

On March 21, 2020, my husband rushed me to the Parma Hospital Emergency Room because I was struggling to breathe and urgently needed medical attention. What should have been a straightforward admission quickly became a confusing and distressing experience. We were turned away from the ER entrance and informed that no patients were being accepted there. Despite my husband's pleas that I could barely breathe, we were directed to a side entrance and told to see if I could be admitted through another route.

When a physician finally evaluated me, the conversation immediately turned to life-sustaining measures. I clearly stated that I did not want to be placed on a ventilator but would consent to CPR. I was told there could be no compromise, and the physician left the room visibly frustrated. Shortly thereafter, I was admitted and started on Azithromycin.

From that point forward, I entered a world defined by isolation. Human interaction became scarce. Nurses entered my room covered head to toe in protective equipment, and physician visits were conducted almost entirely through an iPad or telephone. After receiving a positive COVID-19 diagnosis, I requested treatment with Hydroxychloroquine in combination with Azithromycin. My request was repeatedly denied on the grounds that Hydroxychloroquine was considered experimental. It was only after discussions with my husband, who strongly advocated on my behalf, that the hospital reconsidered the request.

As my condition continued to fluctuate, I remained on oxygen support. One day, while attempting to use the restroom, I fell after repeatedly calling for assistance. Lying on the floor, frightened and vulnerable, I waited for help to arrive. When a nurse eventually entered the room, the response was simply, "I guess I need to turn up your oxygen."

The following day, another nurse informed me that I had experienced a serious episode and remarked that I was too young to die. The nurse said a conversation would take place with the physician regarding my code status. Once again, I clearly stated that I did not want a ventilator but would accept CPR. Despite my wishes, my status was changed to full code.

For the remainder of my hospitalization, I was moved to a glass-enclosed room where I could be monitored around the clock. Every movement was visible, yet physicians rarely entered the room in person. My only face-to-face interactions were with nurses, X-ray technicians, and staff delivering meals. Like so many patients during that difficult period, I endured the experience entirely without visitors, separated from the comfort and support of loved ones.

As discharge planning began, the medical team struggled to determine why my oxygen levels continued to drop with activity. Rather than sending me home with oxygen, they proposed placement in a nursing facility. I declined and requested home oxygen instead, determined to recover in the familiarity and comfort of my own home.

Years later, the memories of that hospitalization remain vivid. The fear, isolation, uncertainty, and treatment I experienced at Parma Hospital during one of the most challenging moments of my life continue to affect me and remain difficult to reconcile.