Driving home from the ER, I often pull over on a side street to have a Big Cry. This tactic offsets my career-related mental instability and prevents me from raging at my husband because he can't find the hummus (which is, incidentally, usually right in front of him). All ER physicians are acclimatized to bouts of stormy weather, but COVID was a new emotional frontier. Each wave of variant disease brought fresh tsunamis of anxiety, the focus of worry slightly different each time. At first, I was afraid to die of the Wuhan strain. Once vaccinated and abdicated of self-concern, the gasps and moans of my patients infected with Delta and Omicron seemed to penetrate further, mounting the dykes I have learned to build around my heart. Now there are scrabble strains which don't seem so bad, but the Canadian emergency health care system is collapsing around me. All these little drops of pain puddle up inside me as uncried tears which on occasion demand catharsis.

It's been a lot, thus the frequent need for Big Cries. My method is as follows: if I notice that I am completely dissociated from the world around me, if my surroundings seem like a movie set, it means I need to cry. Sometimes the weeping flows naturally. But if my tears are too repressed to find their way to the surface immediately, I get the party started with a power ballad on my car stereo. One Big Cry from last year stands out as a representative example.

At first, there was no focal point for my tears as the day's sensory load flashed past in a disjointed, horrific video. A coffee cup upended in the basin of a used commode, jettisoned by an angry COVID patient. The shaky script on the health directive of a stroke patient, directing me to discontinue life support measures should he suffer serious brain damage. The hollow thudding of a man's knee hitting the bed rails during an alcohol withdrawal seizure. The damp pants of that stroke patient, incontinent. The monochrome CT scans of a man who had fallen down the stairs and ended up brain-dead, and then of an elderly woman with a catastrophic hemorrhagic stroke - the blood

creating white lakes of disability amidst the grey ground of the brain. The salt and pepper hair of a daughter, her hands gloved in blue nitrile as she stroked her dying mother's forehead.

After this initial horror-show, the zoetrope decelerated and paused on a woman we'll name Ellen, who lived with a terminal chronic lung disease. Ellen was highly treatment-seeking; she had subjected herself to all manner of procedures and restrictions in her search for wellness. She took all her medications diligently and had been fastidiously isolating since the pandemic started. One day, Ellen had relaxed her vigilance slightly and ventured on a junk-food run to the corner store. About a week later she was in my care, struggling to breathe. As was usual at the beginning of the pandemic, Ellen looked terrified when I told her that she had contracted coronavirus. Her eyes widened, her shoulders hunched, and her breathing became even more laboured.

During the pre-vaccination era, my words of encouragement after relaying a COVID diagnosis were usually along the lines of, "Even though I know it's scary to hear this, you must remember that most patients survive. Take it day by day and focus on that fact." I was dehydrated but sweaty, migrainous, and ensconced behind an N95 respirator, a face visor, a hood, and an impermeable gown when I unthinkingly delivered the same words to Ellen. Then two things happened simultaneously and in slow-motion: I realized that I had inadvertently misrepresented the risk, and Ellen looked incredibly relieved.

Because of her comorbidities, Ellen's risk of dying was much closer to 50% than it was to 1%. But here was a woman who was already struggling so desperately to stay alive - her medications were neatly arranged in a dosette, she was following the COVID stats on her phone, and she had taken almost every precaution. She had neatly styled her hair and packed some books before calling 911.
I had a decision to make in that moment: I could backtrack and deflate her hope, or I could move on with the conversation.

In the few seconds I had to choose between Scylla and Charybdis, another COVID patient we'll name Steven came to mind. He too suffered with severe chronic disease. When he asked me about his prognosis, I tried to warmly tell him a cold truth. For the remainder of my shift, he stared out from the glass cage of his isolation room with startled, frozen eyes. He was so very scared. His neck muscles were visible under his translucent skin as he tried to pull enough air, but I knew he would eventually tire. Steven spent a short time in hospital, and then died without ever seeing his family again. I still wonder if I chased the peace from his final days with my attempt at gentle candor. With the memory of his terrified sweat counterweighted by my physician's obligation to be honest, I selected my next words to Ellen.

On my way home that day, still in my scrubs and surgical cap, I pulled over in front of a yard which was fully decorated with inflatable snowmen. They bobbed erratically outside my car as I sobbed to 80's anthems and wondered if a doctor's lie could ever be a justifiable mercy. Whose heart do we protect if we shield a patient from a bitter truth?

Ellen died of COVID a week later.

* This is a composite work in which patient identifiers have been fictionalized to preserve confidentiality. The author's personal reflections are non-fictional.