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Editorial

SARS-CoV 2 Times of Change

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A few months ago, a new virus emerged in the province of Wuhan in China and spread at a pandemic dimension to reach, at the present date (third week of July 2020), more than 14 million people and killing more than 600 000 people in over 210 countries of all continents. The world has experienced other pandemics and in our collective memory remains the ghost of the Spanish flu which extended the devastation caused by the Great War in a deadlier fashion than the present situation, affecting 500 million people (1/3 of the world wide population of that time), the estimate being of at least 50 million mortal victims. In the USA alone, 650 000 deaths were recorded. To emphasize the dimension of the horrific effect of the Spanish flu, the dead in the Great War were 9 million among the military and 7 million among civilians [1,2].

In these first two decades of the twenty first century, the world has known other epidemics, namely: SARS, MERS, Ebola, swine influenza (H1N1), Avian influenza (H5N1). Such a considerable number of epidemics in such a short period of time is certainly a sign that we should rethink the human position in the global ecosystem [3]. The urgency in the control of pandemics necessarily involves the finding of cures and the development of vaccines. The greatest challenge lays in the capacity to restrain the pandemic during the absence of suitable therapeutics or efficient vaccination.

The rigorous measures of confinement imposed by the various governments led to the paralysis of the economy with grave consequences at an immediate level which are already visible and include hunger in countries classified as developed but also with consequences at an unpredictable level in the sense that it is not possible to calculate how far into the future they will reach [4].

The world, in particular the wealthy and comfortable world which is protected by social status and powerful insurance companies, that same civilized world that in few decades has reduced the mortality of cardiovascular disease and that is increasingly effective in the fight against cancer, the same world that disposes of the most sophisticated technologies and that creates powerful artificial intelligences amplifying human intelligence, possessing groundbreaking bio scientists, that world that is vertiginous, noisy and disquieted, that world of atomic bombs and lethal drones, this very world that has just been described, it is incapable of responding to the attack of a tiny organism measuring under 70 to 90 nm (one billion times smaller than one meter) and reckons that the sole efficient defense mechanism is that of social isolation [5].

Suddenly, we realize that we all are contingent and fragile after all, so that human life, often discussed with the vulgarity of ignorance, is the greatest of all gifts rather than an acquired asset or the result of a personal decision. There is the realization that human life is a sacred good of which we are not owners but administrators.

Healthcare systems, confronted with the cataclysm, have focused initially in finding ways to respond to those infected with SARS CoV-2, thus suspending the non-urgent clinical activity and reinforcing, by testing the limits of what is possible, structures at all levels, creating corridors and protected spaces. In Europe, mostly in Spain and Italy, we have witnessed an absolute collapse of health services as complete chaos settled. Campaign hospitals were installed and the care provided to the patients was not the desired one but that which was possible given the circumstances [6].

Retrospectively, we can infer that the definite sign of collapse of the health care services occurred when the beds in the intensive care units ceased to suffice. The United Kingdom and Sweden opted for a herd immunity strategy, which resulted in the United Kingdom aborting this strategy because of the high mortality rate, yet Sweden maintained the strategy and perhaps that's why it is the European country with greatest mortality per million of inhabitants. Despite there being more than 200 laboratories actively searching for a vaccine, it is an optimistic view to believe that mass vaccination will be ongoing in the early months of next year [7,8].

Therapeutic strategies have even been revised. For example, the use of hydroxyclorochine was abandoned because apparently it incremented mortality rates. Remdesivir, presented as a new therapeutic option, was only superior to the placebo in

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shortening the time of recovery in adults hospitalized with Covid-19 and evidence of lower respiratory tract infection. We have now some new protocols with dexamethasone, but truth is that the therapeutics we propose to patients is those of vital functions support and waiting for clinical stabilization. It is well known that the presence of many associated pathologies and of "frailty" are factors associated to a worse prognosis [9,10].

It is in this context that bioethics reflection becomes crucial, comparable to the guiding compass until we reach the end of the pandemic. We certainly have to endure several months until then. It is likely that in fall we will witness a novel increase in the number of infections but surely it will be less catastrophic than when the pandemic began because the element of surprise is no longer a factor and there has been time to program and reorganize the care capacity. The political decisions will only be legitimate if the ethical principles are respected and well established in times of pandemic. Firstly, there is the principle of necessity. Secondly, there is the principle of precaution which aims to ensure that there will not be unnecessary risks for public health. Thirdly, we have the principle of proportionality in the sense that legislative excesses are to be avoided. Fourthly, the principle of transparency according to which all the measures must be accompanied by clear and effective communication. The fifth principle is that of solidarity which aims to ensure cooperation between all social actors so that there is the protection of those who are most vulnerable. The last principle is that of subsidiarity [11].

The citizens also have the duty to comply with the recommendations from the health care authorities to minimize contagion risks. I have been a medical doctor for 30 years and this pandemic has strengthened in me the conscious acknowledgement of the privilege it is to be in a profession enabling the aid of others. Many people from other professions have been reaching out to me because they want to collaborate and to somehow contribute to the betterment of these hard times we face. It is my hope that the reinforcement of solidarity, humanism and the respect for the environment will be our heritage from the pandemic once it finds closure.

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