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POINT OF VIEW

The daily life of an office during the first 3 months of SARS CoV-2 pandemic

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Abstract

Medical office regular consultations during SARS-CoV-2 pandemic. Three months waiting for patients to come. Involvement in solidarity action. Patients with less respiratory infections.

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Always in the afternoon from 1 pm to 8 pm, I have the habit of "doing an appointment", from Mondays to Fridays. I continued, without missing a single day, coming to the office during this period. The guidelines strictly followed are: a) only attend patients hourly so as not to be in the waiting room; b) those who work in the office are obliged to be attired to PPE. In my case as a Pediatric ear. nose and throat, examining the oropharynx, in addition to the N95 mask, it is important to use the facial shield, plastic cloak with a more "friendly" and disposable gown over the top, in addition to the cap, foot protector and gloves [1,2,3]. As I like cheerful colors, the gown, placed on top of the plastic one, is pink or blue, matching those of the foot protector and hat. I think this more delicate and feminine detail makes the exam more cheerful and pleasant. And mothers also comment that they like it. I became a regular online buyer of these items through websites that deliver to the office. The cleaning of the room where the examination of the child, chair, floor, etc., took place is neurotic. I don't even talk about the waiting room, because the patient already comes in from outside, talks to the attendant and goes straight to the consultation room where I'm waiting dressed as an ET or an astronaut.

Nowadays as I am not going to the hospital because I am over 60, I concentrated my patietns in the office. I have had an office for at least 30 years and it has always given me a lot of joy and pleasure to work with my patients. Some, who I attended when they were children, are already bringing their own child.

In the first two weeks, between late March and early April, with a very empty office and hearing about how health professionals were working without the necessary protections, I watched a home video on how to make facial shields and thought I could make it them here in the office to constructively occupy the idle time of the people who work here. We ordered acetate sheets and headbands and during many days we made over 1000 of these face shields and took them in giant plastic bags for donation to Health Professionals at Hospital das Clínicas (HC) here in São Paulo (Figure 1, 2 e 3).

We also made colorful masks from bags of TNT (non-woven fabric) that were left over from a Symposium that took place just before quarantine started. These masks were also taken to the HC to serve mothers who took their children to the hospital or those who were going for prenatal care, etc. (Figuras 4 e 5) The people who received them in the hospital were happy, as there were no (yet) ordinary masks on this occasion to be donated to the general population.

These initiatives were later replicated by a chain of mothers of patients who, following the guidelines in the video, made facial shields and distributed them through public heath centers in many neighborhoods on the outskirts of São Paulo. I was informed that the number distributed of these protectors has exceeded 10,000.

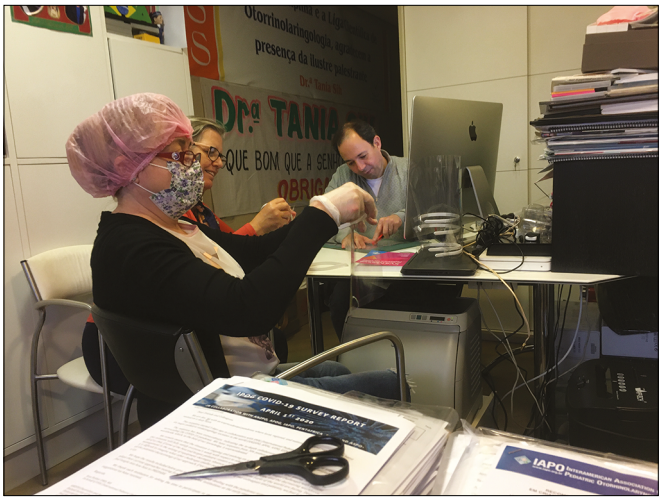


Figure 1. Making face shields.

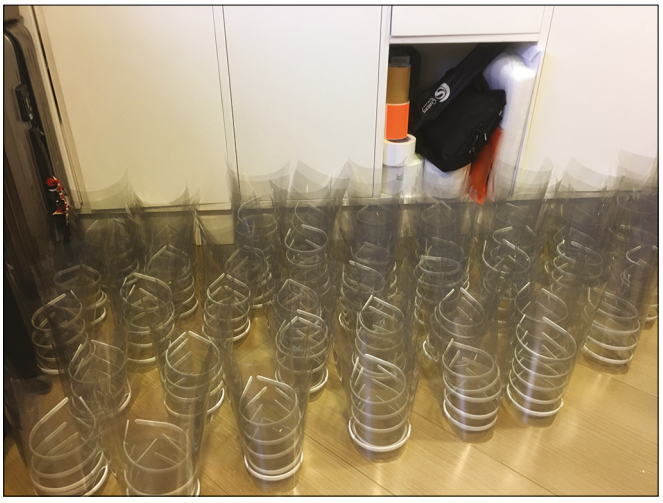


Figure 2. Face shields ready.

From mid-April onwards, when the action of making masks and face shields had already ended, I remained very well informed participating in a real tsunami of lives across all platforms, such as Zoom, Webex, Google Meet etc. I have always been very assiduous in congresses and scientific meetings and the academic part has always been a constant in my life in the form of written books and class publications. But I don't think that during my academic life I was so inundated with so much information. Every day comes a new feature, a publication about the details of this new disease. What was true yesterday may not be tomorrow.

The cell phone and WhatsApp were never used as intensely as during this time, as mothers always wanted information or telephone consultations. My index finger was calloused.

And the patients in the office? These marked ... and many did not even call to say they decided not to come. And I dressed as an astronaut waiting for them. The sensations



Figure 3. Doctor Tania Sih and doctor Robinson Koji Tsuji using face shields.



Figure 4. The masks ready.

varied from frustration, impotence, anxiety, worry, anguish. Even passivity.

I have been experiencing this inconstancy for 3 months, since, above all, those who maintained the office were mostly children who attend daycare centers or schools and used to catch airway diseases, coming from microrganisms and



Figure 5. Doctor Tania Sih presenting one of the masks.

secretions that complicate inside cavities (such as ears, sinus region) and also throat. These children have stayed at home, and, in addition, parents are afraid of not bringing them to the doctor or office, for fear and fear of finding "contaminated" people. Pollution has also decreased considerably, which has made allergies (rhinitis) less evident. Less respiratory infections, less allergies, less consultations.

In addition to the hardships at work, as I had to fire an employee and adjust to financial contingencies in a way I had never experienced before. However, I can't even complain, because was not working on the front line in hospitals attending Covid 19 positive patients, but when I got home, other household duties remained in full swing.

We await the end of this pandemic, as we need to return to normal with scientific consideration, with the spirit of collective construction, solidarity and collaborative application, that is, with an injection of common sense and rationality at a time when chaos and collapse are around our lives.

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