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?

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Main Text Word Count: 655

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/jgs.16487

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. 1.2.3 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 don't know if we've been infected, and at least until the roll-out of an accessible antibody test, we won't know if we have developed immunity. So the next time we develop concerning symptoms, we're out again, even as the healthcare system strains to the breaking point.

Given that I had relatively mild symptoms and given that there is a critical shortage of COVID-19 testing supplies, I don't feel that 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 CDC guidance regarding proper usage of testing and I am glad that I was not shuttled past those who needed it more. But in comparison to some of those with higher socioeconomic/political capital and equal or lesser symptoms who did receive testing, I feel that this reflects a deeply troubling and dangerous misallocation of resources - one firmly rooted in the profound inequality that has come to pervade our society.

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 disproportionally 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're 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.

Acknowledgments

Conflicts of Interest: I have no conflicts of interest to disclose.

Author Contributions: I am solely responsible for this work.

Sponsor's Role: No funding has been sought or obtained and there have been no related paper presentations in relation to this article.

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