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COVID-19: Of the Global and the Personal

Crisis leadership is a popular topic right now. We're told that a crisis illuminates the difference between true leaders and the pretenders, that great leaders communicate constantly as they take necessary action using evolving data, and that they show optimism and spread hope even while describing the dire present reality. So, in the midst of the COVID-19 pandemic, I decided to read about Winston Churchill.

Erik Larson's latest book, *The Splendid and the Vile*,¹ isn't just about World War II, nor is it a standard biography. Instead, it is a detailed and intimate documentation of Churchill's first year as prime minister—that is, the year of the Blitz. Much of the material Larson used is drawn from personal journals, including those of everyday Britons. And reading about the relentless bombing of London has been a poignant reminder that even though I'm still sheltered in place, anxious about the glaucoma patients I'm not seeing and working on protocols for returning to practice, my home is lovely and warm, the food is good and too plentiful, and no bombs are dropping on the neighborhood.

In February, I was reading daily COVID-19 reports on a private physicians' group on Facebook. The descriptions of the EDs and ICUs were disturbing—and far away. Now, our local hospital sends daily updates with the number of COVID-19 patients admitted, the number in the ICU, the number on ventilators, and the number that have died. I wait for that email every day because it's not about what's happening in China or Italy or Detroit; it's what's happening to the people in my community. The patients in my own hospital—even if I don't know them—elicit a more personal connection than the statistics from the Johns Hopkins COVID-19 daily update do.

This pandemic is also offering a blunt personal reminder to each of us that our commitment as physicians requires that we weigh competing values. We're all balancing the challenge of keeping our patients and staff safe even as we resume ophthalmic care—and coping with the tension between sheltering-in-place guidelines and their impact on the economy. At every turn, we must weigh a public good against an individual need.

To achieve a balance between safety and doing our work,

we seek evidence for our protocols. Unfortunately, such evidence-based guidance may not exist. For example, how can visual field testing be performed safely? Questions abound: Is masking the patient and the technician an adequate safety measure? Should it be an N95 mask? Do fomites adhere to the testing bowl? Should HEPA filters be installed in the room? In response to these questions, on May 1, Zeiss issued updated cleaning guidelines for their perimeters.² As protocols evolve, we weigh potential risks with the need to obtain visual fields. Now more than ever, our principles as physicians must guide us.

The Academy and subspecialty organizations are collaborating to provide guidance on similar thorny issues as we resume practice. Protocols will evolve. In the months ahead, each ophthalmologist will make decisions based on local conditions and the specific circumstances of the practice. Ophthalmologists will balance the common good with the individual need, just as we always have.

And as we continue to ponder the ramifications of this global pandemic and its impact upon our own lives, here's another vignette from our local hospital: One COVID-19 patient on a ventilator was a staff nurse. When she was finally released, the hospital shared a video of her leaving the front entrance in a wheelchair with dozens of cheering physicians, nurses, staff, and administrators—and a parade of ambulances, fire trucks, and even the helicopter. It was such a joyful moment. We give our best for every patient, but it's deeply personal when one of our own gets sick—and when she recovers and heads home.



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1 Larson E. *The Splendid and the Vile: A Saga of Churchill, Family, and Defiance During the Blitz*. Penguin Random House; 2020.

2 HFA COVID Guidance_EN_31_025_04081_HFA_12415_FINAL.pdf.