During evening rounds, I noticed Mr. C missing from his bed and panicked.

The prior evening, Mr. C had been transferred to my service from a small outside hospital for persistently low oxygen saturations. We managed to stabilize him by having him lie on his stomach in the prone position with a nasal cannula and face mask to maintain oxygenation.

Upon noticing me, Mr. C’s roommate gestured for me to come quickly. I donned my personal protective equipment and found Mr. C sitting on the toilet, covered in diarrhea, mortified. His breathing sounded heavy, and he looked defeated. I checked his oxygen saturation and it registered 55%—almost incompatible with life. Alarmed, I explained that he needed to return to his bed right away and put his oxygen masks on.

He paused and politely asked, “Can I please clean up first?”

I felt overwhelming sorrow. Here he was, alone in the hospital, unable to see his family, breathe, or even use the bathroom. COVID-19 had entirely dehumanized him, making him completely vulnerable. Before, he had just been one of dozens of COVID-19 patients I was monitoring overnight. Suddenly, the individuality and pain of COVID-19 were strikingly visible.

I called for an oxygen tank and activated a rapid response. After securing a new nonrebreather on his face, I helped him to his bed while I kept the toilet and bathroom floor while I kept his family, breathe, or even use the bathroom. COVID-19 had entirely dehumanized him, making him completely vulnerable. Before, he had just been one of dozens of COVID-19 patients I was monitoring overnight. Suddenly, the individuality and pain of COVID-19 were strikingly visible.

I called an oxygen tank for help was my program director. Together, we escorted Mr. C back to bed. We made eye contact while helping him; the pain and fear in my eyes clearly registered in his. Diarrhea sheds coronavirus, and my gown did not cover my shoes, now completely covered in stool. Though Mr. C’s oxygenation recovered in bed, I felt helpless.

The next night, Mr. C’s breathing worsened. I called the intensive care unit (ICU) for consultation, and after coming to see him, they suggested that we intubate him. Mr. C, aware of the news, continued to lie in the prone position. I raised his bed up so we would be on the same level and promised to call and update his son. I stood by his side, silently holding his hand for 45 minutes.

When we finally brought him to the ICU, I held his hand one last time and wished him well. I called his son as promised, telling him we would do everything possible to care for his dad. I even tried to make exceptions to hospital policy so he could visit.

But it was too late. Mr. C, in his 50s, died the next day.

I wondered what he looked like when he passed. Had he been able to keep his modesty in the ICU—the modesty that was so important to him? Or did he look like the other dozens of intubated men, completely naked, connected to machines, dying alone? Had COVID-19 robbed him of his individuality even in death, making him into a number to be tallied rather than a man to be mourned?

Death is something I have learned to process rapidly during my intern year. I am not immune to the loss but instead have a reflex set of emotions I work through in an almost ritualistic nature. My cognitive shortcuts empower me and focus on my role in facilitating the dying process. I have learned to celebrate the lives my patients lived and the memories their families carry.

But for Mr. C, there was no celebration. Holding his hand, we had been alone in a room fighting a virus with no cure. Though he lay prone and I stood standing, we were equals in our fear facing overwhelming unknowns. Neither of us knew what would happen over the next few hours or days, or when COVID-19 would allow us to see our families again. Neither of us had any training to prepare for feeling so powerless. All we had was our individuality, hoping the memories we would make together would last longer than our clapsed hands.

Mr. C taught me how to maintain dignity in vulnerability; to literally pick myself up when I am feeling most defeated, to not only care for myself but also for my surroundings, and to live by my values even in the most dire circumstances. He taught me that being a doctor during a pandemic does not necessarily mean that you have to have solutions, but you should remain present even when lacking them. Mr. C taught me that to be a doctor in a pandemic, I must embrace vulnerability.

Thank you, Mr. C.

Author’s Note: The name and identifying information in this essay have been changed to protect the identity of the individual described.

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