Sweat dripping from my forehead, I yell into my patient’s ear, “We need to take you to the hospital.” The words are lost somewhere amidst the muffle of my N95 mask, the rustle of our gowns, and the fog of her dementia. Her bewildered, questioning eyes meet mine through foggy safety glasses. The most basic tenets of our care—reassuring words and smiles—are buried beneath stifling layers of personal protective equipment (PPE). This is the reality of pandemic patient care.

As a medical student, the opportunity to care for patients is a rarity. Across the country, students have largely been sidelined, excluded from clinics and hospitals to save PPE. There is a palpable sense of impotence and frustration at being unable to help when we are becoming physicians to do just that. And there is also a hurt that our masks and gloves are more valuable in this context of longing and disappointment where our colleagues call out sick. At the fire department, we are an eternal carousel of crews that rotate through the same kitchen, work in the same office, and toss and turn in the same beds. Then our routines have been overturned. The perpetual tension between protecting ourselves and our patients and the necessity to conserve, conserve, conserve make us question our every move. We bathe in the anxieties of the patients who seek our reassurance day after day, most of whom are only barely sick or not sick at all. Your lungs are clear, you have no fever. It is a delicate dance—keeping the healthiest at home while coaxing the sickest to the lonely unknown of the hospital. We comfort our patients but also count each minute we spend trapped together in the back of an aid car or narrow hallway, cringing with each cough. We worry when the hand sanitizer runs dry, the face shields disappear, and our colleagues call out sick. At the fire department, we are an eternal carousel of crews that rotate through the same kitchen, work in the same office, and toss and turn in the same beds. Then we go home to our families or to work at hospitals, nursing homes, or private ambulance companies. We are careful, ever so careful, but can it ever be enough? These are the worries we take home every night, the fears that engulf us.

We will not soon forget these uncertain hours, a common experience endured and, ultimately, survived. We have faced adverse circumstances and bridged the distances and fears that separate us from our patients. We have learned, relearned, and reshaped our most basic duties (so radically metamorphosized) and felt humbled by the power of nature and the limits of modern medicine. Divorced from the status quo, we have become more agile and resilient. These qualities will serve me long beyond this pandemic—drawing me closer to my patients and keeping me innovative, vigilant, and steady amidst all the twists and turns that medicine has to offer.

Months ago, my third year of medical school promised a world of patient care, clinical learning, and meaning. It was supposed to be a year of clerkships, not COVID-19, but the pandemic is a learning experience in its own right. It is a clerkship full of aid cars and isolation rooms, unanswered questions, and words of comfort shared from 6 feet away. There are no wards, didactics, or shelf exams, only thought-provoking patients, brave colleagues, deep losses, small victories, and, most importantly, real-life medicine.

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