

“In the Trenches”

by Robert “Brownie” Schoene ’64

Most of my career I have practiced pulmonary/critical care medicine (PCCM) in two large University Medical Centers (University of Washington and UC, San Diego). Those decades of my career were a mixture of patient care, research and teaching, which I thoroughly enjoyed. The last few years I have had the opportunity to practice clinical PCCM with my wife, Kim Marquis, who is one of the best clinicians I know. Since I always loved the clinical part, it was a natural progression of my academic career, and together we have enjoyed learning from each other, caring for patients and families, and staying up-to-date with the science of our specialty. I am biased that it is the most complete specialty which combines internal medicine, pulmonology, physiology, critical care and human compassion. My father, who was a superb internist in Columbus, would be proud.

Now Kim and I find ourselves in the middle of the COVID-19 pandemic in San Francisco, which has also been hit although fortunately not as badly as New York. But still we had a spectrum of unsuspecting patients who are moderately to desperately sick in our intensive care units where we spend most of our time. This virus, like influenza, is very contagious, affects victims either very little or inexorably devastatingly. Because our country has done a pathetic job of tracking the disease, we have little idea of the prevalence of infection and thus only estimates of the incidence of severe disease. Leadership and compassion have been lacking such that effective means of containing the spread of the virus have not been implemented, and the lack of leadership is directly responsible for unnecessary deaths.

What has arisen, though, is community and state and some industry commitment to fight this disease. There is a feel in the air like no other that I have experienced – humankind’s bonding for the good of all. There is a feeling of comradeship, alliance and mission. This development has been the most heart-warming part for me. We are all in this morass together. Nowhere has this action been more inspiring than in our healthcare teams – nurses who work extra enervating shifts, respiratory therapists juggling complicated ventilators, and many more – all at a great risk of becoming ill themselves. I have been proud to be on their team, which is in some ways similar to the encouraged participation, striving for excellence, and teamwork instilled in me during my education at the Academy. Nothing seemed impossible then, and that is true now.

As for Kim and me, we have received a number of warm messages from so many people from our primary school days, colleges, medical schools and life ventures, all curious about what and how we are doing, many expressing gratitude. It is great to hear from so many folks even if the kudos are not merited. Kim and I feel lucky to have work in the trenches, not much different from what we have done all of our careers. It is what we do, and it’s no big deal for us. But this whole pandemic is a big deal for many who have become ill, lost family members, become destitute financially. All we can do is try to get people well, hopefully get people protected and safe and back to families and see our world emerge differently, more enlightened and more compassionate to our human condition in this precious planet. So, I am not ready to retire (nor I am sure is my dear classmate, John Larrimer ’64). We are both stubborn and still enjoy the challenges. This virus, though, is a tough one.