They Call Us and We Go

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Do you remember a time before PPE and ventilator shortages; virtual grand rounds and telemedicine "exams"; elbow bumps and then the avoidance, even, of elbows?

A scene that keeps coming back to me during these sleepless nights occurred the first week in March, when I met with the staff of one of the inpatient units at the hospital where I practice internal medicine and, as writer in residence, facilitate discussions among health workers inspired by works of literature. That day, as we sat crowded together around a small conference table — how quaint this seems now — I passed out copies of William Carlos Williams's poem "Complaint." Published in 1921, the poem features a doctor who is summoned late one snowy night to the home of a woman who may be in labor. Williams, a physician himself, begins, "They call me and I go."

I invited the group to explore the various emotions we clinicians feel when we're summoned urgently by pager, bedside call bell, electronic message, or telephone to care for a patient. We generated an impressively varied list: pride, annoyance, curiosity, apprehension, gratitude, exasperation, and joy. Some reflected that at times we experience all of these. On one thing we agreed: like the doctor in "Complaint" who heads out into the cold and dark, no matter what we feel, when we're called, we go.

Except barely 2 weeks later the call came for me, and my first reaction was to ignore it. Because of the coronavirus pandemic, like many of my colleagues I was working from home. I'd settled into an easy chair in my living room with my laptop to refill prescriptions when I received an email message requesting volunteers to work in a clinic that had just been created to evaluate patients with coughs, fevers, and other possible symptoms of Covid-19. I am nearing the end of my career, and I regarded this request the same way I view announcements about proposed IT updates: with the sense that it didn't really apply to me. Plus, I knew that because of my age, if I contracted coronavirus I'd be at higher risk for complications. I wouldn't be much help to anyone if I ended up in the ICU. I'd be more useful, I reasoned, managing my patients' care remotely, continuing to facilitate discussion groups by videoconference, and cheering on my younger colleagues.

Over the next 48 hours, though, I paced around my house uneasily, as if I had a pebble in my shoe. When the pebble became a rock, I decided that I needed to volunteer for the new clinic, that I couldn't live with myself if I didn't.

If this sounds brave, I don't mean it to. I am not a brave person. As a child I hated recess. The school playground frightened me: the monkey bars were too high, the slide too slippery, the swing too . . . swingy. As an adult I'm no more physically courageous. If I were to respond to the challenge currently circulating on social media — "name five things you don't like that other people like" — I'd put air travel, roller coasters, and skiing, all of which terrify me, as the top three, with bleu cheese and science fiction coming in at four and five. Still, in the hours after the message about the Covid-19 screening clinic arrived, I felt that however much I feared for my physical safety, the psychological distress I'd feel if I didn't volunteer would be far greater.

Where did this feeling come from? Medical school. Part of the curriculum, no less essential than anatomy and physiology, was the teaching that physicians do not turn away from human suffering. Others may avoid the sickly smell of bloody stool, the sight of a festering wound, the sounds of a grieving parent's wails — but not us. This is the doctor's and nurse's equivalent of the firefighter running into a burning building.

Unlike firefighters, health care workers usually do not put our own lives in jeopardy, though of course, many have during wars, during outbreaks of contagious diseases, and in other perilous circumstances. Often the cost of responding to the demands of patient care is relatively small compared with its rewards. I learned this lesson 30 years ago, when I started in practice. My first weekend on call, I was paired with a mentor, a beloved veteran internist in my group. I was certain I'd need his assistance, given that I was new to the hospital and not

yet confident in my outpatient skills, since my training had been heavily inpatient-oriented. But the weekend went smoothly, and by Sunday night I was in my pajamas, ready to turn in, and rather pleased with myself. That's when my pager went off.

Ms. B., a woman in her 50s who'd been assigned to be my patient and whom I'd not yet met, was in the emergency department, having survived a suicide attempt. She'd be transferred to a psychiatric hospital once she was medically stable. I hung up the phone and turned out the light, but I couldn't sleep. I dialed my mentor's number and, after apologizing for phoning him so late, asked if I should go to the ED. "Well," he said, "you don't have to, but every time I've felt I *should* see a patient, it ended up being the right thing to do."

I got dressed and drove downtown to the hospital where I found Ms. B. lying on a gurney in the emergency department. I introduced myself, and she nodded sleepily. The doctor who'd paged me appeared puzzled as to why I'd responded in person to what was essentially an FYI. I felt foolish, realizing that Ms. B. wouldn't even remember that I'd been there.

But she did remember. Over the next 20 years, Ms. B. frequently mentioned how much my presence had meant to her that night. She moved away a while ago and recently died of breast cancer. Her husband called to tell me the news, saying she would have wanted me to know. I might no longer have been her "provider," he said, but I'd always been her doctor. I have no doubt that I earned this honor in large part because I'd shown up that night. That reflex to show up, instilled in me so long ago, must explain why I retrieved the email about the Covid-19 clinic 2 days after I deleted it.

It isn't so scary after all. Unlike many less fortunate facilities, our clinic is well organized, well staffed, and well equipped. My colleagues' banter and the determination evident even behind their goggles and masks calm my jangling nerves. Camaraderie and singularity of purpose, it turns out, are highly effective anxiolytics.

I understand that I'm not taking anything like the risks many of my colleagues are taking, especially those treating patients in ICUs and EDs; health workers who lack adequate protective gear; doctors and nurses older than I am who've come out of retirement to serve; pregnant clinicians and residents working long hours with repeated exposures to patients infected with the virus. I recognize, too, that because of their own medical conditions or family situations, some health workers are unable to care for patients with Covid-19. And I also know something about myself that I didn't know even a few weeks ago: that as averse to risk as I am by nature, I would take on more if called to do so. The sentiments expressed by a character in *The Plague*, a novel by Albert Camus that I first read in high school, are no longer abstract to me: "I have no idea what's awaiting me, or what will happen when this all ends," says Dr. Rieux. "For the moment I know this: there are sick people and they need curing."

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