



Editorial

The emotional toll of global infectious diseases



No matter where you find yourself it is likely that you will engage in a conversation about the recent infectious disease that has traveled globally. The Coronavirus is well known to all of us. In many countries wearing masks is standard procedure when in public places. And we do know that hundreds of health care workers in China, the center of the virus outbreak, have been infected. Of course this is not the first major global infectious disease of concern, but the scope of the infection rates has garnered world-wide attention.

Of course much of the discussion has been focused on the physical transmission of the virus. And yet, there are considerable mental health components of both the infection itself and the potential of infection that should not be ignored. First there is the isolation of individuals in Wuhan, China and other territories where the virus is suspected to be. News reports of their isolation abound, with major concerns about those who are left without treatment. Consider how it must feel to be left to die.

I have only been stranded twice in another country where I did not speak the language. The most memorable experience was the result of a natural disaster, a typhoon in Taiwan. And even though we were sequestered for 72 h in an underground level of the hotel, we had food, adequate shelter and sleeping arrangements. And, most importantly, there was adequate communication about the level of danger and the timing of our release.

From all reports those trapped in the infected cities in China have minimal support, most especially because of the sheer numbers of individuals in the area and the lack of adequate supplies to attend to

them. And those who were evacuated often faced tremendous challenges of long hours of waiting in airports and quarantine once they arrived at their destination.

The ethical challenges for health care workers in China also have both physical and mental health sequelae. So far reports are that more than 1700 medical workers have been infected. Those who are battling the contagious virus on the front lines have minimal protective gear and are often exposed because of the limited supply of optimal masks and protective clothing. Individuals risk contracting the virus and then infecting family members. The mental toll is tremendous for these health care workers, carrying out their duty as professionals, yet knowing that they could contract the virus and infect others. And, the sacrifice of leaving family members to go to the care centers undoubtedly creates additional stresses for these health care workers.

Much of the initial response to the coronavirus from the scientific community was rapid and direct in January 2020. Yet the on the ground response has been less than adequate, increasing the uncertainty for all, health care workers included. One law professor in Beijing summed up what should be our response to disasters and their sequelae: "I cannot remain silent."

In supporting our mental health colleagues in China we must not remain silent. In caring for those who have contracted the virus, we must not remain silent. Care must include both emotional and physical support and we must not remain silent.

Joyce J. Fitzpatrick, Editor