

Three Health-related Paradoxes in the COVID 19 Pandemic

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Theoretical Study

Abstract

Health is enigmatic in nature, in the sense that people pay attention to it when they have lost it. This enigmatic nature of health is the context for expressing health-related paradoxes. The paradoxes of digitalization, isolation, and prevention that have become prominent in the COVID 19 pandemic are elaborated in this article. The digitalization paradox demonstrates that we have procrastinated in digitalizing daily life, but have the digital tools to communicate with others and share information in quarantine. The isolation paradox means that "social distancing" is required to prevent infection, but loneliness can make us sick. The "paradox of prevention" arises when reducing the risk of persons in medium-risk to low-risk groups has a greater impact on the overall risk in the population than only reducing the risk of persons in high-risk groups. All three paradoxes reflect the complexity and uncertainty of circumstances in a pandemic and the need for medical humanities.

Keywords: COVID 19; Health related paradox; Medical humanities; Digitalization paradox; Isolation paradox; Prevention paradox

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Introduction

According to Gadamer (1996), health is enigmatic in nature, in the sense that people pay attention to it when they have lost it. Thus, both health and disease are concepts that are tied to crisis and loss that leads to a continual crisis in medicine. Other factors such as resource constraint may also contribute to this continual crisis. The enigmatic health is the context for expressing health-related paradoxes. Some of these paradoxes become prominent in an epidemic. In this article, three of these health-related paradoxes are elaborated.

Paradox of Digitalization

On the one hand, the world, which is becoming more and more digitalized, has changed many of our traditional notions of life. Digital-age children try to enlarge the pages of a printed book with their fingers like a tablet. Before the Corona epidemic, many of them thought that the virus was related to the cyber world and was infecting more computers than humans. The Corona epidemic has restored the real-world concepts that cyberspace has seized. In other words, reality seems to be taking revenge. On the other hand, digitalization seems to be more important than ever. During the Corona period, it is becoming clear that we have procrastinated in digitalizing work, education, etc., but have the digital tools to communicate with others and share information in quarantine. It seems that in order to return to reality and revive the lost human connection, we need cyberspace, which primarily dissociated and disconnected us from reality; this is paradoxical. In order to understand the digitalization paradox completely, we need to reformulate the isolation paradox.

Paradox of Isolation

This paradox was first coined in the 1960s by Amartya Sen (Newbery, 1990). His formulation of the paradox of isolation is economical, but here we have adjusted it to the Corona pandemic as follows: “social distancing” is required to prevent infection, but loneliness can make us sick. Diego Dalgado (<https://www.healthing.ca/diseases-and-conditions/coronavirus/the-paradox-of-distancing-and-cardiovascular-disease>), a cardiologist, has used the term distancing paradox by citing studies that show an increased risk of cardiovascular disease in isolated people. In a paper on domestic violence as a consequence of homelessness, the more general term pandemic paradox (<https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.15296> is used).

Reflecting on the isolation paradox not only reminds epidemiologists to pay more attention to the socio-cultural and psychological consequences of their interventions, but also emphasizes the importance of empowering people to understand and tolerate loneliness. Winnicott (1958) considers the capacity for loneliness to be one of the most important signs of maturity in emotional instability and transformation. In an article of the same title, he attributes the capacity for loneliness to the mother-infant relationship and childhood structures. “It is probably true to say that in psycho-analytical literature more has been written on the fear of being alone or the wish to be alone than on the ability to be alone; also a considerable amount of work has been done on the withdrawn state, a defensive organization implying an expectation of persecution” (Winnicott,1958)

It is important to make a distinction between voluntary loneliness and forced loneliness, as we encountered in the Covid 19 pandemic. In the latter, an important consideration would be to seek interventions that empower individuals, allowing

them to manage their own loneliness by accepting that loneliness may accompany us through our lives, while at the same time promoting the community through which "they can manage loneliness." Loneliness management is not just about mental health, but also about many social aspects of the disease, such as fear of visiting medical centers and neglecting other diseases because of the fear of getting Covid 19 (Yanguas, Pinazo-Henandis, Tarazona-Santabalbina, 2018). In the face of forced loneliness caused by the Covid 19 pandemic, intellectualization, as a defense mechanism, reduces this genuine experience into recommendations such as enjoying loneliness or contemplation, and ignoring the consequences.

Paradox of Prevention

The "paradox of prevention", a term coined by Geoffrey Rose (1992), arises when reducing the risk of persons in medium-risk to low-risk groups has a greater impact on the overall risk in the population than only reducing the risk of persons in high-risk groups. The paradox arises from the fact that interventions on persons in these groups will typically offer little or no benefit to those individuals (or they even incur costs), despite the effect on the health of the population. In the 1940s, 600 children had to receive diphtheria vaccination to save only one child's life. In this case, of course, it was worth it, because diphtheria was eradicated. However, this is not always the case. Why should we, who are not infected, limit our lives for the sake of others?

Should I take care not to let anyone infect me with the virus, or I should take care that no one gets infected? This is not the chicken or the egg causality dilemma, but a real existential paradox. Aldrich (<https://globalresilience.northeastern.edu/daniel-aldrich-in-the-washington-post-is-social-distancing-the-wrong-term-expert-prefer-physical-distancing-and-the-who-agrees/>) has suggested that physical distancing should be used instead of social distancing. This is a really critical and relevant comment. In epidemics, we need social empathy. Words convey their meanings in crises, even though we mean something else by them. Throughout this crisis, we should not forget that "Covid 19 per se is a paradox" (https://www.researchgate.net/publication/340399215_The_Paradox_of_Covid-19).

Conflict of Interests

Authors have no conflict of interests.

References

- Gadamer, H. G. (1996). *The enigma of health: The art of healing in a scientific age*. Trans. J. Gaiger & Walker, N. (pp. 5–6, 38-39). Stanford, CA: Stanford University Press.
- Newbery, D. (1990). The isolation paradox and the discount rate for benefit-cost analysis: A comment. *Q J Econ*, 105(1), 235-238.
- Rose G. (1992). *The strategy of preventive medicine*. Oxford, UK: Oxford University Press.
- Winnicott, D. W. (1958). The capacity to be alone. *Int. J. Psychoanal.*, 39, 416–420.
- Yanguas, J., Pinazo-Henandis, S., & Tarazona-Santabalbina, F. J. (2018). The complexity of loneliness. *Acta Biomed.*, 89(2), 302-314. doi:10.23750/abm.v89i2.7404 [doi]. Retrieved from PM:29957768