

# Health professionals and COVID-19 pandemic: Heroes in a new war?

Angelo R. PENNELLA<sup>1</sup>, Angela RAGONESE<sup>2</sup>

*Affiliations:*

<sup>1</sup> Psychologist, Psychotherapist, Lecturer in Clinical Psychology at the Specializing School in Health Psychology of the Sapienza University of Rome, Italy

<sup>2</sup> Psychologist, Specialist in psychoanalytic psychotherapy.

*Corresponding author:*

Angela Ragonese, psychologist, specialist in psychoanalytic psychotherapy, Via Carlo Mirabello 25 -00195 Roma, E-mail: angelaragonese@gmail.com

## Abstract

The SARS-CoV-2 pandemic has forced many countries to face a serious health emergency. Together with the exponential growth of SARS-CoV-2 positive patients, cases in intensive care units and deaths, a collective definition developed in which the health was represented as a 'war' and doctors, and more generally health workers, as 'heroes'. The metaphor of the war in medicine is not unusual; but the fact that many doctors have rejected the representation of themselves as heroes invites us to reflect on the meaning and possible implications of these metaphor. The article presents some psychological reflections on the sense of representing the doctor as a hero and on the connections that this representation has with biomedical and biopsychosocial models, but also with the doctor-patient relationship.

**KEY WORDS:** COVID-19; healthcare workers; physician patient relationship; Physicians well-being.

### Riassunto

La pandemia da SARS-COV-2 ha portato molti Paesi a doversi confrontare con una vera e propria emergenza sanitaria. Parallelamente alla crescita del numero di pazienti e agli sforzi compiuti dai sistemi sanitari si è assistito alla diffusione di una narrazione collettiva in cui si rappresentava l'emergenza in atto come una vera e propria "guerra" e ci si riferiva ai medici, e più in generale a tutti gli operatori sanitari, come ad "eroi". La metafora della guerra non è nuova nell'ambito della medicina, tuttavia il fatto che in più di un'occasione diversi medici abbiano rifiutato l'attribuzione del ruolo d'eroe impone una riflessione sulle implicazioni che tale metafora propone. L'articolo si propone di offrire alcune riflessioni in chiave psicologica sul senso della rappresentazione del medico come eroe, ma anche sui suoi nessi con i modelli biomedico e biopsicosociale, e con la relazione medico-paziente.

### TAKE-HOME MESSAGE

*The attribution of the role of hero to doctors has the risk of reinforcing a passive attitude in patients, moreover, it deprives the doctor of relevant aspects of his humanity.*

**Competing interests** - none declared.

Copyright © 2020 Angelo R. Pennella et al Edizioni FS Publishers

This is an open access article distributed under the Creative Commons Attribution (CC BY 4.0) License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. See <http://www.creativecommons.org/licenses/by/4.0/>.

**Cite this article as:** Pennella A, Ragonese A. Health professionals and COVID-19 pandemic: Heroes in a new war?. J Health Soc Sci. 2020;5(2):169-176

DOI 10.19204/2020/hlth2

Received: 19/05/2020

Accepted: 02/06/2020

Published Online: 15/06/2020

## INTRODUCTION

The first news related to the spread of a new coronavirus in the Chinese city of Wuhan dates to December 2019. In February 2020, the International Committee on Taxonomy of Viruses (ICTV) called it SARS-CoV-2. Considering the worldwide spread of the virus, on March 11<sup>th</sup>, 2020, the World Health Organization (WHO) announced the pandemic [1]. SARS-CoV-2 can cause a respiratory system syndrome called ‘Corona Virus Disease 2019’ (COVID-19). In most cases, the symptoms are mild or moderate, but in other cases lung inflammation is so severe that develops into an acute respiratory distress syndrome that requires hospitalization in intensive care units [2]. The quick increase of COVID-19 patients obliged Italy to face a big health emergency. Hospitals and intensive care units, especially in some regions, such as Lombardy and Veneto, had to treat a higher number of patients than the number of available beds. Instrumental resources (diagnostic tests, facial masks, ventilation devices, etc.) were insufficient and medical staff had to work, similarly to what happened in Wuhan [3,4], in very stressful conditions, both from a physical and psychological point of view [5,6]. The absence of adequate personal protective equipment (PPE) increased the risk for medical staff to be infected, so that in Italy more than 27,952 healthcare workers have tested positive for SARS-CoV-2 [7].

Together with the exponential growth of SARS-CoV-2 positive patients, cases in intensive care units and deaths, a collective definition developed in which the health emergency was described as a war [8]. Consistently, face masks and ventilators have become munitions to fight this war, a difficult war to face because we don’t know the enemy and the only weapon we have is to stay at home and respect the rules. To reinforce the war representation of the events, red areas checkpoints, military trucks for carrying dead bodies, and the use of drones to control the territory were established.

The metaphor of the war in medicine is not unusual; just think of the oncology and the

reference to the ‘The War on Cancer’ of 1931. Nowadays, diagnoses and treatments are commonly defined as war phases [9–11]. In fact, medical terms have many military expressions consistent with the idea of a war (e.g., killer cells, first-line drug, target organ).

As Susan Sontag underlined (1978) [12], the metaphor is not just a linguistic mechanism where you can replace a term with another to make a comparison, it is also a way to produce meanings and guide behaviors. If the current pandemic is represented as a war, not only task force, strategies and tactics, but also emotions that are consistent with a hostile world situation are needed.

As in every war, even the one against COVID-19 needs ‘heroes’. Hence, the idea that doctors and health workers are heroes who silently and fearlessly [13–15] fights against the mysterious and powerful enemy (virus) that invaded us. However, is it appropriate this representation? And what is the meaning of attributing the role of hero to a medical doctor? Therefore, aim of this paper is to analyze from a psychological point of view the meaning of these words and their linkage with biomedical and biopsychosocial models [16–20], and the doctor-patient relationship.

## DISCUSSION

### *The role of the ‘hero’*

Nowadays a ‘hero’ is a person of great value and courage who faces big risks. A person who performs heroic deeds which can lead to his sacrifice but which he still carries out for the good of others. We find the hero in many tales created by men to tell about their experiences, in myths, poems of Ancient Greece, figurative arts and literature. History proposes a high number of characters who, apart from their qualities, are described as heroes: let’s think of Giuseppe Garibaldi, who was called the ‘Hero of the Two Worlds’ or Napoleon Bonaparte, the modern hero par excellence [21]. The figure of the hero is undoubtedly complex. In fact, the hero doesn’t represent only the best qualities of a certain culture or society, but he can also express its

critical issues and contradictions. There are solid and positive heroes, but also uncertain and ambiguous heroes. Despite this, the hero is always an inspiration, a reference, an incentive to act not only for his people but also for future generations. There is one aspect of the hero's figure that seems quite interesting to us: The cancellation of his individuality in favor of the role that he is called to take on. The social role is essentially independent from the features of the person and it implies socially prescribed behaviors that cannot be avoided. The role, on the one hand, answers to social expectations, and on the other hand, it defines the relation type and the behaviors he must have towards the members of his group [22]. Therefore, when the role of hero is assigned to someone, we expect behaviors and emotions to be consistent with that role. We expect the hero to face events that would be impossible for others. The hero must make difficult decisions in situations that are physically or psychologically dangerous. The hero can't waver or take a step back in front of danger or be uncertain; or be scared or overwhelmed by events. The role of the hero implies a certain identity, different from the other ones; an identity that expresses only the best qualities of the group. In this perspective, the social expectation that the doctor or the healthcare worker works with no protections challenging the enemy (SARS-CoV-2) being at risk is obvious. It is also obvious that the doctor does not have any doubts or uncertainties about what to do – at a medical, economic and social level – this, despite this coronavirus and the lack of epidemiological data. It is 'obvious' that the doctor must choose who can go to the Intensive Care Unit (ICU) and who does not [23].

The role of the hero does not allow for weakness and when this is identified, it must be overcome quickly. The person with the role of hero is called to set aside his 'humanity' (sensitivity, doubts, weakness, etc.). Out of his real life, the hero could become an abstraction of the concrete and real life. An historical example of this is the marines immortalized in the photo of the flag at Iwo Jima. In 1945, the

World War was ending, the battle on the Japanese island was one of the longest and bloodiest of the Pacific War. The picture, by Joe Rosenthal, portrays American soldiers while hoisting the US flag in the highest peak of Iwo Jima. It quickly became a symbol of the effort of US soldiers and used in the propagandas by Roosevelt and Truman. The use of the picture of soldiers was studied to rekindle the desire of victory in the population and to collect money to finance the Pacific War. Despite some practical difficulties, the six marines were called to hoist again the flag in some events. They were asked to be the heroes that American society needed at the time. In reality, the six marines never felt like heroes: The awful death of their mates deprived them of any heroic aspiration [24].

### *Covid-19 and the doctor-patient relationship*

The tendency to consider the pandemic as a war and the doctor as a hero can be explained for two reasons. The first is structural to the social representation of medicine. The aim is to fight and eradicate the epidemic, often seen as the result of an *alter* – it does not matter whether it is helicobacter pylori or SARS-CoV-2 – that attacks the patient's body. In this perspective, the *alter* is commonly represented as an 'enemy' to be defeated and it is therefore easy to use the 'friend-enemy' scheme to describe the medical practice. The metaphor of war is therefore appropriate for medicine. The second reason is related to the context. The quick spread of the virus, the fragility of healthcare facilities, the lack of drugs and vaccines but also the rapid increase in mortality – which seemed to be irrepressible – created uncertainty, fear, and anxiety. We needed to be reassured, advised, guided and protected: Identifying heroes was urgent.

Therefore, for structural and context reasons, the doctor was the ideal candidate for this role.

This is a very seductive offer. Being a hero satisfies the subjective need to feel efficient, self-confident, and capable of dealing with events. Moreover, the hero is the main cha-

racter, at the center of the situation. Not surprisingly, the doctor has become the guest of honor for interviews, talk shows, and reports. It is a role that needs support: If there is a hero, there must also be those to be rescued. A certain consistency emerges between the role of the hero doctor and the disease-centered biomedical model. This model is based on the idea of the defenseless patient, unable to actively intervene in the treatment, and therefore he needs the expert guidance of the doctor [25]. Furthermore, it is a necessary relation in ICU, where the patient is passive, and the doctor is active. Essentially, the implicit asymmetric role in the disease-centered model is centered on the interface with the doctor interpreting the role of a hero. He has the knowledge of the language, the tools and a special vision who differentiates him from the others. The doctor is asked to save lives, we expect him to do it without considering their personal advantage or physical integrity. Yet many doctors have rejected this role, but why? The answer seems obvious: Without everyone's participation, it is impossible to manage this pandemic. The implication for the citizens is important. The invitation to social distancing, personal hygiene, the use of face masks, aims at promoting the active and conscious participation of all. The description of hospitals and ICU as a battlefield where heroes fight against COVID-19, is therefore contrasted with the description of streets, shops, and houses. There are not heroes or non-heroes, but only people called to perform differentiated tasks.

This is the Biopsychosocial Model spirit [16–18]. In the patient-centered medicine, the empowerment of the patient and the implication of all the individuals involved in the care relationship is essential [26]. In this asymmetric relation, the doctor's role is not that of the hero to whom the patient passively entrusts his fate, but that of the catalyst of resources, either they are those of the doctor, of the healthcare facility or of the patient and their family.

## CONCLUSION

In conclusion, the refusal, sometimes even the annoyance, of the doctors towards this role of hero, has several reasons, more or less aware and evident. The problem is not only the delegation and consequent discharging of responsibility of non-heroes, whose task would be only to be saved from the heroes, but also the loss of their humanity. If the doctor had the role of a hero, he would not have had the right to fatigue, uncertainty, pain, or fear. He would have had to fight without fear, emotionless toward death that affected everyone, even heroes.

In 'Life of Galileo' [27] by Bertolt Brecht, the Italian scientist says, "Unhappy the land that needs heroes". Brecht was in fact aware that relying on heroes reinforces people's passivity and disengagement, it does not give them a reason to activate their resources. Having no heroes therefore means promoting everyone's commitment and ethics of participation, always essential, but even more in the era of COVID-19.

## References

1. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. [Cited 2020 Apr 20]. Available from <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.
2. Ministero della Salute. Covid-19-Situazione Italia. [Cited 2020 Apr 20]. Available from <http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5337&area=nuovoCoronavirus&menu=vuoto>.
3. Chen Q, Liang M, Li Y, Guo J, Fei D, Ling W, et al. Mental health care for medical staff in China during the COVID-19 outbreak. *Lancet Psychiatry*. 2020;7(4):15–16. doi: 10.1016/S2215-0366(20)30078-X.
4. Huang JZ, Han M, Luo TD, Ren AK, Zhou XP. Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi*. 2020. doi: 10.3760/cma.j.cn121094-20200219-00063.
5. Rosebaum L. Harnessing Our Humanity - How Washington's Health Care Workers Have Risen to the Pandemic Challenge. *New Engl Med J*. 2020, April. doi: 10.1056/NEJMp2007466.
6. Chirico F, Nucera G, Magnavita N. COVID-19: Protecting Healthcare Workers is a priority [published online ahead of print, 2020 Apr 17]. *Infect Control Hosp Epidemiol*. 2020;1. doi:10.1017/ice.2020.148-
7. Istituto Superiore di Sanità. Sorveglianza Integrata COVID-19 in Italia [Cited 2020 May 29]. Available from [https://www.epicentro.iss.it/coronavirus/bollettino/Infografica\\_29maggio%20ITA.pdf](https://www.epicentro.iss.it/coronavirus/bollettino/Infografica_29maggio%20ITA.pdf).
8. Chirico F, Nucera G. An Italian Experience of Spirituality from the Coronavirus Pandemic. *J Relig Health*. 2020; 5. doi:10.1007/s10943-020-01036-1.
9. Chauviere AH, Hatzikirou H, Lowengrub JS, Frieboes JS, Thompson AM, Cristini V. Mathematical Oncology: How Are the Mathematical and Physical Sciences Contributing to the War on Breast Cancer? *Curr Breast Cancer*. 2010;2:121–129. doi: 10.1007/s12609-010-0020-6.
10. Devine M, Plun-Favreau H, Wood N. Parkinson's disease and cancer: two wars, one front. *Nat Rev Cancer*. 2011;11:813–823. doi: 10.1038/nrc3150.
11. Rufini A, Melino G. Cell death pathology: The war against cancer. *Biochem Biophys Res Commun*. 2011; 414(28):445–450. doi: 10.1016/j.bbrc.2011.09.110.
12. Sontag S. *Illness as Metaphor*. New York: Farrar, Strass & Girox; 1978
13. Agenzia nova. Cina: Renzi su coronavirus, medici veri eroi nostro tempo [Cited 2020 Apr 20]. Available from <https://www.agenzianova.com/a/5e2db7894ed863.91093296/2782716/2020-01-26/cina-renzi-su-coronavirus-medici-veri-eroi-nostr-tempo>.
14. Viani B. In trincea contro il virus, ecco gli eroi silenziosi che combattono il contagio e la paura. *Il Secolo XIX* [Cited 2020, Apr, 20]. Available from: <https://www.ilsecoloxix.it/genova/2020/03/06/news/in-trincea-contro-il-virus-ecco-gli-eroi-silenziosi-che-combattono-il-contagio-e-la-paura-1.38558221>.
15. Pasini A. I veri eroi in prima linea contro il coronavirus. *Il Giornale* [Cited 2020, Apr, 20] Available from: <https://www.ilgiornale.it/news/cronache/i-veri-eroi-linea-contro-coronavirus-1839235.html>.
16. Engel GL. The need for a new medical model: a challenge for biomedicine. *Science*. 1977;196:129–136.
17. Engel GL. The psychosocial model and the education of health professionals. *Annals of NY Academy Sciences*. 1978;310:169–181.
18. Engel GL. The Clinical Application of the Biopsychosocial Model. *Am J Psychiatry*. 1980;137(5):535–544.
19. Sheridan CL, Radmacher SA. *Health psychology: Challenging the biomedical model*. Oxford: John Wiley & Sons; 1992.
20. Hewa S, Hetherington RW. Specialists without spirit: Limitations of the mechanistic biomedical model. *Theor Med*. 1995;16:129–139. Doi:10.1007/BF00998540.
21. Baczkó B. *Un Washington manqué: Napoléon Bonaparte*. Paris: Gallimard; 1998.

22. Dahrendorf R. *Homo sociologicus*. London: Routledge & K. Paul; 1964.
23. Società Italiana Anestesia Analgesia Rianimazione e Terapia Intensiva (SIAARTI). Raccomandazioni di etica clinica per l'ammissione a trattamenti intensivi e per la loro sospensione, in condizioni eccezionali di squilibrio tra necessità e risorse disponibili. [Cited 2020 Apr 20]. Available from <http://www.siaarti.it/SiteAssets/News/COVID19%20%20documenti%20SIAARTI/SIAARTI%20-%20Covid19%20-%20Raccomandazioni%20di%20etica%20clinica.pdf>;6
24. Menarini R. L'eroe di guerra. *Int J Psychoanal Educ*. 2014;6(1):3–11.
25. Szasz T, Hollender M. A contribution to the philosophy of medicine: the basic model of the doctor-patient relationship. *Arch Int Med*. 1956;97:585–592.
26. Kaba R, Sooriakumaran P. The evolution of the doctor-patient relationship. *Int J Surg*. 2007;5:57–65.
27. Brecht B. *La vita di Galileo*. Torino: Einaudi; 1961.

