

LETTER



# Yesterday heroes, today plague doctors: the dark side of celebration

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Dear Editor,

During the Coronavirus disease 2019 (COVID-19) pandemic, Lombardy, in Northern Italy, was the epicenter of the first COVID-19 outbreak in the western world [1]. At the beginning of the outbreak, when there was little information regarding disease infectivity and transmission and the availability of personal protective equipment was limited, the risk of infection was particularly high among healthcare workers (HCWs). As of May 15, among 223,095 confirmed cases in Italy, 25,937 were HCWs (11.6%) [2]. Many of these HCWs required hospitalization and the death toll among these cases was exceptionally high.

The need to limit pandemic spread has led to profound changes in the daily life and social habits of many people. However, those taken by HCWs in the early stages of the pandemic were often heartbreaking. Many HCWs, being well aware of the potential risk of infecting their families, took extreme precautions such as leaving their homes and families and applying rigid self-inflicted social isolation [3]. HCWs treating patients with COVID-19 have been celebrated as “novel heroes” not only due to their dedication under conditions that constituted a very real risk to their own health, but also due to these difficult personal sacrifices.

However, fear of contagion has also led to discrimination against HCWs. Such episodes are increasingly reported from Asia, Africa, Europe, South and Central America, and the United States [4, 5]. Nurses and physicians have been denied access to public transport, shops,

and have even suffered physical assault. In the Philippines, the President ordered the police protection for HCWs [4].

The Coordinating Center of the “COVID-19 Lombardy ICU-Network”, therefore, promoted an exploratory survey to assess the incidence of episodes of discrimination experienced by specialists and trainees in Anesthesiology and in Intensive Care Medicine. A survey comprised of 6 questions was distributed among the 72 ICUs of the Regional Network. We received 627 completed surveys; 18% of the responders were trainees. Overall, 159 HCWs (25%) reported at least 1 episode of discrimination involving themselves, their colleagues or family members. Among these, 11.3% reported more than 10 episodes of discrimination. A description of the worst episode was allowed: 60 events were described. Most common were: ostracizing of HCWs or their family members by neighbors and friends; refusal to assist HCWs in their daily needs (e.g. shopping) and difficulty in recruitment of babysitters or caregivers. Notably, five cases of vandalism and physical assault were reported, that in two cases also required police intervention. Sadly, the “not in my backyard” principle seems to apply to HCWs, who are celebrated as long as they stay confined in hospitals, and this discrimination is also being extended to their families.

Healthcare systems administrators and policy-makers should employ every means to minimize the risk of infection among HCWs by providing adequate PPE and training. At the same time, informative campaigns should place the risk of contagion from HCWs in the right perspective. There is a good chance that as long as we are presented as heroes continuously facing death, we will suffer discrimination; such portrayal erroneously belabours the risk of being infected by HCWs, making it seem a very probable option. People must be confident that HCWs are taking every precaution to avoid infecting themselves and others, and that these precautions

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are effective. De-emphasizing our risks would minimize apprehensions. As HCWs, we are perhaps not heroes, but we are certainly not enemies of the people.

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#### Compliance with ethical standards

#### Conflicts of interest

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