**TITLE: COVID-19 in India: A black paradox for our value system**

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**Short title: Kumar VD et al., COVID-19 and value system**

**Conflict of interest: none to declare**

**Funding: This work was not funded**

**This work has not been submitted elsewhere.**

**Responses to comments:**

The authors could explore the moral reasons for the 'black paradox' they have described. The exploration could be at two levels:

1. To what extent the stigma and hate against hcw/doctors reflect their routine negative, authoritarian and commercial experience of doctors and to what extent the fear of infection is responsible.

Response: The explanation for the comment has been provided in the second paragraph of the manuscript.

1. To what extent this is due to the government which demands ritual 'thanksgiving' to doctors/HCW but fails to educate the people scientifically about the epidemic.

Response: The explanation for the comment has been provided in the penultimate paragraph.

**Abstract:**

In the light of COVID-19 outbreak we could witness the black paradox of our value system. On one hand we could see people cheering the healthcare professionals by clapping hands and showing light. On the other hand, when a healthcare worker dies, the fear of contagion tears the shining face of our value system and manifests in uglier sense. This letter is a representation of huge number of grumbling voices of healthcare professionals.

**COVID-19 in India: A black paradox for our value system**

It is a matter of just a month ago where we witnessed people expressing their solidarity and cheers to the frontline healthcare workers by clapping hands and banging household utensils. At that moment, we had a hypothetical random question lingering in our mind, “whether the common public would co-operate with the same zeal when the outbreak worsen out and the sense of psychological fear spreads out?” The reason for our question was few bitter incidents which happened in other countries in the face of previous epidemics. During previous SARS outbreak, *Reynolds DL et al.* (1) observed that quarantined healthcare workers had significant post-epidemic stress compared to general population. Furthermore, they felt greater stigmatisation compared to general public and this made them manifest more avoidance behaviours and negative psychological traits after the quarantine period. Similarly, evidences from Ebola virus affected countries reveal stigmatisation to be a worrisome issue among healthcare workers. The sense of being rejected from neighbourhood along with intra-household tension have fuelled the fire of stigma within the epidemic (2).

It can indeed be considered as a paradox in itself because patients who consider the healthcare workers as authoritative figures during their hospital stay seldom extend arms of gratitude at times of havoc. Epidemic is a time when healthcare workers are exposed to higher amount of risk analogous to soldiers during the times of war. Ironically, the risk endured by getting exposed to patients with infection is not considered on par sacrifice of soldiers. This could either be attributed to the chronic negative portrayal about doctors in media during normal times and the disruption of patient-physician goodwill owing to bitter experiences faced by a fraction of general population. In addition, during the times of epidemic particularly those involving dangerous contagion, the basic psychological instinct would tingle an individual either consciously or sub-consciously to evade from the physical contact circle of an healthcare worker who potentially has higher risk of carrying viral loads and thus could ’transmit’ the disease.

Outbreaks like these would not only tax the healthcare professionals in terms of exorbitant work hours, organisational shortcomings and other untold but moribund practicalities of our healthcare system. They would face emotional turmoil rising due to the sense of uncertainty, pain of being separated from loved ones, staying in isolation and sense of frustration. In addition, the fear of contracting disease and thought chains of getting exposed to virus are something which can’t be explained in words. Above all, we know the alarming numbers of medical staff who have been infected and died in China and Italy and this fact by itself is a big threat. Considering all these, a healthcare professional would barely expect compassion and non-stigmatisation from the general population, if not being treated as heroes or being applauded at frequent interval.

Unfortunately, the solidarity expressed towards doctors hardly got shaped out in realistic sense. We got annoyed on seeing the social media posts of healthcare professionals who were asked to vacate by their landlords and this had subsequently warranted the intervention of governments. Few healthcare professionals faced problems while transiting inter-district boundaries. Now, just a few weeks later, with the fear about virus spreading, we got tormented by two black episodes which were literally inhumane and lacking in compassion as well.

The first episode is of a 30 year old doctor, who is basically a Good Samaritan and serving underprivileged people. He had started wearing mask and this arouse the suspicion among few villagers. Later, the disease had worsened, got diagnosed with dengue and eventually died (3). Though he was tested negative for corona virus suspicion floated in the air and this created havoc during his cremation proceedings. Eventually, the concerned officials had to flare out the fact that he hadn’t died due to COVID-19 virus and get his corpse cremated. All his years of noble service hadn’t fetched him any gratitude from the public and this caused severe mental agony to his mother to an extent of attempting suicide.

The second episode was the one which rubbed salt in the bruises and made the entire medical fraternity get anguished. A 55 year old doctor succumbed to COVID-19 after presumably contracting the disease from patient. While his family was heading towards burial of his corpse, they were beaten up by a mob owing to the baseless rumour that burial of COVID-19 victim’s corpse in the vicinity of residential area could lead to the further spread of virus. The violence of the mob made the family members of the doctor and even helpers to run away from the spot. After long hours of struggle, the burial process was completed by another doctor who is a close friend of the victim along with two other persons including a policeman (4). It was indeed disheartening to witness the doctor cum philanthropist getting denied a decent burial by the same people whom he had served till his last days. Though there are no chances by which a dead can spread the virus, the fear centred on the contagion had won the scientific fact.

The common point in both cases is the unwanted and exaggerated panic response of people in the face of an epidemic. While the scientific community was debating over the number of hours the virus could last on the surface of dead body / inanimate objects, common people were flooded with falsified myths and cooked up stories via social media. The government could not largely spread the proven facts in a shorter period of time because the evidences appeared weak and contradictory. Even the ‘thanks giving’ gestures were done as ceremonious ritual when people started believing the astrological myths painted on them. These two incidents shook up the conscience of the government and made it implement rigorous punishment for those who obstruct the burial proceedings of dead healthcare worker or any COVID-19 infected patient.

To conclude, these episodes are indeed disheartening moments for the physicians, for medical fraternity and for our society. At one end of the spectrum, healthcare professionals are portrayed as martyrs because they step up, risk their lives and do not defy seeing patients and this constitutes the doctor-patient contract in spite of the risks associated with it. The least expectation of healthcare professionals is to be treated with compassion and not with callousness and unless the humanitarian bridge is kept intact, professional integrity would dwindle over time. These acts of callousness would indeed be an additional grieve to those who get exposed to higher viral loads on daily basis. Rather than banging or showing off light, gestures of compassion should be expressed at times of need.

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