My Fifteen Minutes of Fame

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Abstract: This writing is based upon my personal experience during the pandemic. It depicts the reality of how health personnel working in the health facilities are being treated in our community during this challenging time. Besides the work-related stress, health workers have been facing immense emotional and psychological stress at their home and society. I have tried to represent the stories of many such health professionals who have been isolated from the society and whose family has been threatened not to let them enter their home. Despite the risk imposed upon me and my parents of getting COVID-19, I volunteered to serve the community in this dire situation by providing health check-ups to the patients at my home, responding to every phone call and text, distributing medicines and conducting awareness raising sessions regarding healthy lifestyle including ways of preventing the virus transmission. Initially, I was appreciated for all these efforts by the people in my community when I was working from my home. But the recognition was limited only for a short period of time. Soon, this admiration turned into fear and hatred when I started working in a hospital.

Keywords: fame, pandemic, health facility, COVID-19

We were at the dawn of this pandemic. Looking at how miserably the powerful nations of the world were failing to control the spread of the virus, countries like ours have learned the lesson and had gone into lockdown to halt the transmission. The name of the virus and fear of the disease were spreading faster than the infection across the country. My job as a teaching assistant was to take classes virtually from home. Therefore, I decided to stay at my parent’s house.

One morning, one of my neighbors was at my parent’s house door calling my name. His wife had an insect bite while working on a goat farm two days back. She had high-grade fever with chills and rigor. He had come to request me to have a look at the wound. I advised him to take his wife to the hospital, but he told me he would not take his wife to the hospital at any cost during this pandemic. Hearing his reply, I went to see the patient. The bite site was swollen and red. I urged them again to go to the hospital, but they denied it. I prescribed oral cloxacillin, suspecting cellulitis, which improved the redness and swelling of the bite wound but did not subside her fever. I decided to continue cloxacillin and added doxycycline based upon my clinical judgment for the tick bite. Doxycycline worked like magic. From the first day, she took the pills, her condition improved drastically.

This success story spread quickly. “That doctor girl, she does health check-ups at her home and treats patients doing home visits even at this time of the pandemic.” Within few days, I started having patients at my door and getting numerous calls and texts asking for medical advice. Occasionally, they would request me to do a home visit. I encountered patients from all age groups, such as neonates with physiological jaundice to the eighty-six-year-old man with knee pain. Patients would seek my advice and treatment for various symptoms like headache, abdominal pain, fever, allergy, cut wound, hypertension, diabetes, diarrhea, vomiting, etc. I prepared a small bag where I kept my most essential tools: masks, sanitizer, stethoscope, blood pressure cuff, saturation probe, and thermometer. I used to counsel people regarding COVID-19 symptoms and ways to prevent the transmission, including the importance of healthy diets, exercises, and good sleep and contraception methods to the concerned couples.

“Is it ok to see patients myself at home? What if symptoms get worse or complications to arise? I would ask myself. I had always made sure to refer patients with alarming signs and symptoms to the hospital. I had been following the guidelines to prevent transmission. I could not just sit at home and ignore people calling me for help during such a challenging time. I had well understood the extent of risk imposed upon me, my parents, and others due to my work. Therefore, I appealed to the local government to provide me with Personal Protective Equipment (PPE). Their reply was straightforward. “We are not able to provide PPE to the health workers in the hospital. How can we waste PPE for a doctor staying at home?” I had no choice but to agree with them because no one would consider a person working from home a frontline worker. I was discouraged to see the relatives and family members of the concerned authorities posing in PPE in their garden with the hashtag “how do I look in PPE”. But I had to protect myself, my parents, and people seeking my help from getting an infection. Therefore, I washed my hands every time I came in contact with others, never took my mask off, touched patients only when necessary, and maintained distance with everybody, including my parents. I started staying in a separate room, also used separate utensils.

Some of the patients were asking me for medications. I felt bad for sending them to the town to get simple medicines during this lockdown because they used to get caught by the police on their way most of the time since they did not have a hospital prescription. I made a list of the most essential over-the-counter (OTC) drugs like antipyretics, analgesics, antiemetics, antacids, antiallergics, oral rehydration solution, bandages, gauze, cotton pads, and ointments. I bought these medicines and started giving them away to the patients who needed them.

My parents were concerned about me but have never been this proud of me. Everyone was congratulating them for having a daughter like me and thanking me for my service. People were proud to have a health worker like me serving the community at this time of crisis. The best part was, I was enjoying what I was doing. It was like revising all the systems. New symptoms, new challenges, opening books, consulting seniors and colleagues, reviewing articles all over again. It was a break from my academic schedule.

It had been few months since I had started working for the community. I decided this is the high time to contribute to the medical field as well as to learn and enhance my clinical
experience and skills. I was offered a job as a medical officer in a hospital. Finally, I got to work wearing a PPE but I had no time to take a picture and post it on social media. It was a different time to work in the emergency now than in the past. Most patients which we used to see were COVID suspected, who needed immediate isolation and testing. Besides that, we had very few patients with other symptoms in the hospital. I realized that patients would come to the hospital rarely even after I counseled them.

After working painstakingly for almost two months, I was really tired and wanted to see my parents. The protective measures I have followed here were far better than what I got at my house. I thought there would be no harm in going to meet them and I would stay in the same separate room and not come into contact with anyone. I called my mother and told them I will be home tomorrow to see them. My mother in an uncomfortable and sad tone said to me” I have to tell you one thing. People in the community have prohibited any health personnel from entering the society because of the fear of getting infection”. I asked her what does that mean. She explained that when they found out about my job in the hospital, they conducted an emergency meeting and made a decision to boycott me and my parents if I enter the community”. With a heavy heart, I hung up the phone. I was shocked by how fast my fifteen minutes of fame came to an end.