

An “Essential” Worker

When Lori Leonard last worked in the hospital, Coronavirus precautionary measures had gotten so extreme that hallways were cleared by guards before patients were moved through them. The patients being transported would be moved quickly through these areas on a gurney (wearing masks), followed by an entourage of hospital staff (also with masks). At this point in time Lori started considering if she really was “essential” and she started fearing for her own safety. Was she at risk, all things considered, since she wasn’t even one of the people with any sort of protection such as a mask while she had worked at the hospital?

It’s hard to determine who is an “essential” worker, especially in the healthcare industry. Covid 19 quarantine has forced difficult decisions balancing protection of people who provide the care, those who need it, and particularly Covid-19. Who do we take care of first? The situation can be very dire for people in both cases, and it rests on doctors to choose in some cases who lives and who dies. The nature of the work could determine who is essential and who isn’t essential, as is evident by the fact that Scott Leonard is being treated by physical therapists in the field, however Lori is unable to do her work. She is forced to try and push through this epidemic at home, doing work that is less hands on, and less personal.

Such decisions could result in unintended consequences. For example Lori, a physical therapist who had been working to perform ergonomic assessments on hospital workers, and was ultimately deemed “non-essential” and sent home. Subsequent to her departure, five of the hospital staff members who were her patients ended up suffering ergonomic related injuries. It is

somewhat ironic that Lori's designation as "non-essential" may have subsequently led to the injuries of many personnel that are considered "essential."

Since then Lori has been working from home, along with her husband Scott. Coincidentally, Scott has also been impacted by decisions made to protect patients and health care providers from COVID-19. While Lori is experiencing the impact of these decisions from the perspective of a provider, Scott is experiencing it from the perspective of a patient. He had been scheduled to have ACL replacement surgery in March but had his surgery cancelled when Stanford suspended all "non-essential" surgeries. Many injuries impact quality of life but do not have a high risk of endangering life or risking permanent damage (provided proper precautions are taken). In Scott's case, his torn ACL meant he could not enjoy activities such as skiing or tennis until he had surgery, but was still able to work and function in daily life. So he had to live with the torn ACL until Stanford resumed "non-essential" surgeries. He had his surgery on May 15 and is now seeing a physical therapist in order to get more help rehabbing his knee. Which is the profession that Lori engages in, and would currently be engaging in, had she not been declared non-essential.

In addition to having to decide which patients will receive immediate treatment and which will be delayed, medical providers sometimes have to decide who to save and who not to save. Some hospitals are overworked, and must decide who receives one of their limited supply of respirators. This shouldn't be an entirely subjective decision, and there's been the development of a system to try and remove bias based on religion, race or social status. However, case by case decision making remains important because context is always relevant.

Some people without coronavirus will also need the use of respirators. Regardless of whether a patient has corona or not, medical providers should follow a set formula for all.

Lori has persevered despite getting sent home, continuing to work as an ergonomic consultant via telemedicine, a newer way of delivering health care whose growth has been accelerated by this particular crisis. Telemedicine can help relieve hospitals of many different cases of patients, both COVID and non-COVID related, preserving hospitals mostly for those who need more urgent care. Telemedicine is relatively new and does have some significant limitations, however it increases the availability of standard treatments and advice. Availability of telemedicine treatment by professionals is still somewhat limited, experience of many professionals with this mode of treatment is low, and some issues simply cannot be treated this way (for example, Scott's knee surgery). However, the speed and efficiency telemedicine offers for treatment of issues which can be treated this way is likely to increasingly relieve burden on other parts of the healthcare system. For example, Lori has been able to treat more people over the phone than she would have been able to do in person in the same amount of time, perhaps partially offsetting the consequence of her absence from the hospital.

Lori's parents live close by. They are in their 90s and need to be taken care of by close family, and they are particularly susceptible to COVID. She worries about her contact with them and their safety, making sure to take lots of precautions to protect them when she visits. Now things are opening back up and workers (such as physical therapists) will hopefully be able to go back to work. Lori has been told that she will soon be back working in a hospital. Although it will put her parents more at risk when Lori resumes working at a hospital, it's important to also consider the people who need treatment, and the needs of people who could possibly require

doctors if they can't get the ergonomic care that they would normally. Once Lori returns to working in hospitals she will be putting herself at risk to provide such care. In turn, she will need to go the extra mile to make sure she isn't passing on that risk to her parents. Although, her parents have special care workers who have decidedly been designated as essential. They have helped take off a good amount of the load from Lori, however they aren't able to keep up with the new needs of her parents, who now require dinner almost every night.

When questioned as to the future, Lori spoke of turning tides, moving in favor of us slowly and hopefully slowly returning things to normality. "I believe my old clinic, they are still seeing some post-surgical patients. But those are becoming fewer and fewer because they stopped doing surgeries at a certain point. For example, your dad just got scheduled for May, mid-May. And so they're going to start doing those surgeries again. So...hopefully for those people the work will start to pick up. One of my friends I talked to the other day...says that she was out front taking temperatures for people coming into the hospital.... So it really depends; people...that I know that work in rehab, there are still rehab patients undergoing their therapies. They just... have to be more careful about what they're doing."

Lori spoke of a future that's hopeful, where we slowly recover and gather ourselves after this pandemic. She doesn't sound afraid of the future that some are sure to be, despite knowing that if we make any mistake, going too fast or going too slow that there will be repercussions. We have to open ourselves up fast enough to get the economy flowing, however we can't make the mistake of letting people get sick again. Which would likely lead us falling back into the pandemic. One thing is certain however, the disease has already made a great impact on our health care system, patients, and workers from all types of businesses.

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