



## Linda Brodsky Memorial Journal

### Challenging the Unknown

*Ashley Michelle Aldridge*

Medicine is methodical: history, physical, labs, imaging, assessment, plan. Doctors are planners. They thrive on thinking ahead, anticipating needs, collaborating actively to readily solve problems. Not knowing and not understanding is particularly frustrating for them. Thousands of hours, sleepless nights, holidays, birthdays, year after year dedicated to the art and the science.

Learning, understanding, studying, applying, teaching, mastering all to survive; to help others survive. The training is particularly grueling. Like anything worth doing, it is not easy; it does not end. Still, the choice to go down this path is a testament to a love, of patient and purpose.

I was home in Buffalo preparing for my first board exam when the pandemic reached the US. I was so entrenched in my Step 1 world that I was quite ignorant as to what was

happening in the real one. Luckily, my parents are very aware. Both physicians, they and their partners predicted the pandemic's imminence when I was home in February. They actively stocked our pantry and warned our family, while I doubted their predictions and naysaid their theories. I now recognize that being a physician, knowing the science behind disease, recognizing patterns is advantageous in the sort of perception it provides. I am grateful to have been surrounded by that amidst such uncertainty. All the while, I tried to keep my head down and to envision a world unchanged after the seemingly all-encompassing exam that was before me. But I experienced what I already knew: disease stops for nothing and no one.

Prognoses and clairvoyance aside, I argue that there was not one person who anticipated the impact of the virus. "Can you believe this? Who could have imagined?" my father, a cardiothoracic surgeon, said as we watched Governor Cuomo's first press conference. I overheard my mother, an anesthesiologist, advise my uncle and

cousin, who live in Brooklyn and are members of the FDNY, to protect themselves first before serving others. I remember hearing my cousin on speaker telling us about how many calls his engine would get involving people found DOA, dead on arrival. My mother's cousin in Connecticut is married to the Surgeon-in-Chief at the Hospital for Special Surgery in Manhattan. She would share through our family zoom calls how he was working to convert the ORs into beds for patients infected with COVID and how he would spend nights in the city away from his family for fear of bringing the virus home. For many panic is a proclivity in crisis. Frontline workers have been trained in preparation for dealing with it.

Living through this time has forced an acknowledgement of the way in which society views physicians. I remember growing up, every so often, a patient would come up to greet my father and would look at me and say, "Your dad saved my life." What a privilege it is to care for people: people who trust you with their most intimate concerns, with the care of their loved ones, with the utmost capriciousness of life. The other day I stopped at the grocery store in my scrubs to pick up dinner.

The cashier stopped me on the way out and said, "Thank you for doing what you do." With a deadpan glance, probably unrecognizable due to my mask, I nodded and walked out, feeling a fraud. I have done nothing comparable to my father, let alone the other first responders of the pandemic: how could I accept the gratitude that healthcare workers who have died in the past few months have not been granted the opportunity to assume? Gratitude in a pandemic weighs differently. I believe that this experience has graced me with intention.

My greatest fear during this time is a loved one falling ill. My parents are older with underlying comorbidities and factors of immunocompromise. They are both involved in high-risk and aerosolizing procedures. Fortunately, they are both planners and methodical, prudent and precautionary. Their everyday lives are grounded in making decisions. Hearing their experiences is the best way I can think of to support them.

My grandmother, 95, a historically energetic woman in otherwise good health, is in a nursing home that has recently fallen victim to the wrath of the virus. Without visitors

and unable to participate in her regular, daily activities, she is room-bound and frightened. Perhaps, it is this feeling of helplessness that hurts most, secondary to grief. I am of the opinion that it can be harder to watch someone struggle than to lend a hand. It can be heartbreaking to see fearful eyes, to hear quivering voices, to feel anxious air and not have a fix. These are formative moments. How we react can define who we are.

A normal that existed for so long and no longer does is certainly something to mourn. Undoubtedly, the coronavirus has been pervasively life-altering, to some more devastating than to others. It is the perfect example of how things can change in an instant. Hundreds of thousands of lives lost, a harrowing continuum of peaks and troughs.

Cognizant of the fact that I am only a student, I acknowledge that I am tired. I question what my clinical rotations would have looked like had they not been conducted in a pandemic. I find myself some days energized and excited for another day to learn and other days terrified to step foot in the COVID units. My skin is thicker; my attention to detail sharper. Nevertheless, I

can say that the historical reliability of science, of data, of medicine provides hope.

I trust that every experience provides an opportunity for growth. Settling into quarantine for months, jumping back into clinical rotations, I feel a sense of reset. It is as if I have closed my eyes to hear a heartbeat in a loud room. I have braced for the unknown, listened to the narratives and experiences of others, and strategized a way to plan and prepare myself for the challenges that lie ahead.

## Biography



Originally from Buffalo, New York, Ashley

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concentrated in Health and Human Biology at Brown University. She seeks to integrate research into her future medical career and is interested in the business and politics of medicine. Ashley has co-authored research regarding surgical headgear-related surgical site infection and factors associated with the progression of conservatively managed acute traumatic subdural hemorrhage. She has studied carotid stenting-related restenosis rates and is currently working on quantitatively analyzing pneumocephalus-related brain shift in deep brain stimulation patients. Ashley has actively sought to engage with the Alpert Medical School community enrolling in the four-year Scholarly Concentration (SC) Program in Biomedical Informatics and serving as co-leader of the AMS Chapter of the Association of Women Surgeons and as secretary of the AMS Chapter of the American Medical Women's Association. Through her SC, she is working on a project involving machine learning to predict 30-day readmission following primary percutaneous coronary intervention for ST-elevation myocardial infarction. Apart from medicine, Ashley is passionate about playing golf and the piano as well as barre, baking, reading, and music.