

### Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/silent-threats-pandemic-emotional-tolls-self-isolation/11344/>

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### Silent Threats in a Pandemic: The Emotional Tolls of Self-Isolation

Coming to you from the ReachMD Studios, this is *COVID-19: On the Frontlines*. I'm Dr. Matt Birnholz.

As COVID-19 fills hospital wards across the nation, medical practitioners at high risk of exposure are facing difficult choices about how to keep their loved ones safe.

In an online discussion forum, a pulmonary & critical care doctor recently asked if it would be professional suicide to quit his job so as to protect his child who had undergone a heart transplant and was severely immunocompromised. He questioned his peers: "If you were my colleague, would you be angry or think less of me for jumping ship?"

While few clinicians have openly considering quitting entirely, many are going to unusual lengths to protect their family and roommates—transforming garages into makeshift decontamination units, or self-isolating in spare bedrooms and basements.

In a Facebook post that went viral, a critical care nurse who runs the popular site "One Vaxxed Nurse" shared her thoughts on the days to come: "Tonight is the last night that I'll hug my kids goodnight or kiss my husband until god knows when," she wrote.

"When exhaustion hits I'll go to bed.....alone. In a room that nobody else can enter...."

She implored her readers: "Hug your children. Sleep with your spouse, eat on porcelain plates, sip wine from a long stemmed glass and give thanks for the things that you can still do that some of us can't."

These strategies of self-isolation take an emotional toll, cutting off caregivers from their support networks at a time when workplace stress is at an all-time high. But the alternative, to many, is unthinkable.

In a letter to the *New England Journal of Medicine*, Dr. Christian Rose discussed his anxiety over the prospect of bringing the virus home to a high-risk family member, writing: "It's not unlikely that she would die, that this invisible invader, this microscopic enemy would be the end of her story. All this... just because I came home."

Dr. Rose decided to move into a colleague's home for the duration of the pandemic. Many others are following suit, renting apartments or hotel rooms for the foreseeable future. In San Francisco, local authorities recently announced intentions to facilitate the lease of hotel rooms for healthcare workers wishing to isolate in this way.

But no matter the extent to which clinicians are willing to sacrifice to protect those they love, the sobering question that hangs heaviest over many of them is whether it will be enough.

For ReachMD, this is *COVID-19: On the Frontlines*. Join us in adding *your* perspectives toward this fight against a global pandemic by visiting us at ReachMD.com. We want to hear from you. This is ReachMD. Thank you for listening.