



# The Pandemic of Panic

In 2003, I started working as a GP in Tamworth when SARS appeared. It affected mainly China, Hong Kong and Taiwan. Life in Tamworth went on as usual.

I think hand sanitizer became popular after SARS.

In 2009, H1N1 (swine flu) hit the world hard, I was working as a solo GP then. The Australian government distributed loads of Tamiflu (I think about half of it eventually ended up in the rubbish tip as it expired). We were told not to swab, just treat on suspicion, because the pathology services could not handle all the swab requests. I got the flu from one of the patients. I had never been so sick before, with rigors and extreme lethargy; but I was still seeing patients. I do not remember if I wore a mask back in 2009. Many people were infected, but there was no panic buying and no quarantine in place. Life was relatively normal.

## Why do we have panic buying with COVID-19 now? Why do we fear COVID-19 so much?

I can think of four reasons:

1. We know too far in advance and believe that worse is to come.
2. We are relationally isolated, and there is fear of missing out (FOMO).
3. We hear reports of extreme measures taken by other governments, such as the Chinese and Italian governments.
4. We have perpetual access to news, updates and stories via social media.

As we witness what has been happening in China and other northern hemisphere countries, we know that the virus is likely to hit us hard during our winter months. Fear becomes unbearable when we are given time to wait for our turn to suffer.

People begin to do irrational things to cope with their fear. Anyone who believes that he/she only has this worldly life to live, will do anything to avoid discomfort, suffering and death.

We live in a society in which everyone lives for themselves. Many may think that if one runs out of toilet paper, one cannot expect anyone to help. This is because for many, only superficial relationships exist, and such relationships are only for having fun together. In times of adversity, we may discover that we have no true friends. We therefore feel the need to stock up for ourselves as much as possible. Even if we do not think of stocking up initially, when we see others doing so, we do not want to miss out. I asked a student today why she bought so much toilet paper. She said when she saw other customers buying loads of toilet paper, she just had the urge to also get some for herself. Adversity like COVID-19 reveals the shaky foundation upon which we build our life philosophy and our society.

*“Fear becomes unbearable when we are given time to wait for our turn to suffer.”*

A lot of overseas Chinese have connections to the twenty million Hubei residents who have been locked inside their housing units for the past six weeks. (Some report sixty million people, but I think only twenty million or so were under the strictest of quarantine.) I was in the area one year ago conducting a wedding

for a couple who were PhD students in Australia. It was very cold there in winter. I got to know the couple's families who have all been under quarantine. They are not allowed to get out of their houses at all. People rely on home deliveries for their survival. There are reports of many elderly individuals dying of hypothermia, starvation and lack of medical care. Overseas Chinese and other people who hear the horrible side effects of quarantine are therefore motivated by fear to stock up.

**“Social media has evolved to become a catalyst for the spread of rumors and sensationalism.”**

Social media provides the ideal interactive platform, especially in times of epidemics. Originally intended for instant connections, updates and news, social media has evolved to become a catalyst for the spread of rumors and sensationalism. An uploaded recording of panic buying in your nearby suburb or city, and the fear of missing out kicks in. The result? Masses heading to the local supermarkets to join the panic buying movement.

### **How then should we live as Christians and Doctors in a pandemic?**

I would go to 1 Corinthians 17:7 & 29-31 for instructions.

*Only let each person lead the life that the Lord has assigned to him, and to which God has called him. This is my rule in all the churches.*

*This is what I mean, brothers: the appointed time has grown very short. From now on, let those who have wives live as though they had none, and those who mourn as though they were not mourning, and those who rejoice as though they were not rejoicing, and those who buy as though they had no goods, and those who deal with the world as though they had no dealings with it. For the present form of this world is passing away.*



If we are called as Christians, then live as Christians – loving God and loving others; taking up the cross daily and following Christ; being one with other believers; and caring for the needy.

If we are called as doctors, then live as doctors – caring for the sick; trying to minimize suffering; comforting the despondent; and teaching the ignorant.

**“When we have only this life to live, when we only have oneself to live for, it is natural to panic when this life is being threatened.”**

When COVID-19 spreads in our communities, and many people become sick, two facts constrain me to act as a Christian doctor. God's love that has been poured into my heart, and a doctor's duty that I have committed myself to in my heart. I may not be able to walk into harm's way calmly (though I hope I would), but I would walk into it because of God's love and God's calling. I will keep reminding myself that on the Cross, Death has lost its sting. I will keep praying that Philipians 1:21 would become a reality: *“For to me to live is Christ, and to die is gain.”*

Baruch, the scribe of Jeremiah, was affected by fear and great anxiety after

he recorded all the calamities that were coming to his nation. He said, *“Woe is me! For the LORD has added sorrow to my pain. I am weary with my groaning, and I find no rest.”* (Jeremiah 45:3-4) The LORD told Baruch not to seek great things for himself, but to see things from God's point of view. When we focus on ourselves, we interpret everything for the benefit of our own happiness and comfort. God says there are much greater purposes for things that are happening around us. When our vision is limited to our own comfort and happiness, we miss seeing the glory of God.

1 Corinthians 7:30b says, *“... and those who buy as though they had no goods.”* It is not saying that we should buy up all the toilet paper because soon there will be no more stock available. Reading the whole passage from 1 Corinthians 7:29-31, it is clear that the Bible does not suggest that we should live as if our own comfort and happiness are our primary aims. To put it another way, it is saying that the present form of this world is passing away, we should therefore, avoid following the ways of this world.

When we have only this life to live, when we only have oneself to live for, it is natural to panic when this life is being threatened. If we do not panic, we must either be fools, or we have the blessed assurance of the hope of glory.

*“To them (the saints) God chose to make known how great among the Gentiles are the riches of the glory of this mystery, which is Christ in you, the hope of glory.”* (Colossians 1:27).



# Calm and Compassion amidst the Coronavirus Pandemic

**In December 2019 the first cases of a severe respiratory illness affecting people in Wuhan, China emerged. The cause of the illness was unknown.**

A Chinese ophthalmologist of the Wuhan Central Hospital, Li Wenliang was astute enough to make the link between the cases and the live animal market in Wuhan. Out of concern for his colleagues, Dr Li warned them via social media. His comments raised the attention of the local police who issued a warning, *“According to the law, this letter serves as a warning and a reprimand over you illegally spreading untruthful information online,”* the interpretation of the letter reads. *“Your action has severely disrupted the order of society.”* This style of response from the authorities is commonly seen in totalitarian regimes where fear of social disorder often outweighs fear of the real crisis. Under a repressive regime, the local officials delegated with the responsibility of controlling all aspects of residents’ daily living, are fearful that they will be held accountable for any potential loss of control or disorder. Thus, local officials react by keeping quiet and work at containing any problems locally.

Despite initial actions of concealment and containment, the Wuhan disease outbreak was a disaster that could not be concealed, either from Beijing or the

rest of the world. The fear and hysteria of an unknown infectious agent, a modern plague, dispersed swiftly among Wuhan residents and beyond. In the end, the Chinese government took over the management of the evolving situation, contained the disease and shared information about this outbreak with the wider world, with more transparency than they have displayed in the past.

Dr Li was rehabilitated as a hero, only to die caring for the sick, a few weeks later. The local officials’ fear of repercussions became a reality, with Beijing dismissing most of the local senior officials in Wuhan.

We face this new infectious challenge in 2020, armed with the powerful understanding of modern science and medicine. Yet, the old fears of pandemic and plague can exert a powerful effect on the human psyche. The current coronavirus disease (COVID-19), caused by severe acute respiratory syndrome coronavirus

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2 (SARS-CoV-2), has spread to infect too many people to disappear. Our efforts to quarantine have slowed its spread, but it is likely to circulate and infect many more people across the world. It will cause suffering and economic disruption. To defeat this challenge, humanity will employ public health measures to contain the disease. The ill will need to be supported by our medical services and with time, effective treatment or a vaccine will likely become available. As we progress, we must not forget those in the developing world where medical systems are not as advanced, and few individuals are able to afford treatment.

Humanity is on a journey and how we respond to this challenge will be important. We should remember and learn from our past experiences. Calm and compassion should guide our responses and prioritized along with medical technology.

The current outbreak of the virus is very much in the news at the moment. As I write the numbers of cases in Australia are steadily rising. The news is full of medical jargon. An explanation of some of these terms may be helpful:

- An epidemic refers to an increase, in the number of cases of a disease above what is normally expected,

this may be sudden and can occur in a known disease, such as influenza.

- An *outbreak* is essentially the same as an epidemic, but the term is often used if the disease occurs in a limited geographic area.
- A *pandemic* refers to an epidemic that has spread over several countries or continents, affecting a large number of people.<sup>1</sup>
- The *case fatality rate* is calculated by dividing the number of deaths from a specified disease over a defined period of time by the number of individuals diagnosed with the disease during that time; the resulting ratio is then multiplied by 100 to give a percentage. The case fatality (CFR), reflects the severity of the disease.<sup>2</sup> For example; a population has 1,000 people; 60 people have the disease and 40 die. The mortality rate is  $40 \div 1,000 = 0.04$ , or 4 percent; the case fatality rate, however, is  $40 \div 60 = 0.67$ , or 67% percent.

Disease epidemics give rise to a primeval fear. This is certainly a theme reflected in the Bible where people in ancient times were seemingly at the mercy of the natural world and they feared the consequences of these events; *“There will be mighty and violent earthquakes, and in various places famines and pestilences”* Luke 21:11. Or they represented a direct punishment from God; *“... this time I will send the full force of my plagues against you and against your officials and your people, so you may know that there is no one like me in all the earth”*. Exodus 9:14.

These views would have been foremost in the minds of people living in Europe when the bubonic plague emerged from 1347 to 1351. This was not the first visitation of the plague to Europe, but it was the event that resulted in the most deaths, with an estimated 25% of Europe’s population dying during this time. The very name; “Black death” or “La Moria Grandissima (the great mortality)”, has connotations of fear and finality. The disease, caused by the organism *Yersinia pestis*, was carried by fleas on the bodies of black rats to Europe from Central Asia.

Over the 5 years of the first wave of infections, 25 million people were thought to have died. Europe, having just emerged from the chaos of the middle ages,



was undergoing rapid development of cities that were overcrowded with poor sanitation, Additionally, the population was afflicted by recent famine and wars. All these led to an extremely high susceptibility to the infectious disease. It was estimated that 60-80% of the population died. Over time, *Yersinia pestis* acquired enhanced transmissibility, and pathogenicity. It spread through direct contact with the infected, but also by aerosol in the pneumonic form, that was especially deadly, with an 80% CFR. Society was overwhelmed. The scale of death was beyond the ability of any government to cope. Eyewitnesses such as Italian, Agnolo di Tura wrote; *“... in many places in Siena great pits were dug and piled deep with the multitude of dead”* and *“I [...] buried my five children with my own hands.”*<sup>3</sup>

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They hinted at the severe fear that gripped Europeans at the time<sup>3</sup>: aerosol spread and a frighteningly rapid onset of symptoms, and then death. Chroniclers of the time reported a society gripped by fear and on the verge of collapse. Jean le Bel reports, *“one did not dare help or visit the sick, nor could anyone find a priest*

*who would agree to hear confession.”*<sup>3</sup> According to the Scot John of Fordun, *“because of fear of contagion, sons fled their parents on their death beds and visa versa.”*<sup>3</sup>

Society however, did not collapse and despite what must have been an overwhelming calamity, the initial surge of fear seemed to abate. A more humane and compassionate voice began to be expressed. Matteo Villani of Florence was disgusted by what he saw, *“many were abandoned, and a vast number died that could have survived... mothers abandoned children and children their fathers and mothers... this cruelty was the habit of barbarians.”*<sup>3</sup> However, after his initial shock, not armed with modern medicine or even an understanding of the disease, Matteo reports a return of rationale thought, compassion and a desire to help others; *“Florentines saw that some could recover, they began nursing the plague-stricken.”*<sup>3</sup>

Later accounts of plague revisitations are not characterised by stories of abandonment. There is still fear and desperation, but perhaps a greater awareness that to survive, more was to be gained by assisting the suffering and maintaining society.

There were also stories of astounding courage and self sacrifice, none greater than that of the village of Eyam in England.<sup>3</sup> In September 1665, a cloth merchant from London inadvertently brought the plague to the village, dying soon after. It was not long before the villagers started to be infected. As the plague swept through the village people prepared to flee. They were persuaded not to by their pastor, William Mompesson. He wanted to prevent the plague spreading to nearby towns and incredibly persuaded his parishioners to adopt a self-imposed quarantine. The local earl agreed to provide the villagers with food. For the next several months, the quarantine held. It was thought that 260 out of some 360 people in the village died. Whole families were wiped out. The pastor’s own wife also died. Yet for all that time no one broke the quarantine. This one village’s self-sacrifice almost certainly prevented the spread of the plague to nearby towns.

Another ugly side of previous pandemics have been the development of hysteria

and fear, and the expression of these by attributing disasters to a scapegoat(s). Such an example is the massacre of the Jewish population of Strasbourg.<sup>4</sup> Reports were that peasants and merchants in the city were driven by fear and spread stories that the plague was the result of the Jews poisoning the water supply. Hundreds of the local Jewish population (men, women and children) were herded together on to an island in the middle of the river, locked in a warehouse and then the warehouse was set on fire with those inside perishing. While this event was reported to have occurred as the result of mob hysteria, evidence suggested that more sinister motives may have been at work. It seemed that the local bishop and surrounding landowners instigated the mob and, following, the massacre. They benefited from the remission of considerable debts owed by these so-called nobles to the Jews; with the Holy Roman Emperor confirming the remissions as well as distributing the property of those murdered to the same instigators, who attributed the blame to the townsmen.<sup>4</sup> The motives here are more likely to have been greed exploiting the fear engendered by the plague.

While these experiences have occurred in the distant past, many of our current public health practices evolved from these times. Quarantine comes from the Italian *quaranta*, meaning forty, representing the number of days people and animals had to be separated if they had come in contact with a contagion. Quarantine remains an important public health strategy to contain and prevent the spread of an infectious disease. Or at least, slow the transmission. As a measure, it has its limitations and is open to abuse by authorities, and the creation of xenophobia.

A more modern epidemic was that of the 1918-19 “Spanish Flu”. This was caused by a new strain of influenza virus infecting humans. Several countries, including Australia, placed a quarantine on ships from Europe. At the time, quarantine was unpopular, because it delayed the return of many soldiers from World War I. However, it did slow down the “second-wave” of influenza reaching Australia, although it did not prevent it.<sup>5</sup> Closures of public events and schools in cities during the 1918-19 influenza pandemic was effective in delaying the spread of the virus and limiting mortality in those cities

that acted quickly as opposed to those that delayed measures.<sup>5</sup>

In these instances, just as was the case during the 2009 influenza pandemic, quarantine did not prevent the spread of an infection that had successfully established itself in human hosts and in whom individuals could be asymptomatic.

Quarantine has been applied with varying success in the current COVID-19 pandemic. The efforts put in place by the Chinese authorities once the problem was appreciated, were both fast and effective. Most western commentators’ viewed President Xi Jinping’s rule as authoritarian if not brutal in its repression of dissent. However, it is hard to argue against the fact that this enhanced authority has enabled him to put in place draconian, disease containment measures that has led to the lockdown of entire cities of millions of people in Hubei province. These efforts have led to the containment of COVID-19 in China and have bought us all extra time. It led Bruce Aylward, who co-lead the WHO-China Joint Mission on COVID-19 to say that China’s efforts are “*probably the most ambitious, and I would say, agile and aggressive disease containment effort in history*”.<sup>6</sup>

Quarantine can also lead to xenophobia, another primal fear of the unknown and the threat from others. This was the case with SARS in 2003 against people of Chinese descent, and even against Africans in 2014 with Ebola. In Australia there have been instances of individuals with Asian appearances being targeted. A Korean student was asked to leave a private school dormitory in Sydney for fear of infection, though she was not and had not been to China. Another student in Perth was evicted from her accommodation as she was of Asian appearance. Across Australia in January and February, there were reports of people avoiding businesses operated by Chinese.

Xenophobic views can easily be espoused on social media. Unfortunately, the reality is, the regular media can be just as guilty. On 26 January 2020, two of Australia’s highest circulating newspapers published provocative headlines. Melbourne’s *Herald Sun*’s headline read, “Chinese virus pandemonium”, a play on “pandemonium” alluding to China’s pandas; while Sydney’s *Daily Telegraph*’s headline read, “China kids stay home”.

These ill-conceived banners appeal to the lowest common denominator of society’s fears and are potentially very dangerous. Fortunately, and to the credit of Australians these headlines led to a petition with over 51,000 signatures demanding an apology from both papers.

The World Health Organisation declared the outbreak a Public Health Emergency of International Concern on 30 January 2020. The reality of the COVID-19 pandemic is sobering, but ignoring the threat will not solve the problem, and will only worsen people’s fears. The Chinese Centre for Disease Control has published the results of 72,314 cases.<sup>7</sup> In 81%, the cases were mild. Another 14% were severe, requiring hospitalisation, and 5% critical. The overall case fatality rate was 2.3%, but in critical cases this was much higher at 49%. No deaths occurred in children under 10 years of age, but the CFR was higher in the elderly (70-79yo, 8%; 80+yo, 15%). The CFR was also higher in those with chronic diseases such as cardiac disease, diabetes, chronic lung disease and cancer.

Health care workers accounted for 3.8% of overall cases in China, but it was much higher in Wuhan. Of concern is that the disease appears to be more severe in health care workers, with 14.8% (247/1668) having severe or critical presentations.<sup>6</sup> Despite such large numbers there is still confusion about how dangerous COVID-19 is. In Wuhan the CFR was 5.8%, but in the rest of China it was much lower at 0.7%, suggesting that during the early outbreak medical services were overwhelmed and this contributed to the higher mortality.

Similarly, on the outbreak on the *Diamond Princess* cruise ship, with a population skewed to the more elderly and so potentially at heightened risk, there were 707 people infected and 6 died; a CFR of 0.8%. At this stage the CFR of COVID-19 is unclear, but it is certain that COVID-19 is a serious concern compared to other pathogens that have caused pandemics (Table 1).

**Table 1: Case fatality rate of pathogens**

Pathogen	Case fatality rate
COVID-19	0.7 to 2.6%
SARS-COV	10%
Seasonal influenza	0.1%
Pandemic Influenza 1918-19	2%

In a recent perspective written for the *New England Journal of Medicine*, Bill Gates, of Microsoft fame, but now a passionate advocate for several causes, including pandemic planning, calmly outlines his concerns for COVID-19.<sup>8</sup> He states it could be a once in a century pathogen as the CFR is relatively high, and it can kill otherwise healthy adults. It is efficiently transmitted, with one person spreading it to 2-3 others and it can be transmitted by people with mild disease or who are asymptomatic, that will make it difficult to contain. Bill Gates positively reminds us that while governments need to work to contain the virus through public health measures and provide funding for research to better understand the virus, as well as to develop a vaccine or treatment. Efforts should also be made to assist our neighbours who may have greater need, especially those in the developing world; to work towards efforts to better prepare for future epidemics and by sharing data and resources. When solutions such as antivirals or vaccines become available, these cannot be sold to the highest bidder, or only be made available to those who can afford them.<sup>8</sup>

We do not yet know how seriously COVID-19 will impact upon the world. It

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has the potential to be the cause of much suffering and widespread disruptions. This can easily give rise to feelings of fear, and this fear can only too easily be exploited. We must approach this problem calmly and rationally. We have a greater understanding now of science and far greater resources than our forebears who suffered from previous epidemics. It is important to remember the remarkable bravery and compassion they displayed, in the face of limited knowledge and remedies.

Overcoming this fear and rising above it requires courage and faith. It is important to remember what is said in Matthew 25:35-40,

*“For I was hungry and you gave me food, I was thirsty and you gave*

*me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me. Then the righteous will answer him, saying, ‘Lord, when did we see you hungry and feed you, or thirsty and give you drink? And when did we see you a stranger and welcome you, or naked and clothe you? And when did we see you sick or in prison and visit you? And the King will answer them, ‘Truly, I say to you, as you did it to one of the least of these my brothers,[a] you did it to me.’”*

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