A medical resident’s view of COVID-19: Dystopian tale come to life

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About halfway through her internal medicine residency training, the new reality Allison Vise, MD, encountered felt eerily familiar to one she had read about in novels growing up.

Her walks to work once took her through Boston’s vibrant streets; now, the city seemed empty. The entrance to the hospital involved a handful of checkpoints with staff and security. Her patients were sicker than ever before, with few treatment options.

COVID-19 was peaking in Boston, and the world felt different. Dr. Vise, a third-year internal medicine resident at Brigham and Women’s Hospital and Harvard Medical School, chronicled the differences in a JAMA Internal Medicine perspective essay.

“I love dystopian fiction,” she wrote. “All the better when it has a ‘coming of age’ bent. “From early childhood favorites like The Giver to more recent indulgences like The Handmaid’s Tale, I marvel at the heroines, the moral dilemmas, and the fantasy of it all.

“As a resident physician, I am starting to see those dystopian fables as prophecies more than fiction.”

Words to relate to

When Dr. Vise wrote the article in the spring, hospitalizations in Boston were higher than they are today. There were more unknowns surrounding COVID-19. Those factors, she said, caused many friends and family to worry about her safety. She had hoped that putting pen to paper and producing the essay could be somewhat reassuring for them.

“They were sitting there, watching the news, then seeing me go to work and felt like I was a hero,” she said in an interview with the AMA. “Part of what I wanted to convey is that a lot of the nature of work
felt not heroic, but rather routine. The medical problems we were confronting were new and evolving. What had changed was getting into and out of a room took a lot more effort. Because you have to don and doff PPE.” And, Dr. Vise notes, she and her colleagues were now caring for people with an illness without many therapeutics.

She also found the creative outlet to be cathartic for her.

“Writing has always been an outlet for me,” Dr. Vise said. “From a young age, I was somebody who liked to journal to work though whatever was on my mind. If I put pen to paper, I’m not holding the thoughts alone in my head. It’s out. I can dump it and leave it in that place. I wrote this on a day off in between shifts. I woke up, made my coffee, sat down at my computer and wrote for a few hours.”

Learn how medical residents stretched by pandemic are at risk for stress injury.

A new normal?

Months after her words first hit the page, they were published online in JAMA Internal Medicine. Dr. Vise said she had hoped they would be a time capsule, capturing an era of uncertainty that had since passed. But the country remains under many of the same sort of pandemic protocols that have, in some ways, started to feel normal. “There are so many specific ways that at the beginning of COVID the world felt a bit dystopian and subsequently it has continued to feel that way,” she said. “There are myriad things I could talk about that resemble the world of The Giver or The Handmaid’s Tale. That continues now. It’s something that’s hard to sit with for me. Now we’re facing these next few months and I worry about what happens if a larger number of people get sick.” Even as hospital admissions again surge, Dr. Vise is hopeful that she can be part of the eventual solution.

“Taking care of people is the most profound, specific way you can do good in the world,” she said. “That’s what motivated me to become a physician in the first place. That remains my guiding light, still.

“I’m not immune to the anxiety that comes with COVID. All of those worries that people who are working from home have—I share those worries. But having a needed skill has felt rewarding and important.”

The AMA has curated a selection of resources to assist residents, medical students and faculty during the COVID-19 pandemic to help manage the shifting timelines, cancellations and adjustments to testing, rotations and other events at this time.