

<https://doi.org/10.22502/jlmc.v8i1.336>

Perspective

Perspectives on the COVID-19 Pandemic: Truth and Trust

Tyler G. Hughes^{a,b}

When one examines life in various countries of the world regardless of type of government, health system, or even culture, one sees the great diversity of the world but also large areas of commonality among all people and all places. The twentieth century's history is one of almost constant war, two of those wars having affected the majority of the global population, but only one event parallels today's pandemic in impact on almost every individual on planet Earth: the great pandemic of 1918, which by various accounts took between 20 to 100 million lives over a three-year period.

When word began to spread of an epidemic in China in late 2019, most of us worldwide were only mildly concerned. Threats from swine flu, H1N1, and Ebola had all been temporary scares, and the effect on most individuals was mild. So, the world went on with its important activities assuming that soon we would hear the epidemic was contained and yet another catastrophe of epic proportions had, like an errant asteroid, passed without tragedy to most. Of course, we all know now that events took a far different course.

Nepal's course so far in this troubled time resembles that of New Zealand and other countries that have generally been spared the medical tsunami filling hospitals beyond capacity as has been seen in New York City, Italy, and China. Large parts of

the United States similarly have been bracing for an enormous blow that has not come. The price paid for avoidance of medical catastrophe was economic collapse. Now every nation, every individual, is facing an ongoing challenge of choosing medical risk versus economic reward. Great minds and institutions as well as government leaders are being forced to make decisions based on insufficient knowledge.

The American College of Surgeons (ACS) has walked with all of the world, experiencing much of the same emotions and sharing an enormous amount of medical and technical information. Because the ACS has been a world leader in trauma response, it also has rather naturally developed expertise in disaster response. Though this was a disaster like no other, we found that what we knew from other such smaller events gave us a path for leading through this universal event.

Here are the technical lessons we learned: As always, the first phase of a disaster is that of confusion and non-recognition that a disaster is not just imminent but is actually happening. The second phase is marked by preparation. The third phase is appropriate triage and utilization of resources. Finally, after-event review is essential for preparation for the next disaster. In all these phases, communication, transparency, and pragmatic optimism are the essential ingredients to procure the best outcome.

Perhaps the best success the ACS achieved was through communication. COVID-19, while a new disease in humans, still could be addressed through knowledge we already possessed. Also, as events unfolded, new information and some misinformation was traveling at the speed of light around the world. Without a communication strategy, all of this would become just noise, unintelligible to those in need. As the College began to recognize the nature of the disaster, our first steps

Submitted: 5 May, 2020**Accepted:** 21 May, 2020**Published:** 22 May, 2020

a - Clinical Professor of Surgery- University of Kansas School of Medicine, Kansas City, United States.

b - Secretary, American College of Surgeons.

Corresponding Author:

Tyler G. Hughes

e-mail: rsurgeon1@gmail.com**How to cite this article:**

Hughes TG. Perspectives on the COVID-19 Pandemic: Truth and Trust. Journal of Lumbini Medical College. 2020;8(1):2 pages.

DOI: <https://doi.org/10.22502/jlmc.v8i1.336> **Epub:** 2020 May 22.

were to develop clear communications among our Fellows, the government, and the public. This is the mark of true leadership. The smartest person on the planet cannot be of service if that person has no way of getting a coherent message out. While we had dozens of leaders across the globe working with us, the College funneled all output through a newsletter published twice a week using input from three main sources: our own membership, medical literature, and government data.

Managing crisis, though, is not just information transmission. Human beings are emotional creatures. Fear, stress, anger, and sorrow play a central role in any crisis. Emotions, like the virus we fight, are contagious. Those emotions that sap energy and create despair can make matters far worse. Certainly, we see this in our still-developing economic crisis as well as the purely medical one we face. So, it is crucial at this time that we in the medical profession seek to be the calm voice of reason as is always necessary. This does not mean telling the world that we know all the answers and that all will be well. Truth and trust go together. Our patients and our government leaders will not trust us if we do not tell the truth. However, projecting messages of doom do not inspire others to endure the hardships being faced. We know from history that all pandemics pass. Our common goals as physicians remain to save as many lives as we can, to be present for our patients, and to help them understand that despite the fears of COVID infection they will need medical care for other reasons. We know how to do all these things. We just have to do them on a larger scale than before but with the same basic mission, to serve all with skill and fidelity.

Conflict of interest: The author declares that no competing interest exists.

Funding: No funds were available for the study.