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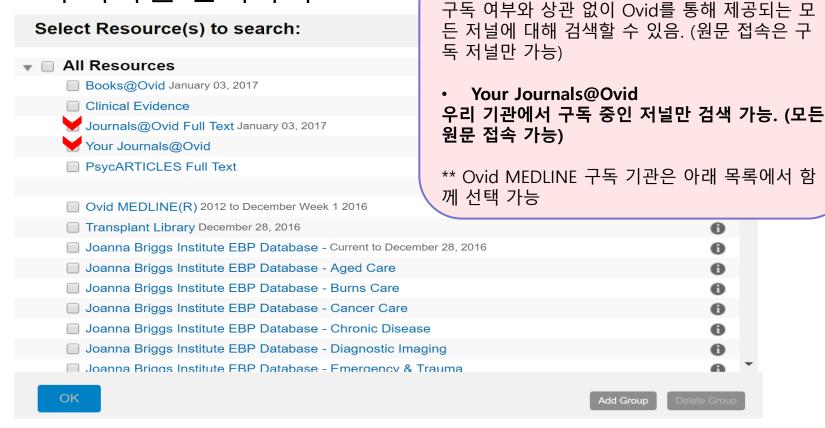


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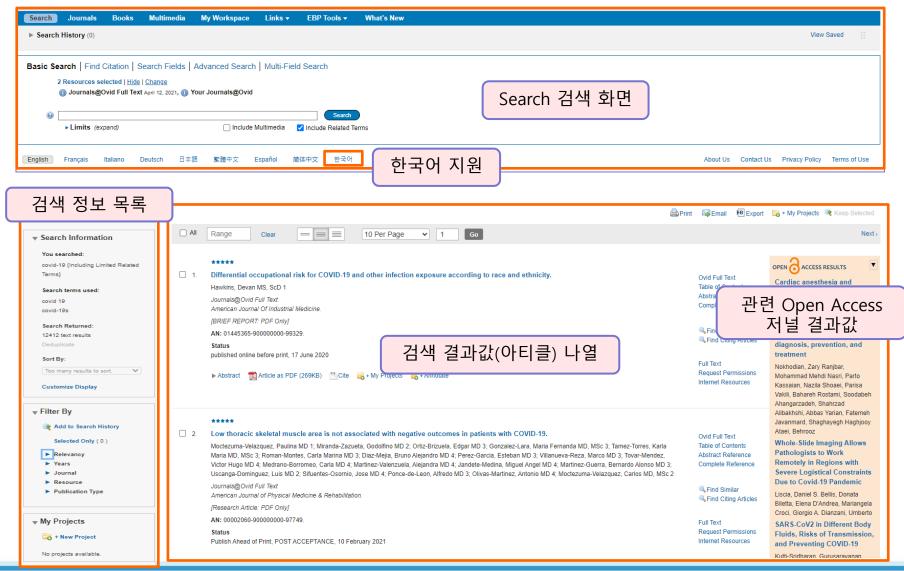
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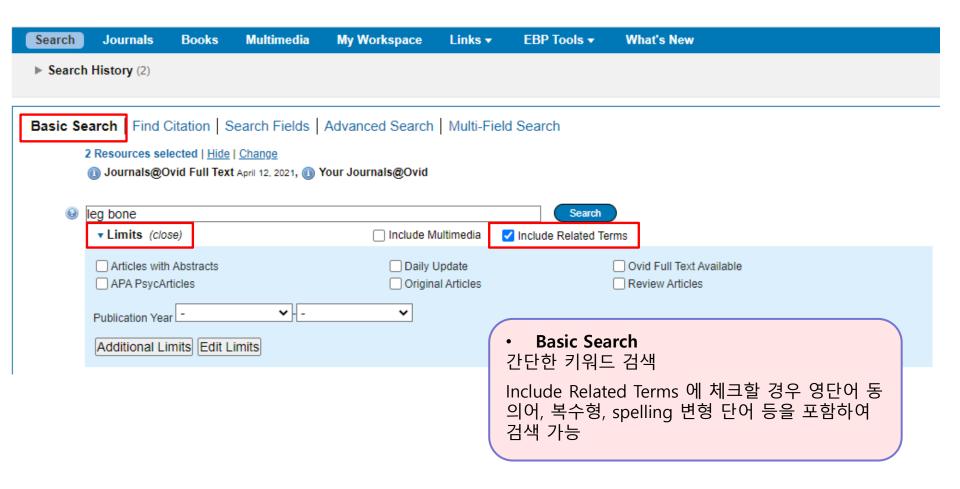
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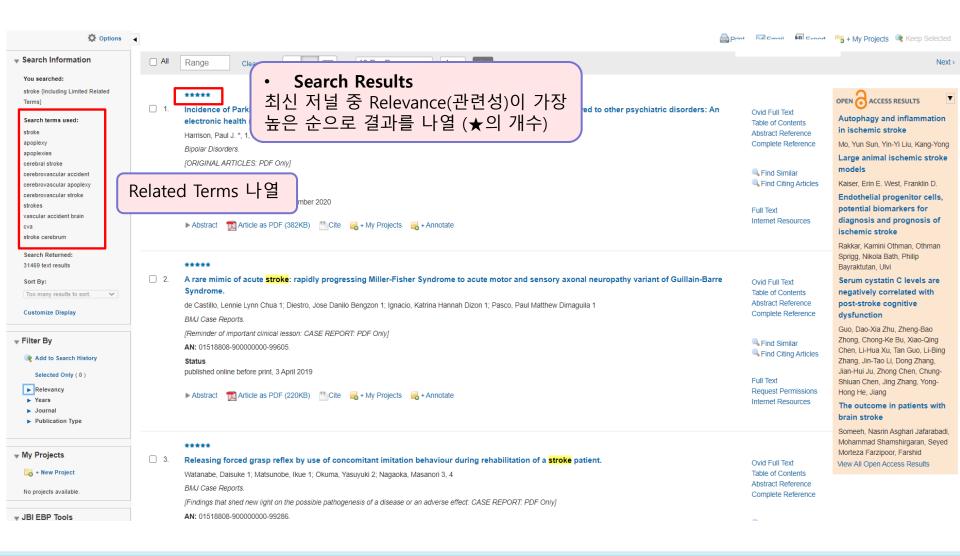
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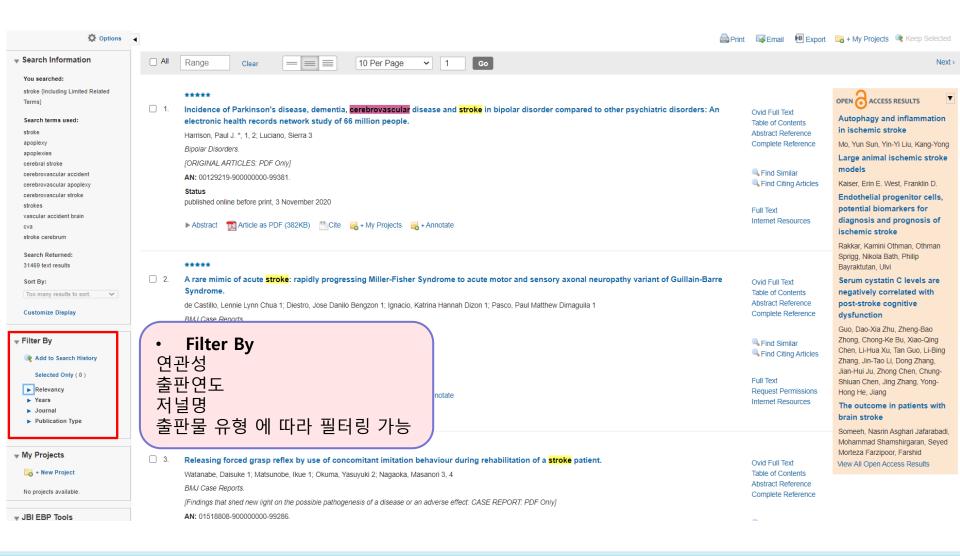




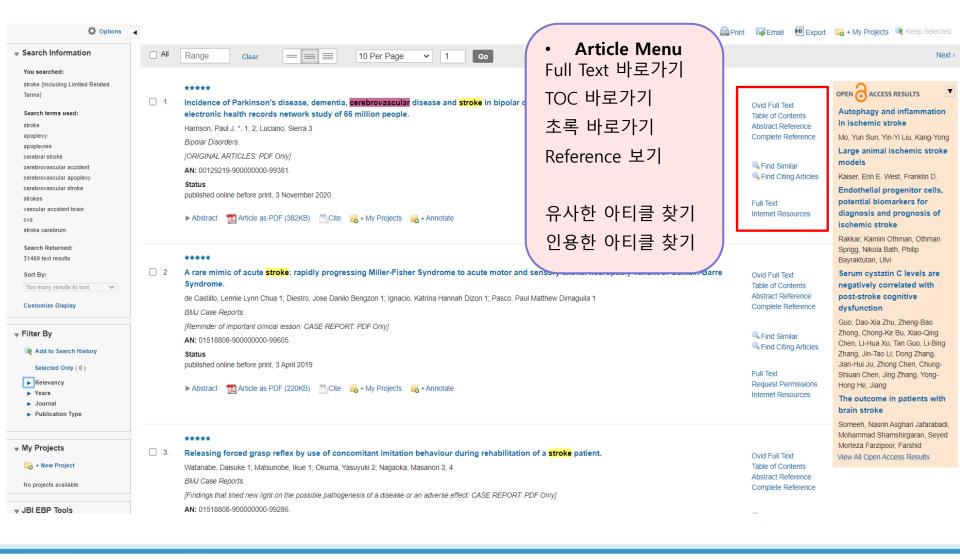
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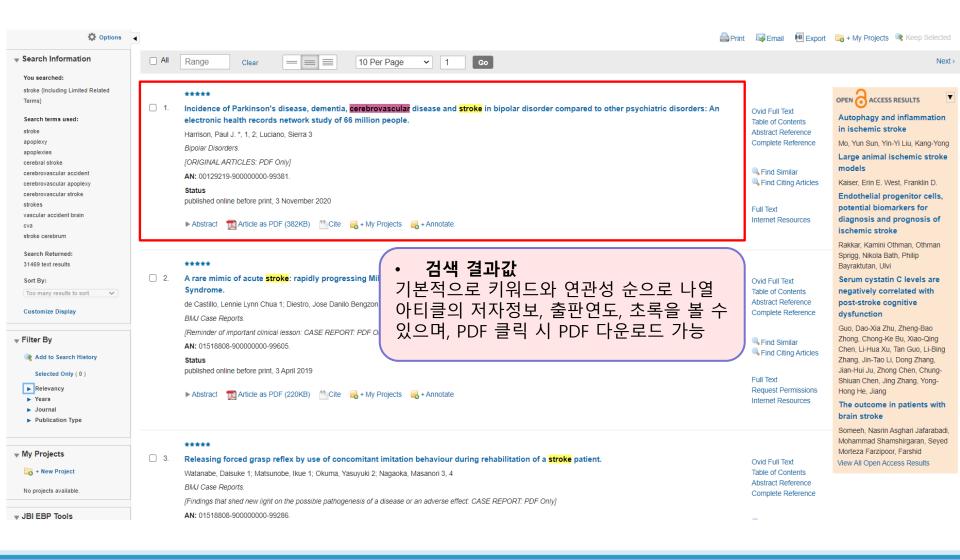






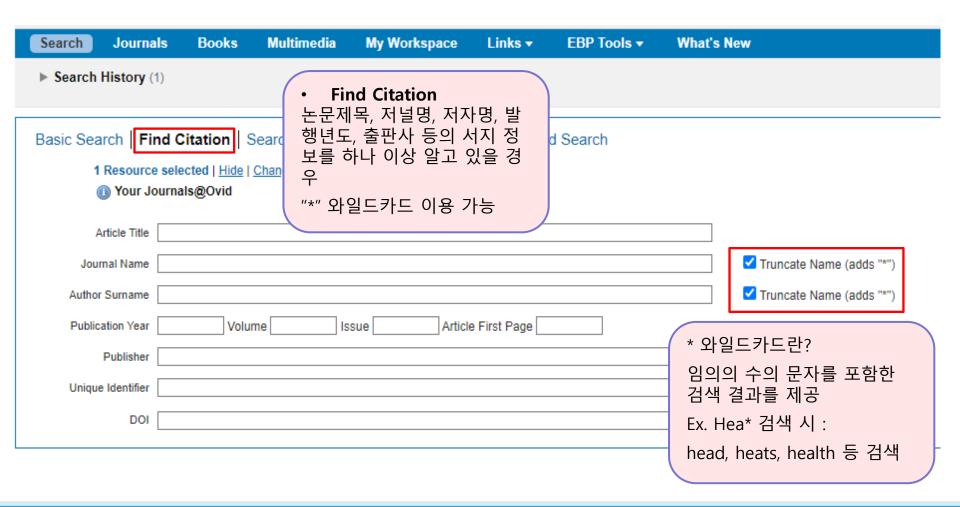








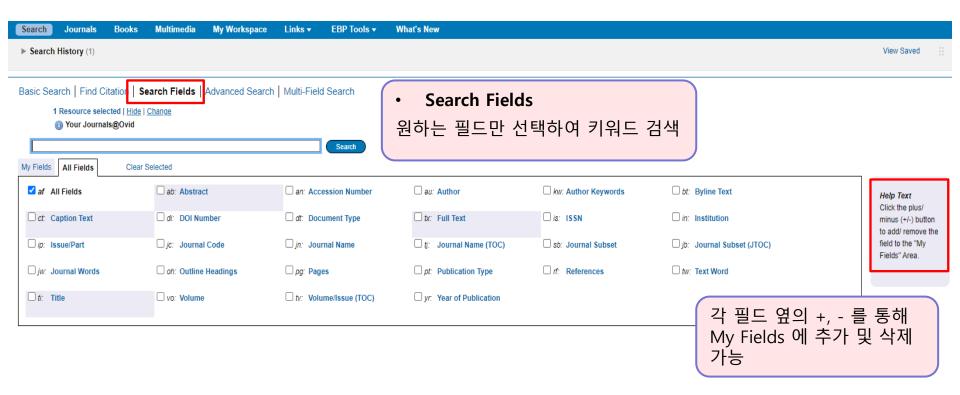
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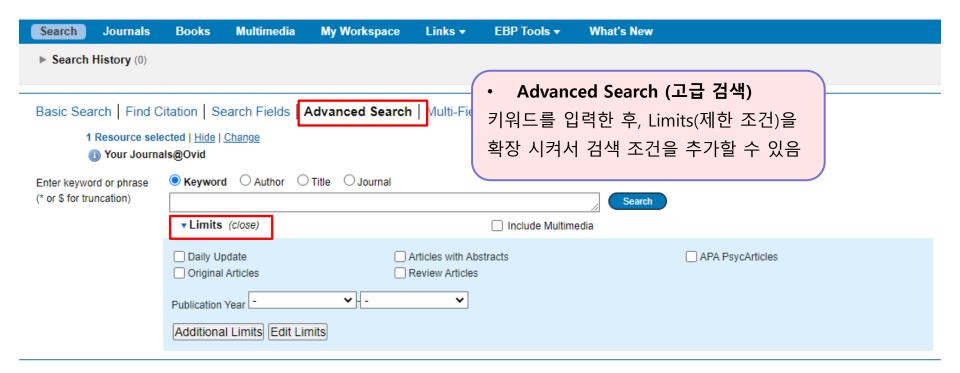
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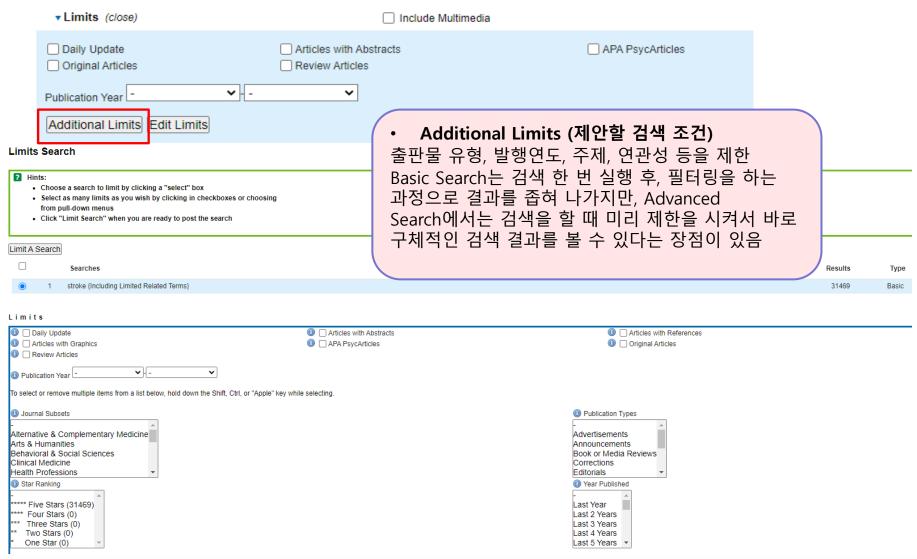


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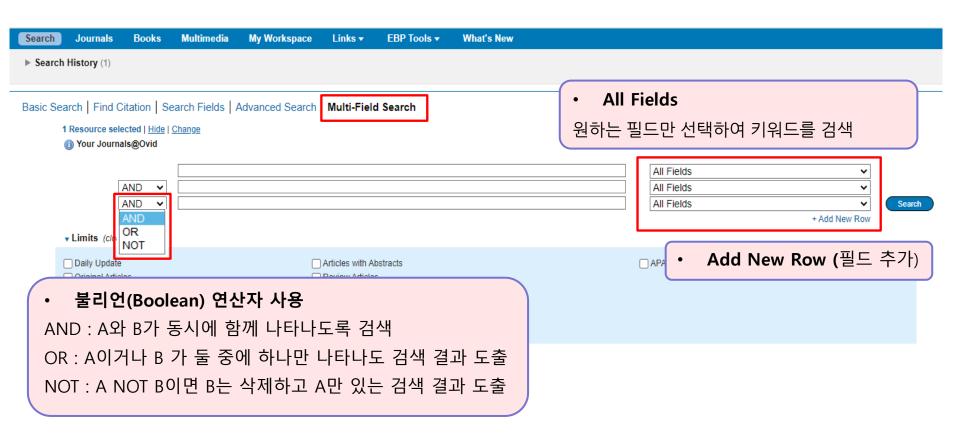


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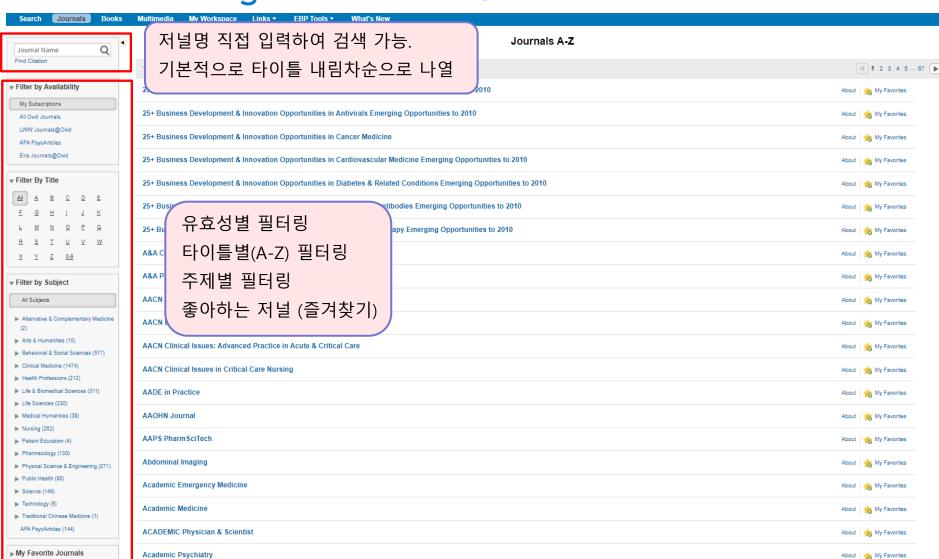


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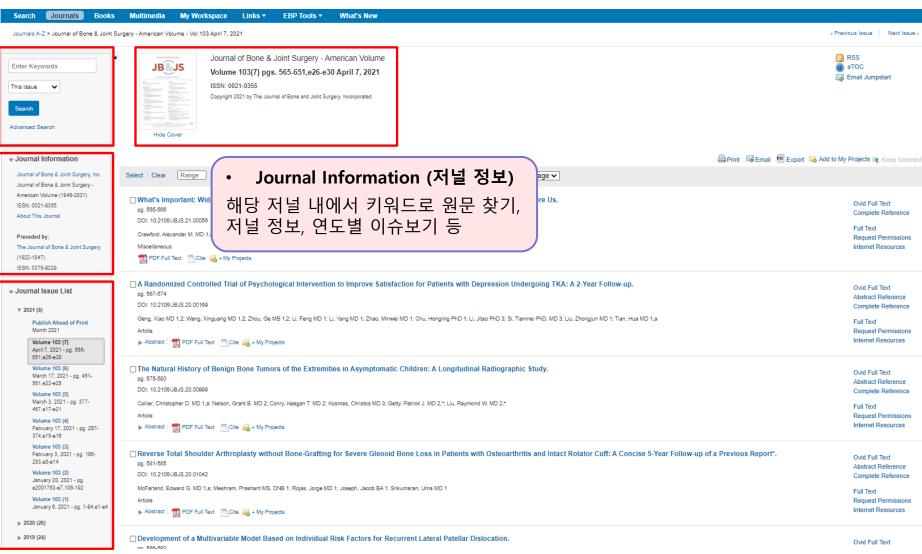
# Ovid - LWW 저널탭에서 이용하기

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## Journals Page in Journals@Ovid





#### Journal Views

Journals A-Z > Journal of Bone & Joint Surgery - American Volume > 103(7) April 2021 > What's Important: Widespread Vaccination: Reflections on the Pandemic, Contracting COVID-19, and the Opportunity Before Us.

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[COVID-19]

The Journal of Bone and Joint Surgery

Issue: Volume 103(7), 7 April 2021, p 565-566

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Publication Type: [COVID-19] DOI: 10.2106/JBJS.21.00056 ISSN: 0021-0355

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Table of Contents Next Article »

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#### Outline

A Unified Response My COVID-19 Diagnosis Physician Leadership References

#### What's Important: Widespread Vaccination: Reflections on the Pandemic, Contracting COVID-19, and the Opportunity Before Us

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http://links.lww.com/JBJS/G367

Online date: February 12, 2021

I am a third-year orthopaedic resident. At the end of December 2020, I received my first dose of the COVID-19 vaccine. The entire of my health-care institution, and received my shot. In standard 21st century fashion, I was asked if I wanted my photo taken while received my shot.

초록 및 HTML에서 원문 보기

After receiving the vaccine, I was ushered to an auditorium where I was instructed to sit for 15 minutes to ensure that I did not experience. ed and socially distanced crowd of fresh vaccine recipients. Soothing music played over the auditorium speakers.

#### I reflected.

I thought about the preceding 10 months, including those early days of the pandemic when just walking into the hospital felt like stepping into an all-too-uncertain and high-stakes experiment. I remembered the colleague with whom I had graduated from medical school in 2018. A father of 3, he was one of the first American health-care workers claimed by COVID-19 1. I thought about my wife's grandmother, Although she did not pass away from COVID-19 itself, she spent her final months without visitors in an assistedliving facility and was alone in a hospital room for most of her final hours because of COVID-19-related distancing regulations. I remembered a frail yet otherwise healthy patient whom I had admitted because of a hip fracture. Following her treatment and hospital stay, she had been discharged to a rehabilitation facility. Two weeks later, she was readmitted to our hospital, having contracted COVID-19. Sadly, she succumbed to the virus. I recalled feelings of fear and uncertainty when encountering my first operative case in which the patient was confirmed to be COVID-19-positive, with strict attention to all of the accompanying protocols required. Now, as the pandemic has continued, our protocols and precautions have become all too familiar. Above all, I contemplated the virtually unfathomable number of fatalities, which now total >400,000 and counting in the U.S. alone 2.

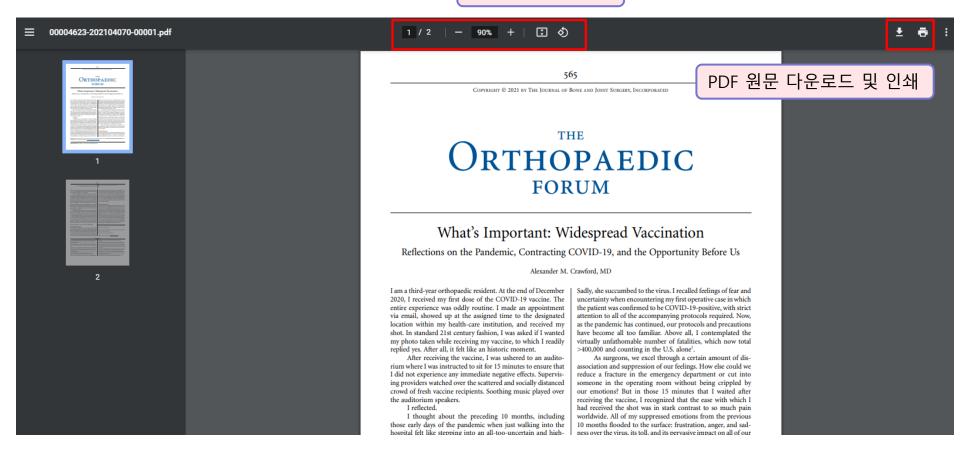
As surgeons, we excel through a certain amount of disassociation and suppression of our feelings. How else could we reduce a fracture in the emergency department or cut into someone in the operating room without being crippled by our emotions? But in those 15 minutes that I waited after receiving the vaccine, I recognized that the ease with which I had received the shot was in stark contrast to so much pain worldwide. All of my suppressed emotions from the previous 10 months flooded to the surface: frustration, anger, and sadness over the virus, its toll, and its pervasive impact on all of our lives, but also pride, wonder, and gratitude at the responses of the science and health-care communities to the virus.

When the 15 minutes were up, I left the auditorium, the soothing music fading as I walked away. I returned to my duties in the operating room and assisted with a periacetabular osteotomy.

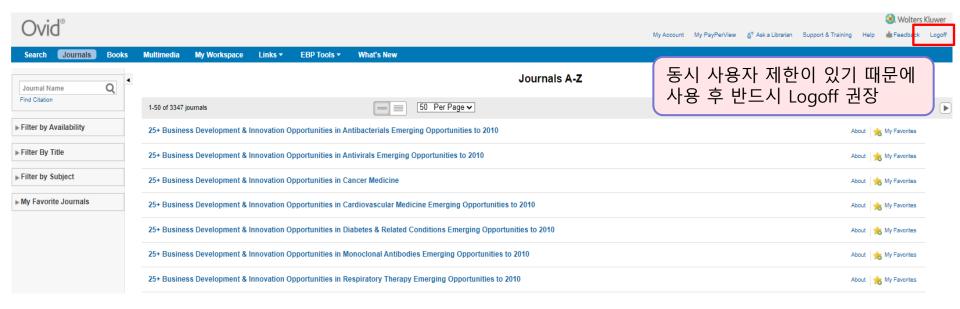


#### Journal Views

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