

The Pandemic and Me, By Annabel Howell, PhD Student, Covid Cluster, University of Hull.

Introduction

This piece for the Covid Cluster Blog is taken from two pieces of creative writing. The main piece was a piece for my own therapeutic benefit, written as I was coming out of Long Covid at the end of 2020. I was early in recovery and much less was known about the coronavirus then. At that point vaccines were a hope and there was starting to be recognition that you could catch Covid more than once. I wanted to capture my own fear of this, having been so ill, recognising that healthcare and political management of the pandemic would be reviewed and that we were living through something unique. On a more morbid level, I also wanted to capture it in case I died. This experience led me to do the Creative Writing masters course. I wanted to write my memoir and make it engaging for my family. It was maybe for wider viewing but primarily for them, so originally it was only a chapter in that memoir. During the masters course, my writing evolved into two memoirs – one for family capturing key parts of my life, the other more a journey with me in my professional career as a palliative care lead with a management role for the acute hospital, learning from patients in how best to work with them to help them to live well, and maybe to raise awareness about the role of palliative care in being less about dying (though that is an important part!) and more about living as well as possible. I am not sure me doing this PhD helps in that! I have long used reflective pieces for my own wellbeing as a professional working in medicine. These are now recommended strategies for doctors and nurses, for writing as a learning tool and for reflection and support. The second piece I used was one I submitted for my Creative Writing masters which I completed in May 2023. It was however written in a news style, so I used that more for helping me to expand on the previous piece and submerge myself back in that time. I found looking at this again in 2024 somewhat difficult and challenging but also quite positive, the latter in terms of where we are now, what we know and obviously the vaccination rollout. I have contracted it once since, shortly after starting the PhD in September 2023 and was quite ill, though not as bad as the first time in 2020, and I took my time to recover. I have had four vaccinations between the two episodes. I hope you ‘enjoy’ this view of The Pandemic and Me, and thanks for reading it.

Annabel, Spring 2024

It was the pandemic no-one asked for, yet some predicted.

The negatives were hard to avoid.

The deaths, morbidity, and impact on the NHS.

The mental health consequences on the population, then and in the future.

The increased level of domestic and child abuse at home, then and affecting the next generation forever.

The effects on the workforce and industry, changing relationships and practices.

The financial footprint of Covid, for generations to come to bear.

Lockdown.

And lockdown's legacy.

Wherever you look, even as we start to find 'our new normal', Covid has taken its toll. My personal and professional experience of the pandemic, working in palliative medicine and healthcare management had been difficult. The influence on my life now, like many others, is immeasurable.

Yet I now feel lucky to be alive and happy with a 'healthy' family, a home, and a job.

Many are less fortunate.

In my more reflective moments, I wonder if we can reframe this pandemic? Is this our generation's World War or plague? Does it offer us a chance to look at other harms in the world, such as poverty, war and climate change? Learning from Covid, can we address some wrongs, adapting and changing like so many generations before us to save the planet and enable our existence on it? If we refocus on what matters, our community and values of kindness and compassion, then our wellbeing and vision for humanity can change.

2020 was the year that gave us all something unexpected.

It is hard to imagine that anyone will ever forget 2020.

The year of the Covid pandemic.

Covid was the name used for the coronavirus that threatened to, and subsequently did, kill millions and changed the way we live on an unprecedented scale, and maybe forever.

Covid started to reach Europe in March, though mutterings of a virus causing death on a frightening scale had sent shivers through many of us in healthcare from the end of January. In hindsight, a crucial timeframe for us to recognise gaps in the preparedness we had been promised at a national level, was lost. The population started to learn a new vocabulary, becoming skilled in the basics of public health and statistics. Coronavirus. Shedding. Spike protein. Airborne transmission. Contact tracing. Doubling time. Flattening the curve. Lateral flow testing. R numbers. Self-isolation and super spreader. PPE (personal protective equipment). All are now familiar terms, defining our era.

In a short space of time early in 2020, yet not early enough, working from home and wearing PPE when in public buildings became the norm, as did meeting people outside, and having supper outside at 5pm, if we were allowed to eat out at all. People were buying excessive quantities of toilet rolls and flour, though still to this day, I am unsure how those two are connected. Good handwashing had always been promoted in preventing disease transmission, and now it became an important line of defence against 'the' virus. The use of hand sanitiser gel, as well as facemask-wearing tried to limit the impact of Covid. Nightingale Hospitals were created in a matter of weeks using exhibition centres and concert venues. Who would have thought that the places where I saw Sam Smith, Take That and Shawn Mendes, would be turned into large scale hospitals? They could even be used as massive intensive care spaces. Without the ability to knit the extra highly skilled staff needed, their use would be limited. We in healthcare recognised this, yet the public needed to see action by those in power. There was still so much uncertainty and fear about what else might happen. The government needed to stop panic, let alone panic buying.

Our knowledge of the virus has, since then, improved enormously and with large scale funding, vaccines have been fast tracked for use. Back then though, this was the dream, the

hope, the vision. It is hard to think back to that time where we all knew this was what was needed. It felt like a vaccine was the only way humanity had a chance to survive, or at least return to the way we lived. Countries were competing in their tactics in combating spread. They were not just playing with tactics and approaches. Lives were at stake. Every moment mattered. The death rates were exponentially increasing.

As we started to see deaths at work, it felt real, especially when our colleague was one of them. In a small hospital, everyone knew each other. The work family included family too, with the hospital being a major employer in the area. We all considered our own families.

'Luckily Dad has the gym set up in the cycle shed with weights and mats, so now the gyms are shut, I expect you may all be out there a bit more. We have our weekly shopping coming to the door too,' I said, trying to be supportive and calm.

What I did not tell the family just then was that I had also purchased an oxygen saturation monitor. This little hand-held device became my comforter and my nemesis. It was a symbol of what happened on a personal level, and more widely, as the impact of the virus grew. These oxygen monitors measure the oxygen level around your system, something which was low in people with Covid, as well as many other conditions such as sepsis and organ failure, indicating a body under stress.

I had used oxygen monitors on many patients in the past, helping me to decide how unwell they were and what treatments should happen and in what order. In palliative care, where I work now, we use monitoring like this less, as it can just create anxiety, as patients and families (and sometimes staff) focus too much on the numbers. The ethos of palliative care means we go on how symptoms make the person feel and whether treatments help those, not just whether the numbers improve.

I bought this electronic device now for personal use, for us as a family now. It would help us monitor if anyone became unwell and had shortness of breath, thereby minimising demand on increasingly stretched healthcare services. I already recognised that those who went into hospital did not do well, not that I was going to share that news with the family.

'If one of us gets it, would we isolate in the home office in the garden?' my daughter asked.

'We could do, but you are usually more infectious when you have no symptoms so will pass it on to everyone else anyway. I think we can just stay in the house.'

'Oh good, then we can have room service for food!' A moment of light humour. She pauses. I know what she is thinking.

'You might catch it at work. Do you see many patients with it? If it's that infectious, you can't avoid it.'

'Yes.'

My time to pause.

I need to get this right.

What I say next matters.

Like conversations with my patients and families, I need to plan and explore her thoughts.

I cannot lie though.

She needs to trust me. She would probably find some answers on social media which would be inaccurate. The 'infodemic' was following the pandemic and early on it was difficult to disprove.

I wanted her to hear what I knew to be true.

'It is a worry isn't it. But let me explain why it should be OK. Covid is very infectious, you are right. I was told by a colleague if you had patients in a six bedded bay and one had flu, maybe 2 others would get it. If one patient in a bay has Covid, they all get it. However, I wash my hands all the time and wear a mask when I am with patients, which is the advice for healthcare workers. I wear scrubs at work too and bring them home to wash in a separate, hot wash. I am therefore doing everything to reduce the risk of getting it and therefore bringing it home.'

A conversation remembered in totality.

Our fears laid open for the first time.

My stomach rose into my chest, a tsunami of stress and fear trying to find a way out. I pushed the panic away. I can't get this virus and if I do, I needed to survive. My mind was doing hula hoops at speed. I needed to be calm but also couldn't look as if it didn't worry me. It was serious, so they needed to follow the guidance but if we did, we should be OK.

What if I exposed them to this by being a healthcare worker? What if one of them had it worse than me, or died after contracting it from me? This was not what I signed up for when I wanted to be a doctor.

My father died when I was five of cancer. I went into medicine because I wanted to make people better, or at least make them feel better when I could not change their illness. Various life and death experiences led me to a career in palliative medicine. It is not recognised as a high-risk specialty, either in terms of my personal welfare or being subject to litigation. I did not consider my practising medicine might endanger my life, let alone the lives of those I love.

Until now.

In healthcare we listened with dread, knowing it was only a matter of time before the virus would come here, yet holding onto a wee glimmer of hope that the impossible could happen. In my hospital management role, I joined webinars with Italian intensive care units, to understand how to treat Covid. We learnt about 'proning', turning people to lie on their fronts whilst attached to ventilators, to increase the aeration of the lungs. We got our best 'numbers' man on the job of extrapolating the cases we might expect for our Trust, based on our population. The initial numbers meant we would not cope. Services would be overwhelmed. First world medicine would turn into fourth world medicine. It all seemed like a nightmare that I would wake up from.

Feeling sick does not come close to how this made me feel. My heart was racing, pounding as if trying to escape from me, and the unfolding situation. The nausea seemed to travel, to my soles of my feet and back, in shockwaves, rendering me unable to eat. Yet I needed the energy. Healthcare staff needed to keep ourselves well, so we could respond the best we could, to what was to come. We were given advice on that, as those in power needed us to be working, but nothing could prepare us for what we saw, and how to cope with the after effects.

We had to have a plan. Without enough bedspaces in the hospital for the expected invasion, we explored a military field hospital tent on the cricket pitch nearby to isolate those infected. Our own mini-Florence Nightingale field hospital, though they were in short supply. Even then, we recognised that people were making money out of national despair and chaos. Just like holiday companies raising prices to go away during school holidays, mobile hospitals became prohibitively expensive. And no-one in government was offering an unlimited budget, despite the fear of death, of failure to serve the population or of being overwhelmed.

We joined national calls about approaches to infection control and PPE. And we learnt about shortages. Of everything. Of tests, beds, bedding, space for wards, PPE, medicines, ventilators, syringe drivers for the dying, and even of oxygen. My heart pounded harder and faster, and I could feel the force of my pulse around my body. The images would not move from the front of my mind. The dead, the dying, the distressed. All someone's mother, father, sister, husband or child. Maybe even mine. I pushed that thought to the back of my mind, hoping that would make it unlikely, though knowing it provided no special protection.

There was also a different type of fear, even then. The rapid-fire attempt to plan, we knew would be examined at a later stage. We recognised we would be held to account, in managing the unexpected. Was there enough trust in our political system to remember what it was like in the early days? Would they hang us out to dry? Or would they remember what we faced. The lack of knowledge, the shortages, the fear, the death. The potential for overwhelming individuals, as well as systems. I told myself to slow my breathing. In and out, in and out. The uprising of anxiety and panic. Anxiety might help my performance, I told myself. Panic did not.

The pandemic was stretching already very stretched resources. PPE was being offered by 'colleagues' in their 'get rich quick' schemes. Provision of standard PPE was through a national service. We had no budget to buy from these 'colleagues' and if the quality was poor, we would have no comeback. We kept being told there would be enough through national provision. Yet what if there wasn't? What was our role in this? To be there for people or governments? It felt like the latter. Like quelling a mutiny. We were expected to keep our subordinates quiet and orderly. What if staff got Covid from lack of PPE, because of working in healthcare?

Yet, it couldn't happen.

Not here. Not in a so-called civilised society, with a healthcare system recognised around the world for being excellent value for money.

We would be protected.

Yet the evidence from other countries, our country and our hospital said otherwise.

In April 2020, early in the pandemic, as lateral flow tests were just coming into existence, and only a few weeks after the first cases in the country, I developed a sniffle. It was late one Friday afternoon. In that week, I had seen a few patients with Covid, performed tests on staff suspected of having Covid, and been in unusual situations which increased my risk massively, though I did not know that at the time. I cannot elaborate as it would affect patient confidentiality. I got home, tired, and rationalised it had been a long week.

'Maybe it's nothing', I tried to convince myself as I told my husband. The sniffle was hardly there, almost imaginary. I felt like I was being neurotic. Yet because Covid was so infectious, we knew to isolate with any of the key symptoms, so I had to take it seriously. I was working most daylight hours supporting the acute hospital, clinical governance and the palliative care service response to Covid. It had been an exhausting week. All good reasons to be tired and feel washed out. There was nothing to do but wait and see if anything evolved.

We had supper, and I did not feel particularly hungry which normally would be unusual, but not in these early days of pandemic preparation. My appetite was silenced. I started to analyse the situation using the small amount the world and I knew about Covid at that time. I thought I could taste the food and knew that loss of taste was a symptom of Covid. The rest of the evening I cannot really remember, as it was like so many other evenings, responding to endless emails before I could switch off my laptop and try to get some sleep. The headache came like a bullet out of nowhere. It was sudden, razor sharp and intense, an unwelcome guest in my body. My brain felt like it was being destroyed, like someone had poured some cement or acid into my skull and that it was reacting against or liquifying my brain tissue.

'My head hurts so much. I am off to bed,' I said to my husband, just as an observation rather than recognising it as Covid. I had suffered migraines for years and previously had viral meningitis, but this headache was worse. I didn't think to mention the increased severity to my husband. Reflecting, my thought processes were already muffled.

'You best book a test'.

'Oh yes' and I texted the person in charge to let them know. It was all I could manage. I didn't think to talk to the kids, which was again unusual for me, as they are never far from my thoughts. I have not gone back to them either to ask what, if anything was discussed. There is no point in extending any trauma.

A short while later, with the headache worsening, having crept into bed like a wounded lioness, I wondered if I would die that night. In the moment I did not get distressed by that thought, which to me now seems incredulous. My own emotions felt like they were owned by someone else, almost as if I was looking down on my body, observing from afar. I felt an inner calm, like the sense of enlightenment in yoga. I have worked in palliative care long enough to know how near-death experiences are described and felt. Which is just like this.

The symptoms were so vivid. The joint aches so intense, the pain so awful, that I did not care about the consequences of taking too much pain relief, or maybe I just didn't realise. My sensible self would have been horrified. Exceeding the recommended dose is irresponsible. I now understand when my patients feel driven to take more than the recommended dose. My brain was not working, and my body was exhausted. I needed relief and peace. At any cost.

At some point that evening I was told to turn up for my test the next morning, though the details are somewhat vague, in the mist of the enveloping brain fog. I did snatch some moments of sleep when the paracetamol and ibuprofen were at their height of effectiveness, but that was minutes, in amongst the hours. I somehow managed to retain that I needed to go for my test and watched the minutes go by.

The next morning, I had a test, in the hospital car park five minutes away in a drive through facility. Driving myself was the only option to reduce the risk to others, though risky for everyone else on the roads. The tester, shrouded in PPE, stayed outside the car but her long covered arm leant in, and the swab of my tonsils was completed with vigour, like an octopus tentacle sidling up to me, and disarming its prey. Next, the same swab was used to get a sample from my nose. It felt more like a brain biopsy and served to irritate my brain further. I retreated home, all energy spent by this short expedition, and crawled back to bed. Dreams or nightmares kept me company, though I have no memory of their content. Pushed into my subconscious, so I don't get more distressed maybe. I could not sleep properly or do anything apart from writhe around my sweaty sheets. Questions popped into my mind. Would I live or would I die? Would I deteriorate at ten days like some patients I had seen? Again, looking at myself from afar. Calmly and very matter of fact.

The waiting game was frustrating in some ways, learning from being on the other side as a patient. I had been told it might take 72 hours for a result. Yet I didn't really need it. I knew it must be positive by the way I was feeling. It was not the result itself but the loss of control that I struggled with. I went between being annoyed and being too tired to care. It was almost like floating in and out of consciousness. There was no result that day. It was so early in the pandemic; our tests were still going up to a bigger hospital.

I did however get a call much earlier than expected, and from one of the Directors of the Trust. Bad news travels fast and straight to the top. In some ways it was not surprising as I contracted it through my work, doing something very sensitive for the Trust.

I did not know at the time, though I suspect the caller did, that my test result had been exceedingly high, showing a large viral load. We now know this means a much higher risk of Long Covid, which was not even a thing then. At that time though, a large viral load was known to have risk related to having severe disease. Later all this made sense as to why someone high up in the organisation was so concerned. Maybe they thought I would be their second member of staff to die.

'I am afraid it is positive,' she said, confirming my expectation. 'How are you? Are you breathless at all?'

'No.' I lied.

'You know what to look out for and to make contact if you become less well?'

'Yes thanks.' I just wanted to be in my own thoughts. Even though I expected it and knew I had Covid, it was not what I wanted to hear. Now this was real and happening to me. It all was a bit of a blur with lots of lying in bed, sweating, funny dreams and still taking regular medicines for the fever and intense muscle aches. The medicines helped, but only a little. I watched the numbers on the pulse oximeter from the privacy of my own bed. I knew at the time that there was a group of patients who did not look too bad but had dangerously low oxygen levels. This group were only a little short of breath and would suddenly deteriorate, especially if ventilated. This group had a high risk of death. I kept telling myself rest, fluids and over the counter medicines and all would be well...

There was no option but to wait and see what would happen. Physically getting out of bed to go to the toilet felt more like a marathon, even though it was only a few steps to my bathroom. Dreams and nightmares filled the hours, without stories. The curtains were closed to prevent the excruciating glare, so I was oblivious to the time of day. The normal me would have been worried by this response to light, which is indicative of irritation in the brain, whereas again I was detached and unemotional.

The next few days were exhausting emotionally and physically as I started to spend more time out of my isolated and detached haze. I knew too much, yet initially I was too unwell to process it all which was maybe a good thing. I did check the oxygen saturation monitor. The readings were low. It also measured my heart rate. It read too high or irregular. All signs of a system under stress. My system, my body.

At work, I had often talked with my intensive care unit (ITU) colleagues about when they would step in to ventilate a patient with dipping oxygen levels.

Only this was not a patient whom I would look after.

This was me.

A potential patient.

I was so scared, yet also unable to vocalise that. I felt very much out of my comfort zone, paralysed, unable to see a way out. I imagined it was like one of my patients with MND (Motor Neurone Disease) trapped in a body, with hidden prison walls. I should have seen this

as an improvement as I started to feel emotions, to be able to think straight and feel frightened. Again, there was nothing else to do but wait.

Days and nights continued to merge in the persistent fog. Iced water cooled my inside and my skin radiated warmth. My bed became a den. It was sweaty and smelly, but it was too much effort to move so the sheets could be changed. Tea, my usual comforter, became an adversary, overheating a system under pressure. I couldn't eat. I couldn't read. I couldn't watch anything. I just dozed off and on. Endlessly.

Time passed, with no measure of days or hours.

At some point a few days later, and feeling more normal, with the intensity of some symptoms waning, I ventured downstairs to get my own drink. I tried not to touch anything so I wouldn't infect anyone. I could barely walk, my feet felt burnt and blistered with each step. With these altered sensations on the soles of my feet, it felt like I was also walking on a moving floor. I held onto the bannisters and walked down the stairs one at a time, like a 90-year-old. I stopped, resting my frame on the back of the sofa. I could not sit down. It looked too far to get back up. I would refill my flask, and then gear myself up for the return journey, which felt like ascending Everest.

I felt pathetic and useless, but at least I was alive.

Sort of.

Days later, I kind of came round, feeling a little more like me. I started to check updates and emails on my laptop. The hospital was busy, and staffing was a nightmare as more people had to isolate or were unwell.

After my appropriate isolation ended and I had a normal temperature for 48 hours, I went back to work. At that point, I felt invincible, just like Wonder Woman. Remember back then of course people thought you could only get the virus once. I had had Covid. I had recovered and survived. There was no stopping me now. Having had it, I thought, I could work throughout the pandemic and support others.

No false alarms of having a cold and isolating just to be sure.

No more Covid tests.

No pinging from the Covid app, forcing unnecessary isolations.

So grateful to be alive, I wanted to contribute to the response. The sensible me was ready to return in a staggered fashion, though with all that was going on, my hours soon ramped up to meet demand. I thought I was pacing myself.

Rest did not come easy, indeed not at all. Sleep was erratic and poor. Nightmares or night terrors replaced all dreams, and I would wake each day with less energy. This carried on for months.

Later in the middle of 2020, I had an interview for a promotion. I had applied long before the pandemic. Like many other life events, the interviews were postponed. I knew I had been shortlisted and had a lot of support, though maybe not from those at the top. Several of the shortlisted candidates, like me had played a role in the pandemic response. 'Think of all that extra experience you will have,' my husband said.

'Yes, I will also be able to bring the experience from both sides, as a patient and a manager. Though I am so tired from not sleeping. And my heart is racing. And I cannot breathe. Maybe it's just anxiety about the interview.'

'Sounds like it. You did really want this job when you applied.'

The application and shortlisting process was such an eternity ago. If I could just get past the interview, I could then regroup, take some time off and recover. Which, looking back, was a sign of my disordered thinking at the time. They would need someone with energy and brainpower. What I did not recognise, and no-one else did either, was that I was barely putting one foot in front of another, just managing to deal with the most pressing issues.

The interview date approached, and I was still not in the right headspace. The day before with my brain fog, and the impact of Covid on my vision, I managed to walk straight into a tent pole in the garden. Overnight, before the interview, the range of shades of bruising evolved into a cracking black eye, and a different type of headache. I spent the morning of the interview finding some foundation to cover up the worst of the bruising and had the new experience of an online interview. Every candidate had to manage this. We also knew it would be key to how the successful applicant worked moving forward, so needed to be a skill the successful candidate would have. I am still to this day, embarrassed by my responses to the interview questions.

My diseased double attended that interview, not me. I knew I had not performed well, yet could barely stop myself from being sick, I was so anxious. Mind you, the head injury didn't help!

My breathing was disrupted.

I was broken.

I was not the successful applicant and despite knowing my interview could have scored in the world's worst interviews, I was still gutted when I was told. I remember walking by the river when the phone call came. Like the torrent of water, my tears flowed. The emotions of that past year needed to come out. They did not however float away but created a cloud over me.

The impact on my general wellbeing, confidence, and state of mind, as well as career was enormous, and something I was not expecting. Whilst recognising now that I would have been very unhappy in the job, I did not see that then.

It felt like a loss, an ambiguous loss, that I would need to deal with at some point.

It added to my feelings of anxiety and failure.

A month later, I found myself unable to function at work or at home and recognised what we now know to be Long Covid.

I could talk you through every symptom, from the desperate, overwhelming lethargy that is with you every moment, to the brain fog clouding your ability to think, remember and function. The endless months of nights of sleep deprivation from waking in a sweat, heart racing, with no memory as to why. It was my sympathetic nervous system in overdrive, remembering being unable to breathe and reliving the nervous tension of that. Wide awake I tried to snuggle back to find safety in sleep and couldn't. I tried herbal sleeping remedies, avoiding tea and alcohol, cheese and every other known factor thought to prevent sleep. Back then Long Covid was only just starting to become a thing. Watching endless dawns from the bed, hearing beautiful birdsong, yet each day starting to hate it even more as recognition of another poor night's sleep. Each day struggling to support the demands at work, always with my usual smile, though less confident, exhausted, and more overwhelmed. Intermittent

chest pain, palpitations and dizziness became the norm for me. The list could go on and on. You name a symptom, and I would probably have felt it.

What was happening to me? Was it working in the health service in these difficult times? Long Covid? The menopause? Or anyone just coping with the pandemic? It was difficult to define. Maybe it was a combination. Whatever the reason, I used to be a highly functioning professional, able to support others in the most challenging of situations, facing death.

Instead, I was a quivering wreck.

Emotionally incontinent, physically frail and stumbling through each day.

I started to get bored every time anyone asked me how I was. I did usually say 'I am fine' because I could not face the honest answer.

Which was low.

Incredibly low.

Each day or week I kept thinking a mixture of 'pull yourself together,' 'be kind to yourself' and 'it will get better'. Every so often I would have a good week, do a little more and then spring into the weekend, only to find the next Monday, a different, exhausted me appeared. The good weeks seemed so short and far apart. I tried resting more, walking more, eating better. Nothing worked. I tried walking less in case I was overdoing it. I did more yoga. Still nothing.

It took two years before I felt more like me again.

Two years of doubts I would ever recover.

The second wave in the pandemic brought its own distress at work too, particularly to my area in palliative care. I was witnessing people dying of Covid, very symptomatic requiring interventions; yet I also saw the gross inequity of those who had a terminal diagnosis from anything other than Covid. Their care was less of a focus and so seemed less important. They suffered, through no fault of their own. My role was supporting dying patients, whatever they were dying from, holding hands where families could not. I helped families say their

'goodbyes' via my phone, my tears hidden by the mask and goggle combination. The raw grief on both ends was soul destroying to witness.

We also had regular Covid tests. As a palliative care team, travelling to all areas of the hospital, from ITU to wards and the chemotherapy unit, they wanted to test us to ensure we didn't spread it around the hospital. It was an odd dichotomy. We were all wearing masks and PPE, with higher levels of PPE in those interactions with Covid-positive patients and those who were immunosuppressed. Yet we also had regular tests. To protect them. But did the PPE not also protect them? My nose became supersensitive to the tests, the inner lining of my nose fragile and sometimes the testers would draw blood as the test was taken. I knew it wasn't their fault and they had a tough job to do. I could feel the anxiety creep up as I walked along the corridor to the testing area. I would sit, waiting, concentrating on my breathing. And going into the room, I needed to cough and sneeze almost in expectation.

In my management role, I also saw distressed colleagues who provided care they felt to be inhumane, even if it was the only option due to the demands placed on them. I heard their concerns, supported their distress, and empathised, all of which helped, but could not relieve their pain. Trying to provide quality care for the patients, families and staff proved challenging. I was meant to be leading this and felt I was failing them all.

I escalated concerns.

The response was always ... it is a pandemic.

That wasn't good enough.

We needed to do better.

On the home front, we could not spend any time with family and friends, unless we lived with them. The risk whether old and young, was too great.

They say the body keeps the score.

They are right.

I am not alone in this, or in the worst situation. I have learnt and am still learning more about how I can help myself be mentally and physically well and recognising the need

to put myself first, for the first time in my life. It is hard. It is not what I 'do' and changing me at fifty-four is not easy.

Breathing dysfunction, aka breathing pattern disorder in Long Covid is a thing.

Your breathing has a memory too.

Of being frightened, unable to catch breath, of low oxygen levels.

I have retrained my breathing. Focussing on slow breaths in and out, equally and regularly. Something so basic. Yoga helps me in this, as well as my wider wellbeing. The rhythmic, more effective breathing however needs to happen every day and even when asleep. It needs to be my new normal.

Reflective writing has always complemented my medical practice and I have found it a nutrient, even completing a Master's degree in creative writing during the latter phases of the pandemic. It was important to me that my biography could be told in the best way. My brush with death made that more important. Mental rest and recovery allowed my parasympathetic nervous system time to redress the balance. It felt at times, like another battle for which I did not have the energy.

Managing Long Covid was a focus for a while. Different regions of health care approach it differently. Long Covid clinics popped up in some places, helpful maybe for those who have the energy to attend. I am luckily, not bad enough to qualify for this, not that there is one in my area. It is another example of a postcode lottery. Social media support groups work for some people, but to me they feel like a competition of symptoms and worthiness.

One of my reflections from the pandemic is that touch has been eliminated everywhere, for fear of contracting Covid. Those less tactile are probably delighted. When interacting with people, especially in healthcare, it is important to take the steer from them. For those who do appreciate it, touch calms, reduces anxiety, and restores a human feeling of closeness. Being able to share that human connection has been an important part of my life. Social distancing, required as it may be, has not allowed me to refill my emotional cup in that way. The current of love, through touch, is a palpable necessity for me to restore.

There were many positives to come out of the pandemic too.

At home, we tackled the lockdown as a team, having film nights, spending time together in the garden or out walking, all things teenagers do not normally do with their parents.

Daily exercise for us was the miles of countryside outside our door. I meandered beside the river, lapping up the shimmering, busy river, watching livestock make the most of the long summer's days. The hills, solid and reliable stood firm, and became for me an aspiration. I would make my way up to the top again.

Now, when I do go up to the top, I really value what I see.

It is more than a view.

More than a bit of exercise.

It is me having conquered Covid.

Seeing people at a distance, I could see they were happy, being almost normal in the safety of the luxury we have up here of space. I was absorbed by the colour palette of the landscape. The copper, greens, blues, and purples, all adding depth to the kaleidoscope, and each other. It felt like their own attempt to inspire a community. All felt welcome reminders of living and being alive.

We had family cooking weeks where we took it in turns to make different themed suppers that became a culinary competition with extra points for music matched to the food. Who knew my husband and teenage children could prepare such delicious food? Smoky chilli, fragrant chicken, zingy tomato, bean and coriander salads, and homemade mouth-watering Thai fishcakes were produced. Prizes were at stake each week which were fiercely contested. Suppers themselves were a thing again, something we all sat down for and had debate, as well as conversation.

We became, for each other, the only physical human interaction and made the most of it.

We laughed, escaping from the desperate daily news of deaths.

We all valued family and home.

We chatted online regularly with my in-laws, a poor substitute to seeing and hugging them. Still, we could see they were ok, which at that point had to be good enough. We arranged online quizzes and socials. We did online gin tastings, wine tastings and cookery sessions.

Christmas is a time for us always filled with laughter and family.

Not during the pandemic.

Whilst there was some flexibility to meet inside in December 2020, in small numbers for Christmas day, it felt like there was too much at stake, so we all agreed it was safer to meet outside for a walk. One of our dogs had died during lockdown and we scattered the ashes with my in-laws on Christmas day morning. Whilst an odd time to do it, we wanted to maximise what we did with them in this one interaction. They were so attached to her but had not been able to be around when she died. We then had a coffee outside.

It felt heartless, sad, and detached.

Equally it was a measure of love and protection.

The next two Christmases were blighted too by family members having Covid. Pariahs, like having the plague, we isolated. On one occasion, one of my children gave the other a World War 2 gas mask so we could all sit together, outside, by the open fire, to share Christmas wishes.

We made a joke of it.

Sort of.

At work, in the hospital, during the early stages of the pandemic, I saw real change occur quickly and safely, led by expert clinicians, and supported by management. This is as it should be, though it is often the other way round to control spend.

The pandemic brought an energy for rapid change and innovation. And whilst we were a small Trust, we also punched above our weight. Our colleagues in anaesthetics were the first to recognise an issue with the oxygen supply to hospitals. Using more than the total

flow rate into the building, would lead to a catastrophic failure of all the ventilators and cause mass death amongst the sickest and most vulnerable patients.

Normally the flow rate was much more than was ever needed.

This though was a pandemic.

Normal demands were no longer normal. It was not just our hospital either, so informed guidance across the country. Restrictions on oxygen use across the hospital became a further challenge overcome by the brilliant teams we had. Again, we shared the learning with others.

We explored using local schools for other essential healthcare which they were willing to do. Trying to provide locations for example for chemotherapy that were safe and near to the hospital but limited the risk of cancer patients contracting Covid. For someone with cancer, Covid could more likely be fatal, or mean missing their chemotherapy treatments, which may result in their cancer having more chance of progressing and killing them. The risk of hospital exposure to Covid changed the risk/benefit paradigm for those with cancer. For some, any treatment of their cancer was now riskier than not having treatment.

As a palliative care doctor, I saw more realistic medicine, more planning for the what ifs. 'What if you deteriorate', is often difficult for healthcare professionals focussed on cure to discuss, as they feel it is a sign of failure. They are the professionals who know the medical condition best. Together with the person, they are best placed to explore what is the right thing to do in these circumstances.

However, it is not the clinician's life, it is the persons.

People often see their own deterioration more clearly and feel able to discuss it.

The fact that this change in approach coincided with the pandemic is not that healthcare was writing them off, it was that they were having these conversations earlier, and at the right time.

I saw the community keen to help, sewing scrubs, dirty clothing bags for staff's infected scrubs and hats for staff, and others donating food and essentials for patients and staff. As a nation, people had differing opinions as to how situations were managed but they

united in gratitude for keyworkers, developing novel ways to make PPE using 3D printers and looking out for each other. There have been many inspiring stories too. The way healthcare services across the world shared developing responses and treatments, as well as creating vaccines and implementing vaccination programmes, we as a world should be proud of.

Recovery has been sporadic and stilted.

Reviews and research into how countries managed the situation at the height of the pandemic are starting. How can we really assess whether face mask wearing, social distancing and other approaches worked when so many other variables in each country affected outcomes?

Now being able to live more normally seems strange, not familiar.

Common civility has deteriorated, interacting with others in society is a skill in scarcity.

Listening and hearing people, learning of others' challenges has been diluted in importance.

Hugging again seems risky and slightly strained.

Like a new experience, not the comfort of the old sensation.

What was my life like pre-Covid? In my home life, I led a very contented existence with my husband, children and three dogs. We had the time and space to go out walking with the dogs. I wanted to spend more time writing, gardening, cooking and yoga or exercise, yet didn't always manage it. My husband enjoyed cycling holidays, and I went on a life-changing, confidence building trek to Nepal, conquering my fear of heights. We wandered to the local town and nearby villages, enjoying the wonderful restaurants and pubs. Life was busy and fulfilled. Life was good.

Work in the hospital was also busy. There was much laughter and happy memory making in palliative care alongside some sadness in preparing all involved for what lies ahead. I loved the variety in my role from fundraiser to party planner and events' organiser (including weddings and a christening) alongside a more traditional medical role. Palliative

care focuses on what matters to our patients, allowing them to die well and supporting their families, reducing long term bereavement issues. It was such a privilege supporting people when they feel at their most vulnerable and exposed.

Where am I now? My recovery has been an undulating course, physically and emotionally. It has all taken its toll. On a positive note, I now feel more 'normal' yet changed, and am prioritising 'me' time. I exercise regularly and write often.

I enjoy walking, and really listening and seeing the world around me, which despite Covid, in some ways remains unchanged, a comforter in the changing world. The birdsong now wakens me happily, introducing me to the start of the day and is no longer unwelcome. When walking, I listen out for them, my walking buddies, keeping me company. I can do longer walks, tackle hills and have even started running.

In winter, the crisp cold weather allows my feet to feel the resistance of the earth. I enjoy that security. The wind massages my face giving me a free, much needed facial. I watch the deer feed off the sprouting green crops, tender and tasty yet few and far between.

Heading towards spring, the bulbs are also starting to pop above the soil, mindful there may still be frost. The days get longer, the sunrises a treat for my early morning journeys in the car. The world wakens slowly, predictably and it feels safe.

On wet and wild days, I still walk, enjoying coming back home, curling up with a book by the fire, cradling a mug of tea or retreating to my desk to write. I escape into the characters in books, both ones I am reading and those I have started to write. They are a different form of company. I write with friends online. We meet, chat for a while, then write then regroup and share what we have written. I would not have done that pre-Covid and yet it gives me so much pleasure.

I have taken up open water swimming. When pools were shut, I found a local loch, set in a glorious and secluded landscape with only livestock as company. Whether in summer or winter, it provides me with tranquillity and peace. In winter, some brave the water in swimsuits. I have some neoprene shorts, gloves and boots which with my swimsuit provide an interesting, but warm look. Walking in, the chill is refreshing, and I feel so exhilarated after. Sometimes one of our dogs joins in, disturbing the peace, but allowing the ripples of

happiness to extend far and wide. The cows just watch, grazing and mooching around. The swans are less enamoured with our invasion. If they have cygnets, we keep well away.

We also have a hot tub in the garden, which we purchased between the 2020 and 2021 lockdowns, instead of a family summer holiday. In the winter, it has meant we have spent much more time in the garden, under the moon, stars and clouds. In the summer, we can be in there at nearly midnight, watching the sun go to bed behind the hills. We notice more of the seasons, seeing plants grow, popping out of the dormant soil, to thrive in the summer then sleep through the winter months.

In the end, life will be what you make it, and you get to write that chapter.

My next chapter is waiting, and I am ready.