

The MSPress Journal

Vol 11 | No. 5 | 2024

Trials and Tribulations

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In March 2020, life running at full throttle ground to a halt at the coronavirus milestone. The healthcare system floundered, hospitals were bursting at the seams, people in India scoured the black market for oxygen cylinders, and essential drugs emerged at exorbitant prices. The purportedly harmless flu was not merely intercepting but had irrevocably altered the new normal. In January 2022, we found ourselves grappling with yet another audacious mutation of the deceptive, wily virus which defied every attempt to be shackled by science. It was around that time that I leapt at the opportunity of being a part of a Randomized Controlled Trial investigating the effect of arginine supplementation on patients who required oxygen support for Covid-19¹. Not only was this an audacious effort to conclusively tame the virus, but my role in the study also made it infinitely more exciting. Whenever I tried to conjure up the image of a researcher, my mind's eye envisioned a person with glasses as thick as double-glazed windows, cooped up in a room, slouched nose deep in a book. Since I was entrusted with screening prospective participants and administering the daily arginine dose, the allure of going into the Covid wards as a first year medical student was irresistible.

Having harbored this ambition since childhood, getting into medical school marked the realization of a long-cherished dream. I started with a guileless fascination at first, strutting around the house with a plastic suitcase and syringe, administering medical aid to those I thought in need- cold compresses and a mint in lieu of aspirin for headaches, massages to ease joint pain, and injections for more baffling ailments. Even in high school, my love for medicine remained undiminished and every volunteering experience fuelled my pursuit and reaffirmed my commitment to medicine as a career. Now, getting the opportunity to venture into the Covid wards and interact with patients was nothing short of surreal. There was an unmistakable rush of adrenaline, albeit a modicum of apprehension lingered- I knew the Omicron variant was more languorous than its predecessors, and the fear of possible transmission to my family did obtrude on my conscience. I fortified my mind with the belief that experiences like these are very hard to come by and should not be squandered. Besides, as Lao Tzu said, "If you aren't afraid of dying, there is nothing you cannot achieve" and I was determined to do an impeccable job. What ensued over the next three weeks was, irrefutably, a very steep learning curve.

Donning the PPE was the most cumbersome task of my daily routine. It was confining, in which even the simplest tasks had an added dimension of difficulty – I couldn't retrieve fallen objects from the floor without looking like a five-legged spider and my throat felt arid after speaking two sentences to patients. My first week inside the wards was not only a concatenation of firsts, but also a relentless onslaught of challenges. The patient charts were a menacing monster of incomprehensibility. I wasn't accustomed to the industry acronyms, the handwriting was indecipherable hieroglyphics, and my nursing sheet was displaced every day. I floundered helplessly which elicited a stern word from the head nurse for getting in the way of active personnel. It was painfully public and crushingly embarrassing, especially with patients witnessing my humiliation.

Initially, I was even wary of approaching patients. Suspicion was obvious on their faces every time I mentioned 'research'. Convincing patients and their families that this is not the plot of a pulpy crime fiction where we entice unsuspecting, gullible people to test potentially lethal drugs was a herculean task. And should patients accede after much cajoling, I dotingly waited on them (most of advanced age and prone to infantile histrionics) until my patience wore thin and they agreed to gulp the dose.

In the beginning, venturing into the wards was an intimidating task every morning. Hoards of relatives parked outside the patient's room accosted me with a barrage of questions- about estimated discharge date, test results, insurance paperwork, and everything in between. All my intellectual prowess was reduced to incoherent babble. Admitting I didn't have the faintest clue aggravated the attendant's impatience, and clawed at me like some kind of personal failure. Within a week, however, I established my rhythm. I am not a social butterfly, but I endeared myself to the entire nursing staff who reciprocated my courtesy with unremitting kindness. My patients, although cantankerous at first, found a semblance of kinship in my familiar face each morning. An innocuous question would elicit an interminable answer about political views, life aphorisms, grandchildren, and other minor daily inconveniences. An older gentleman enlisted my help in learning how to use the smartphone, an infernal contraption that he could not be prevailed upon to use prior to the pandemic, to video call his family. "Family is everything," he told me. "That is the essence of life". An elderly lady advised me to retain my maiden name after marriage, as had she, because marriage didn't imply being welded into some sort of combined existence where individuals existed as an undifferentiated unit. "Do your own thing. Achieve all that you want and never think marriage is the final frontier in your life", she said, her eyes twinkling. Though I initially found the meandering chatter vexatious, I did realize how many profound life lessons were being distilled in a few sentences from those exchanges. In the unprecedented times we were living in, the greatest act of love was to safely distance yourself from the objects of your affection, so people latched, with a tenacious grip, to whatever sliver of hope or kinship they could find.

Over the three weeks of recruiting patients, I had the privilege of seeing most of them recuperate to robust health and thank me effusively for being a part of their recovery team as they left the hospital. As a student doctor it was extremely rewarding. However, I was also forced to confront certain unpalatable truths of life - the acute finitude of existence, the imminence of death. Despite knowing of death in theory I couldn't grasp the irreversible finality of it. The once smiling face of my patient was replaced by a gnawing hollowness, leaving me deeply shaken. Even during happy spells, it was difficult to disentangle this contingency from the moment at hand. It felt as though all the anguish and torment of every living thing in the world was being fed into my mind. Thoughts about how many sad, dying, grieving people there were there came unbidden. Who am I? Why am I here? What is life? I didn't ask to be born so why do I have to die? It is upon the bedrock of these questions that human consciousness is built, and everything we do in life is an attempt to answer them. Since there are no concrete answers to these unresolvable predicaments, we neatly tuck them away or find resolution through faith, making peace with not fully understanding the circumstance of our existence. Being blissfully unaware is marginally better than painfully pondering questions and living a life bogged down by fears. This is not just a coping mechanism but an act of profound grace and resilience.

Three weeks in the Covid wards went by in the blink of an eye. Although it was not all placid waters and blue horizons, it was immensely satisfying. In hindsight, I can romanticize the difficulties. I had emotionally salient encounters with people from a variety of backgrounds, their lives often fraught with awful tribulations, with nothing but a blessing to bestow or an amusing anecdote to share. Call it undying spirit or plain necessity, but I learned to relinquish control - to go with the flow and roll with the punches. Each morning, I meticulously planned the number of subjects I would recruit, time allotted per patient and when I would go home, only for something unexpected to occur. As someone who constantly strives to improve myself, there were moments where I was starkly aware of the limitations that define life. I can only work so hard. I can only do so much for a patient. I can only go so far to help them. I discovered that behind the mask of heroism I put on, I am mundanely human-fallible, flawed and fragile. An imperceptible virus managed to bring the apex predator race down to its knees. Thankfully, with the unstoppable march of modern medicine, permanent solutions are on the horizon, but until then adopting a philosophy that blends optimism, patience, and pragmatism acknowledges the reality that sometimes, despite our best efforts, uncertainty prevails. And that's saying something.

References

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