

# Perspective on Experience of Being an Asymptomatic COVID-19-positive Healthcare Professional

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## ABSTRACT

The pandemic of coronavirus disease-2019 (COVID-19) has moved the whole world. Uncertainty generates vulnerability and a loss of control in patients who are diagnosed as COVID-19 positive while they are still asymptomatic. There is a tendency to experience guilt, fear stigma, and speculate future symptoms. Isolation could have a deeply distressing impact on human beings and the sooner one finds the means to cope with the same, he starts regaining the lost sense of control. Sharing such experiences helps answer a lot of questions that one may have in his mind about what could possibly happen if he is diagnosed positive for COVID-19, while he is still feeling normal, thereby reducing the associated stress. Sharing experiences and learning from each other's experience has been a psychological skill that we human beings have used time and again to derive a sense of control when confronted with challenging situations in life. Experiences of a healthcare professional who is a surgeon, completely asymptomatic, but diagnosed positive for COVID-19, have been shared in this article to bring forth how one's journey into something unknown and distressing can sometimes have a positive impact in his life. This article could be comforting to people who may have to go through a similar experience in the times to come.

**Keywords:** Coronavirus, COVID-19, Emergency physicians, Entrapped, Experiences, Level 1 trauma center, Pandemics, Quality of life, Stress, Trauma surgery.

## RESUMEN

La pandemia de COVID-19 ha conmovido al mundo entero. La incertidumbre genera vulnerabilidad y pérdida de control en pacientes a los que se les diagnostica COVID-19 positivo mientras aún se encuentran asintomáticos. Existe una tendencia a experimentar culpa, temer el estigma y especular sobre síntomas futuros. El aislamiento podría tener un impacto profundamente angustioso en los seres humanos y cuanto antes uno encuentre los medios para hacer frente al mismo, comenzará a recuperar la sensación de control perdido. Compartir estas experiencias ayuda a responder muchas preguntas que uno puede tener en mente sobre lo que podría suceder si se le diagnostica COVID-19 positivo, mientras todavía se siente normal, reduciendo así el estrés asociado. Compartir experiencias y aprender de las experiencias de los demás ha sido una habilidad psicológica que los seres humanos hemos utilizado una y otra vez para obtener una sensación de control cuando nos enfrentamos a situaciones desafiantes en la vida. En este artículo se han compartido las experiencias de un profesional de la salud que es cirujano, completamente asintomático, pero con un diagnóstico positivo de COVID-19, para mostrar cómo el viaje hacia algo desconocido y angustioso a veces puede tener un impacto positivo en su vida. Este artículo podría ser reconfortante para las personas que quizás tengan que pasar por una experiencia similar en los tiempos venideros.

**Palabras claves:** Coronavirus, COVID-19, Médicos de urgencias, Atrapado, Experiencias, Centro de trauma de nivel 1, Pandemias, Estrés, Calidad de vida, Cirugía de trauma.

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Being a psychologist who works in the field of trauma care, I have learned how often the experiences of one patient can help another who might be going through something similar or has a possibility of the same. It imparts a sense of control and some amount of confidence that if he were to go through the same, he too might be able to come out of it alive and maybe better for good. With this goal in mind, I would like to share with you the experience of a fellow colleague of mine.

He was a senior consultant and surgeon at a reputed trauma unit of a highly commended hospital, had a stable family life, and was popular among friends and colleagues which gave him a feeling of invincibility as he sailed through life.

It was a regular day at work, as part of the routine high-risk departmental screening, physicians and nursing staff were being tested for coronavirus disease-2019 (COVID-19). His swab was also taken. Later that evening, he got a call from the concerned infection control team informing him that his result was positive. In casual discussions all week physicians used to say, "we all probably have it" and "it would be good to have it and become immune". However,

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when he heard this news, a feeling of sadness after just having heard bad news overcame him, and he felt the need to sit down to assimilate it. His feelings of loss of control and vulnerability started getting strengthened as thoughts of how he got the infection started racing through his mind. "Why me?", "whom did I get it from?", "was I not taking the right precautions?", "when did I slip up and expose myself?", "was it from my work in the intensive care

unit (ICU)?”, “was it from the operating theater while performing surgery?”, “did I get it during meetings in my office?”, “did I pick it up in the hallways of the hospital?”, or “did I pick it up from the community such as my driver, the compound neighbors, shoppers at the grocery store?”.

The feelings of vulnerability soon changed to anxiety “how long have I had this?”, “was my family (wife/daughter) infected?”, “I am now one of those numbers/statistics that I have been reading about”, “would they admit me to a hospital or a quarantine facility”? Being a physician, himself did not make him any less vulnerable to doubts.

Being an ICU physician who sees what can happen to COVID patients, as well as being up to date on the literature on all the potential scenarios in terms of the incubation period, different levels of symptoms, different levels of severity, and all potential complication (from needing oxygen, to ventilator, to extracorporeal membrane oxygenation (ECMO), to death), he started then thinking of what clinical course he might have. He was asymptomatic, but was wondering how long it would stay that way, “would I deteriorate, maybe I was not really asymptomatic... I had had a stuffy nose a couple of days ago, I had felt tired yesterday”. All normal everyday “sensations” became “symptoms” in his mind.

Once the initial shock had been absorbed, the rational mind started taking over again and he started thinking about the “process” and what would happen next. He called relevant people in the infection control department, which gave him clarity about what would follow. Taking advice from colleagues, restored some sense of control and he decided to expedite things by himself go to the emergency department on the next day. He thought this could save him from the “scene” of an ambulance coming to take him from his home/compound, to which he had unknowingly attached a stigma in his own unconscious mind. As he packed his suitcase, the sadness of having to be away from home and possibly in a hospital, isolated for an unknown number of weeks, made him feel strangely uncomfortable. His first night of isolation began that night as he lay alone in one room in his own home.

The next early morning he left for the emergency department as was decided earlier. His position in the hospital quickly got him an isolation room while he was waiting for the blood work and chest X-ray to be completed. After a few hours, came the first whiff of relief as he was told that the results were OK, and he would be sent to a quarantine facility and not a hospital. After a long wait, early next morning he got into a bus with several others who were driven to their respective quarantine facilities. During check-in into the hotel, he was informed that though he was supposed to stay in the room at all times and would be provided food and refreshments in the room itself, he could sometimes order food from outside and collect it from the lobby. Also, there was a “clinic” in the facility, with two nurses and one doctor present always. Both these pieces of information made the idea of “isolation” much easier to handle and gave a good start to his time in quarantine.

Nevertheless, it was challenging to get through the quarantine time. The thoughts that bothered him the most had one thing in common, all were projections of his anxious mind into an unpredictable future. He thought “I cannot leave if I wanted to or had to” (e.g., if my family needed me for whatever reason), “I don’t know how long I would be in quarantine”. At that time as per rule, COVID-positive patients needed two negative test results to be discharged and one would be re-tested every 7 days until he tested negative. He had heard that some patients stayed positive for over

1 month and were not allowed to leave the quarantine area. The feeling that he could be one of them constantly bothered him. The process has been changing constantly since then and it is much simplified now.

Another anxious thought that kept sweeping through his mind time and again was, “I need to stay asymptomatic, so that I do not have to be transferred to a hospital for undergoing complicated treatment”.

By the time, he was a few days into quarantine, he began playing a mental game for trying to over-power his own pessimistic thoughts with something positive. He started repeatedly emphasizing to himself that so far, he was asymptomatic, better off than so many people who were presently admitted, or very sick, or in the ICU in critical condition. He also made a constant effort to convince himself that most asymptomatic patients remain asymptomatic. Sometimes he won and sometimes he lost the game. Little did he know that by doing so, he was using important psychological skills such as “cognitive restructuring” and “positive self-talk”.

His spouse immensely supported him through phone calls by making sure to avoid speaking about health issues and focused on the more mundane activities of life which were no longer his life right now, none the less which he missed more than anything else. Video chats with his little daughter would not only pass time but relieved him for several hours after, and then he would look forward to the next chat. The phone seemed like a lifeline now. One behavior that especially kept him grounded was having made a routine and strictly abiding by it. He had a fixed time for waking up and sleeping, having meals, bath and green tea, entertainment, exercising in the room, and other things, which made him restore some control back in his life. Prayers made him feel closer to God. He realized that over the years, prayers had become more of a rushed ritual while basking in the grandeur of life, his touch with God had somehow weakened. Now he was more sincere with his prayers and his belief gave him the much-needed strength.

During the quarantine, he would experience symptoms of tiredness, runny nose, sneezing, coughing, but knowing that you are COVID+, all symptoms trigger the feeling that maybe you are getting sick and will deteriorate. Daily visit to the clinic which was just one floor above his room gave him comfort at such times.

In a few days, he became comfortable, and it stopped feeling like a prison. He kept the door of his room unlocked which psychologically made him feel like he was not “locked-in” in isolation. Days changed into weeks...

And so, it passed...

We may want to ask how this experience impacted him. As per him, he is not the same person, he had changed in many ways, all for the better.

Being a physician for all these years, he believed he was an empathic person who cared for his patients and their families. However, this experience made him realize work had turned ritualistic over the years and empathy was really only in his mind. Now all the people with COVID who are symptomatic, ill, or even critical, made him feel truly empathetic. He wondered what they and their families must be going through and how isolation must be affecting them. Thinking of those who were dying alone, knowing that the last time they left home was the last time they were seeing their family was the ultimate in perspective-giving thought.

He started appreciating all the little things that he had been taking for granted earlier. He often pauses to take a deep breath and enjoy the fresh air and feels lucky to be “free”, freer than ever before.

Simple things, like walking outside, sitting in the backyard, or driving around, have become the exhilarating experiences that he is now able to savor. He values his own health and other blessings. His family and friends have become so much more important.

Now when he comes home every day from work, he puts his briefcase down and does a “group-hug” with his wife and daughter, to physically reassure himself that they are there. This is in such stark contrast to the life that he led before when he would come with the weight of the world on his shoulders, not even pausing to enjoy what was in front of him. Getting annoyed when his daughter would pester him to play with her, answering messages or emails seemed to be much more important then. He is indeed a changed man now and looks at things from a different perspective.

As a surgeon, he walked around with an air of confidence and invincibility. The quarantine process had taught him that even just the thought of having COVID made him feel very vulnerable and fragile. This was a very humbling experience, and now he walks with his 2 feet on the ground. He feels sure he would be better, do better, and live better now.

In conclusion, it appears that the dread associated with being in quarantine is surmountable if one can manage to somehow regain a sense of control over his life while he is there.

Second, this leaves us with a thought to ponder, “Do we all need to undergo a quarantine to bring back that much need pause in our life, to get more connected to life and be able to cherish the simpler yet more profound aspects of being alive, being a human?”