

Redefining Self-Interest – The US Response to COVID-19

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Do you know what he was doing right up until he was intubated?” asks my patient’s nurse. “No, what?” I reply tiredly. It is the early morning hours in the Coronavirus 2019 (COVID-19) Intensive Care Unit, and I have been on service nearly continuously since the advent of the pandemic. “He was watching the news and laughing about how this whole thing is just political scare tactics.” I look at my patient, now many days on a ventilator and doing poorly, with some mixture of fatigue, regret, and wordless awe.

In the months following the spread of COVID-19 across the United States, efforts to prevent transmission of the virus have been met by public outcry at perceived violations of personal rights, as well as doubt that the pandemic is even cause for concern. This response has prompted many to apply the label of “selfish” to those who do not comply with safety restrictions as the nation faces a rising number of infected and dead, along with challenges such as unemployment, bankruptcy, and growing social discontent.¹

Perhaps the best argument for embracing measures to halt the spread of COVID-19 lies not in discouraging selfishness, but in convincing individuals that it is in their self-interest to protect their community, by which they will

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ultimately benefit themselves. By redefining self-interest, we hope to encourage voluntary participation in safe practices, despite the hardships inherent to implementing such practices.

Self-interest (n) 1: regard for one’s per-

sonal interest or advantage, especially when pursued without regard for others; notably, this philosophy may be self-sabotaging, even counterproductive in the context of a global pandemic.

Not for the first time, the United States faces a pandemic, though it is the first time for most living today.² Barriers to adopting safe practices are similar to those we have witnessed previously, with some notable exceptions; denial is not a new phenomenon, but the technology age has made it ever easier.

For many of us, the nature of social media has become a social reality, allowing for any individual to unsubscribe from anyone with whom they disagree, effectively allowing them to excise the uncomfortable from their world. This “unfollow” culture has led to a widespread distrust of experts, rejection of critical thinking and suspicion of verifiable evidence as linked to conspiracy.

In cities across the United States, often mask-

less crowds gather in protest of perceived societal neglect of their interests, which has been further exacerbated by the strain of pandemic.³ In a situation in which many feel powerless, they have elected to exercise their individual

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rights, freedom of assembly, their self-interest. Tragically, they may expose themselves, their families, and their communities to risk.

Slogans that have appeared in protest, “give me liberty or give me death,” “don’t smother my children,” “COVID is a hoax,” reflect growing fatigue with what some perceive as an infringement on their rights rather than necessary precautions for the benefit of all of us. Such signage denouncing COVID-19 as a conspiracy denies its cost to both life and economy, which ultimately reveals a lack of appreciation of the gravity of what we are each facing. This phenomenon was witnessed during the H1N1 outbreak in 2009: mask usage was linked less to education level or demographics than to the degree to which the individual perceived the illness as threatening.⁴

Mixed messaging from leadership has undoubtedly contributed to an underappreciation of the severity of this pandemic. The problem is multifactorial. Masks were initially discouraged as useless in the face of a scarcity of

personal protective equipment. Then quarantine orders were inconsistently put in place and sporadically enforced. Once activity restrictions were lifted, universal mask usage was recommended and even mandated in many states in light of an evolving scientific and social understanding of their utility, frequently to be met by public backlash.²

Emerging data now consistently suggest that masks and social distancing efforts decrease disease transmission and provide protection both to the wearer and their social circle.⁵ An evolving understanding of the effects of COVID-19 and effective ways to decrease transmission demand a change in public behavior, which is in each of our best interests.

Self-interest (n) 2: regard for the interests of the group to which one belongs, which ultimately serves one's personal interest; aka enlightened self-interest.

While wearing a mask has the benefit of protecting the wearer from infection, its greater utility is likely in preventing spread to others, assuming that the wearer is an asymptomatic carrier or presymptomatic. Social distancing is often inconvenient and can be costly, but, according to predictions, will decrease the cost of this pandemic in lives and inevitable effects on the economy.¹ Such measures benefit the group, which in turn benefits the individual. Radical, broadly adopted measures to halt the spread will likely result in earlier safe reopening of businesses and social gatherings and will serve to get us all back to the pursuit of life, liberty, and personal happiness.

Those who ignore basic precautions in the name of protecting their rights practice a form of self-interest that is more like self-destruction, in contrast to the enlightened self-interest of those who intentionally practice mask wearing and social distancing. Regrettably, the consequences of such actions rarely stay contained within the household.

In the battle against misinformation, well-meaning health leaders have inadvertently left out a powerful tool in their rhetorical arsenal—the concept of enlightened self-interest. The argument that it is selfish not to wear a mask ignores the fact that it is in one's own self-interest to wear a mask. Personal efforts to stem the effects of this pandemic are both inherently selfish in the enlightened sense, as

well as the responsibility of individuals who are their own health agents and advocates for their community.

An expression frequently used in favor of social responsibility goes, “I don't know how to explain to you that you should care about other people.” Perhaps what we need is to reframe the argument – “I don't know how to explain to you that you should care about yourself.”

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Focus on Team-Based Care

continued from page 147

The article by Hartkopf et al reports findings from a survey looking at satisfaction of health care teams with the work of the clinical pharmacist.⁷ The majority of clinicians were happy for the input of clinical pharmacists, especially when they were able to manage chronic diseases. MacKinnon et al looked at attitudes of pharmacists and other clinicians on administration of vaccines by pharmacists.⁸ Most participants saw this in a favorable light, but the ability of pharmacists to provide vaccines was often limited by insurance coverage (shared outcomes, communication, trust).

If we consider the orchestra metaphor, we can imagine each individual member of the care team—from the clinician to the nurse to the clinical pharmacist to the patient navigator—all working together to perform as a health care orchestra. Each orchestra member plays their own instrument, contributing to the overall arrangement of the piece. Similarly, each health care team works in harmony to comprise a healthy team environment that will improve patient care.

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