

Brief Opinion

The Fear Returns: Messaging in the Age of Coronavirus Disease 2019 (COVID-19)

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I shall set some of them down here, in the wistful—nay, the futile—hope that it may do something to restore the art of articulation, the dignity of diction, and thus improve the process of communication, for precision of communication is important, more important than ever, in our era of hair-trigger balances, when a false, or misunderstood, word may create as much disaster as a sudden thoughtless act.¹

—James Thurber

In March and April 2020, as severe acute respiratory syndrome coronavirus-2 spread across New York City, we feared operating in a world largely devoid of data.² Unsure in some circumstances how to balance the risks of coronavirus disease 2019 (COVID-19) with our patients' active cancers, we were forced to rely, more than ever, on judgment to guide our clinical decisions. In many cases, we chose to delay or modify care to protect our patients from a novel and potentially lethal disease. But without the aid of data to guide those decisions, we were unsure whether they were the right ones. The fear of misjudging the relative risks of modifying cancer treatment and contracting COVID-19 loomed large.

Many patients, it turned out, were struggling with similar calculations of their own. In the spring, public health authorities and professional societies endorsed a number of strategies to slow the spread of the virus, minimize the risk of exposure to health care personnel, and increase hospital bed capacity to prepare for the

expected onslaught of patients suffering from COVID-19. Several states, including New York, issued stay-at-home orders and later adopted mask mandates. In many places, elective and nonemergent surgeries (including oncologic procedures) were halted, including at our own hospital.³ On March 19, the American Cancer Society recommended delaying routine cancer screening until the pandemic subsided.⁴

Coupled with prominent federal and state messaging campaigns, these maneuvers, although imperfect, essentially succeeded in curtailing movement and keeping patients away from overtaxed health care facilities.⁵ However, by underemphasizing the need for high-risk patients, including those with emergent conditions or cancer, to continue to receive necessary medical care, this strategy proved woefully inadequate. Far too many Americans unfortunately internalized that the risks of contracting COVID-19 outweighed all else, sometimes to the detriment of their overall health.

This profound failure in public health messaging soon yielded catastrophic consequences. In an April 2020 poll conducted by Morning Consult on behalf of the American College of Emergency Physicians, 29% of American adults reported “delay(ing) or avoid(ing) seeking medical care due to concerns about contracting the coronavirus.”⁶ Unsurprisingly, in light of these results, cardiac catheterization laboratory activations for ST-segment elevation myocardial infarctions dropped by 38% between January and March at 9 high-volume medical centers,⁷ and nationwide emergency room visits dropped by 42% in April from the year before.⁸

Oncologic care suffered in this environment, too. The average weekly number of patients newly diagnosed with 1 of 6 cancers (breast, colorectal, lung, pancreatic, gastric, and esophageal) in the United States who received testing

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at Quest Diagnostics dropped by 46% at the height of the spring outbreak.⁹ Preventative screenings for cervical, breast, and colon cancer plummeted,¹⁰⁻¹² and radiation oncology clinics in the United States reported treating 32% fewer patients than normal in April.¹³ Given the risks of delaying cancer treatment, these trends were especially concerning.¹⁴

Over the summer, the human costs of these messaging errors became apparent in our radiation oncology clinic. As severe acute respiratory syndrome coronavirus-2 receded in New York City, we began to see an increasing number of cases of unusually advanced disease. Patients who had not received timely care at the height of the pandemic in the spring now required swift intervention. No histology was spared: patients presented with locally advanced and metastatic breast, gastrointestinal, head and neck, and lung cancers, among others. Cancer recurrences were identified in patients who elected to defer treatment, often against medical advice. Although we hope that they all experience favorable treatment-related outcomes, we worry that they may suffer higher mortality rates in the years to come.¹⁵

Now, as confirmed cases of COVID-19 rise precipitously once again, both in the United States and in New York City, we fear that the errors in messaging that accompanied the first spike will be repeated. We fear that in the absence of a significant course correction by federal, state, and local authorities, patients, bombarded with unsophisticated public health campaigns over the spring that did not stress the importance of timely care for serious health conditions, will once again not receive the medical care they desperately need. And we fear that the consequences of such failures are likely to extend far into the future.

To be sure, the spring outbreak of COVID-19 inflicted massive damage to New York City. The virus' unchecked spread, in combination with the measures enacted in a belated effort to control it, cratered the economy, costing the city billions of dollars in lost economic output, jobs, and tax revenue.¹⁶ Worse, over 24,000 New Yorkers, representing 1 in every 345 city residents, have died of the virus, with vast disparities seen along the lines of age, race, sex, and socioeconomic status.¹⁷

But as COVID-19 surges again, we see no reason to exacerbate these devastating losses with poor messaging campaigns. Of course, Americans must continue to be encouraged to avoid large gatherings, maintain proper hygiene, social distance, and wear masks as much as possible. This time, however, we must also stress that patients with serious medical conditions should under no circumstances forego necessary treatment during this trying time. We must do all we can to avoid a repeat of the spring. We fear, however, that our message will not be heeded.

References

1. Thurber J. *Lanterns & Lances*. 1st ed. New York, New York: Harper & Brothers; 1961.
2. Sindhu KK, Gupta V. Fear in the Age of COVID-19. *Adv Radiat Oncol*. 2020;5:525-526.
3. Buckstein M, Skubish S, Smith K, Braccia I, Green S, Rosenzweig K. Experiencing the surge: Report from a large New York Radiation Oncology Department during the COVID-19 pandemic. *Adv Radiat Oncol*. 2020;5:610-616.
4. Shaikat A, Church T. Colorectal cancer screening in the USA in the wake of COVID-19. *Lancet Gastroenterol Hepatol*. 2020;5:726-727.
5. Valentino-DeVries J, Lu D, Dance GJX. Location data says it all: Staying at home during coronavirus is a luxury. *The New York Times*. Available at: <https://www.nytimes.com/interactive/2020/04/03/us/coronavirus-stay-home-rich-poor.html>. Accessed November 17, 2020.
6. American College of Emergency Physicians. COVID-19. Available at: <https://www.emergencyphysicians.org/globalassets/emphysicians/all-pdfs/acep-mc-COVID19-april-poll-analysis.pdf>. Accessed November 17, 2020.
7. Garcia S, Albaghdadi MS, Meraj PM, et al. Reduction in ST-segment elevation cardiac catheterization laboratory activations in the United States during COVID-19 pandemic. *J Am Coll Cardiol*. 2020;75:2871-2872.
8. Hartnett KP, Kite-Powell A, DeVies J, et al. Impact of the COVID-19 pandemic on emergency department visits — United States, January 1, 2019—May 30, 2020 [e-pub ahead of print]. *MMWR Morb Mortal Wkly Rep*. <https://doi.org/10.15585/mmwr.mm6923e1>. Accessed November 16, 2020.
9. Kaufman HW, Chen Z, Niles J, Fesko Y. Changes in the number of US patients with newly identified cancer before and during the coronavirus disease 2019 (COVID-19) pandemic [e-pub ahead of print]. *JAMA Netw Open*. <https://doi.org/10.1001/jamanetworkopen.2020.17267>. Accessed November 16, 2020.
10. Patt D, Gordon L, Diaz M, et al. The impact of COVID-19 on cancer care: How the pandemic is delaying cancer diagnosis and treatment for American Seniors [e-pub ahead of print]. *JCO Clin Canc Inform*. <https://doi.org/10.1200/CCI.20.00134>. Accessed November 16, 2020.
11. Mast C, Munoz del Rio A. Delayed cancer screenings. *Epic Health Research Network*. Available at: <https://ehrn.org/articles/delays-in-preventive-cancer-screenings-during-covid-19-pandemic/>. Accessed November 17, 2020.
12. London JW, Fazio-Eynullayeva E, Palchuk MB, Sankey P, McNair C. Effects of the COVID-19 pandemic on cancer-related patient encounters. *JCO Clin Canc Inform*. 2020;4:657-665.
13. Wakefield DV, Sanders T, Wilson E, et al. Initial impact and operational responses to the COVID-19 pandemic by American radiation oncology practices. *Int J Radiat Oncol Biol Phys*. 2020;108:356-361.
14. Hanna TP, King WD, Thibodeau S, et al. Mortality due to cancer treatment delay: Systematic review and meta-analysis. *BMJ*. <https://doi.org/10.1136/bmj.m4087>.
15. Sharpless NE. COVID-19 and cancer. *Science*. 2020;368:1290.
16. Partnership for New York City. New York City COVID-19 economic impact update. Available at: <https://pfnyc.org/research/new-york-city-covid-19-economic-impact-update/>. Accessed November 17, 2020.
17. New York City Department of Health. COVID-19: Data. Available at: <https://www1.nyc.gov/site/doh/covid/covid-19-data-totals.page>. Accessed November 16, 2020.