

1 **Title:** A Positive Attitude to Negate a False Positive Test Result: An Intern's Experience with COVID-19

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- 25 1. Interns should receive personal protective equipment  
26 2. COVID management strategies should target stigmatization  
27

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1 **THE EXPERIENCE.**

2 I am an intern at a tertiary referral hospital in the Democratic Republic of Congo (DRC). On March 19, 2020,  
3 during a night shift at the emergency department, I received a 23-year-old Caucasian who had been  
4 volunteering at a local pediatric health center for two weeks. She had presented with dyspnea, tachypnea, and  
5 was desaturating. Given her travel history and the current public health emergency of international concern,  
6 we suspected her symptoms were consistent with COVID-19. This suspicion came after we had examined her  
7 without personal protective equipment (PPE). At the time, the DRC had not registered a case, and hospital  
8 administrations had not made PPE available to all personnel.

9  
10 As soon as we reported our findings to our consultants, drastic measures were taken. All personnel who had  
11 been in contact with the patient were immediately isolated. We were placed in separate rooms, away from the  
12 rest of the hospital. The room that I was allotted was chilly. My knees became weak, and I found it hard to  
13 breathe. The room was bounded by security tapes that read, "Caution, do not enter." The tapes designated a  
14 "red zone" in which no one was to leave or enter without clearance. I am an active and sociable person. Being  
15 in this room was a stressful experience. I spent my days imagining my colleagues at work, I was eager for this  
16 to be over, and I could not help but wonder what will happen if I had coronavirus.

17  
18 We were told that the results of the patient would be available in 48 hours. This moment was the most  
19 prolonged 48 hours of my life! I was impatient, courageous at times. I thought to myself: "a positive attitude will  
20 lead to a negative result." Things became scary when the result came back positive. My first thought when I  
21 heard the news was, "I was silly for infecting myself and putting the rest of my team in danger." Upon  
22 reflection, I should have handled this better.

23  
24 The next days were painful. Colleagues with whom we had shared a close bond avoided us as much as  
25 possible. It was the right thing for them to do physically, but it just did not feel right mentally. I felt ostracized.  
26 Once in a while, a few of our colleagues would stop by to cheer us up – from a distance. I received calls and  
27 texts from acquaintances, but the feeling of rejection, loneliness, and stigma was overwhelming. I remember  
28 once, to send us our medication, they pushed the tray on the floor. It was the last straw – I cried my heart out  
29 in this new prison. The thought of being an outcast in the hospital I had worked in took a toll on me.

30  
31 A new test was ordered to confirm the previous result of the patient, and a few days after this, the results  
32 came back. The results read – negative(!) The first test was a false positive. We were liberated from our  
33 holding cells but not from our new status. In the corridors, the uneasiness was palpable and audible. We  
34 became known as the "corona doctors." Unfortunately, the impact of COVID-19 is not limited to medical  
35 students like myself who are on the frontline.<sup>1-5</sup> The resulting stress due to uncertainty is taking a mental toll  
36 on student-physicians.<sup>6</sup>

37  
38 As physicians, when we chose medicine, we know our lives would be at risk. However, if these risks are  
39 preventable, we should avoid them. Emergency department staff are at higher risk of developing COVID and  
40 adverse psychiatric outcomes.<sup>7,8</sup> Singapore, for example, has recognized this and have integrated  
41 psychological interventions in their national COVID-19 response.<sup>9</sup>

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2 I have experienced isolation, and I understand that some of my patients went through this without ever  
3 complaining. The feeling of rejection can be as much of a problem as the actual disease and we, physicians,  
4 should do a better job at preventing and managing that.

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