



Three Questions for
Patty Starr, APNP
Palliative Care & COVID-19 Survivor

1. What has surprised you most in navigating the COVID crisis?

What surprised me the most was that I tested positive for COVID-19!

On March 8, 2020, I took a trip with a group of seventeen Wisconsin women to snowshoe/ski up to the 10th Mountain Division Huts near Copper Valley, Colorado. At the time, we were extremely confident that being out in the fresh mountain air at an elevation of nearly 12,000 feet ensured that we would not be at risk of COVID-19 exposure.

To put our travel dates in context, there had been a total of 223 cases of COVID-19 in the US as of March 6th; the number of cases in New York City jumped that day from 11 to 44. Most were still thought to be linked to international travel. There were no recommendations to limit domestic travel, no closed businesses, no discussions about social distancing. By the time we hiked back down the mountain several days later and got our cell service back, a national emergency was being declared.

Near the end of my trip, I developed an intermittent cough, but several of my travel companions had shown up with colds and, heck, it was the middle of winter, after all. I felt fatigued, but between crossing time zones, a red-eye flight back from snowshoeing up a mountain, and clocks resetting for Daylight Savings, who wouldn't be tired? I started checking my temperature twice daily and went back to work as planned on March 16. On March 18, one of my travel companions texted that she had just tested positive for COVID-19, despite being virtually

asymptomatic except for mild cough, fatigue, and some body aches. She had no fever.

Okay, so despite being afebrile, I had been exposed and needed to be tested. Without that darn fever, it was difficult to find someone willing to test me; I didn't meet the criteria and was told, "You may be sick with something, but it's not COVID." At that time my employer thought it would be okay to continue working, but I chose to pursue testing instead. There was a constant body check going on in my head: *Do I feel sick? have chills? ache? Is my cough different?* To help put things into perspective, on March 16, there were now forty-seven positive cases in eleven different counties in Wisconsin; this prompted the Governor to ban gatherings more than fifty people.

I called a COVID hotline and was asked to leave a message due to high call volumes; they called me the next day; I could come to the parking lot tent outside the Emergency Room but, first, I needed a doctor's order. I momentarily contemplated lying about having a fever just so I could be screened, but fortunately my provider was willing to allow me to be tested. I was promised results in five to seven days but heard back the morning of the third day that my test was positive. The recommendation was to stay home and under quarantine for fourteen days.

2. Can you share your experience being sick with COVID-19 in the early days of the crisis when outcomes were so uncertain?

I acknowledge that I was very fortunate and blessed to have had a mild case of COVID-19.

My first response after hearing that I tested positive was a deep regret and overwhelming concern about the impact that my COVID-19 positivity had on everyone with whom I had been in contact. Over three days at work, I had conceivably exposed many people. That worried me more

than anything else. Pictures ran through my head of every patient I saw, every chest I auscultated, and every time I may have coughed in my shared office. (insert horrified, sad face emoji).

I felt guilty. I was very worried about my colleagues; worried about their health, the health of their families. I was fairly certain they were having lots of emotions about their exposure from me and what that would mean for them, as well. I felt horrible. I spent a lot of time questioning everything. *Was I foolish to go to Colorado? to be in an airport? to be in a plane? Was I cautious enough? Should I have known I had COVID-19?*

Because I felt that I had caused a great deal of angst for many, I had a hard time letting myself just be sick and let go of all of these dominoes that were starting to fall. My colleagues needed to quarantine themselves for fourteen days, which meant all of the regular staff were out of the office simultaneously. All of the patients on the inpatient unit where I worked also needed to be tested for COVID-19.

The ripple event expanded. Next came my condo neighbors; one of whom felt it was imperative that I immediately tell the entire condo board that I had coronavirus since “everyone deserves to know.” Really? I have lived here three years and have never bumped into most of the residents. Despite feeling that my privacy was being invaded, I got over it and soon my entire condo complex knew I was quarantining due to COVID-19.

I could sense the fear and panic as emails and messages flew among the condo residents. It felt like they wanted to know which doorknobs I’d touched, which elevator I had used, what air they may have exchanged with me. I know they felt exposed, but so did I. I found myself justifying—*I’m a nurse, I understand clean versus contaminated, I am not being careless or putting them in danger, I am a responsible human!* I felt defensive at times even though I knew that this was about fear and feeling vulnerable and I shouldn’t personalize any of the questioning. Who knew what to worry about? It seemed that information about COVID-19 was changing hourly.

There was much discussion about when it was safe for me to return to work and – with no consensus – the pendulum swung from “three days after symptoms subside” to “fourteen days after being swabbed.” I knew that I would be under more than average scrutiny after returning to work; if I coughed for any reason, there would be heightened awareness and, yes, fear that I was going to make everyone sick.

3. Has this experience impacted your approach to caring for patients and families now?

I do not feel that my experience with COVID-19 has impacted my approach to care of patients and families, *per se*, but I do fear that we are underestimating the impact of isolation on patients that would otherwise have their loved ones at their bedsides. I feel the loneliness of separation on my unit at work when I am rounding.

I feel a sense of loss of opportunity. I believe that individuals nearing end of life are entering a sacred time, a time worthy of awe, honor and respect. It is a time that will not come again, ever.

I hope that this pandemic does not overshadow our awareness of the very real need for presence and connection at end of life. I often think of the words of Rachel Naomi Remen:

“The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention ... A loving silence often has far more power to heal and to connect than the most well-intentioned words.”

Not every interaction is translatable into a Zoom or Facetime session. Far more can be said by holding a hand.

Patty Starr, APNP, is a part of the Inpatient Palliative Care and Hospice unit at Zablocki VAMC, joining the Palliative Care team in 2015. Prior to coming to the VA Patty was a member of the Palliative Care Program at ProHealth Care.