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A message from the trench: A day in the hospital during the COVID-19 pandemic

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It is 6:45 AM. Today it is my turn to supervise the residents' morning checkout: perhaps they and I will learn something today. I approach the hospital back door. At Lyndon B Johnson in Houston (LBJ, as we call it), a long line of nurses appears nervous. They want to beat the clock that marks the entrance to another tense day. The distance between them is shorter than recommended, though their masks give them a false sense of security. It is my turn to cross the door. An employee repeats by heart, almost with apathy, "Have you experienced any flu-like symptoms? Have you been in touch with anyone known to have COVID-19?" In my mind, the answer sounds obvious: every one of my patients either has COVID-19 or is being ruled out of it.

I walk towards the central stairs. Three stories separate me from the small conference room where a few residents will reminisce upon another night on the battlefield. They will review their good and bad choices. As I walk, I cross paths with plenty of covered faces, a parade of surgical and cloth masks of different shapes and colors. I remember the judo trainer, who in my teen days would insist: "joy is visible in your eyes, not on your mouth", while we ran on the tatami. However, the eyes I saw showed different emotions: sadness, anxiety, fear. What do they fear? I wondered. Their own sickness or death; those of their patients, of their loved ones. And again, I think how alone we are, even when we have each other.

The checkout ends. I enjoy my coffee, load my database with the newly admitted patients, and get ready for rounds. It is 9 AM. Academicians' struggle for time and its distribution has almost become a cliché [1]; yet, the pandemic created new challenges. The medical students are home: they are considered *non-essentials*, and the Dean decides that "School's Out for summer", as Alice Cooper would say. Longing for the COVID-19 surge, the hospital teams reorganized to increase efficiency and avoid burnout. I meet with the third-year resident and the intern; a future dermatologist, who I have known since she was a student. My team has only volunteers; they want to see patients with COVID-19. At this moment of the pandemic, we have learned that asymptomatic transmission occurs and that with adequate personal protective equipment (PPE) no one in our hospital caught the virus

[2,3]. This combination makes us feel safe, as every one of our suspected COVID-19 patients is seen in full PPE, and our risk is thus low. The few patients we see only wearing our masks have already been ruled out. How lucky we are, I think. I imagine my colleagues in New York, where the high PPE demand is barely supplied; or the thousands of places where there is not even access to PPE.

We finished seeing the first group of patients. Everyone is stable. The new patients start coming in. It is noon. It is meeting time. We learned to use words like WebEx, or Zoom, more proper of cartoon magazines of yesteryear. One after the other: residents' conference; the hospital district leadership meeting, focused on the pandemic management; the research team meeting... Almost mechanically, body and soul embrace the new dynamic as the clock ticks on. The reality of this disease slaps us on the face; the fear of coming back home with the virus is latent. In my house, another routine awaits: a clean lab coat hanging from the door frame; my instruments move from the old pocket to a new one; the old lab coat goes straight into the washing machine.

Eighteen miles separate me from home. It is 5 PM. Time to go. My used face mask joins a hundred others in the trashcan by the exit. I will see you tomorrow, LBJ. It's time for review and reflection. I leave the hospital, but not the trench. Its limits become blurry on the horizon.

Declaration of competing interest

None.

References

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