**Hero culture and infectious diseases
By Dr. Brooke Parish, MD, New Mexico Representative to APA**

Good evening,

I am posting this not to debate or discuss the specifics of the Coronavirus; I will leave that for those far smarter than I.

 However, I am wondering if the Covid-19 is not an opportunity to address the American culture (often hero) when it comes to infectious diseases.  I’m wondering if it is not time to partner with our colleagues in family practice, internal medicine, and pediatrics to promote the campaign of staying home when you’re sick, normalizing hand hygiene, and  even wearing a mask with the least bit of sniffles/sneezes/cough when not possible to stay home.  I am wondering for those in service industries, relying on their paycheck, how do we make sure that they are made whole when they did do the responsible thing of saying staying home with the cold/flu.  How do we respect the 6 foot social distance for those feeling a “bit under the weather” but not ready to isolate themselves, but should be allowed a distance without stigma?   How do we adopt the elbow/knuckle bump without stigma and make it part of our culture? How do we normalize that a flight attendant can pass out a masks (with instruction to change every couple hours), Kleenex, bag to dispose the Kleenex in, hand sanitizer, and Clorox wipes to the passenger that is sneezing or coughing without further stigma, and  the biggie -have all other passengers accept this- as what we do: like buckling our seat-belts and keep your trays in the upright position with take off and landing.  While I realize that mask for the non-ill is practically useless, except for reminding one not to touch their face (or a N-95), for folks on droplet precautions can be quite helpful.   My wish for those that have service-oriented jobs that showing up to work sick has more stigma than staying home when ill (I have eaten more than one meal served by a waitress coughing- my prayer that my stomach’s pH of 2 take care of the pathogens and my immune system the rest).  I fear the American culture is that of somewhat bravado; the braggart of: I went to work with 102° fever- aren’t I dedicated (too be honest, I have been victim of the culture, and when  I look back, I am not proud). I dream, wouldn’t it be great to having the employer recognize the employee that didn’t infect the rest of their staff, and that the couple days off or working remotely actually saved them money.  I recognize many folks live paycheck to paycheck and missing work for a flu or cold is just not possible.  However, wouldn’t it be great if we could advocate for such sick leave in the interest of public health?

I realize that physicians can be the worst of this.  I am also an internist and work occasionally as an internal medicine hospitalist (yes, I am board certificated in internal medicine).  I generally work through locum tenems that have draconian clauses that if I cancel for any reason that I am responsible for finding my replacement and paying them.  More than once I have shown up: masked, face shielded, gloved, gowned, with copious amounts of hand sanitizer in addition to what the hospital provides.  Explaining my appearance that I was “recovering” from a very minor cold, which may not have been the full truth. Never the less they look at me like I am from Mars, I got to agree with them; I do look like I’m from Mars or at least someone from the movie “Contagion.”  However, for those in the ICU what is an inconvenience for me, could be death for them.  Again, maybe I am dreaming, but a physician extender (or whatever term is preferred) and telehealth seems to be an excellent solution to a physician that maybe “under the weather.”

On the politics of the coronavirus, I will say this there is one cohort we know very well, which is the diamond Princess, the ship shows a fatality rate of about 1%.   I suspect this is where the coronavirus will end up, despite the World Health Organization’s current estimate.   I suspect the denominator is way off.  The cohort on the cruise ship is that of quite susceptible individuals: older (Rachel and Tyler the exception- they blog and Reddit so no PHI here), many with multiple comorbidities; however, healthy enough to travel.    Nevertheless 1% is higher than influenza.  I remind people we are in one of the worst flu seasons we have seen in several years. I was taking care of several folks that have been tending administratively to folks quarantined under the coronavirus.  Several had developed influenza A; coronavirus wasn’t a concern. The issue was good old regular influenza A.  Some of these folks refused to stay in their hotel rooms stating they had to go to work, until I went up the chain of command- as they put it “they were jailed.”   I applaud this, and wish other employers took note. I have been in direct contact with COVID-19 positive folks. That is of no concern to me (I was in adequate (+) PPE) my concern is influenza A exposure, where I went with several known positive (later)  in tight quarters to pick up car keys, sign off on paperwork, and hug those I became close to, and within hours other folks  were symptomatic (that I evaluated and treated), this concerned me to the point  I am now on prophylaxis tamiflu to visit my elderly parents tomorrow-yes I have my flu shot, as do they.   I add this for perspectives sake.

I am wondering if  anybody with me in taking this opportunity to promote basic infectious disease control, be it influenza, rhinovirus, or coronavirus (in any form) to fight the stigma of practicing good hand hygiene, staying home when you’re sick {you are a good employee for staying home- we live in a world of telecommuting, if you are ill. time to really embrace it-and for those in service industry- there is a mechanism to make you whole), and  if you do get sick on a flight being told: you will wear a mask  and here’s your hand hygiene/care kit. There is no shame in wearing a mask if you feel you could possibly be coming down with something (please save the masks if you are healthy),  and better yet, don’t travel . . . . that this becomes -  this is what we do.  Airlines respect changes without charges for infectious disease reasons.

Given we are experts in behavior, we are experts at reducing stigma, and medical doctors seems this could be an opportunity to promote public health.   Yes, I realize folks shed viruses a symptomatically all the time, but this could be a start.  I personally believe we are not getting rid of viruses, especially those droplet spread with high numbers of asymptomatic or mild symptoms, but we can do what we can.

I realize I said some potentially inflammatory things.  I realize this can be picked apart, please do.  I am interested in others’ ideas.

Sincerely,

Brooke