

When Chuang-Tzu Hops in a Maverick Fighter Jet

Weekly Diary of the Fight Against the Pandemic in Ward 12B

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Will there be a resurgence of the pandemic? Will I have to stay in the isolation ward after I test positive? Will I be assigned to serve as a frontline medical worker? If you answer “Yes” to all these questions, you will find this article useful. I’m just a petty doctor at Taipei Tzu Chi Hospital. It only took a single phone call to turn me from a bystander into a member of the epidemic prevention medical team, which was responsible for the treatment of COVID-19 positive patients in isolation ward 12B. We hopped in Maverick Fighter Jets and were transformed into a squad of fearless epidemic prevention warriors soaring into the sky in the face of great pressure, danger, and adversity.

In times of trial and bewilderment, the term “purifying the heart”, which was coined by the famous Chinese philosopher Chuang-Tzu pops up in my mind. Chuang-Tzu describes this concept as follows: “Make your will one! Don’t listen with your ears, listen with

your mind. No, don’t listen with your mind, but listen with your spirit. Listening stops with the ears, the mind stops with recognition, but spirit is empty- and waits on all things. The Way gathers in emptiness alone. Emptiness is the fasting of the mind.” I have learned how to calm my mind and how to detect and face issues and challenges in a composed manner. In this article, I will share my mental journey in the battle against the pandemic with my colleagues in Ward 12B and the readers of this magazine.

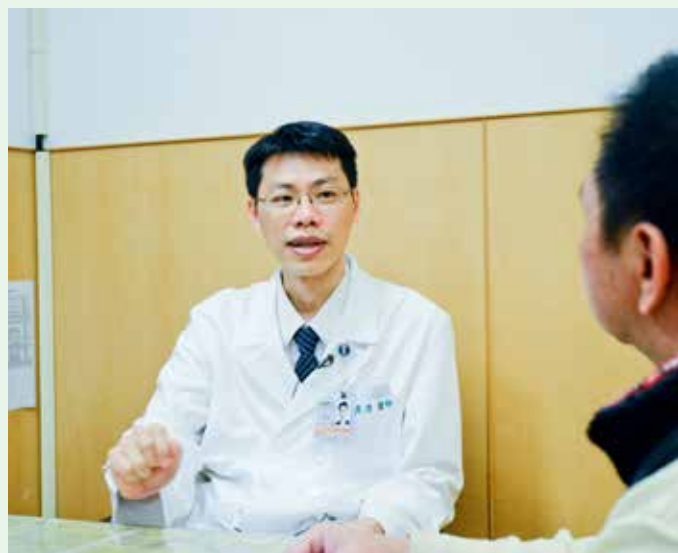
WEEK 0. GIFT

I want to give my child a present that money can’t buy and that I don’t have either. He wouldn’t understand it if I told him now, but maybe when he reads this article 20 or 30 years from now, he will get my gift. This gift is named “Courage”.

While I was on night shift in the dialysis center, I saw on the news that the daily number of positive cases had

surged from 30,000 to 50,000. I received a call from my mother who urged me to give her a rapid test since a lot of her classmates in her English singing class had tested positive. She quickly added that “Dad has started coughing, too!” When I inserted the swab deep into their nasal cavities with a twisting motion, they felt very uncomfortable and started sneezing with tears rolling down their cheeks. My dad’s test result was positive as indicated by the two lines that appeared on the test cassette. Although I am a medical worker, I was alarmed and immediately put on a N95 mask before taking my dad to the emergency department. Since the pandemic was at its peak, a 50-meter-long line of patients was waiting for their turn to undergo a PRC test although it was already 11 pm. Dim lighting illuminated two drops on a leaf at the tip of a tree, a mother was comforting her baby, a gray-haired old man was supporting his elderly wife, and an old lady with a nasogastric tube in her nose was sitting in a wheelchair. Sounds of heavy coughing through masks could be heard everywhere in the cold, misty air. The following day, I received a “CT value 15” text message and a phone call notifying me that the isolation ward was full to capacity. My father and I therefore slowly walked to the quarantine station of the hospital.

While I was watching my father’s back as he entered the station, a scene of my childhood flashed in my mind. One morning, when I was still very little, my younger brother and I cried and begged not to go to school. My dad ignored us and rode his motorcycle to work. He left us alone at home playing with our toys, but only 10 minutes later we were in for a surprise when we again heard the sound of our father’s motorcycle. We curiously asked him: “Aren’t you at work? Why are you back home?” We unwittingly hopped on his motorcycle and recalled our curious question only when we had already reached our kindergarten.



Dr. Wang Yi-Chun, Attending Physician of the Division of Nephrology, Taipei Tzu Chi Hospital provides a touching record of his fight against the pandemic by assisting the team of the isolation ward at the height of COVID-19. The image shows Dr. Wang during a patient consultation.

Our father answered us in high spirits, and we completely forgot why we had refused to go to school. I don't recall our dad ever hitting us or telling us to do our homework. Many years later, I realized that the gift our father wanted to give us was "freedom."

The pandemic was worsening as the daily number of confirmed cases hit 50,000. The number of isolation wards was increasing, and I had a premonition that I would be assigned to assist in one of these in the near future. Since my early childhood, I have never been a brave person. I still have a fresh memory of the evening before my college entrance exam when I confided to my mom that "I am a little nervous. Can I sleep next to you for an hour before I return to my bed?" When my wife was pregnant with our son, we had to make frequent emergency department visits due to her uterine contractions. My son was transferred to the ICU right after his birth. Luckily, his health turned for the better later. However, when we visited his kindergarten after he had reached preschool age, he cried, hugging me tightly, and wouldn't let go. That's when it suddenly dawned on me that I had been wrong all along. I had always protected him with all my might, but had thereby given him too much "worry energy". What he needed now was courage and the only thing we could do was set an example for him. Shortly after, I received

a phone call from Dr. Hong, the Director of the Internal Medicine Department, who told me that "there are more and more isolation wards! We need your help!" Although I was concerned about the danger the pandemic posed for my family, I said "OK" without hesitation.

Week 1. STAYING ALIVE

Before entering the isolation ward, I had to wash my hands, put on my first layer of gloves, waterproof, disposable boot covers, and protective coveralls, then I had to don my N95 mask, a second layer of gloves, a waterproof, disposable apron, a surgical mask, a disposable face shield, a hair cap, and shoe covers. Dressed in full protective gear, NP Pei Ying-Huan and I entered the isolation ward looking like astronauts. After examining a patient, we had to replace the outer layer consisting of a surgical mask, face shield, hair cap, and shoe covers. In the process of examining the 17 patients in the ward who I had never seen before during my first morning ward round, my underwear had been soaked with sweat countless times. I had difficulty breathing because I had worn my N95 mask for too long and my glasses kept fogging up. I don't recall at what time in the afternoon, I was finally able to remove my isolation gown and return to the nursing station. Since patient lists and pens can't be brought

into the isolation ward, I had to rely on my memory to recall all patient problems.

I had to remember which of these 17 patients had chronic diseases, how many vaccination shots they had received, when they had started to experience symptoms, when the cases had been reported, what the CT value of their PCR test was, what their oxygen saturation level was, what oxygen concentration was required for treatment, how many days the patient had been on antiviral drugs and antibiotics, whether or not improvements had been observed in their chest x-rays, what pain or discomfort they had reported during the visit, how

long they had been in isolation, and when they could be taken out of isolation. After my rounds, these questions formed cyclones swallowing up my fighter jet. I had to think of a strategy to prevent my plane from crashing.

The first night after reporting for duty in the isolation ward, I restlessly turned and tossed unable to find any sleep. I got up at 3 am to review again the COVID-19 Treatment Guidelines released by the Ministry of Health and Welfare and the up-to-date research literature to confirm that I hadn't missed anything in my treatment of the hospitalized patients. Patients with mild symptoms can be treated and medicated in an outpatient setting. If risk factors exist, orally administered Paxlovid must be prescribed as deemed necessary to substantially reduce the hospitalization and death rates. However, Paxlovid is not suitable for patients in high-risk groups, especially those with poor renal functions, due to potential drug interactions. In such cases, the prescription of the orally administered anti-viral drug Molnupiravir must be considered. Use of intravenously administered anti-viral drugs such as Remdesivir, steroids, and monoclonal antibodies is recommended to reduce death rates in hospitalized patients with moderate or severe symptoms who have been diagnosed with pneumonia. Although Remdesivir cannot be used in patients with severe renal impairment, it



Taipei Tzu Chi Hospital admitted the highest number of COVID patients until the end of 2022. All staff members worked in concert to combat the pandemic. The image shows the 1000th COVID-positive patient being discharged from the hospital.

can be administered to dialysis patients. In cases of suspected encephalitis, it must be applied immediately. The problem is that some COVID-positive patients with mild symptoms are hospitalized due to bacterial infections or heart failure. I wasn't able to find any research findings on such patients receiving orally administered anti-viral drugs or comparisons of the efficacy of Paxlovid and Remdesivir in the international research literature. At that time, the first light of dawn appeared, and it suddenly occurred to me that the lack of research reports must be attributed to the fact that mild cases are not hospitalized in the US. Paxlovid could of course be administered to mild cases in Taiwan. In that week, my patients and I only wished to "stay alive!" Fortunately, several mild patients showed significant improvement after administration of Paxlovid. Moderate and critical patients also slowly recovered after receiving Remdesivir. In case of worsening patient conditions or drug complications, we adopted the best methods possible to deal with such issues and thereby successfully navigated the treatment learning curve.

Victor Frankl, a famous psychiatrist who survived a Nazi concentration camp, discovered that the search for a life's meaning is the central human motivational force. The following

sentence in one of his books deeply inspired me: "In times of greatest depression and despair, people can't realize themselves through success. Their only way of success is to conquer the trials of extreme hardship and suffering. In this state of adversity, they can realize themselves through a person they love or images of meditative love in their minds."

I had no idea how much longer I would have to stay in this ward after the first tough week was finally over. Before falling asleep, I lay on my bed in a state of apathy. My 4-year-old daughter looked at my face with a curious expression and suddenly exclaimed: "Dad! I can see myself in your eyes!" I was dumbfounded for a moment, then I carefully looked at her: "You're right! Daddy can see himself in your eyes, too!! Thank you sweetheart, you helped me rediscover the motivation to go on living tonight."

Week 2. I SEE

"Beep!Beep!.....Beep!" "This is the nursing station. What can I do for you?" After pressing the talk button on the intercom, Head Nurse Li Zhu enlarged the surveillance camera feed of Room 17 with her mouse. "Cough! Cough! Cough! I'm an accompanying relative of a patient in Room 17. I had a high fever and serious cough this morning!" The head

nurse said “OK! I will schedule a video consultation for you so you can get a prescription. Please upload an image of your health insurance card to the Ward 12B group.”

The isolation ward had a unique control panel which resembles the control tower of an airport. When patients and their family members were quarantined, they were locked up in

a room. RNs donned isolation gowns when they dispensed medication, administered drips, changed wound dressings, or served meals. In addition, they had to feed some bedridden patients through nasogastric tubes, turn them, perform chest percussion, and dispose of their urine and feces. Each RN had her hands full caring for many patients. When parents or accompanying

第一名 台北慈濟醫院王奕淳醫師

第二名 台中慈濟醫院陳佛恩技術員

第三名 大林慈濟醫院于劍興副主任

Dr. Wang Yi-Chun's weekly diary of the fight against the pandemic garners the top award at the 3rd Splendid Medical Humanities Essay Contest in 2022. This award was presented by Master De Jian at the 6th Annual Meeting of Buddhist Tzu Chi Medical Foundation.



family members suddenly required assistance, they pressed the nurse call button. The control panel allowed nurses to view surveillance camera feeds, use the intercom to gain a clear understanding of actual conditions, and contact the RNs to rush to the rooms in case of emergencies. Patients and family members could join the messaging App group for Ward 12 B patients by scanning a QR code to leave messages or ask questions. The control panel responded to such messages. Social workers could also read the messages and assist in the purchase of daily necessities.

Every morning from 8 to 9 am, I had to participate in the hospital-wide epidemic prevention meeting. After the meeting, the Superintendent conducted separate discussions on patient conditions with the physicians in charge. In more recent meetings, my eyes were glued to my tablet that the hospital has provided me with. Every morning, I observed my patients' daily body temperature, heart rate, respiratory rate, blood pressure, blood oxygen levels, blood test reports, and chest X-rays on my tablet. After that, I read the messages left by my patients in the Ward 12B messaging App group and replied to each of them. While I was physically present at the meetings, I mentally slipped out to greet my patients, discuss

their daily report results, and resolve their concerns on my tablet. With my other smartphone I remotely controlled the nurse practitioners and initiated examination and hospital discharge procedures. If required, I could issue a call notification to explain the patient conditions with family members in the ward or at home. In the discussion after that day's meeting, the Superintendent urged me to take special care of a 100-year-old lady in bed 17. Fortunately, I had my tablet with me and could immediately deliver a detailed report of the patient's current condition.

When I saw how the old lady's condition gradually stabilized after her admission to Room 17 and administration of Remdesivir, I felt greatly relieved. Her second daughter, who had lived abroad for over 20 years, came back to Taiwan on her own to take care of her mother in the hospital. However, after testing positive, she started to exhibit serious symptoms including fever, coughing, a sore throat, lack of appetite, and diarrhea. We therefore admitted her to the same room as her mother and put her on a drip and Paxlovid. Two days later, I said to the daughter: "Congratulations ! Your condition and that of your mother has improved significantly and you can leave the hospital tomorrow!" The following day, I was caught off guard when she told me that

“last night, I was worried sick! My sister has cancer and is on chemotherapy. I am still weak. I am afraid I can’t “afford” to take of my mother and will infect my sister.” I quickly reassured her “Sorry, I see! We won’t send you home before your condition has further improved and you are no longer infectious.” When she heard that, she breathed a sigh of relief and showed a smile. This conversation with the daughter reminded me that patients can’t see the facial expressions behind the surgical mask and bunny suit, which forces us doctors to spend more time with the patient and show concern and empathy. The goal is to gain a better understanding of their stories and convey a sense of human warmth.

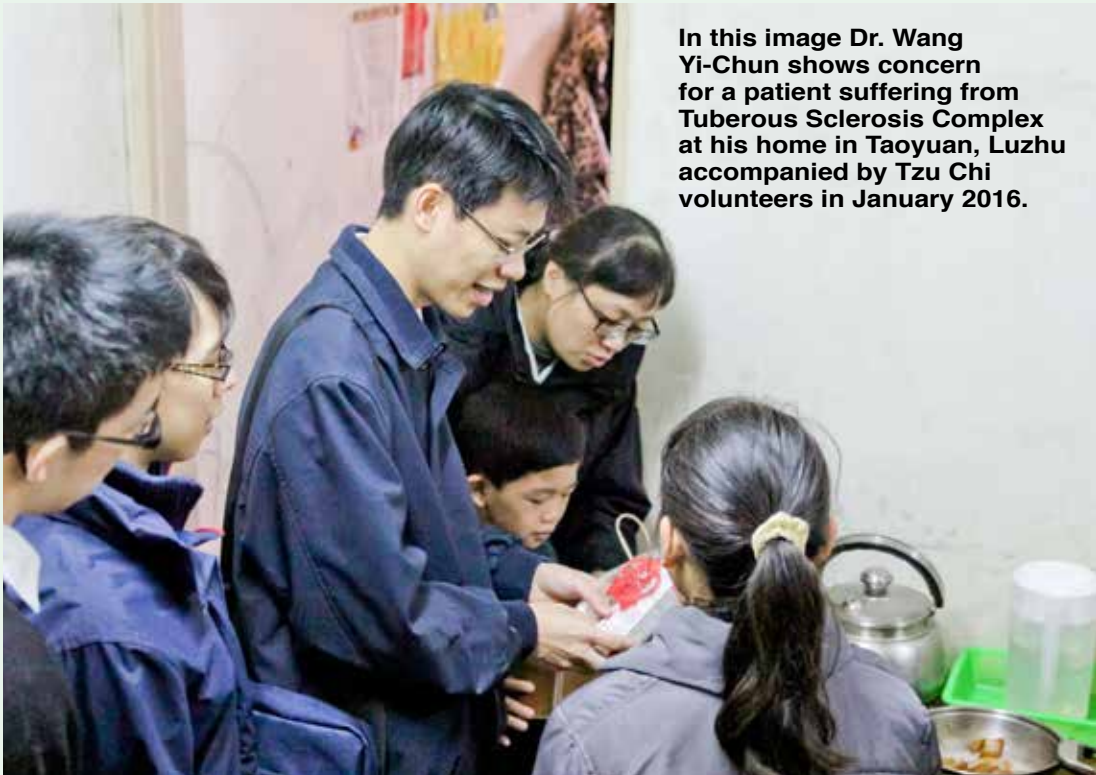
Kazuko Watanabe, a Japanese nun made the following famous statement in her book titled *Bloom Where You Are Planted*: “At the bottom of a dark, deep well, the stars in the sky can be seen even at daylight. The darker and deeper the well, the more clearly discernible are the stars in the sky. Even objects not visible to the naked eye can be observed in this environment.” I realized upon self-reflection that I often forget to empathize due to the multiple layers of isolation in this ward. In the face of patient needs, we have to adopt an approach characterized by a sequence of six steps – look, hear, watch, listen, mindfulness, and “I see”.

Week 3. ALL-OUT EFFORT

“CPR! I wear my isolation gown and press downward, keeping my hands interlocked and my arms straight, while belting the command “once, twice...” followed by a silent blessing... Other hand!” I asked out of breath: “What just happened to the 96-year-old lady in bed 19?” The primary nurse answered, panting heavily: “One hour ago, when I checked on the patient, her breathing and heart rate and blood oxygen level were all normal. When I entered the room right after the foreign domestic helper pressed the nurse call button, I found the lady slumped over on the toilet without breathing and pulse. We lifted her on her bed and started to perform CPR. We also asked the head nurse to announce Green No. 9 (First Aid). The defibrillator screen showed PEA (Pulseless Electrical Activity). Pei-Ying, Ting-Yu, Pei-Ru, and Wan-Ting took turns performing CPR and administered a cardiotonic. Upon hearing the intercom announcement, Resident Physician Mu-Chun donned an isolation gown to assist in the CPR procedures, fearless of the dangers in the isolation ward. After taking out an acrylic intubation cover and a tracheal tube, he successfully intubated the patient. When a lot of undigested food was found during the intubation process, everyone

had the same reaction: Did she choke on her food? After performing first aid for 30 minutes, the old lady still had no pulse. I therefore returned to the nursing station to call the lady's son to determine whether he consented to termination of resuscitation. That's when a miracle happened, which could be attributed to everyone's spirit of never giving up. As a result of uninterrupted, high-quality CPR procedures, the old lady's heartbeat and breathing were revived and the lady's relatives rushed to the ward. Her son couldn't understand why she was in such critical condition, "didn't you tell me last time that my mom's condition

has stabilized, and she is ready to be discharged? The foreign domestic helper sent me a video in which it looks like everyone was fine when she had breakfast this morning." I told him that "when we found your mother collapsed in the bathroom and performed first aid, she had a lot of food in her mouth. It is possible that she choked on the food." Since she was still in quarantine, her family members couldn't enter the ward to be with her. They could only watch from a distance how she was transferred to the ICU. I didn't know how the other members of the Ward 12B team were doing. Everyone had been



In this image Dr. Wang Yi-Chun shows concern for a patient suffering from Tuberous Sclerosis Complex at his home in Taoyuan, Luzhu accompanied by Tzu Chi volunteers in January 2016.

busy from noon to dusk and the clothing underneath the isolation gown had been soaked with sweat countless times. They hadn't eaten anything, and I really wanted to say something to them, but I was lost for words.

After work, I bought dinner for my mom and wife. My mom remarked that "you look skinnier and skinnier! Do you skip lunch?" My wife also chimed in: "You're getting skinnier by the day! No one wants to take a picture with you because everyone looks fat next to you." I replied: "Everything is fine! Kind-hearted people donate bento boxes with a wide range of choices to the isolation ward. I will increase my food intake during my breaks! Thanks for taking care of the two kids during class suspension! I'm really tied up with work!" At night, while my wife was sleeping with the kids, I swung my arms and meditated to calm my mind down.

Ten years ago, when I was still a resident physician, my worst fear was to encounter emergencies that required first aid. While I was sleeping on duty deep at night, I was woken up by the ringing phone and had to rush to the emergency department to perform CPR. A large number of patients couldn't be saved through rescue efforts. I was therefore often in low spirits when I returned to the duty room and had a sleepless night. In addition to the frustration that I hadn't

been able to save the patient's life, I was struck by the fear of death. After starting my employment at Taipei Tzu Chi Hospital, I had a sudden revelation during a first-aid procedure. I realized that I didn't have to put myself under so much pressure. This hospital, which has been constructed by the Dharma Master to cure the sick, relies on the joint efforts of so many volunteers who team up with the medical teams to provide patients with the best care possible. When patients require first aid, their fate is not only determined by their physical condition but also by numerous invisible factors. As an ordinary doctor I don't have the ability to fully understand all these complex causes. In my mind, I told myself that "I represent all the Master's disciples and all medical personnel of the hospital in my first-aid efforts. I sincerely pray to Bodhisattva for protection and assistance in the patient's full recovery through our rescue efforts. Even if we failed, we could tell ourselves that we had given our all to save the patient and could now only pray for the Bodhisattva's blessings and protection. Since that time, I have recited these words in my mind every time I had to perform CPR. I have often observed patients turn the corner and have always told myself that at least we have tried our best!

Week 4. FAITH

One day, Mei-Lun, the hospital's lawyer, told me over the phone that I had to report to the Taipei District Court at 11:30. I was standing in the nursing station with the receiver in my hand and quietly replied: "I have never been to a law court. Tell me where I should report." At the nursing station entrance, I waved to Head Nurse Li-Zhu, telling her that I would take a leave at noon. She comforted me by pointing out that "the Dharma Master urges us to embrace inner sincerity, integrity, faith, and honesty. You are only doing your duty." After arriving in the lobby on the first floor, I hailed a taxi. While taking in the river scenery along the expressway through the taxi window, I was reflecting on the details of the incident.

On the day following the performance of first-aid procedures for the lady in bed 19, Head Nurse Li-Zhu told me that "The footage of the surveillance camera installed at the patient bed taken before the first-aid procedure has revealed that the foreign domestic helper has bullied the old lady. As the old lady was eating very slowly, the maid got impatient for some reason and stuffed food into her mouth with a spoon without waiting for the lady to swallow the previous mouthful. The lady was obviously on the verge of vomiting,

but the maid continued to force feed her. She also struck her face and roughly pushed her into wheelchair to get her to the bathroom."

I was about to call the lady's family members when Mei-Lun reminded that "our status could be changed from witness to defendant if the family members decide to file a lawsuit after receiving the footage and detecting shortcomings in the first-aid procedure. I replied foolishly: "We followed the standard first-aid procedures. We won't have any problems. Honesty is the best policy!" The lawyer laughed and said "OK. I have reported the matter to the Superintendent. He agrees with this course of action. I have learned a lot from this incident!"

On the days following the procedure, the lady's family members would often wait in front of the ICU since the patient was in critical condition. She had tubes all over her body and required dialysis. Her relatives had already signed a DNR (Do Not Resuscitate). They refused any further invasive treatment and had already prepared a shroud for her. Head Nurse Li-Zhu and I had a conversation with the patient's relatives outside the ICU. The old lady's daughter shared that her mother had expressed the wish to leave this world in view of her poor health and advanced age. "We have no intention to investigate into the reasons

for the initiation of first-aid treatment, but our maid told us that mom suddenly started to spit blood when she pushed her into the bathroom. After she pressed the nurse call button, it took over 30 minutes for the nurse to show up. Mom was already gone by then.” The Head Nurse clarified that the surveillance camera footage clearly showed that less

than four minutes passed between the pressing of the button and the initiation of first aid.

The patient’s relatives were watching the footage prior to performance of first-aid procedures in front of the nursing station when the lady’s son suddenly blurted out: “Doctor! Can you give me some hypertension pills? I have high



Good deeds require a good physique - Dr. Wang Yi-Chun, who has been a vegetarian for many years shares vegetarian diet tips for protection of the kidneys during the auspicious month of July.

blood pressure and my heart can't take this anymore!" Then, out of the blue, he kneeled down crying out to heaven: "Mom! I have let you down! We have treated our maid so well and she repaid our kindness by treating you like that! I just don't get it! When I heard people talk about some migrant workers bullying seniors, I never thought it would happen to you!" He was so agitated that he couldn't stand up. His sister kept exhorting him: "You must stay strong! We still have to handle Mom's funeral and report the matter to the police. You can't cave in!" After a while, the lady's son finally got up and slowly returned to the ICU. The patient passed that evening and his family members proceeded to the police station to make a statement.

After answering the prosecutor's questions in the court session, I was getting ready to leave the court building. While the hospital was silent at that time, the court building was bustling with activity just like a wet market. Apparently, disputes are more difficult to handle than the pandemic. After getting into a taxi, the glaring sunlight pierced my eyes. As we passed by the Presidential Office Building and drove along Ketagalan Boulevard, the glittering leaves of the roadside trees which were drenched in sunlight rustled in the wind. Since the end of the pandemic, I hadn't had a chance to take a close-up look

at this city. At that moment, I made a decision. The patient's family members were heartbroken, I had to appear in court, the foreign domestic work had been formally charged, but the medical team had not been made a scapegoat. Was there a better choice? There are so many disputes in life and on my way back to the hospital I felt an urge to yell "Time Out!" I took out my smartphone and earbuds and listened to the following song by Yang Pei-An: "The road of life always encounters wind and rain. Use tears to nurture life courage. Use hope to form wings in the wind. Let dreams dispel the gloom in your heart. You accompany me as I cross mountains and oceans. My heart surges because of you. I am willing to give up my persistence and arrogance. I trust you because I believe in love."

The End

As the daily number of confirmed cases dropped from 100,000 to less than 50,000, my dad had full recuperated, and two isolation wards were closed. I had finally completed my mission as a petty doctor in the isolation ward. It felt like I had been dreaming or had been watching a strange movie. Dharma Master Cheng Yen teaches us that "A bodhisattva saves others from hardship and suffering; a great bodhisattva takes

on hardship and suffering itself.” I am grateful from the bottom of my heart to Ward 12B Director Lan Chou-Chin, Head Nurse Li -Zhu, NP Pei-Ying and Chia-Hsuan, and RN Yun-Ru, Wen-I, Pei-Ju, Wan-Ting, Ting-Yu, Yang-Yen, Hsin-Pei, Pei-Han, Kai-Yuan, Ssu-Yu, I-Chin, Meng-Chun, and Wen-Lin. I want to tell the relatives of the old lady in bed 19 who had passed away that “we have tried our best! May Boddhisattva bless and protect you! I’d also like to let the 100-year-old lady, her daughter, and all discharged patients know that “we are filled with joy that you are safe and your health is fully restored. Thank you for giving us an opportunity to make valid contributions.” I put a lot of time and effort into recording my journey through the pandemic and I sincerely hope that this article will serve as a reference for you and that people will find it helpful.

The following Chuang-Tzu anecdote comes to my mind: “Once Chuang Chou dreamt he was a butterfly, a butterfly flitting and fluttering around, happy with himself and doing as he pleased. He didn’t know he was Chuang Chou. Suddenly he woke up and there he was, solid and unmistakable Chuang Chou. But he didn’t know if he was Chuang Chou who had dreamt he was a butterfly, or a butterfly dreaming he was Chuang Chou.” After the closing and disinfection of the isolation ward, it was reopened as

a normal ward and new patients started to arrive waiting to be treated by me. After the fighter jet has completed its mission, the maverick switches to his own plane and keeps drawing curves in the sky. There is light at the end of every tunnel. After leaving the theater of the maverick, I have stepped into the cinema of my own life donning the 4D glasses of mindfulness. After calming my mind, I have been watching scenes of my life unfold in front of me.

