

## EDITORIAL



## The COVID-19 Black Swan: Critical New Normals

“*Rara avis in terris nigroque simillima cygno*” - Juvenalis  
 (“A rare bird in the lands and very much like a black swan”)

Schuklenk writes of the fetishization of lean operations and efficiency in hospitals, and how the emphasis on profits exposes the healthcare worker to disease.<sup>[1]</sup> It is indeed true for healthcare systems that have refused to learn from Ebola, Nipah, MERS-CoV, and even MDR tuberculosis.<sup>[2-5]</sup>

Hundreds of healthcare workers have succumbed to the virus, against an unintentionally ironic background of citizens and policy makers standing on their balconies and rooftops to applaud their dedication to service. Sadly, many of those dying while caring for their patients have been denied the dignity of a farewell in death. Indeed, many of them have faced contempt, and at times even violence, from within their communities, carrying as they do, the stigma of being spreaders of disease.<sup>[6,7]</sup>

Despite this, healthcare workers are fighting the disease amidst heightened risks, to honor the Hippocratic Oath they have sworn. Even when they are without adequate PPE, even where there is little hope, and even when, ever so often, they have little agency.

Healthcare facilities are the epicenter, but the outside is in ferment too. COVID-19 lexicon evolves: social distancing, isolation, hotspots, containment zones, migrant crises, and super spreaders. The chasm that splits our social structure is getting more apparent, if not wider: Healthcare access, overcrowding, loss of jobs, and livelihood – these will impact the most vulnerable hardest.

Nothing in living memory epitomizes a black swan event more than COVID-19.<sup>[8]</sup> It has caught both modern medicine and governments across the globe unawares.

We knew something like this could happen, but we didn't act adequately to prepare for it. Yes, hindsight is always 20/20, and the enormity of what we are undergoing will make for many epidemiological, financial, and social case studies. Hopefully, our generation, and those after us, will learn the most valuable lesson: That the limitations to decision making in healthcare policy can no longer be considered epistemological. They are moral.

It is time to identify and acknowledge those most vulnerable, and realize that vulnerability is often created, or reinforced by

policy.<sup>[9]</sup> It is also time to radically change fiscal paradigms that prioritize all else but health, and to build a global ecosystem less fragile.

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### References

1. Schuklenk U. Health care professionals are under no ethical obligation to treat COVID-19 patients. Available from: <https://www.blogs.bmj.com/medical-ethics/2020>. [Last accessed on 2020 May 07].
2. Castillo-Chavez C, Curtiss R, Daszak P, Levin SA, Patterson-Lomba O, Perrings C, *et al*. Beyond ebola: Lessons to mitigate future pandemics. *Lancet Glob Health* 2015;3:e354-5.
3. Monto AS, Fukuda K. Lessons from influenza pandemics of the last 100 years. *Clin Infect Dis* 2020;70:951-7.
4. Addis A. COVID-19: We knew everything but we didn't understand anything. *Recent Prog Med* 2020;111:181-2.
5. Diel R, Nienhaus A, Witte P, Ziegler R. Protection of healthcare workers against transmission of *Mycobacterium tuberculosis* in hospitals: A review of the evidence. *ERJ Open Res* 2020;6:00317-2019.
6. Davidson PM, Padula WV, Daly J, Jackson D. Moral outrage in COVID19-understandable but not a strategy. *J Clin Nurs* 2020;2020.
7. COVID-19: Indian government vows to protect healthcare workers from violence amid rising cases. *BMJ* 2020;369:m1631.
8. Taleb NN. *The Black Swan*. 1<sup>st</sup> ed. New York: Penguin Random House; 2007.
9. Ahmad A, Chung R, Eckenwiler L, Ganguli AM, Hunt M, Richards R, *et al*. What does it mean to be made vulnerable in the era of COVID-19? *Lancet* 2020;395:S0140-6736.

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