LETTER

The paradox of success and public perspective: COVID-19 and the perennial problem of prevention

Early in the COVID-19 pandemic, some were speculating that, if social distancing worked, growth (spread) slowed and hospital capacity was not exceeded (all of which were purposes of imposing the restrictions), then people would start saying that precautions were unnecessary, and demand a quick return to ‘normal’.

That appears to be where we are now. The flattening of the disease curve and the reduction from the predicted number of deaths in many areas are the results of the actions taken to reduce spread. However, that does not mean that the pandemic is over, nor does it mean that it is time to eliminate the protective measures we have taken. The slowdown is evidence that the social distancing tools are working as intended. Deciding to return to normal and cease most social distancing restrictions is similar to a familiar clinical problem in which a patient stops antibiotics 2 days into a course of treatment, because the drugs are working, and the patient feels better, often with a bad outcome. Nevertheless, in the current pandemic, even some clinicians and hospital administrators are subject to this rush back to ‘normality’, perhaps in part because a ‘stay-at-home’ policy is a threat to revenue streams from elective procedures and laboratory procedures upon which clinicians and hospitals depend for economic viability.

A tendency to discontinue preventive measures that are working is a familiar problem in public health. The more successful a prevention program, the more quickly public opinion comes to trivialise the severity of the original problem, and to view prevention as unnecessary and wasteful. The anti-vaccination movement is one manifestation of this dilemma. Few American adults today remember seeing children dying of measles or pertussis, which have become exceedingly rare. People fail to see the need to vaccinate because the risk of contracting these diseases is perceived as low. However, these diseases are rare as a direct result of vaccination and the resulting herd immunity.

It is up to medical and public health professionals, including clinicians, epidemiologists, biostatisticians, infectious disease researchers, etc., to educate the public and keep them informed about what works and what doesn’t, and argue the importance of continuing to follow guidelines and recommendations. As doctors, it is our professional responsibility to try to assure that decisions to change preventive policy are driven by science and data.