

COVID-19 STORIES: DEBBIE SLEIMAN, RESPIRATORY THERAPIST



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Debbie Sleiman has been a respiratory therapist for 42 years. Sleiman has worked at Central Washington Hospital (and now Confluence Health) for 32 years. She currently works mainly in the hospital's Intensive Care Unit with both COVID-19 and non-COVID patients. A respiratory therapist deals with any patients who have lung-related complications, whether that is disease-based or from complications during surgeries or at birth. "Basically, we keep people breathing," Sleiman said.

Q: Why did you become a respiratory therapist?

A: I don't completely remember my exact reasons for entering the field 42 years ago. I will say that at one point I considered changing careers, but I kept coming back to how passionate and fulfilled I am being a respiratory therapist. Someone once asked me that if I could work another job, what would it be? After a lot of thought, I could not come up with anything else that would fulfill me, that I knew I could help someone, that I would always feel rewarded and useful – a job that, for the most part, I look forward to going in and doing my very best every day.

Q: COVID-19 is a virus that attacks the respiratory system. Please describe what you have seen this virus do to your patients.

A: By the time I see COVID-19 patients they are very sick and on a ventilator. At this point I play a major role in managing their breathing. These patients require more physical labor due to the isolation procedures, as well as the monitoring and managing of their medications and the equipment keeping them alive. These patients are typically in a coma at this stage and require constant monitoring. Fifty percent of these patients require a procedure called "proning," which means they need to be turned from their backs to stomachs at regular intervals. This requires six to eight medical staff to physically move them, as well as keep their IVs, monitors and their breathing equipment working.

Q: You've probably treated people who have been hospitalized with the flu. What sort of differences have you seen between the flu and COVID?

A: This is not the flu; a flu lasts 10 days. The patients I take care of are on a ventilator for four to six weeks. They often need a tracheostomy (a hole in their neck) or a peg tube (a tube in their stomach); and a lot will require dialysis because their kidneys fail. Again, this is not the flu. We don't see this level of impact to the body with the flu. Due to the longevity of the disease we as caregivers get so very tired, both physically and emotionally, because a fight that long is so depressing. We call this burnout.

Q: We often read about the difficulties health workers are having now that this pandemic has been going on for nearly a year. Do you have the supplies and support to do your job well?

A: We have been lucky to have the supplies that we need, for the most part. Early on in the pandemic, we were short proper masks and other PPE and had to ration supply, but that has been rectified. We have all the equipment we need, but at times we don't have the staff needed to provide the quality of care that we feel our patients need and deserve.

Our biggest fear is that we will have more patients than we can give quality care to. If the trajectory of the disease and the case count in the community doesn't come down soon, this fear could become a reality – much sooner than we are ready for. It takes six to eight people to care for one COVID-19 patient. So even if we had enough equipment or beds to care for hundreds of COVID-19 patients, we won't have the staff to provide the care. Respiratory therapy is a small department, and there needs to be at least one respiratory therapist caring for a COVID-19 patient alongside nurses and doctors.

Q: We're still hearing some people say the virus is a hoax, or that its death rate is too low to be a concern. Being someone who works in the trenches, how do these sorts of comments impact you?

A: It angers me. If people spent one day in any of our shoes in the ICU, they would know this is not a hoax. To see human beings separated from their families at a time when they need the love and the support of their families or friends most, the time that could be the end of their life. To see human beings having to lay in a coma for weeks on end with a machine breathing for them. To see human beings struggling to breathe before they are placed on a ventilator and after as they recover from the trauma of being hooked up to the machines that kept them alive – having to build back their strength and ability to breathe and move on their own. When you look at these patients and see your mother, your brother, your children, your friends – in their eyes they become much more than statistics.

We should be compassionate as a community for the people impacted by this disease. We have had 35 deaths (at the time I wrote this) so far in our community. While that may look low when you compare it to the total population, that is 35 families who no longer have their loved ones and countless others who don't have someone in their life that used to be here. When you see this disease up close, see what it does to the human body, you'll see more than just case counts and death rates. You'll see human suffering. And that should concern all of us.

Q: What message would you like to pass along to the community?

A: What do I ask? Please follow the science – this is not the flu. Keep up with masking and stay in your little bubble just for a few more months. The sacrifices we make now – not gathering, doing the holidays a little differently this year, wearing a mask – those are all sacrifices that we should make to save our family, our friends and our community for a longer lifetime. Give up one year for many more years to come.