

# Put to the Test

Category: Stories

written by Roberta Turner | March 24, 2020



## Coronavirus brings on an ethical dilemma...

I'm a primary-care doctor in Washington state. I was recently confronted with a ticklish and painful situation.

Here are the facts and the sequence of events:

On a recent Wednesday morning, I saw a forty-five-year-old woman in my office for an earache. She told me that a member of her church had been diagnosed with coronavirus, and that many schools in the area were being closed because of possible exposure. Later that day I started to receive emails and phone calls from families in my practice, giving more information about this situation.

A week later, I got the phone call I'd been dreading. This same patient told me that four days earlier her entire family—both parents and all four children—had been tested at home by the Department of Health, and that the test results had just come back. They were all positive.

I told my office manager, who suggested that I talk to my hospital's chief of infectious diseases. I did so, and she asked me many questions in order to assess my risk of coronavirus exposure.

Based on my answers, she deemed my risk low. The reasons: (1) I had washed my hands after the encounter; (2) I wore a mask (I think I did, but I'm actually not sure); and (3) I wear glasses. Of course, goggles would have been better than glasses; a N95 respirator mask would have been better than a surgical mask; and gloves would have been better than just handwashing (and back before I knew much about COVID-19, I was doing a quick handwashing, not the twenty-second handscrubbing routine). A medical gown would have protected me a little more, too.

When I asked if I should get tested for the virus, she said, "It's an

individual decision, but unless you have symptoms, it seems unnecessary.”

I then told my partners about the situation and shared my question.

“Don’t get tested,” my senior partner said firmly. “If you test positive, the office will be quarantined—shut down for fourteen days.” She didn’t have to state the obvious: No patients, no revenue.

My practice’s managing partner told me the same thing and added: “Also, it will cost \$10,000 to disinfect the office.”

That evening, I spoke to my family. They all *begged* me to get tested. Because we’d all been together at my granddaughter’s birthday party three days prior, they also wanted to know whether I had exposed *them*, as well as the other people who’d attended. In the back of my mind hovered a horrible thought: *If I have coronavirus, I shouldn’t be working; I couldn’t live with myself if I were exposing my patients to this virus.*

As a primary-care doctor, I know that most of my younger patients are healthy and would get over this illness unscathed—but I worry for my older patients, some of whom are immunocompromised. I worry most of all for my own nonagenarian mother, who fortunately did not attend any social events in the week after my possible exposure.

I didn’t know if it was anxiety or the coronavirus, but that evening the cough that I’d been dealing with for three months started to change. It went from a little throat tickle (probably just post-nasal drip) to a hack that sounded like I’d been smoking two packs a day for sixty years. After tossing and turning through the night, I decided that I had to do the right thing and get tested. It wasn’t for the sake of my own health, because there’s no treatment for coronavirus. But getting tested was the only way to know if it would be safe for me to see patients.

My family encouraged me in this decision; my office manager supported it—and both of my partners told me that I was making a big mistake.

I even got a phone call from my partner’s wife, a hospital intensivist.

“If you get tested, not only will your office be shut down by the Department of Health; everyone in the office will have to get tested,” she told me. “If anyone is positive, you’ll be shut down for fourteen days. If my husband is positive, *I’ll* be tested, and then quarantined for fourteen days while I’m waiting for the results. As an intensivist, my services are crucial for the sickest patients with COVID-19, because they’re in the ICU.

“And finally,” she added, “if none of us are working, how will we all pay our mortgages?”

But I’d made up my mind. I needed to know if I was a danger to my patients or to anyone else.

As it turns out, one of my nurses was coughing also and wanted to get tested, so we put on our masks and gloves, went out to the parking lot, swabbed each other and went home. (Luckily Bioreference had just started to offer test kits, and we had received a few that day.)

I’m still in quarantine while we await our test results. My partners and I closed the office this weekend while the office underwent a thorough cleaning, and we practiced telemedicine with our patients.

I’m sleeping a little better at night, knowing that I did the right thing, but I dread going back to work and facing my partners. If my test is

positive, they'll be mad at me for causing us extra expense and lost income. If my test is negative, they'll accuse me of overreacting.

This experience has taught me two things.

First, for me, public health overrides profit. Second, when I graduated from medical school, I did not take the Hippocratic oath (*primum non nocere*, "first, do no harm"), but rather the oath of Maimonides. In the face of this challenge, I'm following the words that I uttered then: "The eternal providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all times; may neither avarice nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of truth and philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children."

*Update:*

My COVID-19 test came back negative. I returned to work two days later. Now, for everyone's safety, our patients are trying to avoid coming to the office, we all practice better infection control, testing is becoming somewhat more available, the ICU beds are full, people are scared, and most are practicing social distancing.

The pandemic continues...