

## EDITORIAL



## The COVID-19 Black Swan

“*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.

Health-care 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: Health-care 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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