

Interview from the Series "Science in an Emergency."

Hristo Hinkov

Assoc. Prof. **Hristo Hinkov** is a psychiatrist with many years of experience in health reform and public health. Having specialised psychiatry in Japan, the Netherlands and Belgium, Hinkov also studies music, cinema, literature and philosophy. Apart from publications in psychiatry and psychiatric epidemiology, Hinkov has a number of publications on political issues. He is currently heading the Ministry of Health's Centre for Public Health and Analysis.

Thank you for this opportunity to say a few words about the epidemic we are in. I will be talking about medical science, in Bulgaria and worldwide, and I will try to say a few words about communication during an epidemic.

The achievements of medical science in Bulgaria and worldwide are so fundamental that we do not realize how they dangerously approach the borderline of an anti-utopia. Let me only give one example – the sequencing of the human genome in 2000, right at the beginning of this century. And I think that if the 21st century needs a symbol, it must be Dolly the sheep because this fundamental discovery has extraordinary potentials that we are not yet aware of. I guess that this potential has something to do with this epidemic. At least this is what I believe without being able to connect things specifically. But it seems to me that indeed medical science is much more advanced than the shared social perception admits.

As far as the management of the epidemic in Bulgaria is concerned, I think that despite the high level of medicine in our country, the health care system has shown its imperfections precisely amid the epidemic. For example, the lack of an information system and of chronic disease registries, which did not allow us to make better selective prevention of risk groups, e.g. diabetics, cancer patients, etc. However, this not being the case makes us behave a bit like a bull in a china shop, carrying out self-defeating activities in the face of the epidemic. These actions are of a long-term nature, and we have yet to evaluate and probably suffer from them in the context of a future economic crisis and the psychological consequences for the population.

I do not want to be a pessimist in this regard. I believe that the crisis will provide opportunities for better development, because, forgive the cliché, but it is an opportunity. It is an opportunity to assess precisely these imperfections of our health system, to evaluate the fact that inappropriate people are burdened with a great deal of responsibility in such an extreme situation, with all of us suffering the effects of their actions without any lesson being drawn from it. I believe that after overcoming this crisis, medicine will develop in new ways and will take a higher level of public respect.

For example, the anti-vaccine movements, posing a serious public health problem and questioning the achievements of medicine in general and its philosophy, are likely to die down and remain silent for a long time, because it has now become evident that this is the only possible way of dealing with epidemics worldwide and in our country. We are fortunate

in this regard, which is most likely due to the cross-immunity we have thanks to the mandatory immunization calendar. Our mortality is much lower than the one in countries like Italy, Spain, and even Germany. Mortality cannot be hidden, it is a fact, with plenty of reasons behind it – and they have yet to be assessed. There are many factors to be explored regarding our low mortality rates, e.g. the low density of our population, the fact that most older people live in their own homes rather than in foster care, which is the standard practice in the West. Life expectancy in our country is well below that of countries like Italy or Spain, which also makes a difference as we have learned that this virus affects most severely the elderly and people with comorbidities.

So much for medicine. Medicine will continue to develop in the future. It will never become a political discipline, no matter how intense the temptations in that direction are. But it must be said that medicine can indeed be a power-wielding discipline as public health is a priority, and restrictive measures can be imposed that violate human freedom or even dignity. An example of this is the fact that ever since the attacks of September 11, many of our rights have been most unceremoniously flouted at airports. We have entirely accommodated this, and it makes no impression on us now, having become part of our functioning, of our journeys and everyday life. The same goes for living with HIV. Indeed, the existence of this epidemic since the 1980s has changed the relationships, the intimate relationships between young people, and they are no longer what they used to be back in the 1960s and '70s. In other words, such crises somehow invisibly bend our habits, our lifestyles; they chip away at our freedom, and we must be aware of that. Overall, this might be a good thing, although there is a price to pay.

In other words, many aspects of our lives will change both in terms of medical science and terms of our behaviour, because if no vaccine is found for this virus, we will probably have to learn to live differently. Handshakes, kisses and hugs might be on their way out– as might be other forms of physical intimacy between friends. At least this is what we are in for in the coming months and maybe a year. I hope that this will not be what our daily lives will be like in the longer term. Hopefully, we will be able to return to our more natural lifestyles vis-a-vis our friends and loved ones with whom we have shared our lives so far.

As for the communication during the pandemic, it has been chaotic worldwide. This is seen in the messages of the World Health Organization, which unfortunately failed to live up to the challenge: it keeps airing contradictory statements, or at least is unable to come up with a unified opinion.

Recently, there have been some recommendations on how to code the causes of death from COVID -19. This is very important from a statistical perspective: whether people who would have died anyway, say patients with severe traumatic brain injury who by chance get infected with COVID -19, should register as COVID-19 deaths.

The communication around this epidemic, on the other hand, has shown that there are too many groups, organizations, and individuals who like to take advantage of the situation and achieve some media repercussions. This has seriously contaminated our information flows, and I am sure that it has also raised the levels of anxiety among the population because contradictory information is a lack of information. And the lack of scientific evidence behind some of the statements being made heightens anxiety levels among the public. It undermines trust in medical science, in healthcare systems, and the voices of authority in general. All of this will have long-term consequences that we have yet to assess, analyze and learn from. I hope we will live up to the need for proper analysis once this crisis is overcome.