Twitter Thread by Kari Jerge, MD, FACS (she/her)



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■For months, healthcare professionals have been hanging on to the guardrails of the top deck of the Titanic.

We have been screaming at the top of our lungs that there is an iceberg dead ahead and begging the captain to turn the wheel.

We have had other passengers who are

in the food hall and can't see the iceberg from where they are standing mocking us accusing us of lying about the iceberg.

"There is no iceberg. You're seeing things"

"Even if there is an iceberg it is smaller than predicted based on available models"

"You're getting paid

to claim there is an iceberg."

We are on the ship too. So we are watching the ship approach an iceberg knowing full well that we are going down with the ship.

Do we keep screaming? Even though nobody is listening? Do we jump ship and save ourselves? The water is freezing

and we don't want to desert our fellow passengers.

Do we gather up the other passengers who can see the iceberg and form a human shield to take the impact on ourselves? Do we bum rush the captain and demand he turn?

Or do we stand still, silent, frozen in a state of fight or

flight? Paralyzed with sheer terror.

Never in a 14 year career would I have imagined I would see this day.

How are we supposed to feel when a critically ill patient has survived cardiac arrest

and needs emergency kidney replacement with a dialysis machine but there are no nurses left to run the machine? How do we explain that the hospital policy allows for 1 family member to come in for 1 hour only as we withdraw care so the family of 15 who has traveled

for hours to be with their father/brother/grandfather as he leaves this earth has to sit outside and watch on FaceTime? What do we say when they beg us to make an exception to the hospital policy, exclaiming in tears that they don't care if they catch COVID,

they just want to be with him one last time?

What do we say to the patients's wife when a patient who was fine 48 hours ago is now maxed on 4 pressors, too unstable to flip on his belly to help his lungs get enough oxygen? He is in his 50's, maxed on full life support.

How do I explain that despite all of the medicines and machines available, he is dying, in front of my eyes? And there is nothing we can do to stop it. She cannot see what I see. She cannot feel how helpless this feels.

How should I respond when I have explained the above to

this poor wife over the phone and she starts crying, begging the universe to help her understand how this could have happened to him when they had "stayed home for months and done everything to avoid getting the virus"?

What do I say to the APP from a rural area in my state

who is calling to transfer a critically ill patient because they don't have any ICU beds left when we don't have any either? Does it matter that the patient has a very treatable condition? If we had a bed available, we could save this patients life. I am sure of it. But my hands

are tied and we have to turn them down. I wonder often what happened to that patient.

I am a surgeon. I fix problems. When patients come in after having been shot and their heart stops in the ER, I am trained to open their chest, clamp the aorta, and buy enough time

to get the patient into the OR where we can fix whatever is bleeding. I am not afraid of much. In the most chaotic and hopeless of scenarios, when patients come in near-dead, trauma surgeons pick up the bat and swing for the fences. We run large teams of healthcare professionals,

coordinating care of our patients like Aaron Rodgers in overtime during a Super Bowl game. There is nothing that ruffles us. Nothing that scares us. No case that we won't try to save. When any rational player would bunt, just to get on base, we swing for the fence deep center

field. It’s who we are. It’s what we do. Surgeons take out cancers. We fix broken things. We save lives.

We are used to big sensational grand slam home runs. We are used to winning in double OT. We throw the Hail Mary when we should kick. It’s who we are.

So when I tell you

that there is very little in the scope of medicine that truly scares me, it is not hyperbole.

And when I tell you that I am humbled and terrified by what I have seen in the COVID ICU, it is also not hyperbole.

What is coming in many states across the country is akin to the

Titanic. It is another Hurricane Katrina. This was predicted. It was preventable.

So, you tell me... how do I tell a husband that his wife is going to die tonight when he can’t see the tears welling in my eyes? How do I express my sorrow to him without looking him in the eyes

and gently putting my hand on his? How do I show him how much I care and how hard we tried to save her when he cannot see me or feel my warmth?

He came in to see his wife as we transitioned her to comfort care. He was only allowed to stay for an hour. I never met him in person.

I never gave him a tearful hug. We made his wife comfortable and she passed away that night, pain free. I wanted to be there to meet him but one of my 30+ other patients was getting sicker and I needed to be with him.

Do you want to know what this dear man said to me when I

explained that his wife was dying? He asked me, a stranger on the phone, what I advised him to do so that she would not suffer anymore. When I explained what comfort care meant, he agreed immediately. She had had a very poor quality of life and she did not want to suffer anymore.

So without many questions and without ever having met me, this man trusted a stranger to help walk him through end of life decisions... on the phone.

And then, he asked me to please please let the whole healthcare team know how grateful he was for all we had done for her. He

said “nobody really thanks you guys anymore.” He made me promise to tell the whole team how grateful he was. Because as he was preparing to lose his wife, a woman he had loved for 50 years, it was the well-being of the healthcare team that was important to him. I made sure to

pass on the message to the bedside nurse and the charge nurse as I ran upstairs to another critically ill patient.

Sometimes I wonder which of these situations will haunt me in 5 years. The hug that I missed? The patient who couldn't transfer to us? The woman who couldn't get

the dialysis machine she needed? Sometimes I wonder which of these nightmares will stick with me.

But then I remember that I go back on shift in a few days. And I am finally home with my parents, celebrating a small delayed Thanksgiving after finishing my quarantine. I realize

that if my mind stays at work with my patients and co-workers, it will keep me from enjoying a small slice of normal life in between shifts. And I won't do that. There is not enough of this time and I can't waste it.

For those who are wondering... I put my heart into this but in case you're worried, I promise I am good. I'm taking good care of myself.

It also is worth mentioning that I have very carefully worded this post to avoid any HIPAA violations. If any patients or families would

read this thread, there are no identifiable details and I have purposely delayed writing this post with no stated time frame. Just reflections on past experiences.

And I deeply and profoundly understand that while healthcare professionals are struggling, it is so so much worse

for our patients and their families. This disease is harming so many and I am not trying to center this dialogue on myself. I just wanted to give folks a glimpse into the hauntingly persistent experiences that healthcare workers are having these days.