

CORONA VIRUS (COVID – 19)

DS Briggs AM

Editor in Chief

Correspondence: journal@achsm.org.au

It is difficult while writing an editorial, at this time, to ignore the extensive impact of the Corona virus (COVID-19) and it is probably important for us, as health professionals to give it some considered thought, outside the immediacy of current activity. I say this as someone recently returned from work related overseas travel, with my travel not meeting the government-imposed return deadline by some seven hours. This required my quarantine and/or isolation for some two weeks. After my first week of exclusion from most of my family, friends and working remotely and online it seems that the rest of Australia has caught up with my circumstance, many stood down from work, many businesses closed, a massive effort by the health system and economic rescue or support packages being implemented by government. It seems that I will have little opportunity to relax and celebrate with others at the end of this week.

So, what does this experience of the virus mean for us all and what are the lessons we might need to take from this experience?

Firstly, the arrival of the virus has been very recent, and the speed of its spread has been extremely fast. Secondly, it confirms that we are indeed part of a global economy and that our perspective on healthcare and health systems must be from a global view. It is important to remember that it is now 'world views' that shape our understanding and learning. We need that world or global view to understand our contemporary context and to better understand the strategies that we and other governments are implementing. While thinking globally we need to adapt those strategies to act locally.

During my sojourn overseas I was asked to make a short contribution to another Journal [1] about this same subject but given to the limited timeframe I drew on recent substantive literature to highlight some 'lessons learned', rather than attempt to think through the issues and attempt analysis at that time. The amount of peer review material published in the last two months is extensive and, gives us comprehensive data and analysis from across the world. Starting with an international lesson we are advised that the initial response in China was inadequate and that we had not learnt from prior epidemics, that this virus has surpassed the Severe Acute Respiratory Syndrome (SARS) in cases and severity and that 'human to human transmission has been confirmed'. [2, p.2]

I am reluctant to go into the technical issues of the virus, its progress, treatment and mitigation as it is not my area of expertise. However, a useful, recent and readable article by Roy Anderson and colleagues from the Department of Infectious Diseases Epidemiology Centre for Global Health at the Imperial College London does that admirably and I recommend you read that article. [3] It is recorded that the first 'person to person transmission was reported on February the 21st 2020.' [4, e49]

By the 20th February 634 people from 28 counties were tested positive for the COVID-19 on the cruise ship Diamond Princess cruise ship, Diamond Harbour, Yokohama, Japan. Subsequently cruise ships were disembarked in Sydney Harbour without testing and these types of ships continue to be problematic as they attempt to make a landing across the world. It is understood that those persons are now subject to contact utilising Defence personnel and have become a matter of continuing public media debate.[5] Sawano and colleagues [6] in their

commentary suggest that the response by Japan was problematical, that quarantine in a cruise ship may not be effective in 'preventing the contagion of the virus in Japan' and in fact, 'could accelerate a contagion of the virus'. Third the care for passengers and crew members was poor. The fact that the health system must respond quickly and effectively to the challenges of the virus also presents us with opportunity for health reform, particularly with the greater use of digital technologies. The government has extended the use of telehealth to a broader range of conditions at least for those over the age of seventy. We all should be working to ensure that this innovation is not short lived and, in fact access is widened over time. This is particularly the case for rural, regional and remote communities.

Interestingly and understandably there has been a high degree of anxiety amongst the general population and communities. This is more so than the impact of the recent drought and fires were people while anxious were more resilient and focussed. This in part may be because the virus remains unseen and requires a great deal of faith in us for those with health expertise. It is probably also due to the significant economic adversity that is a consequence of the virus impact. Despite daily press conferences and social media, government and health officials have struggled to make ground. There equally has been significant misinformation or misinterpretation of the ongoing context which, of course, is changing daily.

Despite these circumstances a recent YouGov virus response poll [7] suggests that the government response to the virus has been effective. Irrespective of the media headlines and social media, it is yet again satisfying to see that the majority of the 'quiet Australians' remain positive and steadfast even as many now face significant economic uncertainty. Irrespective of this is that the level of anxiety means we need to be vigilant and active in the delivery of mental health support. In fact, the uncertainty about individual economic certainty may present mental health challenges of some magnitude.

The tension within a Federation, as in Australia, that was also obvious from the period of widespread drought and fires became evident again in responses to the COVID – 19 virus. It is difficult where we have divided responsibility between levels of government, and it suggests that the general public is not interested in that context but want clear and decisive action mostly at the Federal or national level. It is

to the governments credit that the establishment of a national cabinet and other bodies, inclusive of State and Territories government mostly addresses this obvious challenge. Perhaps after this matter is resolved we should revisit the structural arrangements that our past colonial forebears gifted us.

Recently, the word stoic came to my attention and I recall that this word reminded me of my parents and grandparents time of experiencing a world war and an economic depression. I reflect that in my lifetime events did not require us to be as stoic as then! This word 'stoic' suggests quiet acceptance and a strong determination to accept what is before us, something that doesn't fit easily in a quick changing world, dominated by rapid change and social media. It is also a form of philosophy, the history of which probably is worthy of revisiting. The word resilience also has some similarity to being stoic and has some contemporary resonance as a strong component of leadership. I suspect that modern education does not traverse the wisdom of earlier philosophers nor does it extend to an understanding in a modern young generation that epidemics, infectious disease are part of our history from which we have much to learn.

In most countries, including Australia we are fortunate that we have good government and significant health and economic expertise to guide us all through this impact of a virus. They deserve our respect and support.

DS Briggs AM
Editor in Chief

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