

# Fear of COVID-19 leads other patients to decline critical treatment

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Megan Jennings, outside her home in Bremerton, Washington, on May 14, 2020. Jennings used breathing techniques to help overcome her fear of hospitals and surgery so that she could donate a portion of her liver to a 7-year-old niece. (Ruth Fremson/The New York Times)

Controlled breathing helped Megan Jennings. Jennings, 36, who lives near Seattle, was determined to save the life of her 7-year-old niece, who has a congenital liver disease, by donating a portion of her own liver. It was a fraught decision not just for Jennings but also for the University of Washington transplant team.

“This child was getting sicker, and we had to make a decision whether we would move forward with bringing a live donor into our hospital, which had a lot of COVID at what turned out to be the peak of our surge,” said Dr. Scott Biggins, chief of hepatology at UW Medicine.

Jennings used a variety of breathing techniques to overcome a standing fear of hospitals and surgery, now compounded by a dread of the coronavirus.

“Being able to slow my breathing, feeling my body, and ground myself, staying mindful of what was happening around me, helped me stop my brain from rattling off craziness,” Jennings said.

The surgery lasted seven hours.

After a five-day hospital stay, with no visitors, she was finally discharged. But a few days after she returned home, her wound became infected, and she had no choice but to return to the hospital to have the incision reopened and cleaned. The doctors in the emergency room recommended that she spend the night in the hospital, but there was a limit to how much anxiety she could tolerate. She insisted that she be shown how to care for the wound at home.

“There was no way I was going to be admitted,” she said, and she left the hospital at 3:30 a.m.

Sleep-deprived and foggy from a painkiller, she slept for two hours in her car. Then she drove herself home.