



Humanities and Medicine

Powering Through: When Crisis Forces Us to Face Ourselves

Jenny Castillo, MD

Emergency Medicine at CUMC, Columbian University Medical Center, New York, New York

Corresponding author: Jenny Castillo, MD, Emergency Medicine at Columbian University Medical Center, 622 West 168th Street, VC2 – Suite #260, New York, NY 10032

Last March, Coronavirus disease 2019 (COVID-19) hit New York City like a catastrophic cyclone. Within days, thousands in our wonderful city were suffering from, and finding their way through, a fog of inexplicable symptoms and fear of death. We quickly learned you could not batten down the hatches and wait this one out. Even with 20 years of Emergency Medicine experience, including working at Ground Zero of 9/11, I had never witnessed this level of devastation and heartbreak.

Before the deluge of patients hit, I cared for a patient complaining of losing his sense of smell. I completed the examination without a mask and had no obvious reason for his ailment—only to find out later that symptom was pathognomonic for COVID-19. At that time, we did not know this novel virus and how a fairly inoffensive symptom could be just the beginning. We lacked a forecast guiding the storm's path.

As the weeks turned into months, we continued to *power through*. Patients became sicker. Colleagues became patients. Families could not say goodbye to their loved ones. The amount of death and grief was beyond comprehension—and yet, the worst was still to come. We learned while on shift that our friend and colleague committed suicide. The corkscrew of spiraling winds knocked us down as individuals and as a department. The anger, sadness, and grief were overwhelming. How could we make it through this next storm?

We, however, were not alone. The community we served shared our trauma as they lost family members,

their livelihoods, and the freedom to live their lives. Simultaneously, racial tensions escalated and added to our community's pain. Protests surged, curfews were instituted, and our department went from discussing personal protective equipment to how to treat patients who were pepper sprayed and hit by rubber bullets.

As the Director of Wellness for our department, I sought to ensure that initiatives were in place—from weekly virtual peer sessions to virtual social activities—to help bolster the department. Although we tried hard to keep each other well, we just *powered through* each day. By the end of July, I could not sustain this pace, and like many of my colleagues, felt drained and exhausted. As emergency physicians, we are accustomed to being tired. However, this tired was different. It carried the heavy weight of grief and sadness. My body was telling me to slow down and rest. Instead, I worked shifts and my “off” days were filled with meetings and strategy sessions on how to improve the well-being of our providers.

Though I attempted to ignore my body's signals, they were not to be ignored. Vivid dreams of patients lying on stretchers as far as the eye could see consumed my rest. Still, I *powered through*. Finally, when a colleague asked me if I was ok and I teared up with exhaustion, I decided to listen to my body and process the trauma. If I continued on this path I realized I could make a mistake caring for a patient, get sick myself, or quit medicine altogether. With the support of my departmental chair and my husband, I acquiesced and took a break.

I started my leave feeling tremendously guilty for “abandoning” my colleagues. Fear that taking a break would adversely affect my career or my colleagues would think I was weak, permeated my thoughts. Self-judgment crawled into my consciousness. But, I could not *power through* any longer. I had to accept where I was and care for myself like I care for my patients. This was uncharted territory.

Sitting quietly and processing grief was hard, uncomfortable work. It made me wonder if I ever wanted to go back to working as an emergency physician again. Why would I consciously put myself back in the same position during a second surge? Culturally, emergency medicine creates a learned behavior. We learn to *power through*. We *power through* shifts without breaks. We *power through* a week of 12-hour shifts so we can collapse the following week on “vacation.” We *power through* emotionally challenging cases without processing the emotions behind them. We *power through* more shifts a month than is healthy because we have school loans to pay back or children to put through college.

During my leave, my husband, an Army infantry veteran, shared an incredible story. His mission was to retrieve two pilots who died in a crash. Upon arrival at the crash site, my husband noticed two unused parachutes inside the plane. Flabbergasted, he asked the company commander why the pilots did not use the parachutes. The commander calmly explained that pilots are taught to “fix the problem, fix the problem, fix the problem, and then crash.” They did not consider the parachute as an option.

As physicians, we are taught to “power through, power through, power through, then crash.” Medicine, especially emergency medicine, does not teach us to reach for the parachute. By taking a break, I avoided going down with the plane. I took care of myself and was able to land safely from the spiraling winds of the previous months.

Upon reflection, I realized that *powering through* is not the path to a long, satisfying and joyful career. Emergency Medicine, as a discipline, must recognize that *powering through* is not healthy or sustainable. As attendings and educators, we need to prioritize our health and start modeling behavior that cultivates a supportive environment. This is vital not only for the health of emergency physicians, but the health of our patients. We must take ownership of this misguided belief that we should *power through* our lives and careers. We are in charge of people’s lives on a daily basis, so we must allow time for recovery and rest. Though not a common practice, a built-in sabbatical for all emergency physicians will allow for more productive providers and higher-quality care. It also may help address the increasing rate of physician attrition, allowing emergency physicians to experience long, meaningful careers.

By caring for myself, I used my skills of *powering through* to reflect and move forward with clarity and resilience. The gift I gave myself allowed me to return to being a healer, a leader, a wife, a mother, and most importantly, to myself. As this cyclone passes, let’s take stock of what we have learned and, collectively, be better.