

Covid-19 and the Fear of Stigmatization

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There are some medical conditions, which make the patients extremely hesitant in contacting the physicians. When the patients are fearful of going to physicians, it is essential to determine whose responsibility it is.¹ These days, everyone is fearful of the impact of COVID-19 or corona virus. The disease was started in China and within the time span of few months it crossed the boundaries of China. This public health emergency has affected almost all parts of the globe with its devastating influence. Not only the developing countries but also the developed nations of the world are stunned by the distressing illness that has become a puzzle that is yet to be solved.²

There are various physical as well as psychological aspects associated with this dangerous viral disease. As the physical component of the disease is significant, likewise the psychological aspect has its vitality. One of the psychological characteristics of the COVID-19 is stigmatization. The terminology of stigmatization refers to acts in which prejudice and discrimination are faced by the patients for certain characteristics. These features become the identity of the individuals and therefore lead to social avoidance by the affected individuals. It is not only limited to a single person but also can include their families and the communities they belong to. In the infectious disease outbreak occurrences, like COVID-19, stigmatization becomes a public problem.³ The history of medical illness beholds many instances when the patients having infectious diseases witnessed stigmatization. The situation at present has not changed at all. Such patients witness variable derogatory manifestations ranging from denial of health care, provision of care that is not up to the health standards, verbal abuse etc. In times of communicable outbreaks, there remains a tug of war between the confidentiality of the patients' medical information and the public disclosure of patients' details.⁴ When the COVID-19 initially appeared in China, it was given a discriminatory name 'Chinese virus'.⁵ This sort of stigmatization is not novel. In 2014, during the EBOLA outbreak, the Africans were stigmatized and so was the case when the SARS outbreak ensued; the East Asians were at the target.⁶

The effects of being stigmatized for an associated illness like COVID-19 are far detrimental than the illness itself. When the patients' personal information like names, area of residence, work place etc. are known to the general public, it causes anxiety, resentment, depression and mental stress. Over and above that, the trust that exists between the physician and the patient eventually becomes lost. Those with the symptoms are then hesitant to report to the hospitals and disclose about their detailed medical histories. As a consequence of this mistrust in the health professionals, issues like community based prejudice, social seclusion and violation of confidentiality arise. There is likelihood that due to absence of disease reporting, the illness would spread more. This is because of the fact that when there is reluctance in contacting the health professionals, provision and the facilities of care are not reached to the effected ones.⁷

Media reports across the globe have documented several stories of discrimination against the ones who are positive for COVID-19. The sufferers' dwellings are pigeonholed. On the entrance, one can see written, 'the home is under Quarantine, do not visit'. Besides, those affected by virus are stamped on their hands so when they go in public every one could know they are suffering from the disease.⁸

Health and government officials have to make sure that the confidential information of the COVID-19 positive patients should not be leaked. Only that amount of evidence should be made public that is necessary for the containment of virus without providing harm to the integrity of the patients. In instances when revelation of the information outweighs confidentiality of the patient (for example when tracing of the persons who came in contact with patient could not be tracked then it is necessary to make the public disclosure). In such circumstances, it is essential to consider the following. The first and foremost, the harmful outcomes of disclosure to the patient in the form of loss of job, tenancy etc. The detrimental effects of disclosure to the patient and the public in seeking medical advice in future with the development of mistrust in the health professionals. The possible benefits of disclosure to the public.⁹

In our country, the positive patients are also battling this enormous distress and trauma. On the one hand, they are fearful of their physical health and on the other hand, the individuals are scared of their leaked identities. They have the insecurity that they and their families would be denounced and treated in a different way. Those living as tenants are terrified of being asked to leave the place of stay. Loss of

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job is also an issue which remains a threat for such vulnerable persons. The fears of being treated as different and being bullied due to the contagious illness are enough for them not to report to the health facilities. These reasons are source of mistrust in the health sector among the individuals.¹⁰

The panic and fear in the surrounding environment necessitates that cognizance of the facts related to the disease must be known to the public. A message should be communicated to all that COVID-19 is a disease like other diseases and those having the disease are similar to others and not at all inferior to others. This can be achieved by employing use of radio, news channels, newspapers, social media (Facebook, twitter and WhatsApp) etc. We need to teach public that the patients suffering from corona virus should not be blamed. There should be sessions on psychological reassurance. There is a need for the authorities to provide free of cost helpline numbers to assure consultation with the health professionals that could eradicate the uncertainties and apprehensions. Consequently, spread of falsehoods and the associated threat of stigmatization can be nipped in the bud.

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- 2. Drafting the article or revising it critically for important intellectual content
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- 4. Agreement to be accountable for all aspects of work in ensuring that questions related to accuracy or integrity of any part of the work are appropriately investigated and resolved.

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