

Compassionate Care Connectors



Austin Zucchini-Fowler said he created the mural as a way to show appreciation for medical workers on the front lines of the COVID-19 pandemic. The mural can be seen on Colfax Avenue near Williams Street in Denver, CO.

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On March 29th I was redeployed. As a radiology resident, I was less than two years removed from my medical internship, yet it felt like an eternity since I had taken a patient history, prescribed medications, or drawn blood. Now I was needed on the front lines. The COVID-19 pandemic was demanding that we all stretch. The practice of medicine would come to take on a new meaning for all of us, particularly those of us in New York City, the epicenter.

The hospital felt different. Despite the rising admissions each day, there was an eerie quietness that permeated the building. The silence was most striking when visiting patient rooms. Usually, patient rooms are filled with family members at the bedside, talking, laughing, and tending to their loved one. The hospital's no visitor policy left hundreds of sick patients battling the virus without their loved ones. For each patient, I knew there was a family suffering from the separation. My heart ached for them.

This was a different type of suffering than any I had ever encountered. For the first time, I saw patients not just as individuals but as inextricably woven components of family networks and larger communities. I thought of my own family. If the roles were reversed, I would be desperate to see and talk to my spouse, mother, father, sister, or brother. The families needed to be cared for too.

I felt pulled in different directions. I was compelled to work alongside my colleagues to deliver life-saving medical treatments. That is why I became a physician. I also knew the sheer volume of critically ill patients would make it difficult to give families the attention I knew they needed. Both felt like the right thing to do. I decided to listen to my heart. I would focus on families.

The next day, I went to the hospital with a purpose. I would offer families the most humane thing I could think of: a chance to see and speak with their sick loved ones. I began to use my cellphone to connect families by video chat, or hold the phone up to a patient's ear so that a precious message could be delivered. I focused on the intensive care units, where patient lives hung in the balance, and families' need to see their loved ones was greatest. My plan was to connect as many families and patients as possible.

As I entered the Intensive Care Unit (ICU), I felt an overwhelming sensation of fear. I was afraid that my colleagues would reject my efforts. I worried that I would be in the way of the other physicians. I wouldn't know how to comfort families who reacted badly. I might say the wrong thing. Looking back, these fears were signs that I was stretching.

Over the next few weeks, I had the privilege of being a part of the most intimate family moments imaginable. I clung to my phone as families begged their loved ones to come back to them. I listened to apologies for past wrongdoings. I witnessed adult children urging their parents not to be afraid. I heard hope budding at a flicker of the eyelids. There were jokes, laughter, and prayers from many religions. Whole families sang in unison. Goodbyes were followed by a sense of peace. More than anything, I felt love.

The families and I navigated these emotional reunions together. I was the physical presence to complement the families' virtual presence. I reassured families that their voices were recognized and their words heard. I reminded them to take care of themselves. I guaranteed a phone call the following day to give them something to look forward to. It was the only thing I had to offer families as I did my best to care for them.

Shortly after I started these interactions it became clear that more help would be needed. The hospital had hundreds of patients in the ICU. I approached my department's leadership with a plan to recruit other willing physicians to help. We developed into a group of 15 radiology residents and attendings and called ourselves the Compassionate Care Connectors. Patient care teams and families have come to depend on us. More than 300 calls connecting families with their loved ones have been made to date.

We are just now beginning to see the full impact of our work. Colleagues have shared how we helped transition family members of critically ill patients from disbelief to understanding. The very act of seeing their loved one helped them engage in goals of care and other difficult conversations. Families have reached out with messages of immense gratitude. Some of the suffering had been mitigated.

The Compassionate Care Connectors have been a powerful addition to our community of practice.

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