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## And this too shall pass ...!

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# And this too shall pass ...!

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‘Clank!’

The sound of a falling boulder down the valley broke the monotony of the otherwise heard noises of heavy artillery fired at the top of the hill. Dr Vikrant (fondly called ‘Gary’) and with around 300 soldiers attached to Five Parachute Regiment were on a treacherous path to Ganasok on a new moon night of 24 June 1999. Graduated from a prestigious medical school in the country, Dr Gary always dreamt of serving the nation and had joined the Armed Forces soon after completing medicine. The troop was assembled at Sanjak, a small village hamlet with hardly 30 to 40 mud thatched huts and non-existent civic amenities. They were tasked to proceed towards Muntho Dhalo to assist Bihar, Gorkha regiments fighting the infiltrators on the mountain terrains Northeast of Drass and Batalik sector.

Having started the trek at around 12 am, soldiers had marched on to climb the valley in unseemingly difficult terrain with large boulders interspersed with shrubs in between and the visibility being poor. The trek further seemed difficult and the soldiers felt it wise to continue the climb at the early strike of dawn the next day. ‘*Let jaao, Fauji bhai log. Andhera dhalte hi aage badhenge*’ yelled Dr Gary with a loud scream. Holding the torchlight in his left hand, he took out the roller gauze and bandages from his backpack and started nursing the wounded. His backpack was huge and filled with IV (Intravenous) fluids, painkillers, antibiotics, intracaths. His job

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was to tend to the wounded fellow soldiers at the war scene and those requiring better care would be airlifted to the army hospital in the Batalik sector for further care. The next three hours were spent tending to *faujis* who had suffered cuts from thorny shrubs, shrapnel splayed from the ammunition fired by the enemies. Few soldiers groped onto the boulders to rest there trying to catch some sleep, while others gazed at the sky lit with fire atop the hill and munched onto *pooris*, *khaakras* quenching their satiety. The troop started to march further at around 3 am and had reached Ganasok by early morning. Dr Gary and his nursing assistants took to their works, turning a deserted bunker into a Regimental Aid Post. The wooden planks lying around ammunition crates were used to support fractured limbs, logs tied up with linen beddings were used as splints, compression bandages were used to stop bleeding from wounds.

The gun battle became more intense over the next two to three days aimed at acquiring Muntho Dhalo as it had housed the enemy army’s arm and food supplies. Indian Air Forces (IAF) continued regular sorties assisting the army in confronting infiltrators. Dr Gary was busy attending wounded soldiers, doing life-saving measures and airlifting sicker ones giving them an opportunity to breathe again for the country. One such morning, Gary got a wireless message that Major Juggi has been wounded and was being brought to the aid post by the soldiers. Within an hour, Major Juggi was brought shouldered by the fellow soldiers. Major Juggi was writhing in pain, blood exsanguinating from his severed limb. Dr Gary immediately applied the compression dressing, sunk in an intracath into Major Juggi’s wrist and pumped in intravenous fluids. A distress message was floated over and arrangements were made to airlift

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the Major. The cheetah helicopters soon descended onto the scene amidst the enemy's heavy shelling. '*chal chaaar paanch fauji saath le aa aur stretcher uta*' screamed Gary as he moved Major already sedated with painkillers onto the chopper. Major Juggi and Dr Gary shared a great camaraderie back in Agra where they were stationed a few years before. Dr Gary wept his moist eyes already sunken due to deprived sleep and lunged himself out to run ahead so as to let chopper take off from the makeshift helipad. The never say die attitude of Dr Gary saved many lives and post-war soldiers have lived onto tell their brave stories[1].

The medical profession has stood out as a noble and thankless one in the odd and trying times. There have been umpteen instances where the medical fraternity has stood the test of times with undefiable character, at times of violence and in civic front during medical emergencies. The world has witnessed many such stories of selflessness and sheer quality of standing up to a noble cause ahead of self by the medical professionals in the past. The past few months of COVID-19 pandemic and how health care professionals across the globe have dealt with utmost zeal and heroics is one such instance.

The world has been witnessing a deadly pandemic in recent decades, causing mortality and damage to the social and economic infrastructures of the countries worldwide. India had its first COVID-19 positive case detected on 30 January 2020. Since then the number of confirmed cases in the country has swelled up exponentially despite effective control strategies from state and central governments. The health sector has worked with remarkable stead, bringing in major changes in testing, isolating and treating protocols. There were 515 health care professionals martyred fighting COVID-19 in India till October 2020 as per the Indian Medical Association (IMA) database. Reports of unmatched commitment, presence of mind and heroics of these doctors managing COVID-19 cases have come up in electronic and print media [2,3,4]. There has been an encouraging stance from the private health providers working in arms with government hospitals attending to problems and sharing health care burdens. Manipal health enterprises have been

one of the first to respond with its medical college hospitals in Manipal being noted as the dedicated COVID-19 hospital in the district.

'Necessity is the mother of all innovations', they say. The past few months of the COVID-19 pandemic in the region saw an exemplary manner in which strategies and plans chalked out for management of logistics, infrastructure and health care workforce by the COVID-19 core team. Even before the detection of the first case in the district, an isolation ward was created in the medical college hospital and plans were put in place regarding providing necessary treatment including life support measures such as a ventilator, dialysis in a dedicated isolated ward. With a far-sighted eye on expected swelling confirmed cases in the coming months of the pandemic, the management decided to notify Dr T M A Pai hospital in Udupi, a 100-bed infrastructure earmarked for treating the suspected and confirmed cases in the district. A functional 11 bedded multidisciplinary ICU (Intensive Care Unit) along with 15 HDU (High-Dependency Unit) beds, 36 single bed rooms for isolation purposes along with 43 general bed facilities had been created.

As the number of SARI (Severe Acute Respiratory Infection) and confirmed COVID-19 cases swelled up in no time, it was required to ramp up bed strength and facilities dedicated to COVID-19 at the medical college hospital at Manipal. A 30 bedded multidisciplinary COVID-19 ICU, 10 bedded COVID-19 high dependent unit and many dedicated isolation wards for suspect/confirmed cases were floated. It also required training of clinicians, postgraduates from various sub-specialties like internal medicine, pulmonary medicine, anaesthesiology, general surgery, orthopaedics, ophthalmology, dermatology, obstetrics and gynaecology, urology, cardiology, neurology, neurosurgery, cardiothoracic surgery, otorhinolaryngology and radiology to be sourced into a common COVID-19 pool for management of COVID-19 cases.

The department of critical care medicine has been working on a steady pace in conjugation with other allied specialities like emergency medicine, anaesthesiology, infectious disease and internal

medicine in setting up the infrastructure at the dedicated COVID-19 units. Fever clinics have been set up in a medical college hospital in Manipal and SARI cases are being admitted to clinics dedicated to SARI ICU. Various protocols related to COVID-19 such as triaging, treatment, intubation, maintenance on mechanical ventilation, weaning, extubation, proning, cardiopulmonary resuscitation and infection control practices were devised safeguarding the health care workers acquiring infection at workplaces. Simulation, hands-on and online classes by the critical care, infection control team for the other faculties, postgraduates, nursing staffs, respiratory therapists, clinical and non-clinical health care workers from Kasturba Hospital and other government/private hospitals in the region emphasizing the importance of adherence to the protocols were conducted also allaying the psychological fears among these frontline working staffs.

Handing over process across the shifts were made online in order to streamline ongoing care of COVID-19 patients minimizing complications arising from ineffective communication. Immediate kith and kin of COVID-19 patients were appraised of the patient's clinical status via video calls allaying their concerns. Various prospective and questionnaire-based studies on the diagnosis and management of SARI, suspected/confirmed COVID-19 cases and also its impact on the psychological well-being of the health care professionals were being conducted, aiming to analyse the enormous data available in the management of pandemic at a tertiary health care setup, hopeful of bringing out interventions and recommendations in due course. The team has stood up in unison, boosting each other spirits and also providing moral support to other health workers, kith and kin of family and general public. The situation out there seems scary but the health care team has stood unwithered and hopeful in this extremely trying situation.

As someone rightly said, 'cometh the hour cometh the man'.

The health care workforce of Kasturba Hospital and Medical College truly believes in the hospital ideology 'Life's on!'.

#### AND THIS TOO SHALL PASS!

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