



Tamaso mā jyotir gamaya: from darkness, lead me to light

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Yesterday, as I sat in front of my office computer, a middle aged man intruded suddenly, mask on his face, and with troubled breathing. I did not know him, and my immediate reaction was that of extreme consternation. There was I, with old parents living near my home...parents that I had been trying to protect from the Coronavirus. I had been talking through Zoom to them for the last two months except for a couple of short 5-minute visits. Their eyes, beneath the wrinkles, would invite me in, asking me to sit awhile, but I'd leave hurriedly! All that sacrifice and here was an obviously sick stranger invading my office space...would he be the reason my parents caught the virus, conduited to them via me?

The department of Community Medicine has many rooms, mine being the last one in a corner. Usually visitors walk into the department office and make their inquiries. However, due to the pandemic, the office staff and the technicians have been instructed to come by rotation as long as the lockdown lasts. Since the faculty, too, work from home and are involved in multiple activities including teaching, research projects, and meetings, most of the rooms remain locked. I wondered whom the old man had come to visit. How inconsiderate to call visitors and then absent oneself, I thought.

The short-statured, middle-aged man spoke

in a low voice...hesitantly. His breathlessness and the mask he wore made him an intimidating sight; the two factors also made it difficult to understand him easily and I did not try very hard as it would amount to his presence in my room for a longer while. The fear of potentially getting infected from him and transferring it to my parents made me unusually unhelpful. I felt terribly torn at the same time, but I shuddered at the possibility that all the sacrifices my parents and I had been making could prove futile.

I might have sounded a bit harsh when I pointed him to the department office, and I was relieved when he shambled off. I don't recall ever being this peremptory pre-COVID. Had I not been thinking of my high-risk parents, I might have offered an empathetic response. I was beset by alternating feelings of doom and of guilt for many days, hence this narrative.

Over the weeks of the lockdown, I've noticed many lacunae in the system, but also many innovative solutions. The department runs a 100-bedded sub-district hospital and two primary health centres. The annual OPD attendance is approximately 3.6 Lacs and 1.2 Lacs, respectively. The regular services in these facilities had to be shut down during the Covid-19 lockdown because of transport problems. Though the staff providing the

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services were from the institute, there were non-residential staff who came from nearby urban areas; restricted transportation, including inter state restrictions, made it a huge logistical problem. Thus, these staff also came by rotation. For emergency services, people were screened by questionnaire, and then segregated - suspected COVID cases were referred to the district hospital, about 10 kilometers away from the sub-district hospital.

I learned of a dark story of how a young girl with postpartum sepsis came to our sub-district hospital, but because she mentioned the symptoms of cough and fever, she was referred to the district hospital as per protocol, even though we do have a resident gynecologist. When she reached the district hospital, she was again screened and the screening person realized that there was no actual cough, and that the fever was probably due to septicemia. It is not unusual for patients to describe the presence or absence of symptoms in a confusing way, or for a harried, over-worked professional to misinterpret an ambiguous response. The district hospital did not have a gynecologist available at that time for some reason, so the young woman was again referred to a large hospital about 30 kilometers away. The delay at each referral ultimately resulted in the loss of a young life. I know this case is not an exception as the newspapers are full of patients being turned away from government as well as private hospitals without due attention. It is the worst time to fall sick!

But there are silver linings, as I mentioned earlier. Residents and Interns sitting idle in the primary health center (PHC) watched for a while as follow-up patients were turned away without being seen because of the influx of sicker patients from the community, because of physical isolation requirements, and because of the staff crunch. Usually, the majority of the people attending a PHC have a mild illness, or a chronic one. Most happen

to be old people living nearby who are accustomed to just walking in and getting their medicines repeated for hypertension, diabetes, or chronic bronchitis. Since there were no COVID-19 cases reported in the surrounding villages, our residents and interns, on their own initiative, decided to start a modified outpatient service with contact only through a window that was routinely used by pharmacists. They took due precautions; in any case, in most instances, no examination was required. Besides, the window seemed to ensure some kind of protection from direct contact. As people came to know, long queues began forming, spilling out onto the road outside the PHC. This was expected, as there were almost no other health care providers working in that area during the lockdown.

Despite the request for social distancing, one could see the enthusiasm, with the old-timers thrilled at getting a chance to interact. It might have better if we had run outpatient services inside the spacious PHC complex which had scope for better physical distancing but then the regular staff was not there to help in ensuring a queue with appropriate distancing. The interns had to multitask in their absence and this was the best feasible arrangement under the circumstances.

All said and done, the paradox we are caught in has no clear prescriptions. Arguments can be for or against any intervention during this period. Only time will tell whether we did the right or the wrong thing.

These experiences remind me of the Serenity prayer attributable to Reinhold Niebuhr:

God, grant me the serenity to accept the things I cannot change,
the courage to change the things I can,
and the wisdom to know the difference.

Ameen!

This article has an associated commentary written by [Dr Vijayaprasad Gopichandran](#).