

## The new normal: a SARS diary

Michelle Greiver

### May 25, day 2

This is what a quarantine looks like in 2003.

Any doctor who has been in North York General Hospital from May 13 is under the following restrictions:

- “Work” quarantine means you go to work and go home.
- No public transit.
- Mask in the presence of others.
- No physical contact — sleep separately from your partner, no kissing.
- Don’t share food. Eat separately.
- No visitors to your home.
- Take your temperature twice per day and record on paper.
- If you develop any SARS symptoms, seek medical attention immediately.

The hardest thing is not being able to touch anyone. I can’t kiss my kids good night, no hugging. At least I can still pet my unfriendly cat.

### May 26, day 3

Temp 36.75.

I have to sleep in the basement. It feels as if I’m at a medical conference, and unwisely chose to stay at a cheap motel. Don’t sleep very well.

Lots of phone calls this morning. My partner is seeing some of my urgent patients, and my secretary is rebooking the rest. One lady is worried that she saw me last Thursday and that I gave her SARS. I think I’ll call her.

### May 29, day 6

Temp 36.87

Yesterday was especially rough. We’ve had reports of more physicians being admitted with SARS symptoms. I called our rabbi and asked him to mention doctors and nurses who are ill in the Sabbath prayer for the sick.

I had a look at the CMA’s suggestions on keeping sane during quarantine, and I seem to fit their criteria for a problem patient: I don’t sleep well, I’ve lost 3 pounds, I’m definitely hypervigilant. I swear I’m never going to look at animals in a zoo in the same way again.

We’re still on “work” quarantine. We go to work to see patients who absolutely must be seen so as to avoid overwhelming the ERs. We then go straight home. Nothing else. We have to wear a N95 mask all the time at work.

I went to the office yesterday morning, and one patient was allowed to see me. She had facial sutures that needed to be removed. On her sign-in sheet, she indicated no SARS exposure. She asked how she could reduce the swelling on her face because there was a dance coming up. I asked which ER had provided her original treatment. Sorry, I told her, that’s one of the sites where quarantine has been ordered. She was to report to Public Health. No dance.

Another patient lost a baby. Yesterday, I had to tell her she’s now in quarantine as well. She’s not doing too well emotionally.

I don’t like my job very much these days.

### May 30, day 7

More bad news this morning — a colleague was admitted to our SARS unit.

Went to the office wearing a mask. I’m wondering what’s going to happen Monday when I return to the office. Unlike during the first wave of the SARS epidemic, we have had very few cancellations, and it looks very busy next week. I’m going to have no back-up from my usual referral sources, and I don’t know what’s going to happen if I have to send people for CTs or other hospital-based imaging.

I feel like a sack of potatoes. No exercise, no walking around the block with my husband. I’m more irritable than usual. It’s probably a good thing I’m sleeping downstairs. A few more days.

### June 1, day 9

Temp 36.56

Last day in quarantine. Still feeling well.

I’ll have to try to figure out what to do when I get to work. It looks like we’re going to have the sign-in sheets for everyone, and I have masks and alcohol gel at the front door for patients. I still don’t know if I should be wearing a mask all the time — they’re very uncomfortable. I think I’ll have a look at what the patient has written on the sheet before entering the room, and put on a mask if I’m worried. Not very high tech, but I hope it works.

I guess this is the new normal I’ve been hearing about.

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