



Editorial

COVID-19: A Physician's Perspective

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Introduction

The Coronavirus disease 2019 (COVID-19) pandemic has quickly become the most significant health crisis of our time. Following the first reports of pneumonia of unknown etiology in December 2019 by the Wuhan health commission in the Hubei province of China, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has since spread to 217 countries, infecting roughly 45 million and resulting in death of over one million people [1].

SARS-CoV-2, is a member of the beta coronavirus group, which includes the previously identified MERS and SARS coronaviruses. SARS-CoV-2 is a virus that can be spread through droplet transmission during breathing, speaking, coughing, or sneezing, via fecal-oral route, fomites, conjunctiva, or through bodily fluids [2]. COVID-19 is named for the clinical presentation of pneumonia associated with SARS-CoV-2. The most common early symptoms have been reported to be fever, generalized fatigue, muscle aches, dry cough, shortness of breath, and radiographic evidence of pneumonia [3]. Less common presentations also include nausea, vomiting, diarrhea, abdominal pain, headache, and dizziness [4]. In more advanced stages of the disease, injury to lung tissue can result in acute respiratory distress syndrome, which increases the likelihood of developing septic shock and subsequent mortality [5].

There has also been much focus on the infectivity of the virus. Individuals with clinical symptoms pose the most significant threat for transmission due to elevated viral shedding [6]. Data has also emerged regarding asymptomatic carriers and their transmission potential. A recent systematic review investigating proportions of asymptomatic infection among COVID-19 positive patients demonstrated upwards of 50% of samples being asymptomatic and transmission rates of asymptomatic carriers at approximately 20% [7].

With such significant infectivity and transmission potential being documented, it becomes ever more critical to follow mitigation

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guidelines. The Center for Disease Control (CDC) has been the primary liaison for guidelines pertaining to COVID-19 in the United States, albeit, questions have been raised about political interference in the agency's agenda, as recently as last month [8]. On their current website, the CDC outlines several efforts to limit risk of transmission. They provide background on the disease and how it can be spread, and cover what everyone should do to stop the spread. The site highlights adequate hand washing, avoiding close contact, proper face covering when around others, disinfecting touched surfaces, and monitoring health on a daily basis [9]. The site has also recently added guidelines surrounding the thanksgiving holiday. Interestingly, they do not explicitly discourage gatherings, although they do provide recommendations for gathering such as limiting the number of guests, avoidance of food and beverage sharing, and celebrating outdoors if possible, as well as offering alternatives to traditional gatherings such as hosting virtual thanksgivings [10].

The impacts of COVID-19 have been substantial and far-reaching. In addition to the tremendous loss of life being experienced, the psychosocial effects of this pandemic are significant and will be long lasting. Small business owners rely on in-person capabilities and have been increasingly under stress to cope with the restrictions and economic hardship. The required self-isolation of individuals can lead to loneliness, loss of purpose, and a potential increase in rates of mental illness [11]. Of note, the burden placed on healthcare workers at this time is unduly evident. As occupational stresses grow, the likelihood of developing sub-clinical or clinical mental illness such as anxiety, depression or post-traumatic stress disorder also rises [12]. It is more imperative now than ever to encourage and promote activities that will increase resilience amongst both healthcare workers and the general public. Establishing end of day reflection groups, increasing access to mental health professionals and early identification of mental health disorders through standardized patient questionnaires have helped in this effort [12]. We must also not overlook the role of mindfulness and physical activity in building resilience. I have been disappointed by the public messaging that has not directly addressed the role of obesity in infection and mortality rates in this country. We need to become healthier as a country if we wish to maintain our standing as a global leader. Although systemic reforms in agriculture and commercialization of food will be required for long-term improvements, advocating for mindfulness training may lead to better choices on an individual level, helping propel systemic change. A simple public service announcement informing people about the benefits of taking ten minutes a day to meditate and a half hour to exercise may prove to have a significant benefit to society, particularly in our current time of discord.

Unique to our current crisis, increased access to un-vetted information sources lacking journalistic integrity via social media or internet sites has resulted in the massive dissemination of misinformation related to the pandemic. One of the first examples of this came in March 2020 when an internet rumor alleging a 2-week mandatory national quarantine led to a significant disruption in supply chains and an influx of citizens trying to re-enter the country, which inevitably

required a formal statement by the National Security Council rebuking the rumor [13].

Perhaps the most critical aspect of slowing the spread and eventual eradication of the coronavirus is the need for dissemination of empirical, uniform, and accurate information. Several efforts have been made on this front, some involving cooperation between governmental and private enterprises, to stop the spread of “fake news”. Most notably, the World Health Organization partnered with numerous technology and social media companies such as Facebook, Twitter, Youtube, Google, and Microsoft, in an effort to combat fraud and misinformation by elevating and prioritizing authoritative content from government sources [14]. Thankfully for the most part, the idea that masks were somehow ineffective or actually causing the virus, has now been debunked [15]. More recently, however, test avoidance has become a growing issue, due in large part to psychosocial factors such as fear of isolation and quarantine, as well as public shaming [16].

The issues of media fatigue must also be addressed, as some individuals being inundated with news regarding the coronavirus may in turn forget to follow the most important and basic healthy behaviors such as wearing a mask, washing hands, and social distancing [17].

We as physicians have a responsibility to be informed with the most up-to-date research regarding disease epidemiology, therapeutics, and mitigation efforts. Furthermore, physicians must understand the differences in local, regional and national data regarding infection rates, travel restrictions, and quarantining protocols. Thus, we will not only be able to provide correct information to our patients, family, and friends, but also have the capacity to correct misinformation we may encounter.

It is our responsibility and privilege as physicians to be role models for our community members and fellow citizens in regards to public health efforts. Simply put, we must practice what we preach in order to maintain the trust we have built with society over generations of tenuous and sustained diligence. Although each physician has a unique and inspiring story to tell, we are for better or worse perceived as a monolith to the general public. This means that when some of us do something perceived as wrong or inappropriate, the profession as a whole bears the consequences, and we collectively become responsible for building back the trust that was lost. Particularly at this juncture, it is more critical than ever to have public trust in the medical community. This will only be achieved with solidarity amongst physicians to be both the ethical and scientific leaders in the effort to eradicate COVID-19.

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