

Unintended consequences



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Looking over my list of intensive care unit (ICU) patients, the young female with the first name “Stat” made my heart drop. Your name does not change from “Sarah” or “Susan” to “Stat” without an unfortunate event landing you in the hospital, alone and unidentified. She was dropped off in the emergency department by a group of other young people in the twilight hours. All we knew about her was that she had overdosed on opiates. She was intubated and unconscious, even off of sedation.

This young woman presented to us in the thick of the COVID-19 pandemic. With the visitor restrictions that a pandemic requires, there was no one at her bedside to tell us about her. With just the contact information of her boyfriend, one of the people who had dropped her off, our social worker used detective-level social media search skills and identified her family. Her name was not “Stat,” and it quickly materialized how human she was.

Talking to her family members became my task. As the daytime resident on the ICU overflow team, I was responsible for the bulk of the day’s to-dos. I was there to fill the gap left by the nurse practitioners who were bravely caring for a COVID-only patient census. Being the first point of contact for the team, caring for critically ill patients who were suddenly barred of visitors, I found myself making quite a few phone calls.

I did my best to approach the phone calls with compassion. I felt the pain of the family of my COVID-positive patient, coping with the knowledge that Dad was not getting better. I felt the frustration of not being able to physically see and touch a loved one who was sick and alone. The phone call I had to make to this young woman’s family weighed on me heavier than the rest. It was too early to be sure of the outcome, but as pieces of the story came together, it became clear that she had spent a considerable amount of time without breathing. She was about my age, and now may never wake up.

I worked up the nerve to call her parents, one at a time. I spoke to her father first. Once I explained who I was, I did my best to explain this awful situation. He was utterly shocked. I learned that our patient had actually been doing quite well in rehab for substance abuse. She had been sober for more than six months. Her father didn't understand how this could happen. When shock gave way to despair, he choked out, "I'm on my way now." I felt my heart thud into my stomach. "It hurts me to tell you this, but thanks to Coronavirus, we can't have any visitors here right now. I am so sorry, and I wish you could be here," I said with as much composure as I could muster. With more tears than words, her father replied, "I'm driving the three hours there now. I'm going to sit in the parking lot and be as close to her as I can. I'll come up in a heartbeat if you let me."

Trying to regain composure, I called her mother next. I shivered, filled with a sense of *déjà vu*. "She was doing so well," her mother lamented. The more I learned, the more painful the truth became. Our patient had two young children who lived with her mother. Because of COVID-19, everyone at the rehabilitation center where she was living at was given the option to go home to quarantine. Her family begged her to come home and stay with her children, supported by her family; however, she decided to stay in a house with some friends. She turned off the location on her phone, left rehab to quarantine, and hadn't spoke to her family since.

Part of me felt angry. Perhaps she wouldn't be lying in this ICU, unconscious, causing her family unspeakable pain if she had just quarantined at home away from the temptation of drugs. I thought of her children, who may soon be motherless. I knew in my gut, though, that I wasn't angry with her. I was angry with the addiction that landed her in this situation.

Mental health during a global pandemic seems like an oxymoron. In the blink of an eye, a world filled with places to explore, people to see, and daily routines became a vast landscape of social isolation. Our dinners with friends, trips to the movies, and moments of peace in houses of worship had disappeared. Pandemics are hard on everyone, but exponentially harder for someone struggling with mental health issues.

I continued calling her parents daily, sometimes spending more than an hour on the phone with them. I began waiting to call them later and later in the afternoon, hoping that something miraculous might happen. Maybe if I waited one more hour, she would squeeze my hand or open her eyes. It never happened. Our phone calls always ended the same, with me sadly offering, "I'm sorry. I wish things

were different. I wish you could be here."

I looked for light in a dark place, and found it in the suggestion of a colleague. "Do you have your iPad? Why don't you call them on Zoom so they can see her?"

A flutter of hope rose in my chest. I ran off to find the bedside nurse, propelled by the possibility of doing something meaningful for these grieving parents. With help from truly amazing nurses, her family was able to Zoom with her every day. They shared with me how much it hurt to see her in a hospital bed, alone, lips swollen and eyes fluttering meaninglessly. Yet, at the same time, they felt comforted by the chance to talk to her and tell her how much they loved her.

When I called her parents during my last shift, I had an unexpected feeling of not wanting to say goodbye. Talking to them, as difficult as it was, grounded me and forced me to confront my own grief during this pandemic. In a strange way, I would miss these strangers.

After my last shift, I learned that our patient didn't wake up. After more than a week of anxiously waiting for her to regain neurologic function, it became more and more clear that the damage of her anoxic brain injury had been extremely severe. In her final moments, her family was able to be with her, in person.

I look back on my time with this patient and thank her for what she taught me about surviving in a pandemic. When life as we know it is gone, and the world that remains is tumultuous, we have to find stability on new ground. Our mental health is precious, as are our connections with family and community.

This patient made me realize that going to therapy for anxiety, which I'd avoided for years, was important—and could be done virtually. She encouraged me to start organizing family happy hours with my parents via video chat. She made me see that in this wild new world, devoid of so many things we thought we knew, there is also the opportunity to explore new ways of getting what we need to feel safe and stable. Her overdose, separation from her family, and death were a series of unintended consequences of COVID-19. I refuse to let unintended equate to meaningless.

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