



# Journal of Regional Medical Campuses

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William J. Crump, M.D.

DOI: <https://doi.org/10.24926/jrnc.v3i1.3190>

Journal of Regional Medical Campuses, Vol. 3, Issue 1 (2020)

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## Covid 66: Are we too old for this?

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As I drove in to make weekend rounds at our hospital, I noticed a buzzard circling above. It gave me pause. Well, I thought, at least it's just one buzzard. This whole social distancing thing has shaken me to my core.

As I passed my 65<sup>th</sup> birthday and watched all the subspecialists around me retire, I really had to stop and think what I would do if I no longer saw patients. Then, I realized that at 65 our hospital bylaws said I could stop taking hospital night call. Fewer nighttime awakenings seemed like a good idea after 22 years of 24 /7 call backing up our residents' deliveries, but it slowly dawned on me that if I stopped taking night call and with younger faculty now available, it didn't seem reasonable for me to do daytime deliveries and ask them to do those at night. With that, a part of me that had been so integral stopped as well. I still oversee prenatal care with the residents but have stopped doing deliveries. Life was less complicated, and I felt more rested and able to give my daytime work my full attention.

And then this confounded virus. Initially the CDC said that high-risk groups were older age and underlying conditions. I heard this 3 times from the same NIH official in the same day. Then somehow over the next few days their recommendations changed from "and" to "or". Suddenly, those of us with gray hair and perhaps some wisdom to share become at risk by doing what we've done every day for almost 40 years.

As we wait to see if the plague strikes our small regional hospital, disappointment is the reigning theme. I was scheduled to receive a national medical education award for our campus at the meeting in my hometown of Savannah. Family could attend, and it seemed like a nice inflection point in my career. On the same weekend I could see my granddaughter play soccer in a tournament that is worthy of her Olympic development team skills. I could visit with the family and walk through the Cathedral, the squares downtown, and all of the places that made me who I am.

Meeting canceled, travel advisory for anyone my age, trip canceled, and disappointment. As we all struggle to decide what parts of medical education should still continue and whether we could possibly have any resident or medical student conferences with 6 feet between each learner, it suddenly dawned on me that I may be at risk in my own hospital.

I provide medical support for our inpatient geriatric behavioral health unit. What should I do the next time I'm

called about a patient with fever and a cough? I could do a lot of the evaluation by video, but I'm just old-fashioned enough to need auscultation to help me make decisions. Although I used telemedicine auscultation 25 years ago with NASA, there's no quick way to set it up in our small hospital. Then there's the experience I had this morning, when a woman just a few years older than I was admitted for worsening dementia and some verbal aggression. As I examined her, she ruminated with wild eyes on who would put her in such a place and asked me every few seconds how she could get out. No verbal reassurance worked, but when I just held her hand and told her how much we cared and how her family had entrusted her to our care, she visibly relaxed. There is no way we could have gotten to that first step of healing by video.

For those of us over 60 but still in good health and thrilled every day to see patients and interact with learners, what do we do? There are no clear guidelines. As I often do, I harken back to my mentor, Dr. Gayle Stephens, who was one of the founding fathers of family medicine. Paraphrasing the central tenet of his philosophy: the definition of a family doctor is one who cannot ignore any issue brought to him by his patient.

I am going to find a way to get through this without losing who I am. Buzzards be damned.

**William J. Crump, M.D.**, Associate Dean, University of Louisville School of Medicine Trover Campus at Baptist Health Madisonville.