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Pandemic and Dehumanization: A Reading of A Nurse's Story: My Life in A & E During the Covid Crisis

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Abstract

Medical humanities which emerged as a discipline in the latter half of twentieth century is an interdisciplinary field of enquiry that draws elements from psychology, sociology, cultural theory, history, religion and literary studies. The Pandemic which we have been going through since March 2020 has revealed how often human dignity is ignored. Dehumanization in medical humanities is described as a hostile behaviour that violates a person's dignity. This phenomenon is a severe problem in the field medicine as it impacts the interpersonal interactions between medical professionals and patients, the well-being of patients, and their capacity to follow medical recommendations. Dehumanizing behaviours are determined by several reasons, including inhumanization, looking patients as non-human beings, compassion weariness, and stress. The findings led to the conclusion that the work-related stress can have an effect on dehumanizing practices in medicine, especially during this Covid crisis. One of the most effective strategies to counteract dehumanization in medicine is to alleviate stress through better working conditions. By turns heartbreaking and heartwarming, *A Nurse's Story: My Life in A & E During the Covid Crisis* (2020) by Louise Curtis and Sarah Johnson showers light on the compassion and dedication of hospital staff during such dark times.

Keywords: dehumanization, stress, pandemic, medicine, medical gaze.

Introduction

The Medical humanities which emerged as a discipline in the latter half of twentieth century is an interdisciplinary field of enquiry that draws elements from psychology, sociology, cultural theory, history, religion and literary studies. *A Nurse's Story: My Life in A & E During the Covid Crisis* by Louise Curtis and Sarah Johnson narrates the story of an Advanced Clinical Practitioner (ACP), Louise Curtis, in the Accident and Emergency (A & E) who struggle to cope with the Covid crisis in the United Kingdom. It describes the author's experiences with Covid patients during a time when treatment is in uncertainty. It also puts together the cases of many of her other patients, along with the Covid cases. Despite some progress in treatment and medication, she remained helpless in the face of what appears to be a losing battle against a deadly virus. ACPs can be nurses, psychotherapist, pharmacists, paramedics or occupational therapists by background and work at the same level as that of a middle grade doctor. It's a new and least recognized role emerged during the pandemic in different parts of the world as in National Health Service (NHS), Indian Medical Association (IMA) and even in some of the state and local level Health Mission Projects. Their responsibilities include visiting the patients, diagnosing and prescribe medication and treatments.

The essential ethical ideals of the medical profession involve in acting in patients' best interests, treating them as end in themselves, maximizing the patient autonomy in informed treatment decisions, and distributing the medical benefits fairly (Beauchamp and Childress 2001). By drawing parallels between literary and medical case histories, Dr. Rita Charon emphasizes in her article "Narrative Medicine: Attention, Representation, Affiliation" (2005) the "narratively inflected" aspect of medicine. The medical case history and the literature, as Katherine Montgomery Hunter in her *Doctors' Stories: The Narrative Structure of Medical Knowledge* (1991) contends that, "the attention paid to the individual is identical. The medical case history, like storytelling, is made up of incidents that represent the aggregate human experiences in a generalized manner with particular case histories" (261-270).

The Portrayal of Dehumanization

A & E is a microcosm of society at large and a place where humanity is on display in all its forms. Within its walls, people experience emotions in extreme; there is care, chaos, beauty, destruction, compassion, love, grief and so much more.

Louise recounts of how she was treated as a patient, being the laughingstock of the paramedics who idle away their time by making funny comments about the patients. This incident made her feel the

necessity to be a good healthcare professional while she was growing up. In the Emergency Medicine department everything is at its extreme. Despite being one of the strongest economies in the world, the hospital resources had a poverty ridden condition with lack of beds, "pressure of having only 2 isolation units" (Curtis and Johnson 144), medical utilities and machines at the time of pandemic. In certain conditions, the hospital nurses went stressed out of their helpless state of not being able to do anything to save their patients with their knowledge and professional training. Curtis tried her level best with her calm state of mind and management skills to manage the panic situation. This was because her sole aim was to get the patients come out of their gruesome state. Their mental state often became battered thereby affecting their confidence level. This makes the nurses become short tempered and they might show aggressive behaviour towards the patients. "So much of making a decision is based on seeing the person in front of you, looking at their body language, seeing how well they are dressed, or whether they are underweight or overweight" (137).

Louise said, "A & E is fast paced and is exhaustive" (134) which made the nurses and the other healthcare workers stressful and to act in a round-the-clock manner both in morning till night shifts. When it got to a point that one no longer cared and did not have compassion, then they had to leave hospital and go for other work, but sometimes people carried on and continued as they did not have self-awareness, said Louise (134).

Over the phone I couldn't see the person I am talking to or read their eyes and body language. People are worried about A & E as it is, it has life or death connotations that make people panic. On top of that there was pandemic and people couldn't see their loved ones in the hospital (124).

This described their ethical dilemma at the time of pandemic though they were given training on how to get out of a confrontation like situation. Unable to attend their patients owing to the huge rush in the hospital flooded by the Covid patients, they become frustrated and would unleash their anger on all the patients. Louise was quite in contrast to this scenario in which stucked on to the very hallmark of their profession, that is altruism, which was a rare scene to be captured. As long as the Covid situation continues, the way hospitals' function will have to be defined differently.

There are disturbing instances of dehumanization in many scenes like the patients who were drunkards were referred to as 'time wasters' by her colleagues. She felt sympathy towards them, and the analysis of their life history would never compel anyone to get even their worst enemy in such situation. Despite their overtime work, their pay was

even deducted due to the new pay deal which was brought in by the government. Thus, the healthcare workers not only face dehumanization but also are inhumanized.ⁱ

The face masks and Personal Protective Equipment (PPE) made them aliens which put them in a different situation in conveying empathy and compassion to the patients. This is such a vital part of the patient care that is missing which makes the patient more dehumanized and the new virus crueler and more inhumane. Louise observed,

The mask goes right up beneath your eyes so no one could tell if you were smiling or pulling another facial expression. It's harder to be heard and I had to make sure I enunciated every word at a louder volume. It was tiring to constantly repeat things over and over again. If appropriate I'd put my hand near the patient to show a level of comfort, or I'd put my arm around the trolley. It must have been so scary for the patient so I made more of an effort to when I went in to see them. I told them I was smiling and made a joke about how they couldn't see it. I hope I went somehow easing their distress and panic (35-36).

Louise repeated that doffing the PPE at the end of the work was a laborious process. They had to be completely vigilant so as to wash their hands of not getting infected by the virus. This could make them feel that they were under surveillance than the patients who are not even aware of the intensity and magnitude of the corona virus. Often by the end of the shift their hands would be dry and start to have cracks. Louise described about the feeling of wearing the PPE and face mask;

The first time I wore it, my nose was very sore and bruised. Before you enter an isolation unit, there is a step-by-step process you have to go through. First you wash your hands, then you put on a pair of gloves, a full-sleeved apron which is tied at the back, a respirator and either goggles or a full visor. Lastly you put on a second pair of gloves. Once you've got the process down, it takes a few minutes (34-35).

This can be taken as an instance of the medical gaze or the clinical gaze.ⁱⁱ Wearing the PPE, masks, face shields e.t.c. which were brought by the hospital authorities and management during the Covid converted the healthcare workers as patients who required constant vigilance and protection from being exposed to the novel virus. This also made the nurses frustrated and dehumanized.

The process of the new disease, its diagnosis, and its management made her learn the new normal like taking the chest X-ray of Covid patient which she had never done before. All these were added to their already tight schedule, thus making them end in a stressful situation. Many people

may be carriers of the virus despite being asymptomatic. This too added a lot more pressure on the clinicians to protect themselves. This constant self-vigilance in the long run might even transform the healthcare workers mad.

Being in a pandemic situation they didn't know what they were doing with no vaccination, insecure cure measures which were available, thereby ending up in an ethical dilemma. Along with this, the stories of nurses who killed themselves, and were killed by treating the Covid patients made the healthcare professionals even more stressful and dehumanized. Such incidents would make any ACPs or any other healthcare workers form an aggressive behaviour and a dehumanizing tendency toward their patients.

Dehumanization and Advance Clinical Practitioners (ACPs)

According to the reports of World Health Organization in "Weekly epidemiological update on Covid-19- 11 January 2022", "As of 9 January, over 3.4 million confirmed cases and over 5.4 million deaths have been reported" ("Weekly epidemiological"). This is not a new professional challenge for the healthcare workers, but their anxiety level related to this is alarmingly rising. Though it has become a routine in their lives, they have to remind themselves that even a suicide attempt is a big event in the life of the patients and their families. Louise asserted that the pandemic had paved the way for the nurses to attend to their patients' medical and emotional needs for long as the number entering the A&E was reduced owing to the corona virus. "I felt stressed because there were new protocols and it was overwhelming" (62). They "work in a stressful environment" (77). "My work schedule was gruelling. I was working the large majority of unsociable hours and I didn't know how long I could keep going on like this" (77).

This was the basic factor that made the nurses turn a blind eye towards their patients. With the pandemic, it added more burden on their shoulders. They too have families is a fact often forgotten and neglected. This makes them land in an ethical crisis of choosing their profession over their family matters. Their fear of whether their loved ones would be infected by them, the rising death of Covid patients, the discrimination they had to face due to their association with the healthcare profession during the time of Covid pandemic etc are beyond the imagination of the suffering of these paramedics. They always had to make sure that they keep a lid on their frustration and not to be judgemental which in turn made them feel that they have an imposter syndrome. They always had an internal mental conflict of whether they are doing the right thing, who else has transmitted the virus, how contact

tracing is done and how the others looked at everything out of control.

Covid has been creating a colossal impact on mental health which has not been taken into consideration in the case of the healthcare workers. Louise said that she also found that her colleagues too were not immune and all of them were at a constant risk. This risk factor further burdens the mental health crisis of the nurses and their professional well-being. Not everyone likes to take risk on a daily basis, but this was the daily routine for the healthcare professionals especially during a pandemic period. The cases they have to befriend every day is not one of a bed of roses. They have to see domestic abuse victims, sexually abused ones, drug addicts, sex workers, cancer patients etc and this is never a soothing experience to share along with the flooding Covid patients. Since it is their routine to have this sort of a life, it may make them develop an aggressive behaviour towards the patients sometimes. "I felt really vulnerable and would look around the department wondering if the person working near me might die" (48).

They can't even be transparent as they are expected to be the life-savers. They have to mask their worries though they are petrified themselves as the face masks they wear throughout. "I had to push my feelings into a box and close the lid so I could go and see the next patient. Sometimes, they can hear what's going on and they ask me if someone has just died. I often tell them yes because what else can I say?" (14). She also adds,

When I began in the role, in October 2019, I was nervous as when I first started in the NHS, everyday was so mentally exhausting. I was constantly on high alert and double checking everything I did while making sure I documented it correctly. I got so worried that if I didn't get enough sleep, it would impact on my work the next day and my ability to care for patients. So, I made sure I got at least six, ideally eight hours sleep (19-20).

This reveals the exhaustion of their profession, at worst it can lead to the unexpected state of mental instability. Living for seven hours a day by wearing a PPE kit is a terribly tiring and a claustrophobic condition, as disclosed by Louise. They are also subjected to taking morally difficult decisions on patient's care. Often their triage is questioned by some senseless patients and their family members.ⁱⁱⁱ Whenever a case is being brought before them, they would have already formed a worse-case scenario in their mind (21). This is a part and parcel of their profession and one cannot blame them. Some procedures like intubation are so intense and only certain ACPs are trained in that.^{iv}

Since the ACPs or nurses don't have the title doctor (Dr.) in their name, they are at times

underestimated and mistrusted by their patients despite having years of experience. Louise experienced this during her treatment of an abdomen patient.

There have been times when I've gone to tell a patient they can go home with some advice on what to do about their condition only to hear them demand, 'I want to speak to the doctor. The doctor comes along and repeats what I've just said. The patient dutifully listens and obeys (116).

Another ethical dilemma the nurse confronts is a personality clash with a patient. Louise mentions an additional issue that loomed their career which was the burnout.^v

Hospitals are full of other bugs too, hence people are a bit worried to set their foot at the hospital doorstep. This is not so with the nurses who are immersed in the pool of bugs of the hospital environment with only PPE kits and other life-saving equipment. This can lead to mental health issues in the nurses too. "Lack of essential equipment was adding to the strain of everyone working in the NHS" (55). They felt fatigued and frustrated with the newer information of Covid released on a daily basis. Even their basic need of going to the toilet was not possible, owing to the long hours in the isolation wards and wearing the PPE which covers from head to toe. This too can make them act in an inhumanizing manner. When there is a shortage of hospital staff, the existing ones will be put under pressure and they become ratty.

Dehumanization is a part and parcel of their stressful work environment, where only a few healthcare professionals like the ACP Louise in *A Nurse's Story* stands apart.

The Patient Narratives

As argued by Nancy Miller and Jason Tougaw in their *Extremities: Trauma, Testimony and Community* (2002), a testimony could not take place in isolation and was contingent on a "response" from the listener/ reader. It bridges the gap between an individual's suffering and the community of listeners, thereby involving an empathetic response on the part of listener/ reader, which is palliative for the witness/ speaker (11).

Louise gave an array of cases for the readers shedding light on the burden of caregivers and also the sufferings the patients had to go through. She portrayed a case of almost six women who were the victims of domestic abuse which increased during the lockdown period of Covid-19. They had no place to go. With the relaxation of lockdown these people flooded the hospital doors along with the Covid patients. This was a difficult situation for the nurses who had to run through the cold (non- coronavirus)

majors, minors or resus and the hot (coronavirus isolation unit) (34). Out of these women, one was beaten with a cricket bat, another abused by her neighbour, and in yet another case they were strangled and their ribs were broken. Many attempted to commit suicide even in the hospital as they were not able to take it further. Louise said that certain men too were abused. One of her patients' who was referred to the oncology department was asked to go home as nothing could be done to operate her cancer. Another of her patient, a middle-aged woman was sent back by the General Practitioner (GP) as the antibiotics they gave didn't work in her. They didn't even take the pain to see to her case thoroughly and thought it was an infection. Such patients were not actually admitted in the A & E though there was no other option. This added to the burden of the nurses. This too added to the burden of the nurses who felt extreme pain to witness many sudden deaths.

Another one of my worst experiences was when an elderly couple came into the department. They'd married for sixty years and the wife had suddenly collapsed at the supper table. She'd had a spontaneous bleed on the brain. We intubated her to maintain her airway so she could keep breathing but the head scan showed she wouldn't survive (16).

Owing to the coronavirus, the time schedule was followed strictly, which made everyone come on time for the duty, also developed camaraderie. A debatable issue was that they weren't even sure of whether the symptoms were of a normal fever or of coronavirus, as some were asymptomatic and others with some other diseases had their lungs with infection. Louise said, "difficult decisions were a recurrent theme in Healthcare" (54). Patients were kept in the isolation units for hours making them restless, as there were insufficient beds, mostly occupied by the Covid patients whose frustrations too were to be handled by these nurses. There were some cases of ambiguity as she mentioned in the case of a fifty-year-old normal and a well woman who suddenly felt dizzy, crawled her way to the kitchen and took a chocolate and lemonade from her partner to restore to better condition. A woman who had smoked marijuana lost consciousness, but when given a sandwich her problem was solved. Such episodes of miracle too happened in the hospitals' paradoxical space.

Sometimes the nurses had to bear the ratty behaviours of the patients incessantly. Some spat on their faces, others would resort to verbal abuse and some others were too arrogant only to be left alone. Some patients were oblivious to what was happening around them and refused to wear face masks though insisted. This was an irritating act for the nurses, says Louise. They require much patience to handle such patients, which at one time may go out of hand and they may have an outburst. Louise, even at such

point, managed everything with her posh attitude. This is a rare case as most of the healthcare professionals would lose their temper by then. Louise then recounts another experience with a patient who was diagnosed with stress induced psychosis (42). She was afraid of transmitting virus to others, which lead her into a crisis mode. She then mentioned about her cases of catheterizing and rectal examination which was quite traumatic for the patient as well as the healthcare workers. Thus, one can see that the nurses too go through the sufferings of the patients, despite being in the web of dehumanization.

The Pandemic and Positivities in the Emergency Ward.

As Michael Bury argues in his "Illness narratives: fact or fiction?" (2001), illness narratives find a new voice in the face of rising scepticism against medical practices and the growing impact of degenerative and chronic illnesses (267). *A Nurse's Story: My Life in A & E During the Covid Crisis* rightly proves this. As Arthur Frank has noted in his, "The Rhetoric of Self Change: Illness Experience as Narrative Author" (1993), the authority of illness narrative lies in the belief that "truth" is what is produced when a body is at the extremes of its suffering (48).

The pandemic has brought out the best and worst among people and it has revealed their true nature with blistering clarity. Many people have shown their gratitude to the National Health Service, which is a booster dose for the healthcare professionals. Louise has high praise for her working in the A & E. With the lockdown, the department turned completely upside down. It is like a constant sprint and marathon simultaneously. "Yes, you're always busy, no one sits and rests. You're kept on your toes. The sense of teamwork is amazing" (18). Their way of living through the pandemic was different when compared to the non-healthcare workers. Working in the A & E stands witness to the saying of the survival of the fittest. Louise further states, "you see the whole range of humanity in the emergency department and I've noticed even more acutely the best and worst parts of human nature in all its raw glory" (18).

Though the face masks, protective shields have stripped of their humanity, the nurses in the emergency ward try to stick to their altruistic hallmark, though it was not seen around the world of medicine. Louise says, their coping mechanism in the time of pandemic was to crack jokes about each other (48). Despite everyone's efforts, for some patients, the care received was not enough and continued to misuse the ambulance facilities. Louise immersed herself in fiction, television series and cake decorating videos for recreation from her hectic schedule. They were therapeutic and made her sleep

amidst the chaos (108). At times when the patients' dear ones were not by their bedside, Louise tried to compensate for their love and warmth through her care, empathy and treatment.

She can be taken as a representative of the human side of medicine which lurked behind, owing to the depersonalization of modern medicine whose sole aim is to attract profit or business and to make the patients dehumanized.

ⁱ The term is introduced by the Belgian psychologist Jacques Philippe and colleagues in 2000, referring to a tendency for people to perceive individuals in other groups as being somewhat less human.

ⁱⁱ Michel Foucault's concept of medical gaze involves the physician observing the patients' body through conversation, physical examination. It involves the observation of physical symptoms and employing knowledge in order to come with an accurate diagnosis.

ⁱⁱⁱ Merriam Webster Dictionary defines the medical term triage as, "the sorting of patients (as in emergency room) according to the urgency of their need for care".

^{iv} Intubation is the process of inserting a tube into the mouth or nose and then into the airway to help move air in and out of the lungs. It is mainly used to support breathing during surgery or an emergency.

^v Merriam Webster Dictionary defines the medical term burnout as, "exhaustion of physical or emotional strength usually as a result of prolonged stress or frustration".

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