

The Outbreak of the Century: A Chronicle Experience by a Medical Intern

Chinmay Divyadarshi Kar,¹ Dipti Mohapatra.²

The Experience

Throughout history it has been evident that when men try to control nature, it drags them to their knees with a discovery of something virulent.

It was the dawn of a new decade with mankind on a journey to upgrade their lives both online and offline, when the current outbreak of a new type of coronavirus disease (COVID-19) originating from the Wuhan province of China initiated a global health emergency with a rising death toll. The outbreak, as first reported in December 2019, has now spread in almost the entire world, affecting 215 countries and taking away the lives of more than eight hundred thousand people worldwide and counting. In India, although cases started appearing late as compared to other countries, a population of 1.3 billion across diverse states, health inequalities, wide economic and social disparities, and distinct cultural values presents unique challenges. Every challenge teaches people new ways to cope and, in these months, we have all experienced an upending in our lives.

As a newborn medical intern, I never thought of experiencing such a crisis so early in my life. Having my rotation in the Departments of Emergency Medicine and Pulmonary Medicine during the peak of this outbreak was an experience which got me excited and anxious at the same time, making me realize what exactly I signed up for when I got the degree for being a Doctor.

"Maintaining order in chaos and the fear of impending doom"

In my initial days, I was posted in the Department of Emergency Medicine for the night shifts. Although news of the COVID-19 outbreak from China was prevalent, none of us as healthcare professionals ever thought that this could reach our workplaces, remolding a place of learning into stillness and fear.¹ The influx of the patients was mainly due to road traffic accidents (RTA); still, there was lurking fear amongst the hospital staff that the virus was nearly at our doorstep, could enter any moment and we can do nothing except deliver our utmost care to the patient. With a setup of triage, initial protocols ordained that all patients and attendees be questioned about their travel history and symptoms of virus infection.² The patient entering the trauma center is itself an emotional victim fallen prey to the lackadaisical emergency system because of which he is repeatedly being referred from one trauma center to another. In such a situation, it becomes challenging to ask questions. Some patients even started doubting our code of ethics and willingness to provide treatment. It seems the sacred trust in the doctor-patient relationship gets severely affected in these times of crisis.

"The last sip of nervous breakdown"

Due to the imposition of a nationwide lockdown, the usual RTA cases were now in decline. But after some days, we encountered patients being brought to the emergency with profuse sweating, vomiting and sometimes hallucinations, indicative of alcohol withdrawal. There was a sudden spurt of alcohol withdrawal cases in view of the lockdown resulting in the closure of bars, pubs and liquor shops. In response, some state authorities issued orders directing patients suffering from these symptoms to approach only doctors in public hospitals to acquire passes for obtaining liquor.³ This resulted in local medical associations approaching the courts against this order and obtaining a stay.⁴ Such situations also test the harmony between various stakeholders at the forefront of COVID-19 control measures.

"The season of virus transmission"

Towards the end of my rotation in emergency duties, I was having fever along with fatigue and headache at regular intervals. The initial thought was, it may have been exertional pyrexia, but fears of having been infected by the potentially deadly COVID-19 virus were present. I was keeping a close track of all the patients I had come in contact with started practicing social distancing, limiting my interaction with others to a minimum. This routine kept going until a senior doctor noticed blisters in my right ear lobule. He immediately diagnosed me with chickenpox, wrote me a prescription and advised isolation. Hearing this news that I had been carrying a relatively contagious virus came as a surprise. Luckily, I was diagnosed early; hence no one who came across me during the posting got affected. It was the season of transmission of viruses like varicella as well and I could not help but remember that 7-day post-partum lady who had come with complaints of blisters in her forearm and was diagnosed with same in the Emergency Department. After successfully recovering, I was able to resume my duties in the Department of Pulmonary Medicine.

"What has changed and what to expect in future?"

The hospital had setup triage screening for every patient visiting the outpatient department and protocols for screening for symptoms of COVID-19. A mandatory pulmonary consultation was given to all patients coming through Emergency Department with travel history outside the city with red zones and orange zones.⁵ As our hospital was one of the first in the nation to open a dedicated COVID-19 hospital,⁶ most of the doctors in Pulmonary Medicine had their job cut out. A month had passed and all proper guidelines were followed in the hospital regarding management of patients in COVID-19 times.

¹ MBBS, Medical Intern, Institute of Medical Sciences and SUM Hospital, Bhubaneswar, India.

² MBBS, MD. Professor, Department of Physiology Institute of Medical Sciences and SUM Hospital, Bhubaneswar, India.

About the Author: Chinmay has completed his bachelor's degree of MBBS in IMS And SUM Hospital and is now pursuing his mandatory clinical rotation as a medical intern. He has also successfully conducted research under ICMR in the Short-term Studentship Program and has received the best debut Author of the year for his book under non-fictional category.

Correspondence:

Dipti Mohapatra

Address: K8 Lane 1, Kalinganagar, Bhubaneswar, Odisha 751003, India

Email: drdiptimohapatra@gmail.com

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Our university, like many others has started conducting the undergraduate classes online with teachers coming to classrooms and recording the lectures.⁷ Though the medical curriculum is being fulfilled still a lot of my juniors have expressed their concerns regarding the importance of clinical rotation and bedside learning,⁸ along with the anxiety faced by them regarding the university exam for the next semester. The COVID-19 times have also raised the issue of stress and burnout faced by the many interns like me and the junior non-resident doctors all over the world as the national level exams for entering into residency were postponed for an indefinite period of time.⁹ Many banners were set to educate the public about social distancing and personal hygiene. The Emergency Department was provided sufficient

masks, gloves and personal protective equipment kits required during management in triage. In the initial two months of the year, no one would have presumed that soon this virus will be declared a global pandemic and that every person in every nation would have to adapt and accept a significant change in their lifestyle in order to move on and contain this virus. We have to remain optimistic and drive our attention to become productive, prioritizing our physical as well as mental health.¹⁰ It is times like this when the whole humanity stands at trial and we get to see the power of unity in mankind¹¹ - the unity in diversity.

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