively immune had disappeared, and I am a lot less blasé about contracting COVID-19 than I was several months ago.

It was difficult working in a high-risk environment daily, and enduring the physical discomfort of wearing hot, sweaty and tremendously difficult-to-breathe-in N95 masks – sometimes for 36 straight hours. The pandemic had many other effects too. To contextualise, I am a Witsie and know the Chris Hani Baragwanath Academic Hospital (CHBAH) better than I do my own home. I loved my final year paediatric rotation at CHBAH. The best part of my student days is memories of a snotty, porridge-stained hug from one of our long-stayers. Frequently, in addition to their antibiotics and feeding supplements, what the little ones really needed in order to get better was love and play, and I was happy to provide it. I thought I knew what to expect. Instead, my paediatric rotation in the time of COVID was like time spent in a desert. Our stream of patients – normally bursting its banks – had dried up, with empty benches in the outpatient department. Normally these benches are packed until 22h00, with harried interns and medical officers working double time to attend to the children. Our inpatient wards were eerily quiet. We barely interacted with the children, doing only necessary examinations, and convening outside the wards in the open-air spaces to make notes and consult with seniors. The impact on our patients was evident, as no longer did they have a host of willing students and doctors to play with and to comfort them; even worse, they didn't have their mothers. Unless a mother was actively breastfeeding and consented to stay in our lodging facility, which meant that she was tested for COVID and then confined to the hospital lest she travel outside and contract the virus, no mothers were allowed in the wards to prevent COVID transmission. One event from this time really stayed with me. On call, I admitted a little boy, about 4 years old. Understanding nothing else, it tore at my heartstrings to hear him cry incessantly, 'Dokotela! Mamma!' and extend his arms in the universally understood posture of childish supplication. In full

personal protective equipment, thinking myself safe, I went to him, wiped the tears and snot away, resecured his over-sized hospital-issued trousers and put him on my hip before rejoining the ward round. I was immediately told, though not unkindly, to put him back in his crib as his COVID test results were still pending.

And yet, these professional challenges were nowhere near the worst that the pandemic was to bring. On 8 July 2020, at the height of the COVID pandemic in SA, my beloved younger sister lost her 16-year battle with major depressive disorder. I have never lived through a worse day than the one in which my youngest sister and I found the lifeless body of my precious, beautiful, incredibly gifted and brilliant baby sister. Besides the obvious effects that months of complete isolation and disconnection from the outside world has on mental health, my sister's care was compromised – directly and indirectly – by the pandemic. She was discharged early from a mental health hospital at the onset of hard lockdown because staying would have put her at risk of infection – the same logic was applied across the board at many hospitals. Staying would also have meant complete isolation from her family as, of course, we would not have been permitted to visit. Lockdown rules meant that she could not physically see her therapist, with her weekly psychology sessions reduced to Zoom meetings. Her psychiatrist had closed her private practice during lockdown, and was only accessible telephonically. One of her medications had been out of stock in the entire country for months, and for all we know resupply was potentially affected by COVID-19-related breakdowns in international trade. In so many ways, as my therapist put it, my sister may not have died from COVID, but because of COVID.

At her socially distanced funeral with fewer than 30 attendees, we had to live through the pain of seeing our friends and relatives from a distance. Not being able to touch anyone for fear of transmitting this horrible disease at a time when we most needed comfort. I felt extremely guilty for having friends and family in our home. I shared furtive hugs with colleagues when I got back to work: hurried patches of affection in full face masks and with lots of handwashing afterwards. Crying and snotting into N95 masks when everything became just too overwhelming.

And yet, through it all, I have seen people who really care. Colleagues who put all other considerations aside and will be there for me – even if it has to be at a distance of a metre and in a mask. In many ways, this pandemic has shown me the true nature of people. It has been a valuable lesson. But dear heavens, let it end soon.

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