# Reflections on deployment to ICU

BY ELIZABETH YANG

Being unexpectedly uprooted from ophthalmology to ICU during the coronavirus pandemic was certainly a challenge, not just clinically, but emotionally and personally.

However, it is only through adversary that we learn to appreciate what we have, and there are definitely some positive aspects from this.

Clinically, ICU functions in much more all-rounded way than what we are used to in individual patient-based out-patient settings. ICU patients are critically unwell and in multi-organ failure. As ophthalmologists, we've only considered mostly one organ (well, two usually!) during our careers. ICU certainly expands one's clinical appreciation and understanding of respiratory, cardiovascular, renal, liver and haematological functions. For example, patients need sedation to tolerate endotracheal intubation, however, this decreases their blood pressure, whilst also being septic, and they often need ionotropic support. Don't forget their fluid balance and renal function, as they often can end up in rapid renal failure and hyperkalaemia and may need haemofiltration.

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These were all alien words at the beginning, but I have really enjoyed learning and re-learning these concepts, and appreciate the complexity of decision-making. I have also enjoyed learning new skills such as understanding and utilising the ventilator, troubleshooting problems, inserting lines, etc. Although these are skills that would never be used in ophthalmology, the experience of learning I feel is in itself valuable and improves my ability to grasp new concepts in general.

The ICU experience also encourages you to thoroughly consider what is actually good for your patient, as any intervention has its side-effects. Despite all of this being wholly separate from ophthalmology, complex decision making is a uniting factor in medicine. It is prudent to always to consider: is this the best thing for my patient for now and the long term, and are there any safer alternatives?

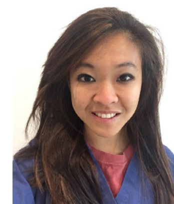
For me, the main challenge about ICU is the many investigations and extreme interventions that a severely unwell patient can have. These may prolong life, but sadly despite these, and the highly capable, experienced and intelligent ICU medics, many patients do not survive. This can be frustrating and upsetting, especially knowing that these patients and their families were expecting to emerge fit and well through the other end. One of the hardest experiences in the COVID-19 ICU, is having to tell a patient's child that their parent is dying, and that they cannot come to visit as it is not safe to enter the premises. Their otherworldly cries of anguish over the phone will haunt me for years to come, while feeling absolutely helpless that there is nothing on earth that you can do to change this.

Ophthalmology, in comparison, has beautifully visible pathology, investigations available at one's fingertips, and often with very effective medications or surgical interventions. Most of these patients are able to then see or feel a great difference after treatment. That has been immensely rewarding, which is something I had not appreciated quite as much before. The high volume of patients we see and manage per day is also satisfyingly efficient.

I have also realised how much I enjoy speaking to our patients, and when they understand and appreciate what you are trying to achieve for them. There is of course difficult news we often have to deliver, and we ought to really put ourselves in our patient's shoes. I now can better imagine and appreciate how difficult it must be to lose vision, as it is to lose a loved one.

All in all, being in ICU as an ophthalmologist during the COVID-19 crisis has been an invaluable experience in many ways, and I feel will make me a better clinician and, more importantly, a better person.

AUTHOR



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