

## A Message to Residents

---

Jonathan Haas <sup>1</sup>

1. Radiation Oncology, Winthrop University Hospital, New York, USA

**Corresponding author:** Jonathan Haas, jonathan.haas@nyulangone.org

**Categories:** Radiation Oncology, Miscellaneous, Public Health

**Keywords:** covid-19, my story, srs, sbrt

### How to cite this abstract

Haas J (April 15, 2020) A Message to Residents. Cureus 12(4): a559

## Abstract

I've only been nervous a very few times as a Radiation Oncologist. My first day of residency at PENN, my first solo tandem and ovoids as an attending, and very few others during my 27 years in New York. I worked the day of 9/11, managed to get back to New York to open up my Department after being stuck in Boston the day after Hurricane Sandy with all transit shut down, and dealt with numerous Black Swan events that had the potential to destroy our Department. None of that scared me like walking into NYU Winthrop this past Saturday morning through the same entrance I had walked into since I was an intern in 1993. Our hospital is in the epicenter of the current COVID Pandemic and our administration sent an email last week asking all physicians including the specialists such as us to consider volunteering to help the Intensivists, Internists, surgeons, PAs, Respiratory therapists and many others who had been working tirelessly for the past month. When a Radiation Oncologist is on the list, you know things are really bad. I thought about not volunteering as it had been decades since I did anything remotely resembling Internal Medicine but we go into this field to help people when they need us most. It is easy to be a firefighter when there is no fire and similarly easy to be a physician when people aren't sick. The hospital knew our skillset wasn't in this field and they told us there would be ample support and that we would never be alone. I said yes, got temporary COVID Disaster privileges through the Department of Medicine, and embarrassingly afraid, showed up at 6:45 AM on Saturday for my 12-hour shift. We were well prepared on PPE, donning/doffing, and had prep videos/handouts on O2 delivery systems and other basics of COVID 101 management. My team had a fantastic internist and a wound care PA who answered every question I had. After an hour, the long-forgotten skills I thought lost forever were coming back.

On a nuts and bolts level, it seemed that most of these patients had the same issues and the majority of care (at least on my non-ICU floor) was mostly algorithmic. Checking O2 sats and reacting accordingly, checking the COVID panel with inflammatory markers and D-dimers and reacting accordingly. One area which we as Rad Oncs do have a unique skill set is speaking to scared patients given a new potentially fatal diagnosis, COVID in this case but the myriad cancers we always treat and explaining in lay terms what is going on to try and calm these scared patients down. We do that every single day in our clinic. We rounded on the patients but only one person going into the room with proper PPE for obvious reasons. I waited for morning labs to come back exactly as I had done as an intern in 1993, wrote my note in EPIC, called family members (this is super important because unlike during normal times the family is not allowed in the hospital to see their loved one) and checked O2 sats several times per day as this is where patients seem to run into the most trouble. Halfway through the day at least 50 cars drove through the circular front entrance of the hospital, many with balloons on the car, honking their horns loudly and thanked everyone on the front lines working that day. What

### Open Access

#### Abstract

Published 04/15/2020

#### Copyright

© Copyright 2020

Haas. This is an open access abstract distributed under the terms of the Creative Commons Attribution License CC-BY 4.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Distributed under

Creative Commons CC-BY 4.0

struck me most though was the camaraderie everyone in the hospital had. There were no "specialists," just a group of dedicated health professionals working in a dangerous place to help the people in our community. Everyone answered every question I had and never once did I feel out of place taking care of these sick patients. When the shift was over I carefully changed out of my scrubs in the hospital, placed them and the sneakers I wore in a plastic bag, drove home and immediately showered. This also was information that I had been well-prepped on

While this has been a devastating experience for both our patient community in New York and our health care system, I have never been prouder to be a Medical Doctor (note that I didn't say Radiation Oncologist) and will be forever changed in the most positive way going forward. If you have the opportunity to help your colleagues on the floor and go back to your roots as if you just finished medical school, please take it. You are helping your community, you are helping your colleagues, and you will be helping yourself. For those who take this on, I am happy to speak to you about what was given to me to prepare by our Surgical and Medical services.

-----  
Jonathan Haas, MD  
Chairman, Department of Radiation Oncology  
NYU Winthrop Hospital  
Mineola NY  
-----