

VIEWPOINT

VOICES OF CARDIOLOGY

Hidden Victims of the Pandemic



Sara Moscatelli, MD

Confusion is a word we have invented for an order which is not understood.

—Henry Miller (1)

We heard of a fatal virus spreading in China as though it were something happening far, far away. But it was also not the first time because more than 10 years ago our mass media were reporting the news of a virus with a high viral load. It was the time of the H1N1 influenza, which sounded scary but did not have a significant death toll in European countries. On the wave of this past experience, when we first read about severe acute respiratory syndrome-coronavirus-2 and coronavirus disease-2019 (COVID-19), we were initially alerted but then immediately went back to our everyday routine. Our initial underestimation of the entire situation made us delay our reaction to it slightly, and this delay had the unfortunate outcomes that we all recognize and have discussed over the past several months.

When acknowledging the thousands of victims of COVID-19, it is important to look into the “underestimated” aspects of COVID-19 and how they may affect society.

COVID MANIA: MISINFORMATION AND CONFUSION

Since December 2019, social media have been increasingly posting comments and articles about COVID-19, and massive confusion invaded the world of information. It was not clear to health professionals like me how our immediate future would look because on one hand, some scientists were

affirming that COVID-19 would be only a severe flu affecting older adults, whereas on the other hand, different scientists insisted on the severity and mortality of this virus. Public opinion was divided, and we did not know which side to take. Our information on how contagious the virus is was entirely new, and we had to move from the first clinical cases reported in China to the large trials that are now being published or to pharmacological treatments such as remdesivir, which recently received emergency approval by the U.S. Food and Drug Administration.

Our social media accounts contained numerous contradicting posts, articles, and interviews. For the first time, we were facing a global problem where the world of social media was a double sided-weapon. Social media, which had revolutionized our lives by shortening distances, increasing the speed of information we receive, and creating resources for opportunities, was now causing uncertainty when we needed clarity. Many data are available, but their validity is challenging to ascertain. Studies that were advertised before they even started recruiting patients created confusion about their efficacy.

Inside hospitals, it was not clear when COVID-19 should be suspected in patients, how to establish a definitive diagnosis, how to treat these patients, and which types of personal protective equipment were best and how to wear them. Contradicting pieces of information were coming in every day from regional authorities, and changes in the recommended paths to follow were routinely increasing stress and fear.

Importantly, there is valid criticism of publishing as related to COVID-19. The World Health Organization reported more than 5,000 publications on COVID-19 by the end of March 2020. How many of these publications are meaningful, and how many of these just repeat the same information and fail to provide new knowledge? Does this mean that a physician will need to stay awake over social media or large journals to be informed about COVID-19, especially when the quality of some governmental updates has been lower than expected? How worrying

From the Clinic of Cardiovascular Diseases, University of Genoa, Genoa, Italy. The author has reported that she has no relationships relevant to the contents of this paper to disclose.

The author attests they are in compliance with human studies committees and animal welfare regulations of the author's institutions and Food and Drug Administration guidelines, including patient consent where appropriate. For more information, visit the *JACC: Case Reports* [author instructions page](#).

should it be that a few journals have preferred quantity over quality, and we have been bombarded with articles?

Scientific journals, which have always been our most important points of reference, have highly regarded sources, but these publications are not always easy to access. Moreover, their websites can be difficult to understand, and these cannot be visualized simultaneously. These are all characteristics that, in our busy lives, let social media win.

HIDDEN VICTIMS OF COVID-19

I remember my shift at the beginning of the quarantine. It was the first time in my work experience that I felt scared for myself because all the limited personal protective equipment was gone, and I had no way to defend myself. Once again in this story, confusion blocked an adequate and prompt reaction. However, this time uncertainty was dictated not only by conflicting information, but also by the fact that we did not really know what we were facing.

We all had to learn new skills, and COVID-19 created unprecedented pressure on all doctors: attending physicians (consultants) serving as nurses; surgeons responsible for intravenous infusions; and junior doctors dragged from their research positions to perform 12-h shifts, with no clarity on how they would be paid.

An important component for all of us as caregivers was the emotional burden of COVID-19. I saw patients in such bad shape or dying without access to mechanical ventilation. It was beyond my own capacity as a doctor. Although you feel atrocious, you suddenly feel so helpless when confronted with the virus. But even more, when your colleagues are among the victims of the virus, it feels as though death is coming inside your comfort zone, and you are thrown into great emotional distress.

For many weeks, I would wake up every morning thinking that the whole story was a nightmare—until I realized that it was 1 more day of the world being on “mute.”

Other hidden victims are those survivors who will live with the complications of the deadly virus for the rest of their lives. Another aspect that it is still unknown is the percentage of patients dying in care homes. It seems that we still do not have precise data. Equally important are those persons who are afraid to go to the hospital because of the lockdown and who later present to the hospital with nearly fatal complications. The issue of complications related to mechanical ventilation is also being discussed.

SECOND WAVE OF THE PANDEMIC

As the lockdown in certain countries is lifted and we look forward to catching a flight and seeing friends, family, and colleagues, we are not yet sure about the effects of our actions or whether there will even be a second or a third wave of the pandemic.

DO WE WISH TO LIVE IN FEAR?

Of course not, but it is important to stay vigilant—about COVID mania, misinformation, the unknown victims of COVID-19, and our future.

In conclusion, we are still fighting an obscure enemy, but we are slowly starting to see the light at the end of the tunnel. Let us stay together, united and optimistic.

ADDRESS FOR CORRESPONDENCE: Dr. Sara Moscatelli, Clinic of Cardiovascular Diseases, University of Genoa, 6 Viale Benedetto XV, 16132 Genoa, Italy. E-mail: sara.moscatelli90@gmail.com. Twitter: [@saramoscatelli7](https://twitter.com/saramoscatelli7).

REFERENCE

1. First Epigraph: Henry Miller, *Tropic of Capricorn* (Paris: The Obelisk Press-Seurat Editions, 1939; New York: Grove Press, 1961), 170. Second Epigraph: Henry Miller, *Tropic of Capricorn*, 5.

KEY WORDS awareness, COVID-19, social media