



part of her physiotherapy. It seems to make this convalescent period that much more bearable for her, to be able to reexperience her transitions from girlhood to womanhood, from motherhood to grandmotherhood, while maintaining some form of normalcy. Though the stairs up to the poetry section at City Lights have gotten harder to climb, at least Ginsberg and Kerouac are still there when she arrives.

But now that coronavirus has crept into San Francisco like Karl the Fog, visiting a bookstore can feel like a risk. *Is it worth it? Mary wonders before stepping out the door. What if someone at Cal-Mart has it? Has my student who was coughing in the back row been traveling?* “I’ll need to cancel my trip to Berlin,” she says, imagining the recirculated airplane air and the crowds moving through travel hubs and responding to evolving travel restrictions. Travel — especially to that once-war-torn city with its famous wall meant as a form of barrier protection from the infectious spread of capitalism — is one of Mary’s passions.

She is undeterred, however, since she has some control over these risks, and she vows to keep living her life and being involved in her community, if even remotely, until she’s told she can’t. The only restriction she is sure that she’ll avoid, at all costs, is visiting the hospital, where viruses jump around waiting rooms and hide in white coats and Half Windsors. “We’ve always said the real point of entry for coronavirus is a busy emergency room,” noted Mike Ryan of the World Health Organization’s Health Emergencies Program. All Mary has to do

is avoid the places where sick people go.

There’s only one problem: every day when I return home from work, I’m coming back from a busy emergency department (ED).

The irony is that despite health workers’ being “the glue that holds the health system and outbreak response together,” per Tedros Ghebreyesus, director-general of the WHO, 41% of the Covid-19 cases in Wuhan resulted from hospital-related transmission.<sup>2</sup> Health care providers are at increased risk for developing the condition and spreading it.<sup>3</sup> Work stress is believed to weaken their immune systems, and close, intimate care of patients can lead to exposure to a higher viral load. Despite performing selfless work on behalf of their communities, health care workers have faced social stigma during this outbreak.

As a colleague and I go through the 17 steps for donning personal protective equipment and the subsequent 11 steps for safely doffing it in the back corner of the ED, Coldplay’s “Clocks” comes through on my overnight playlist: *Am I a part of the cure, or am I part of the disease?* We wonder whether our commitment to our community puts our families at risk at home. But who would manage the triage tents, resuscitate the respiratory failures, and manage the intensive care units if health care professionals steered clear? Who would study the disease spread, investigate novel therapies, develop the disaster plans, or manage all the other health issues that continue to occur without regard for the virus? If some physicians or nurses or physician assistants stop coming to work, the health

care system will face further stress, and patient outcomes will suffer.

Nevertheless, I see the horror in my wife’s face whenever I scratch my nose with the end of my glasses or sneeze into my elbow. It’s as though she’s hearing the police tell her that “The call is coming from inside the house!” The virus’s threat is as ominous as a gun’s — both far more dangerous to you when they live in your home than when wielded by an invader. Yet the wounds these pathogens inflict and the diseases they spread are what my colleagues and I have devoted our lives to treating. Are we being irresponsible to our families and friends by going out to dinner, by hugging or kissing them good night?

Mary and I talked about what it would mean if she were to become infected. Breathing might be as difficult as marching up Mount Everest without an oxygen tank. She might cough so much that her chest would feel like she had just ducked out of the ring with Muhammad Ali. She might need to be hospitalized. Her lung reserve is so low that she would most likely wind up on a mechanical respirator in an intensive care unit, probably on the 13th floor at UCSF, where I trained several years ago. Perhaps the team would attempt extracorporeal membrane oxygenation (ECMO), hoping that more time would be the answer. It is not unlikely that she would die, that this invisible invader, this microscopic enemy would be the end of her story. All this just because I came home.

I stand in the ambulance bay outside the hospital at 6 a.m. and begin to call friends from resi-

dency. I'm looking for a room where I can stay: last night, I was exposed to a patient with possible Covid-19 who needed intubation. The music still plays in my head: *Home, home, where I wanted to go*. "I have space at my apartment, and if you're exposed, I guess I am, too," Sam, my fellow overnight doc, says as she walks through the sliding doors behind me. Times like this can leave physicians stranded between our commitment to the community and

responsibility to our families — a no man's land where a colleague's spare bed may be the closest approximation of *home* that we can find.

Disclosure forms provided by the author are available at [NEJM.org](https://www.nejm.org).

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This article was published on March 18, 2020, at [NEJM.org](https://www.nejm.org).

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DOI: [10.1056/NEJMp2004768](https://doi.org/10.1056/NEJMp2004768)

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