The flu epidemic in Mexico: the challenges for doctors

PERSONAL VIEW Julio Sotelo, Rogelio Perez-Padilla

The statistics usually reported in epidemics are morbidity and mortality, together with the economic costs. However, the consequences of epidemics are much wider, affecting the very roots of society and modifying doctors' practice.

Recent widespread reports of severe pneumonia in Mexico could have been the first signs of the much feared flu pandemic. The combination of social and medical circumstances around the initial cases that led to the public announcement of an epidemic was a powerful catalyst for a range of reactions and even economic crisis—in a country whose economy is already in difficulty. There is an old popular saying here, “If the United States sneezes, Mexico gets pneumonia.” Now we can say “Mexico gets swine flu”: the first cases of swine flu were detected in the United States, but the epidemic has been most severe in Mexico.

Doctors are used to dealing not just with patients’ illnesses but also the patients’ feelings of vulnerability and related fears, of varying sorts and magnitudes. But in an epidemic there are also community and family worries to contend with, in addition to those of the patient. And doctors’ own personal fears may be sensed by the patients, augmenting theirs. Many of the public’s fears are justified; some border on panic, as contagious as the flu virus itself. Many valid questions have sprung forth from the popular imagination. Is Mexico prepared to deal with the epidemic? Is the world prepared for a pandemic? Are the poorest countries prepared? How soon will an effective vaccine be ready? How expensive will it be? How dangerous is the disease? How expensive will it be? How dangerous is the disease? Are the poorest countries prepared? How soon will an effective vaccine be ready? How expensive will it be? How dangerous is the disease? How expensive will it be? How dangerous is the disease?

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Whether sociological, psychological, economic, scientific, or ethical—will be valuable for future action. The HIV epidemic taught us all the best measures for universal protection and is still the model for cost effective prevention. Universal measures for respiratory protection are well known but unfortunately have not been applied consistently, despite the lessons from the SARS epidemic. Now and in the future we cannot afford such inconsistency. But the crisis has also brought out the best of people, particularly in terms of solidarity and social organisation.

Doctors and other healthcare professionals are not, of course, immune from human frailties in the face of a novel form of virus. We have had to learn rapidly: not just how to prevent and treat swine flu but also how to deal with the public’s concerns, how to deal with patients’ perceptions of the disease and their fears, which are volatile in the context of potential widespread panic, and, finally, how to deal with our own anxiety.

All of this has had to happen rapidly and the resulting measures brought in with the maximum possible efficiency. That is the burden of influenza; society as a whole is relying on us, and we have had to respond to the challenge as effectively as in previous health emergencies.

Julio Sotelo is national commissioner of the Institutes of Health and Specialty Hospitals of Mexico
jsotelo@unam.mx
Rogelio Perez-Padilla is general director, National Institute of Respiratory Diseases of Mexico
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