As I walked down the ICU corridor, I couldn’t help but look in rooms of patients sickened with COVID-19. All were sedated, on the ventilator, their doors plastered with multiple red and white signs indicating the severity of their condition and what precautions those who enter should take.

There was a pall about the unit. Usually perky, smiling nurses and doctors were downtrodden, clearly overworked and fatigued by the toll of caring for so many critically ill patients. There was something else that struck me. This swarming, kinetic unit with double the usual number of nurses and doctors seemed almost empty. And then I realized -there were no visitors. Not a single mother, husband, child, or friend. No one taking a nap on the bedside couch or watching TV when you entered the room. No congregation of family members sipping coffee in the expansive ICU waiting room.

Over the past few weeks, we have heard a lot about social isolation. Many, myself included, lamented that social isolation is hard - and it is. But there is a hope, even an expectation, that we will one day, fairly soon, be able to hug, laugh, and share a meal with those we love.

This imposed isolation in the intensive care unit is different. Patients who a week ago were having dinner with their children, speaking with spouses, and buying groceries for their parents are now lying in a hospital bed, forced to fight their biggest battle all alone. There is no one to hold their hand, to reassure them that they will be ok.

Their only human contact was, well, barely contact at all. Unknown men and women covered in thick white gowns, blue rubber gloves, space-type helmets and face masks came in and out of the room to adjust ventilator settings, administer medications, all the while cognizant to minimize patient contact and time spent in the room.

Patients, sedated on the ventilator, may (mercifully) be unaware of their isolation. Their loved ones however, must deal with feelings of heightened hopelessness and abandonment stemming from their physical distancing. Even care providers can be powerless in the face of disease, but we take comfort in being there, in giving our best effort. During this crisis, our necessary(?) policies are depriving loved ones of this same consolation - the opportunity to feel like they did their part.

In the end, hospital visitor restrictions are good for public health but strip an element of humanity from the care we provide. For patients that recover and are reunited with their families, we may look back and believe we did the right thing. But what about the husbands, wives, children and grandparents who don’t make it, for whom this mandated isolation doesn’t last just 2 weeks, or 4 weeks, but forever?