

Why Am I, as a Geriatric Medicine Fellow with Symptoms, Unable to Get Tested for COVID-19 While Politicians, Oil Executives, and NBA Players Are?

To the Editor:

I am an integrated geriatric and palliative medicine fellow physician in the time of COVID-19. As the virus began to tear through my greater community, and as my hospital prepared for an enormous surge of patients, I spent time off work with symptoms that were consistent with a mild case of COVID-19. After going through the proper channels, I was denied viral testing and had to sit out of clinical duties, unsure whether I had picked up a standard respiratory infection or whether this was mild COVID-19.

Around the country, physicians, nurses, and other critical providers are being denied testing for SARS-CoV-2 while stories abound of political, economic, and social elites getting tested who are equally or less symptomatic.¹⁻³ As providers in the time of COVID-19, if we ignore symptoms of a mild respiratory infection and continue to work (historically considered a point of pride in much of medical culture), we now risk becoming superspreaders of a deadly disease, putting not only our most vulnerable patients but also scores of our colleagues (and all *their* patients) in serious danger. This is particularly the case in geriatrics and palliative care, where our patients carry disproportionately high risk of morbidity and mortality from infection with SARS-CoV-2. If providers go untested, we will undoubtedly worsen this pandemic by unwittingly seeding the same communities that we care for and live in. We do not have the ability to socially distance to the same degree as the rest of society; we still go to work after all. Finally, even after sitting out from work, providers like me who go untested still do not know if we have been infected, and at least until the rollout of an accessible antibody test, we will not know if we have developed immunity. So the next time we develop concerning symptoms, we are out again, even as the healthcare system strains to the breaking point.

Given that I had relatively mild symptoms and there is a critical shortage of COVID-19 testing supplies, I do not feel I should have been tested over sicker and more vulnerable patients, especially those in need of hospitalization. In fact, my organization was following the most recent Centers for Disease Control and Prevention guidance regarding proper use of testing, and I am glad I was not shuttled past those who needed it more. But in comparison with some of those with higher socioeconomic/political capital and equal or lesser symptoms who did receive testing, I feel this reflects a deeply troubling and dangerous misallocation of resources, one firmly rooted in the profound inequality that has come to pervade our society.

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It is difficult to see much silver lining to this pandemic from our current vantage point, and the totality of the fallout is far from certain. In addition to the known risks to older adults and those with chronic conditions, we are already seeing evidence that people with lower socioeconomic status are disproportionately affected by this virus^{4,5} (higher burden of chronic medical conditions leading to higher risk of morbidity and mortality; less ability overall to socially distance leading to higher risk of infection; less financial cushioning leading to worse financial distress, etc).

One fact that I hope this pandemic makes glaringly clear is that we are all in this together. SARS-CoV-2 anywhere is a threat to human health and prosperity everywhere. I hope that in the wake of this crisis we finally rebuild a fully inclusive and just healthcare system, one that ensures *all* of us, whether rich or poor, young or old, CEO or CNA, is given the right to quality, compassionate, and equitable care. This virus has exposed that we are immensely interdependent, and as the dust settles on this crisis, we will have the opportunity to rebuild our healthcare system to reflect this truth. As we can now see more clearly than ever before, the health of every individual depends collectively on the health of each and every one of us.

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