EDITORIAL

Message from a mundane virus to a *mundus homanis*

Mensaje de un virus mundano a un mundo humano

Òscar Miró

–Do you believe this virus was sent to us? -someone asked me a few days ago.

–I don't think so - was my answer.

–I'm sorry, I meant if you think we should take this virus as a sign.

–N... –Wait a minute! The message may be there but it needs to be heard or rather thought about.

Now, a few weeks after the conversation, I am convinced that such a message exists, with an undisputed sender: the very essence of life. A multi-faceted message, in my opinion, which reminds us of several fundamental concepts that I have decided to include in this editorial.

The first is that we, as humans, are passing through Earth, in the Universe. Life itself is. We cannot ignore this. Although the efforts of perpetuation are enormous, there has not been a living being that has achieved this. At least as far as we, who know everything, know. And this time of confinement should rediscover this reality for us. The settlement of our current society corners in our conscience the fact that the development of strategies to survive and reproduce is the most central and generalized concept in animal biology[1]. And now, suddenly, we have felt threatened.

Secondly, the human species, although it has made progress, still has aspects that weaken it and that are possibly incorrigible. The individualistic essence, fruit of its cognitive capacity, is inalienable. This individualistic essence manifests itself in attitudes of its own or in collectivity, which go beyond the capacity to share. The hoarding in a personal or collective capacity to the detriment of other people or collectives different from us or from our own that we have observed during these weeks leaves this other message also clear. A society that strives to teach and show the virtues of sharing and that does not share when it comes to applying them. The constituent states of the European Union would be an example, not the only one, of this manifest weakness.

And thirdly, one of the universal attitudes of the human being is his inclination to care for his neighbour, for the weakest elements among his fellow men. This, far from weakening us, makes us stronger. It made us, thousands of years ago, more advanced hominids with evolutionary advantages over other hominid families[1]. And one of the aspects in which this care is most evident is in relation to the health of the most needy individuals. In fact, it is believed that caring for the health of our fellow humans has, for years, allowed us to put limits on the spread of diseases as the expansion and increase in social complexity of our species took place, since social development itself was an advantage for such transmission2. Without care, we would not have evolved and probably would not have survived. And so, in line with our ephemeral essence, our fear of it, our need for self-care and our ability to care for others, the medical and nursing professions first emerged, organized in the form of welfare centres, hospices and hospitals later, and the current health systems ultimately.

And into this very human world, a worldly virus is now coming with a desire to take everything away from us. It threatens us with two weapons that are not unknown to us: it spreads well among us, and it has a significant lethality. And these, seasoned with our intrinsic individual and collective peculiarities mentioned above, seem to have the capacity to overturn everything that has been achieved so far. Essentially, it threatens our security to have our health protected and puts in check our economic well-being, where the latter has been achieved. However, we have been through this on previous occasions: it is worth remembering the plague epidemics of the Middle Ages or the 1918 flu[3-6]. And we managed to survive them by essentially taking care of each other, as the advanced hominids that we are.

As for the virus's first weapon to cause terror, its high transmissibility, here the fight is against the virus and epidemiologists have led the response. Unfortunately, the ability to contain the strain has been largely surpassed, and the subsequent mitigation phase has been slow but seems to have been achieved initially. In this struggle, the means that society provides to the experts, from the hands of their corresponding politicians and administrators, are fundamental. And given the characteristic of a pandemic, with common needs in all parts of the planet, the lack of resources has been more the rule than the exception until now. Nor does the lack of scientific data on which to base expert re-

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commendations that should underpin policy decisions help. The existence of clinical trials, to which we are so accustomed in medicine and which have enabled us to make so much progress in recent decades, are simply non-existent. This must therefore be replaced by inductive thinking, which is more easily subject to interpretative errors and intentional interpretation[7].

The second characteristic of the virus is high mortality, and although it is more focused on older people with previous debilitating diseases, it is also capable of killing young and completely healthy individuals. There is therefore a widespread fear that we may all be potential victims of this virus. Here, the fight is against the disease. This is a more familiar scenario for clinicians in general, and for us EPs in particular. The hospital and community deployment carried out by the health systems is unprecedented. Community and high-tech hospitals have been transformed, in a few days, into monographic hospitals, and other facilities not designed for this purpose, into hospitals. The participation of the private care system, integrated and complementing the public system, has been remarkable in many settings. With a few specific exceptions, the most scarce asset in public health systems has never been lacking in normal circumstances: hospital beds. Nor has professional coverage seemed, at any time, to be a limiting factor in this struggle, since it has remained constant and even increased in certain environments with multiple initiatives. The burnout, so prevalent today and in our working environments[8], has given way to attendance[9] and voluntarism. The means, especially those of self-protection, without having limited the assistance, have contributed to the expansion of the infection in some environments because of their scarcity (read residences of older people)[10,11]. And the much-feared lack of intensive care beds and ventilators has not happened in the end, thanks to a mixture of recruitment of different spaces and equipment, ingenious improvised solutions and limitation of therapeutic effort.

At the very level of medical emergency systems, their actions have increased in line with needs and their functions have multiplied when required. From the emergency coordination centres to their advanced life support units, all of them have shown, if they had not already done so, that they constitute an essential service in our society. Emergency care in health centres has been fundamental in containing consultation to the emergency services of the most minor patients in favour of the more serious ones. Finally, hospital emergency departments have been exceptional witnesses of this whole process, receiving practically monographic hundreds of patients per day infected by the virus that exhibited the full clinical range of this disease. It has been unheard of to see other reasons for consultation practically disappear, to limit family accompaniment to patients until their disappearance or to occupy places until now prohibited for clinical practice. In this context, many emergency professionals have moved to other levels of care as a result of the need or expansion of these emergency services. Similarly, colleagues whose field of care is not emergency medicine came to support us during those endless days. Now that the onslaught of this initial wave of consultations to the emergency departments seems to be receding, it is time to thank all those who have been part of the emergency response for their immeasurable contribution.

In the midst of all this, much uncertainty. The avalanche of proposals and theories generated from the most diverse fields has been striking. Faced with this situation of need for answers, some of the most sacred mechanisms of medical knowledge, those that are most carefully preserved such as the scientific method or scientific publication, have given way to contributions that, despite their good intentions or foundations, have in many cases proved to be wrong. But the necessity and urgency of the moment makes it all possible. We could reflect on the reasons behind the doubts generated by the initial epidemiological data of this pandemic due to the fact that it came from China, and instead the confidence shown by the first clinical data that were reaching us from that very country. Or about the express trials launched in our settings, which are far from the usual requirements and expectations of researchers and publishers in many respects (committee approval, required sample sizes, slow discussion of results, in-depth external review, publication)[12-15]. Works that disprove in weeks theories built in weeks. In the end, there has been little real time certainty about the final benefit achieved by the treatments administered to our patients, at least until now[16].

We will survive this new threat to the species, and perhaps this virus will make us more sapiens. In any case, if the hours of confinement have served to reflect on any of the issues raised above, we will have emerged strengthened, at least personally. Outside our confinement, life has continued in exactly the same way, and spring has, as always, brought myriads of insects, flowers to the cherry trees and nests to their branches. All immune and indifferent to a virus that only frightened humans. But we will get by, as we have done ancestrally, as long as we keep looking after each other.

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