During the COVID-19 pandemic, the sounds that define New York City have vanished. The screech of the subways, the chatter of multilingual voices, the blare of traffic, have all been replaced by silence. Streets, subterranean or ground-level, are emptied of sound. As New Yorkers, we love our boisterous, bustling city; we thrive on our chaos. Now, the silence is deafening.

Each day I walk from these newly serene streets to a place that is very much alive with a cacophony of noise: our city’s largest public hospital. A staff member in full personal protective equipment greets me. My temperature is checked before I am allowed to enter. An electronic beep confirms that I do not have a fever. My day begins.

I am a nephrologist dually boarded in palliative care, a specialty that provides symptom relief and assistance with advance care planning for seriously ill patients. I meet with patients and families to ensure that medical decisions are consistent with an individual’s values. In short, my job is to hear the patient’s voice and to represent that voice to the team of providers as decisions are made. The process is intimate and dependent upon relationship building. To be effective it requires time, focus, and the elimination of all background noise so that only the patient’s narrative is heard.

During COVID-19, I spend most of my days in our intensive care units (ICU). I am still the same doctor who practices nephrology and palliative care, but I do so under challenging circumstances. For starters, the noise in the hospital is louder than ever. The hallways of the ICUs are filled with beeping IVs extending outside the patient rooms. More teams of clinicians than ever pass by, discussing the complexity of COVID-19, while monitors continuously alarm. Overhead, the PA system calls for a rapid response for what seems like the fiftieth time in the last few hours. Ever so rarely, it plays music that celebrates a patient’s improvement.

Inside the patient’s room, I do my job, but the noise continues. I try to listen with the same attention as before, but consistently I am met with a disease that is doing its best to drown out the patient’s voice, as well as my own. Through layers of personal protective equipment and the whirring of oxygen machines, it is often a struggle to hear. Gone is the quiet space I would create to engage in a conversation that is both delicate and difficult; gone from the bedside are the loved ones who would share stories of the past to facilitate a personal connection. I am called a hero by my fellow New Yorkers, a sentiment much appreciated, yet often I leave work doubting my effectiveness, wondering how I could have connected better.

I have become accustomed to the hospital sounds of COVID-19 that accompany my daily patient rounds. I recognize that this constant noise parallels the frenetic energy of hospital staff working their hardest to save so many lives, to keep going through total exhaustion. We work through the noise to ensure that this disease, which takes so many lives, does not overtake the patient’s voice. We keep going and rarely pause.

This routine became my new normal, until recently. After completing a new consult, I left the patient’s room and surprisingly I emerged to the sound of birds chirping. ‘Birds in the ICU?’ I thought. I looked over and there was one of our dedicated social workers holding a phone up to a patient’s door so that his wife could speak to him from Mexico via Facetime. She was standing in a garden, surrounded by colorful flowers and what seemed like hundreds of birds. The melody of the birds was amplified through the phone to our bustling ICU. In Spanish, she started singing to her critically ill husband. The sound of her voice was a license to pause in the midst of my busy day. It was so human. This is my job, I thought. The beauty of this work is the privilege of preserving our patients’ humanity at a moment of crisis. This is more essential than ever during COVID-19.

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