Residency in the Time of Coronavirus

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There are about 1,500 anesthesiology residents in the U.S., and in face of the coronavirus crisis, we are all eager to work. After at a minimum of five years of toiling through medical school and residency – even more years for senior residents – it appears that we are finally useful. Our training in intensive care units and ventilator management daily in the operating room provide a skillset needed now more than ever. Unfortunately, no one appears to know what to do with us.

While the data from China shows some young health care workers falling gravely ill, the majority of trainees without comorbidities likely will have minor symptoms at most if infected with the virus. However, this poses an ethical dilemma when we are at the frontlines: are we asymptomatic with coronavirus and spreading it to vulnerable patients? With the shortage of personal protective equipment, it seems we are at high risk of being a vector of infection now more than ever before.

At the time of writing this, 42 inpatients at the hospital where I work have tested positive for coronavirus, but even more staggering, 85 members of the hospital staff – including six residents – have tested positive as well. Our anxiety is not unfounded. Meanwhile, I know of at least six residents in the Boston area who are positive for COVID-19. There are likely even more of us who would test positive, but the slow rollout of testing nationally left us confused about guidelines, pertinent symptoms and leave policies.

Some residents have young children at home who are grappling with childcare issues in the wake of social quarantining. Worse still, some of us live with elderly or immunocompromised family members and on top of our anxiety with our patients and ourselves, we are separating ourselves from our family so that we do not infect them as well. Wellness may merely be a buzzword in medicine today, but COVID-19 is undoubtedly taking a toll on our mental health.

This is an unusual time to be a physician. My colleagues are prescribing each other Plaquenil for coronavirus prophylaxis while the current data is equivocal and the supply of the drug is unable to keep up with demand.[1,2] We are signing petitions online for more N95s when factories cannot amplify production. It's a cycle of misinformation and fear, to which it is alarming to bear witness.

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The attendings in my department have risen to the challenges that the state of emergency requires. We have canceled most elective surgeries and moved into staffing the Medical Intensive Care and Surgical Intensive Care units (MICU/SICU). The Neurocritical Care Unit has become our COVID-19 positive wing, as we aim to curb the spread of infection. Faced with limited disposable masks, we are transitioning to cloth.

Residents are changing their schedules to shifts to minimize our net exposure at any given time. We are making infographics and spending more time in the ICUs. Still, preparing for the worst and hoping for the best seems difficult when we do not exactly know what we are facing.

We all entered medicine because we wanted to help people. What is the best way to do this in the time of so many unknowns? We need to rally and make ourselves available despite the risks. We are young and able and uniquely trained. The world needs us.

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References:

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