Diary of a Family Physician

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6:50 a.m.

The local hospital has had an influx of patients with COVID-19 admitted. I mentally prepare myself for the first of four days as a physician volunteer for inpatient services.

8:45 a.m.

I meet my three interns and find that we have OB/GYN, psychiatry, and dermatology represented. The last time I worked in inpatient medicine was as a resident three years ago. I am feeling out of my element as we begin walking rounds.

11:00 a.m.

I realize that a patient I recently evaluated in the office and sent to the ER for leg pain is being transferred to my medical service. The patient was found to have a proximal femoral deep venous thrombosis and multiple small bilateral pulmonary embolisms. In a hospital with almost 700 beds, this welcomed coincidence exemplifies continuity of care at its finest.

2:00 p.m.

I conduct a virtual meeting with a patient's legal guardians, the palliative care team, and neurosurgery. The discussion involves a middle-aged patient with Down syndrome who is in severe pain due to a recent L1 compression fracture.

4:30 p.m.

A patient's hemoglobin level has dropped precipitously. I evaluate the patient and find they have had an episode of hematemesis. I consult the critical care team, who transfers the patient for a presumed acute upper gastrointestinal bleed.

8:15 p.m.

Home, at last, I take a moment to sit down with my husband. We are 33 weeks pregnant and excited to step into the adventure that is parenthood. As we gaze down at our ultrasound photo, I am comforted knowing that at least this is one thing COVID-19 can't take away.

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7:00 a.m.

I direct fed the baby before I ran out the door. My doorway mental checklist includes bag, wallet, personal phone, work phone, hospital identification, breast pump and parts, ice pack, mask, water bottle, food, food, and more food. They say breastfeeding burns an extra 400 kcal per day. I'm convinced it's higher for doctors.

8:00 a.m.

My third-year medical student conducts a telemedicine appointment with a patient while I listen in. The learning curve to precept this type of encounter has been steep and forced. They discuss the results of the patient's pulmonary function tests and devise a treatment plan. Afterward, my student tells me that was the best practice they had at counseling because they could focus completely on a skill that is typically rushed.

12:45 p.m.

A patient comes in without an appointment. At the last minute, the patient asks, "Doc, can you test me for STDs?" This is unrelated to the visit. I have not taken a sexual history because I did not see this coming. This is a doorknob moment because it took the whole visit for the patient to work up the courage to ask about what they were really worried about.

2:50 p.m.

I call a spouse whose wife is in the hospital with metastatic breast cancer complicated by metastasis to her brain and seizures. He can't visit her because of COVID-19 precautions and worries that she is refusing to eat and is confused. It is a heart-wrenching conversation. The inpatient team talked to them about hospice, but they don't completely understand what it means. I arrange for a virtual meeting with the patient, her husband, the inpatient team, myself, and the primary oncologist.

4:55 p.m.

I send my daily text, "When did the baby last get a bottle?" so I know if I should pump again before leaving. On my ride home, I feel a mix of sadness for my sickest patients and relief that the other side of this pandemic is starting to feel within reach. ■