Holistic lessons from a pandemic: Does anyone have a spare pen?

We are living in a circus. A Great Parliamentary Juggling Act. To save lives, we have to take them from others. So which balls get dropped? That's something that has to be worked out by who is the best voting pool, and which one will look worse in a Sun article. Waves of deaths from old folk and the immunocompromised and some that just got unlucky (Hannah Ritchie, 2020), or flood A&E with the suicides that come from a failing economy? (McKee, 2011)

Given this is a holistic essay, let's have a look at the whole picture: I missed the Brexit vote for being too young, and have been dragged down on a disastrous voyage through the political turmoil that has followed, navigated by old men and commissioned by the elderly. I survived the first year of education reforms that made no sense, favoured boys (Elwood, 1999), and again, was driven by a tired old man. I watched senseless changes to junior doctors' wages by another old man with no idea what he was doing. And now I watch what little economy we had left collapse to save the elderly. It is pretty defeating to play a system that is actively being designed against you when all you want to do is help people (and get paid for it).

I think it's important to follow that up by stating that I love working in elderly care in the hospital; people are wonderful and even those who aren't are wonderfully good fun if you can keep your sense of humour about it all. The frustration I feel towards this strange state of affairs does not extend towards individuals at all. Everyone has their reasons for voting the way that they do, people have different ideas about how best to run the country. But I feel it is important to understand how disenfranchised the youth are about politics from our eyes, because we've never seen it work anything but against us; when the vote is "do you want someone who will personally victimise you, or who will destroy the whole economy with you in it" why bother voting at all?

And so, with that background sorted, let's enter into the world at the moment. It would be easy to write a happy go lucky piece about how our government is holding our exercise time sacred and looking out for our mental health, but anyone could write that. You want to read a medical student's piece and you can have one. I've touched on some of the issues that affect me, but actually, there's nothing a Boomer likes less than a whiny Millennial (or Zoomer in my case) so let's talk about the realities of the world for the elderly which, at my expense, should be perfect.

I've worked on the "front line" which is a funny turn of phrase, like a soldier going off to war rather than a small girl in a plastic apron and trousers that are too long, trying her best to fumble her way through the unfamiliar routine of whatever ward you end up on, whilst being taunted by the lady whose faeces I'm clearing up ("is it your first day love? Yeah, I can tell"). In all truth, the world that is set up for old people, isn't even serving them either.

There are no visitors in the hospital at the moment, and so I have held the phone up to the ear of a GCS 0 lady while her family say goodbye, and been begged by a lady for death because "she's said goodbye to her sons and she wants to go now". They are all DNARs. No

one is fit mask tested which means no one is supposed to deliver CPR even if we wanted to. So, I ask to myself, why in hell are they in hospital? They're just being bought time here.

But time for what? To stare at a wall in the hospital and wait? Many of them won't even wear their nasal cannulas, so they're not even being given any treatment here that they couldn't get at home, and who are we to make them? You can't decide someone doesn't have capacity just because they're doing something you don't like. (NHS, 2019)

I think what I mean to say is that this pandemic has forced us to learn some pretty important lessons about holistic care, but the whole country seems to have shown up late to class because we didn't know what room we were in, got lost on the way, and when we arrived at the lecture there was only one seat right down the front, and when we sat down we realised we didn't have a pen (not that a medical student would know what that is like, obviously).

I guess if there is a point to my ramblings, it's that we need to do better next time (and to everyone who thinks "Haha, there won't be a next time in our lifetimes" check out the state of antibiotic prescribing and come back to this essay when you're finished; honestly, its way more important than anything I have to say). (MayoClinic, 2020)

The beauty, I think, in holistic care is that it is not technically challenging. There is not hours and hours of complex learning to implementing it. Most of the time, you just have to think "why am I doing this?". When a paramedic goes to visit a lady in her 90s with Covid-19 who has a past medical history that looks like an index of medical terms, before you stick her in the ambulance, think "why am I doing this?". Ask the patient "how would you like to spend the rest of your days?" Ask whether 3 months in the hospital, where you don't know what anyone is saying because they're all be wearing facemasks, so you can't even lip read, and the best they can do for you in terms of communication is writing on a whiteboard, would be worth it? And maybe they'll say yes, but maybe they'll say no. Maybe you'll give them the death that they want, that they have chosen.

The buzz word in our lectures for the past two years has been bio-psycho-social (Engle, 1977) to remember that a patient is more than just their list of signs and symptoms, and we need to treat them as such. This is so ingrained into the way I consider medicine from an academic point of view, it seems completely unfathomable to consider patients any other way. And then you step into the hospital… (M Jones, 2002)

Infection control is fundamentally about doing simple things consistently and inflexibly (Public Health England, 2020) and that lack of flexibility is the enemy of holistic care, but it is important to find ways to work around this. I have spent many of my working hours recently showing old ladies how to use their hospital phones, mobiles, how to answer their children's facetime calls, to stay up to date, prevent them from feeling lonely and isolated when they can't have their visitors in. But its time consuming, and not always possible when you're rushed off your feet in a busy ward. These things just don't take priority. But counterintuitively, it's these quieter days, when I get the time to connect the inpatients with their families, that are the days when I feel that I've made the biggest difference.

It's a strange thing to think in medicine: a good death. Because, after all, we are fixers. The mantra of most people I've met in the hospital seems to be 'What's wrong? Why is it wrong? Can we fix it? Get out the door'. Now, that's not such a bad attitude in A&E, but it makes it easy to forget that there is so much more to life than how much of it you have. As death rears its ugly head, sometimes it's far more worthwhile to give your family one last goodbye and die with a smile, than fighting until your last breath. And that's not sexy. it's not romantic. We, the well, much prefer the stories of gallant heroics, but the well shouldn't get to decide how the sick should die. The sick should.

We need to have these conversations about death before we get there (Gewande, 2014); people need to know what the inside of the hospital will look like, what it is they're risking, what the odds are. It's been lovely to be clapped for as an NHS hero, but that is not what we are. We're human beings, doing our best. We cannot "put a stopper in death" (Rowling, 1997), as much as we would like. We cannot promise to cure, we cannot promise time scales, all we have is probabilities.

So, this is my request. If I have to live my life at the mercy of the elderly voting pool and the whims of old MPs, lets at least do right by them, and everyone else is a bonus.

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