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Moral Dilemma of a Physician and Mother in the Midst of the COVID-19 Pandemic

Sarah Rosanel, MD, and Joshua Fogel, PhD

I am a physician, a cardiology fellow, and a mother of three in the midst of the coronavirus disease 2019 (COVID-19) pandemic at its epicenter in New York City. A lot of people ask me these three questions: How does it feel to be on the frontline of the COVID-19 pandemic? How can you witness people dying every day and go back to work? How can you go back to work with the risk of your becoming infected and also potentially infecting your husband and your three young children?

At the frontlines in New York City, every hospital is busy treating many COVID-19 patients. At my hospital, many areas of the hospital became intensive care units. We are doing everything that we can to save our patients; unfortunately, some patients die, despite our best efforts. A challenging part for patients who die is that they often die alone because of the concerns of their infecting others who visit them. Our hospital decided to implement a new rule that allows one caregiver to be present if a patient deteriorates and appears to be near death.

Unfortunately, COVID-19 is one of those diseases that medicine does not yet fully understand. It is extremely hard to predict who is going to live and who is going to die. I have had patients waving at me from their room and some with whom that I just had conversations. I am then called in for Code 3, meaning that the patient's heart has stopped and the patient needs to be resuscitated. It is extremely emotionally challenging to see all these patients coming in who end up not leaving the hospital alive. This experience is so different from all of my previous experiences as a physician. My previous experiences as a physician have been that when patients come to the hospital, you are hopeful that the treatments in the hospital can help them. With COVID-19, I am doing my best to treat these patients, and it is frustrating and emotionally draining that I am not able to help many of these patients and that they are dying.

Patients are dying, and yet I am going back to work. I chose medicine to help people and to save people. In medical school,

as a young woman with no background of family members in health care, I was an idealistic person who was determined to make a significant impact in the lives of patients. I did witness people dying, because it is part of our training, but not at the rate that I am seeing with COVID-19. Are physicians helping patients? Are physicians precipitating patients' deaths? So little is known about COVID-19, and there are many debates about its management. Many patients die no matter what physicians do. We intubate patients for hypoxemia and some die. We then place patients on high flow instead and some more die. One example that I still think about is the man in his 50s with whom I had a conversation in the morning. He was able to talk, but his oxygen saturation was persistently low. After a joint decision, we intubated him and he then died within the hour. I keep playing this scenario over and over and think, what did I do wrong? Why do these patients die? The reason I go back to work is because physicians are needed to at least try to help patients. Furthermore, some COVID-19 patients are helped and do get better. These small successes give me hope and strength and motivate me to go to work.

It is not only the patients with COVID-19 that I treat. Early in the pandemic, many physicians were exposed to COVID-19 patients without realizing it. Before the COVID-19 pandemic, when most of my cardiology patients presented with shortness of breath, I and other physicians were examining these patients without a mask. We were spending a long time with the patients, obtaining full medical histories and performing thorough physical examinations. When we had the first patient in the hospital testing positive for COVID-19, we started testing all of our patients in the cardiology department. Two patients for whom I had been caring for 4 to 5 days turned out to be COVID-19 positive. Because of my unprotected exposure to those patients, I, along with the nurses, physician assistants, and other health-care workers who had contact with the two patients without using personal protective equipment, had to be quarantined. It was so scary. I started developing symptoms of sore throat, cough, and shortness of breath. I, the physician became the patient. I was an "assumed positive"; however, within 1 week, I felt better and in accordance with the Centers for Disease Control and Prevention guidelines, I could return to work.

As I mentally prepared to go back to work, I was flooded with many thoughts of my possibly infecting my family. Will I contract COVID-19 again and this time infect my family? Will any of my family die because of my career choice as a physician? I have had some interaction with infectious diseases in my career, such as when I treated patients with tuberculosis. There are treatments for tuberculosis. I was comfortable knowing that it is highly unlikely that I would die if I was infected. COVID-19 is not like these other infectious diseases, as many of the treatments for COVID-19 are not fully effective. I remember what I was taught in medical school of "do no harm." Am I possibly harming my family by risking their lives with COVID-19 infection? I thought that I should not go back to work and take an unpaid sick leave.

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I finally pushed aside these thoughts, as I know that I do not have any answer to this question. I am now back at the hospital with multiple pieces of personal protective equipment: bodysuit, mask, eye protection, head cover, and shoe cover. I think of the words of one of my patients that resonated with me. This 40-year-old woman with four children at home was short of breath and had a low blood oxygen level. We discussed about intubation and being “put to sleep.” She was scared about whether she would wake up and whether she would survive the intubation. She shared

with me that she was not ready to die because she had young children at home.

I, too, am not ready to die. I never thought that becoming a doctor would mean putting my life or my family’s life in danger to save people. There is one thing I know. I will continue to serve the community and help at a time when I am needed the most. As scary as it is and as stressful as everything is at this time, this experience is making me stronger. I will follow my passion for medicine and my life’s calling and do my best to care for and treat these COVID-19 patients.