

## Opinion Article

# Is COVID-19 Expansion a Consequence of a Group Inaction?

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## Opinion Article

In January, first COVID-19 cases were reported in Wuhan, China [1]. Although local authorities have received criticism because of lack of transparency and delay to take the first actions, afterwards China was praised by the World Health Organization (WHO) because of the strength and effectiveness of the measures they took [2]. Currently, there are almost no local cases in China and the official cumulated incidence remains very low. Other close countries that had suffered epidemics of SARS (Taiwan, Singapore and Vietnam) or MERS (South Korea) also took prompt and effective actions to undermine SARS-CoV-2 expansion.

During the following weeks few cases appeared outside of the region. On 31<sup>st</sup> January 2020, 2 Chinese tourists, who had previously landed in Milano Malpensa airport (Italy), tested positive after traveling to Rome by bus [3]. On 22<sup>nd</sup> February, 16 cases were confirmed in Lombardy, with a total count in Italy of 79 [4]. Although little was known at the time about SARS-CoV-2 transmission and there were almost 77000 cases in China, no special measures were taken to abate the exponential growth of the disease in Europe. Not until the 11<sup>th</sup> of March when the number of confirmed cases was 15729% greater (12462) and the Italian Government took severe restrictions [5].

By the end of February, it was clear that community transmission was going on in Italy. Consequently, any country which had welcomed passengers travelling from Italy without quarantining during the previous weeks was at risk of community transmission. This could include almost any country in the world, being Italy extremely well connected through air and being within the Schengen Area - a space that comprises 26 states and 419 million citizens who can travel freely without frontiers. Nevertheless, at that time most countries in Europe and around the world neither took any strong policy to contain the virus nor to cope with the disease in case it spread within their frontiers [6,7]. This kind of policies mainly emerged after the Italian lockdown.

At any given level (country governments, local governments, hospitals, health workers and individual citizens, etc.), we had missed

great opportunities to get prepared for the pandemic, some of them really cost effective and probably saved thousands of lives [8,9]. This could be seen as hindsight bias, but on the 11<sup>th</sup> of February, the WHO advised countries to get prepared for the pandemic, and many governments neglected their recommendations [10]. Furthermore, as of February the 26<sup>th</sup> the authors had bought goods to comply with a stay-at-home order for several weeks and closed their financial positions presaging the situation would affect the whole continent.

In 1968, while some students were at a room waiting for an experimenter, smoke started to get in the room. The students did not do anything until they could not breath normally. It was part of an experiment by Latane and Darley [11] to study what is known as “bystander effect” or “bystander apathy”. They found that when the students were alone, they responded immediately to the smoke that was pumped into the room. However, when there were three at the room, most of the time none of them reported the smoke. In the words of Lantane, “They were clearly willing to endure discomfort rather than the embarrassment of overreacting” [12]. This was the first evidence that bystander effect in emergencies threatens the proper bystanders.

The term bystander effect refers to the phenomenon in which the greater the number of people witnessing an emergency; the less likely each of them will react. Therefore, in an emergency situation, it is more likely to act when being alone than when being in a group, where inaction rises. Three psychological factors contribute to it [13]; 1) Creating a diffusion of responsibility at the presence of other people, as action is thought to be shared among all those present; 2) The need to behave in a socially acceptable way, assuming one own response is not adequate if other observers do not react (evaluation apprehension); and 3) The belief that because no one else is helping, the situation is not actually an emergency (pluralistic ignorance). The last factor probably explains why bystander apathy is greater under ambiguity [14]. In other words, when bystanders are sure they are in an emergency, they are more likely to react. Conversely, when the meaning of the situation is unknown or not clear, bystanders tend to base their decisions on the reactions of other bystanders.

We consider that the world is suffering the consequences of a massive, generalized bystander effect. Many countries did not act on time and we believe it is because they were ashamed of overreacting, since the possibility of disgrace if the pandemic consequence was not so huge, could directly affect them. And consequently, they were more afraid of overreaction than of inaction. In the emergencies typically studied the aggregate probability of reaction is what matters; however, for pandemics, each potential actor has to react promptly in order to dampen the consequences. Ambiguity has probably played a role in this case of group inaction. In the last two decades, we have witnessed other outbreaks that potentially could lead to severe pandemics

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(SARS, MERS, flu, Ebola or Zika), but they were contained making the perception of whether this was a true emergency less clear.

Other possibilities may explain widespread inability to foresee and prevent this crisis. On the one hand, one could consider the possibility of pure inability to understand the risks of a pandemic of a respiratory disease. On the other hand, it could be the difficulty to understand the exponential nature of a pandemic, and consequently, plan to act with proportionality. For instance, if the number of contagions doubles every 3 days, an early action would be 32 times more effective than the same action taken a fortnight later. Therefore, actions need to be proportional to the potential problem, not to the current problem.

Although these two possibilities cannot be ruled out, bystander effect is the only one that explains generalization of the inaction. Conversely, the other two on their own could be considered major causes if only one or few countries had failed to deal with the outbreak.

This is not going to be the last opportunity to overreact or under react to a potential pandemic. Other circumstances will come; some will be caused by known pathogens like influenza or Ebola for which the risks can be estimated. Others will be caused by unknown pathogens like SARS-CoV-2 in which uncertainties will reign. How many times do we need to overreact to be worse than under reacting only once to a true lethal pandemic?

We think that future policies regarding massive contagions need to consider not only technical aspects - like ventilators and hospital beds availability - but also the risk of bystander effect. Bystander effect should be reflected in health policies, just like many countries reflect it in their criminal laws: mandating to render aid in accidents or injuries and punishing inaction. Policies should make it harder to under react.

We propose some steps to be taken to ensure that inaction is easily avoided and reaction is fostered. First, each country should plan in advance the measures to be taken in the case they face the risk of massive contagions. These plans should be drawn according to their local circumstances and for each of the known mechanisms of transmission and treatment requirements of each type of potential infection. Second, an international Devil's advocate policy should be ensured by the WHO to promptly detect situations with risk of massive disease spread in order to demand countries at risk to activate their protocols to contain and cope with massive contagions. Third, each country should legislate the penalties for the political leaders

whose failure to comply with a WHO demand leads to greater damage than overreaction. The first two points would make conspicuous any failure to identify or react to a potentially severe epidemic. The last point tries to make under-reaction a potentially expensive choice.

These steps are not the only way to go. Other mechanisms may be as effective and more efficient. Therefore, an international forum should be set to discuss the measures to blunt the next pandemic. But bystander apathy needs to be taken into account in this forum for future policies.

**Keywords: COVID-19; SARS-CoV-2; WHO; Lockdown**

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