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Social Distancing and the Power of Touch

Shamsah Lakhani[1,2] and Muhammad Wasif Saif[1,2*]

[1]Department of Medical Oncology, Northwell Health Cancer Institute, Donald and Barbara Zucker School of Medicine at Hofstra and Feinstein Institute for Medical Research, USA

[2]Tufts Medical Center, Boston, MA, USA

[*]**Corresponding author:** Muhammad Wasif Saif, Department of Medical Oncology, Northwell Health Cancer Institute, Donald and Barbara Zucker School of Medicine at Hofstra and Feinstein Institute for Medical Research, USA, Tel:+5163212238, Fax: +5163212272; E-mail: wsaif@northwell.edu

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Editorial

Jean was 33-year-old female diagnosed with metastatic breast cancer in August of 2019. She was altruistic, full of life and eager to participate in clinical research so she could help the patients who came after her. Jean and her mother were a force. They did everything together. During this Coronavirus (COVID-19) pandemic, her cancer decided to rapidly accelerate and she was admitted to the hospital for shortness of breath. Within a span of three days in the hospital, she died all alone. No one should have to go through this. No mother should have to face this. This is but only one of many stories.

I graduated from the Physician Assistant (PA) program in 1997. As a new graduate, my one and only aim was to provide good patient care. Over the years, my career has taken many paths, some chosen and some not. Each destination has taught me valuable lessons in compassion and caring, and in what it takes to provide "good patient care". The intricacies involved in the seemingly simple task of delivering "good patient care" were at times daunting. As my desire to effect change and impact health care delivery grew, I embarked on a new venture: Masters in Public Health (MPH). Alongside this, I also had the opportunity to join the staff of a busy academic cancer center in December 2014 as a PA working in the chemotherapy infusion suite, managing oncologic emergencies, and collaborating with approximately 35 oncologists, across various diseases. Subsequently, my role gradually evolved into caring for patients with breast cancer, along with the responsibility to supervise an amazing group of over 25 advance clinical providers (ACPs - Nurse Practitioners and PA). Completing the MPH provided me the opportunity to be a part of the center for novel cancer therapies, giving me the ability to participate in the future of cancer care.

Now, I am primarily practice breast oncology. Like most of my colleagues, I desired to contribute what I could to care for our patients during the COVID-19 crisis. We recognize that our patients are the most vulnerable for contracting the COVID-19 and are deemed to be at highest risk for severe complications. Our clinicians must make tough decisions each day as to whether to delay or simplify their treatment.

At our cancer center, the ACPs are primarily responsible for the outpatient care of the patients during the working days supplemented by the oncology fellows who are responsible for responding to patient calls over the weekends. As many of our fellows are being deployed to support the inpatient COVID-19 floors, I volunteered to take the outpatient calls this weekend. This

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weekend thought me many lessons associated with COVID-19 on an average, I received upto 30 cells and here I describe few of them.

Call 1: 60-year-old female with rectal cancer, progressively more fatigued, fever and unable to get out of bed. Taken to the emergency room 1 day ago and was told by the emergency room that her symptoms were likely from her chemotherapy. Her last chemotherapy (5-FU) was more than three weeks ago. Today, she called again due to worsening fatigue and shortness of breath (SOB). Plan: Return to the emergency room for further evaluation.

Call 2: 58-year-old female with ovarian cancer. Passed away all alone at an inpatient hospice center. Hospice nurse called to inform the Oncology team.

Call 3: 45-year-old, on adjuvant (curative intent) chemotherapy for breast cancer. She complained of 6 days of fever spikes. She had COVID testing at an urgent care yesterday. She felt worse today with SOB and she called EMS. Since her vital signs were acceptable, was told to stay home and be observed.

Call 4: 70-year-old male with lung cancer who lives alone at home and today with intermittent fever he calls the visiting nurse as she was worried for him. What to do? I advised to call 911 if he symptomatically worsened overnight. I silently prayed that he would be able to access his phone if he worsened. I proceeded to email his primary oncologist with a note to follow up with him, while the visiting nurse volunteered to go back in on the following day (Sunday).

And the day went on like this…

Call 30: 20-year-old man with acute leukemia with a very low white count and a very low platelet count. He called with Fever: 102.2F. He was advised to go to hospital as he needs to be in a hospital setting, IV antibiotics and monitoring. The terrified mother on the phone, refused to go to the emergency room, unless we allowed one of the family members to be with him. We attempted negotiating. I did not get anywhere. He chose to stay home with his family.

So, in summary, due to COVID-19, we are dealing with terrified patients and terrified families. The underlying concern in all these calls was "tell us we are going to be okay." That was one thing I could not tell them. Some of these patients will likely die in the next week or so on. On a regular day, outpatient interactions would find me holding my patients' hand, embracing them in a tight hug, and crying alongside them. I have always felt the power of touch is as important as a chemotherapy drug in cancer care. On this day, however, with all the social distancing, fear, worry and uncertainty in each call, I couldn't manage to shed a tear and I can't explain why. I then called our cancer leader, Dr. Wasif Saif and shared my experience with him. He provided me support and comforted me saying that in medical oncology, the power of touch is just as important as a chemotherapy drug.

Each day proves to be different. It leaves me wondering, for those of us who will come out at the other end of this epidemic? Patients who died are gone. Cancer will not wait for COVID and patients could progress if not treated or enhance risk if they receive treatment or exposed to COVID-19. Cancer care is never complete without a human touch. So, does it mean we are currently not able to give full cancer care due to social distance? No, that's not true. We immediately did a crash course to use telehealth as a platform and doximetry videos to communicate with our patients and care takers. PTSD from the COVID pandemic seems to be a very real crisis. When this pandemic finally ends, I am concerned for myself and all health professionals on the toll this experience how we will manage the scars that will be permanently imprinted on us. For now, I am still here with my hugs and tears. I am very certain that leaders such as Dr. MW Saif will focus on this aspect of the well-being of health professionals.