

## Makor Rishon Newspaper

### The experiences we went through in the Covid-19 Department left scars on us”

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### The patients who died alone and the friends cut off contact because of their fear of getting infected: In a first workshop of its kind, 14 doctors and nurses who served on the frontlines of the Covid-19 battle spoke openly about their fears and the moments of crisis

It was three long and moving days for the fourteen doctors and nurses who sat on the hotel balcony in Herzliya. For the first time in five months, they allowed themselves to peek into their soul and confront the unusual experience they went through in the closed Covid-19 departments while wearing the sealed suits. This first-of-its-kind meeting took place at the beginning of the month and included staff members from the Covid-19 Department at the Sha'are Zedek Hospital in Jerusalem.

Additional medical teams, from Covid-19 Departments in hospitals across Israel, are expected to go through this process shortly. The purpose: to enable them to process their feelings and what they saw, and to provide them with the tools to deal with the work that they will face in the second wave.

“A stranger would never understand it” was the recurring sentence in my conversations with the group participants; doctors, and nurses, some with vast experience, some recently finished their medical or nursing studies. Apparently, even for experienced doctors who have already seen a thing or two in their lives, coping with Covid-19 was unique and created an emotional burden that they now seek to expose and unload.



From right to left: Michal Grivski, Dr. Moshe Greenberger, Oshrat Hachimi and Dr. Basher Fatiha. Photo credit: Flash 90 / Olivia Pitosi

This is a first-of-its-kind workshop in Israel and perhaps in the world, guided by professionals in the field of dealing with trauma and post-trauma of various kinds. The workshop was developed at Metiv, the Israel Psychotrauma Center, founded in Jerusalem in 1989 by Professor Danny Brom. In this case, while the workshop is not

dealing with trauma according to its psychological definition, processing and unpacking the variety of emotions could greatly assist the medical staff that stood at the front line of the Covid-19 battle and assist them moving forward.

“We went through something I cannot even define, it’s hard for me to explain,” says Oshrat Hachimi, head nurse at the Covid-19 Department at Sha’ae Zedek. Hachimi worked at the department for three months, and up until the joint workshop with her colleagues from the hospital, she had never shared her complicated experiences with anyone. “I’ve been a nurse for twenty years and though I thought I’ve seen it all and I had the impression of having dealt with all types of pressure and overload, it wasn’t even close to what happened behind the sealed doors of the Covid-19 Department. We stood at the frontlines while treating patients in an unknown environment, and with all the challenges facing critical and dying patients. We didn’t know how to treat this difficult disease, and we were terrified of getting infected and risking ourselves as well as our family members.”

But the worst of it all, describes Hachimi, was the struggle to stand near patients in their last living moments “when their beloved and pained family members are so far from them. I found myself standing near their beds, reading Viduy Confession and Shema Israel with them moments before the monitor beeped and announced their deaths.”

The Covid-19 Department in Sha’aray Tzedek was the first one to open in the capital, and received the first Covid-19 patients. Later on, as infection rates increased, Sha’ae Zedek opened seven additional departments, and they as well are at full capacity. In total, the hospital treated over 700 patients, from light to critical condition, out of which thirty passed.

### **Don’t Let the Fear Paralyze You**

Similarly to Hachimi, other medical professionals in the group described the death of their patients as the most difficult moments they experienced themselves. The

first to pass from Covid-19 in

Israel, at the end of March, was Arie Even R.I.P (88), a Holocaust survivor who died on Saturday evening at Sha’ae Zedek while his family was under lock down and isolated at their home. Attending at the department then was Dr. Basher Fatiha, an internal medicine specialist.

“SOME NEVER TOLD THEIR FAMILIES THAT THEY WERE WORKING AT THE COVID-19 DEPARTMENT BECAUSE THEY DIDN’T WANT TO WORRY THEM. THERE WERE DOCTORS WHO HAD NO HOME TO GO BACK TO”

“I’ve been working at the hospital for four years and have observed many deaths but this event was different than anything I had ever known,” says Dr. Fatiha. “Even on a technical level, we didn’t know what to do with the patient after his death, how to handle his body, how to announce the death to the family that was not able to be present and couldn’t say goodbye or see him. Only during this workshop was I able to talk about it for the first time, and also hear from my colleagues how they saw that reality and coped with it.

“The experiences we went through in the Covid-19 Department will surely leave scars in us. We fought in a battlefield against an unknown enemy of which we knew nothing. Every death felt like a personal failure. Death in itself is tragic but dying from Covid-19 is something that

cannot be put into words. In many cases, we couldn't meet the families of those sick and dying, and speak with them face to face since they were also in quarantine after having been exposed to a patient admitted at our hospital.

"The Covid-19 Department is a department of solitude" continues Dr. Fatiha. "Only after long weeks did the staff "dare" to let a family member enter to say goodbye. At first, they tried protecting the medical staff, we were also rarely allowed to enter the department and we would video chat with the patients. In spite of the compassion we tried to demonstrate towards them, it's very difficult without the human touch and closeness. Even today, when we come to the hospital with our sealed suits that look like space suits, they cannot even see our faces, our body language, not even our smile. It's hard to erase the image of terrified looks that possessed some of the patients when they saw us, especially demented older patients who don't understand who is the stranger treating them. Their reactions were terrified and filled with fear".

Dr. Moshe Greenberger, an internal medicine specialist who was recruited for the Covid-19 Department at Sha'ae Zedek during the first wave, estimates that he will be called again for duty to battle the virus. "I hope coping will be easier this time," he says. I ask him to go back and describe the first days of the Coronavirus when the uncertainty was great and strict regulations were not yet formalized.

From his words, it seems that during the first days at the Covid-19 Departments, when even the doctors didn't know much about the virus and how to protect themselves from it, he and his colleagues operated with fear and awareness of the risk to their lives. "We didn't know if the personal protective equipment (PEP) we were wearing will indeed protect us," he says. "We kept hearing reports from Italy and the USA about doctors who were infected with Covid-19 and dozens that were dying from it. There was a clear and present feeling of risk for us as well. We saw people dying from a disease we didn't know how to treat. I found myself wearing the "space suit", more than once, while holding a dying patient's hand. There were quite a few ethical dilemmas as well. It's true that especially us, the doctors at the hospitals, live at the extreme, and everyone who works at the ER knows the challenges and pressures we face, but we always have instructions, regulations, protocols, and means to treat patients. Suddenly we found ourselves extremely limited while facing existential danger."

Michal Grivski, a young nurse who finished her nursing studies about two years ago, also described the experience at the Covid-19 Department as "scary". "We saw what was happening in Italy and the numbers of deaths and infected, and we know we could face the same fate in Israel and no one wanted it to come down to that. Fear is not a forbidden word, but on the other hand, we definitely could not let it paralyze us because we had to constantly work on the protocol of treating the Coronavirus patients, which was written on the go."



*Dalia Zivan*

### To Legitimize the Hardship

Two people led the process of navigating the workshops and the treatment sessions: Dalia Zivan, a clinical social worker and trauma treatment specialist at Metiv, and Joel Wardi, a clinical psychologist and head of the Metiv trauma clinic. The unique workshop took place in three sessions, in varied durations, explains Zivan. “We first invited the participants for a three-hour introductory meeting at the hospital, in their natural environment. We then met for the main part, three days of intensive workshop at a hotel. This week we came back together for the final meeting, to see how they were doing and to share in their feelings following the experience they had with us.”

According to Zivan, “the experience of “legitimizing” struggles and emotions is completely unknown in the medical work environment since their complete focus is on saving lives. They barely have a chance to stop and listen, talk, share, and even encourage one another. Our past experience from treating soldiers, victims of terror attacks, and other trauma causes, make us realize that such an event could definitely leave scars among the medical staff. Our goal was to allow the medical staff that was exposed to trauma and pressure situations to process the experiences they went through and give them tools for future coping as the pandemic moves forward and the reality may get worse. We also try to locate and identify those at greater risk who require further treatment and mental assistance. This is not a focused treatment group, but rather a workshop meant to enable processing and resilience building.” The workshop is provided to the medical staff free of charge thanks to a dedicated donation.



On the first days of the workshop, the participants created a timeline, from the first patient admitted at the new department to the first deceased and the opening of new departments. Each of the participants marked where he joined the timeline

and what were the hardest moments for him. “It enabled them, for the first time, to create a continuous story, a beginning and an end, and that helped a lot when building the narrative sequence of what they went through,” explains Zivan.

After each participant indicated the moment on the timeline in which he confronted a particularly difficult event, s/he was also asked to create a personal drawing describing that struggle. “Suddenly all the participants realized that their personal worries and fears were not only theirs but rather of their friends as well. There are some who revealed that they didn't share with their families that they were working at the Covid-19 Department because they didn't want to worry them. For the first time, on a hotel room near the beach, in a calm and supportive environment, they felt like someone understands them”.

According to Zivan, during the meeting, many of the participants shared feelings of guilt and struggle for not being able to provide the deceased and their family members the proper honor and treatment. The doctors and the nurses worked side by side, however in addition to social distancing there was also mental distancing due to the fact that the Covid-19 Departments were established hastily, with borrowed staff members from different departments who often didn't know each other before.

Another topic that came up extensively during the workshop were the feelings of some of the participants regarding the reactions they received from the outside world.

They noticed a fear and distancing from them due to their work at the Covid-19 Department. “Some of them described difficult situations, that they didn't have a home to come back to, and they needed to switch from one apartment to the next and find solutions because everyone was pulling away from them. Those are the true heroes who took the national mission upon themselves. Soldiers need support on the home-front, they need to feel trusted and certainly not regarded suspiciously. So while it's true that people were clapping from the balconies, the real struggle of the front line fighter of the Covid-19 patients was very difficult. The feeling that kept coming up was the cry that ‘no one has a clue of what we went through over there”.

### **The Support of the Public has Weakened**

Dr. Moshe Greenberger is sure that after the workshop he will return to the hospital a changed person. “I realized I wasn't alone in those experiences and that we are all a part of it. Until now we didn't know who to share it with and how, because it seemed pointless. No family member nor friend will understand what I'm talking about and it's even hard for me to explain it to you. It's like in a war that only those soldiers from your unit know and understand what you went through fighting side by side. The instructors as well, Dalia and Joel, realized at some point that they are learning about a different experience and it took them time to understand it.”

Dr. Greenberger knows the arguments that the Covid-19 is dangerous only for older people and people suffering from background diseases, and according to that, the focus should be on preventing financial damage. He has a hard time accepting those voices.

“It's so aggravating that there are people who accept the death of the Covid-19 patients with the label “background diseases” so easily. A background disease isn't a death sentence, a person suffering from diabetes isn't a person who deserves to die. More than half the population suffers from background diseases that are considered a risk factor for Covid-19. In Israel, billions of shekels are invested in medical treatments, even for 95-year-old-people suffering from dementia with zero life quality, because those are our values. When dealing with a person with additional health problems, Covid-19 makes the entire treatment much

more complicated. Then other medical procedures are also performed with a protective suit. In addition, it's a disease that indiscriminately kills young people as well and we have no efficient treatment for it".

The way people see Covid-19 changed from the first wave to the second. Dr. Greenberger criticizes that change. "It saddens me to see that something is 'messed up' in our value system," he says. "During the first wave, in March-April, Covid-19 was at the top of our medical agenda. The media expressed particular interest and reported the number of patients that were admitted. Citizens from all over the country sent us pizzas.

With time, the health system realized that it's not a good idea to talk about the Covid-19 because it damages the finances of the health system. Hospitals have lost thousands of Shekels because of elective operations that were canceled, and from patients who didn't come for treatments due to fear of Covid-19. Something has changed, the public spirit changed and there's a feeling that the national unity of the first wave was very nice but "we're over it" and now it's time to dedicate our attention to life itself and to the economy. Those are legitimate claims but with all the crowded demonstrations I see here in Jerusalem, when I walk down the street I witness a public that doesn't invest minimum effort so that we can stop Covid-19.

"Every person I see in front of me isn't wearing a mask that is covering the nose and the mouth as required. It has been proven to be the most basic preventive action and people don't obey it, thus not showing mutual responsibility. I don't understand it. A person complains about losing his job because his event hall or the hotel he used to work at was shut down, but how can he complain if he doesn't wear a mask that will stop Covid-19 and enable the opening the economy? I feel that we, the medical staff, and perhaps the entire medical system, don't receive as much support as we used to. During the first wave, everyone had our backs. Now we are considered those 'bugging them about Covid-19' and the public don't want to listen to us anymore."