

Do I Have Coronavirus?

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“To journey for the sake of saving our own lives is little by little to cease to live in any sense that really matters, even to ourselves, because it is only by journeying for the world’s sake—even when the world bores and sickens and scares you half to death—that little by little we start to come alive.”

—Frederick Buechner

On February 29, 2020, I find out by text from my intern when the first patient at our hospital in Seattle tests positive for COVID-19. He learns of it from his fellow intern who is caring for the patient. The news quickly spreads through the hospital like the virus itself, going from person to person while official communication channels remain initially silent. The news comes on the heels of a friend’s text that her daughter’s high school is closing for disinfection after a classmate also tested positive for COVID-19. I know the cataclysmic significance of these two events: Public health efforts to contain the SARS-CoV-2 coronavirus have failed, and there is ongoing community spread of the infection in Washington state. I text my intern back with the emoji of *The Scream* by Edvard Munch.

Could I be asymptotically infected with the coronavirus? I work in close quarters with my colleagues who cared for the COVID-19–positive patient before he was placed in infection precautions. Social distancing has yet to enter our lexicon and our lives. In our crowded office, shared surfaces abound. Suddenly, every hard surface seems suspect—chairs, phones, dictaphone handsets, code pagers, printers, keypads, and door handles. All can be vectors of viral transmission. Normally inouciant about cleanliness, my coworkers and I start swabbing down every surface with disinfectant wipes. I ponder my likelihood of infection and decide it is possible but not probable.

In the next few days, I have a trip to Sedona, Arizona, planned with my extended family. Originally conceived as a celebration for my mom’s 80th birthday, we repurposed it as a time to grieve together after she unexpectedly passed away. I debate back and forth whether to go on the trip. If there is a chance I am infected with the coronavirus, it feels irresponsible to board an airplane with hundreds of other people. Yet the trip carries such high value for me. My family holds out hope I can get tested for the coronavirus, but I know just how limited testing capability is. It cuts me to the heart, but I cancel my

flight. The deciding factor is that my sister has an autoimmune disease and is immunosuppressed. I don’t want to jeopardize her health. The world has truly gone topsy-turvy when the greatest thoughtfulness you can show to someone you love is to stay the hell away from her.

AM I A HYPOCHONDRIAC?

After my work stretch, I hunker down at home to monitor myself. I have a mild sore throat but convince myself it is psychosomatic. My plausible deniability of illness dies when I develop a cough and fatigue. Based on my symptoms, it is impossible to tell if I have the coronavirus or a common cold. I place myself on home quarantine. I don’t pursue coronavirus testing because there are hospitalized patients who need it much more than I do. I diligently monitor my temperature twice daily and it remains normal. My sore throat and fatigue go away, but my cough and some mild shortness of breath persists. I attribute it to my asthma, but the possibility of COVID-19 always lurks in the back of my mind. COVID-19 patients often don’t worsen until their second week of infection. Ordinarily, I would start using my steroid inhaler, but I hold off since steroids are thought to prolong viral replication.

When I tire of staying in the house, I go outside to work in the yard. I get on a low ladder to pull down the English ivy climbing up and smothering a tree. The ivy strand I’m tugging on suddenly breaks and I fall hard onto my back. Like a slap in the face, the accident shocks me into a new state of mental clarity. As a hospitalist, I’m a precious resource to my community right now. I can’t knock myself out of commission for dumb reasons. I ban myself from climbing any more ladders.

WHY CAN’T I GET TESTED?

As my time in quarantine draws to a close, I put my legal and financial affairs in order and pack a just-in-case backpack. The emergency room doctor hospitalized at a nearby hospital with severe COVID-19 is about my age. I am still coughing so I check in with the head of Infection Control to see if I need to be tested before returning to work. He tells me no. As I start working, I realize that coughing is the new leprosy. Even though I wear a mask, I get tense looks from others who carefully keep their distance from me. I tell everyone I have cough variant asthma, but what they all want to know is if I have been tested for the coronavirus. I haven’t been.

When my hospital sets up a new dedicated Employee Health screening phone line, I call right away. The nurse tells me I don’t meet criteria for coronavirus testing even though I am working on the COVID-19 rule-out unit with patients who have tested positive. While I agree with her from a medical

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standpoint, I don't from a social or psychological perspective. This is a particularly unpropitious time in history to be a Chinese American doctor who can't stop coughing. A negative test will reassure my patients and coworkers I am not a risk to them. A positive test, which is a possibility because of known prolonged viral shedding of the coronavirus, will reassure me I'm likely on my way to developing serologic immunity. I don't get a test. When I tell my colleague, he suggests I resort to lying, but I won't do it. As I've watched how power, wealth, and privilege play out in access to testing, I refuse to manipulate the system. But my experience is pointed commentary on the abysmal failure of testing in the United States when a frontline symptomatic doctor taking care of COVID-19 patients in one of the epicenters of the pandemic can't get a coronavirus test. During a meeting, the head of Infection Control bluntly states he hopes we know that all of us are going to get the coronavirus at some point, but hopefully it won't take us out of commission all at once. I feel better hearing him acknowledge that because it confirms my own sense of reality.

ARE WE RUNNING OUT OF PERSONAL PROTECTIVE EQUIPMENT?

While the ongoing pandemic definitely increases stress and anxiety levels in the hospital, there also continues to be caring and kindness. As I don my personal protective equipment (PPE), a nurse notices an exposed gap in the back of my gown and

fixes it for me. He has my back, literally and figuratively. Our unit clerk, hearing my persistent cough, braves the 6-foot danger zone to hand me cough drops. Another nurse asks when the last time was I drank anything, and I give her a blank look because I can't remember. I'm trying to minimize my use of masks, so I have kept my current one on all day. The front of the mask may be contaminated, but as long as I don't touch that surface, it is still protecting me. She hands me a cup of water and I consider the benefit of staying hydrated versus using up another mask. Having previously landed in the emergency room with a kidney stone from not properly hydrating, I take off the mask, throw it away, wash my hands, and drink the water. But in my mind, I'm acutely aware of our shrinking supply of PPE.

On our time off work, my coworkers and I reach out to everyone we know to ask for mask donations. One friend tells me her husband is fashioning a mask for her from their furnace filter. She considers it the most romantic thing he's ever done for her. The two of us agree that if we run out of PPE, we will go on caring for our patients anyway. We are doctors and caring for others is not only what we do, but an intrinsic part of who we are. Our journey amid the coronavirus pandemic may at times scare us half to death, but in caring for others "little by little we start to come alive."

Disclosures: Dr Chang has nothing to disclose.