

## Gratitude in the Time of COVID

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Dear Mr L,

We met on my first day of clinic during fellowship. Perhaps knowing I was a first year, you sheepishly introduced yourself by highlighting your expertise as a self-described old hat at “this whole cancer thing.” By then, you had already been dutifully coming to the clinic month after month for your regular multiple myeloma checkups and treatment rounds. I recall being struck by how cancer seemed unable to hold you back, as if you would let anything get in the way of your plans. This became especially clear when as a senior citizen, you casually mentioned how you were still lifting large objects, such as old washing machines, by yourself onto your truck. Many men 40 years younger would not have been able to keep up with your daily pace.

I stumbled through my first few appointments with you. It was hard enough to learn how to even pronounce the names of some of the drugs you were taking, never mind keeping track of all the adverse effects they could cause. Still, you never complained about my lack of experience and let me grow as a clinician. As the months wore on, I would see your name pop up without fail on my clinic list while precharting every 4 weeks. You would just saunter in, proudly wearing your “USA Veteran” hat, with your trusty custom-made cane always at your side. Over time, as my clinical skills and confidence improved, so did our banter.

We built up our own routine. You would come into the clinic and always tell me about your latest scrap metal find. An old dishwasher, a beat up drier, the occasional fridge—your excitement never waned as you described each item and carefully explained how the prices might fare that month. You never had any complaints, or at least none that you would share, despite me running through an extensive checkup list each visit. No matter the question, you insisted the cancer caused you no pain and claimed that the pills had no adverse effects. And as our appointment neared its end, you would joyfully tell me about the restaurant you would head right on over to and the exact meal you planned on having. Never a word about your service though; those memories were for you and you alone.

But then you started getting sick. The man who never once complained of any symptoms told me that he was feeling a very slight shortness of breath. Immediately, a blaring alarm went off inside my head, and you were quickly found to have bilateral pneumonia. Over the next few months, you spent more time in the hospital than out because of infections, bleeding, and heart failure exacerbations. Your multiple myeloma started

to rapidly progress, and we had long, hard conversations about quality and quantity of life. And yet, you nevertheless persevered through all the hospitalizations and unforeseen complications thrown your way. With a new treatment plan and a lot of effort, we even got the myeloma back under control. Everything was finally starting to go well again.

Then COVID-19 hit, and each day we learned a little more about this novel infection taking over the world. You asked what I thought about this new virus, and I warned that your age and cancer put you in a high-risk category for morbidity/mortality. And as with every other patient on active treatment, we carefully weighed the choices that needed to be made. We discussed how delaying treatment would risk losing all the progress we had made in regaining control of your myeloma. Your agony was palpable as your mind wrestled between your fear of exposing yourself to coronavirus and the fresh memory of your recent hospitalization. These were no easy choices, but I answered your questions as honestly as I could with the information we had at hand. After much deliberation, you decided to keep moving forward.

One week later I saw you wander down the hall on my way to see a different patient. You were here for your scheduled chemotherapy session, though not in our regular infusion area. As one of several measures taken by our hospital, chemotherapy sessions were being conducted in isolation. I know this change was hard for you because the companionship of family members and other veterans always seemed to lift your spirits. It was harder that week still because I knew you had just reached a milestone birthday, something you frequently mentioned looking forward to. And so, I made it a point to stop by for a quick hello so that you would know our team was there for you to share both the good days and the bad. You grinned from ear to ear when I congratulated you and gushed about the double-chocolate cake you planned to eat in celebration. As mundane as our conversation may have seemed, I will never forget our exchange that day, as it would end up being our last.

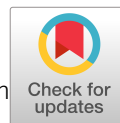
It was about 2 weeks later that I got the call. One of my colleagues, a pulmonary critical care fellow who I had known since residency wanted to let me know that you had been admitted earlier in the day. He told me you were currently in the intensive care unit (ICU) in our new COVID-19 ward and that your result had come back positive. You were on oxygen, and given your age and cancer, our ICU physicians were very worried about how you would do. My heart sank as I listened to my colleague describe your condition.

Once I finished my clinic duties for the day, I headed down to the COVID-19 ward to see for myself how

Author affiliations and support information (if applicable) appear at the end of this article.

Accepted on September 3, 2020 and published at [ascopubs.org/journal/jco](https://ascopubs.org/journal/jco) on October 6, 2020; DOI <https://doi.org/10.1200/JCO.20.02330>

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things were faring. There was a nurse stationed outside the entrance checking badges beside a large sign warning that absolutely no visitors were allowed. As I made my way inside, I was immediately greeted with rows of intubated patients, each in a room behind glass doors. All staff members understood the severity of the crisis we were faced with. What we did not yet know, though, is that our COVID-19 ward would quickly double in size to try to keep up with the influx of new cases.

After some time, I made it to the room you were in. Looking through the glass, I saw you resting on an ICU bed and was taken aback by how fragile you seemed. Your dentures were lying on a small table, your signature hat and cane were nowhere to be found, and your body seemed to struggle with each pained breath. A respiratory therapist, unrecognizable because of personal protective equipment obscuring everything but their eyes, was uptitrating your Optiflow. Since I could not come in, I tried to wave from the door to get your attention. I hoped that you might find some peace in seeing a familiar face, but it was to no avail. You were too disoriented, drifting in and out of consciousness.

Could we have prevented this? Should I have stopped you from continuing the chemotherapy at least until the situation seemed better contained? Was it coming to the clinic that caused you to be exposed in the first place, or did you catch the disease somewhere else? Is there anything else I could have done to help to keep you safe? Although deep

down I knew we had done all we could, my mind was still riddled with questions.

You died alone a couple of days later. Because of the risks involved with the virus spreading, no family members were allowed in the room. Your condition had quickly worsened and as your power of attorney, your grandson made the heart-wrenching decision to withdraw care. But although you have joined the ranks of more than 180,000 confirmed others who were felled by this disease, you will never be just another statistic to me. I will forever be grateful for your kindness and for giving me the chance to grow into the clinician I hope to someday be.

With profound gratitude,

Dr Miller

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#### **AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST**

Disclosures provided by the author are available with this article at DOI <https://doi.org/10.1200/JCO.20.02330>.



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