



# Health Care Heroes: Are We Asking Too Much?

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## Insights

- While the 'hero' label is well-intentioned and the acknowledgement of the actions of healthcare workers is appreciated, there are certain implications from this use of language that are causing discomfort.
- It causes a shift in the hero narrative. It creates a story of healthcare workers who are deemed heroic only when making extreme personal sacrifices that go well beyond the limits of their already heroic profession.
- It is politically convenient to label healthcare workers as heroes as it shifts the blame away from policy level failure and onto the healthcare system.
- It implies that healthcare workers have a limitless duty to treat even when facing great risks to their own physical and mental health.
- It portrays healthcare workers as superhumans. When internalized, the risk of this role suggestion is that healthcare workers will give less attention to their own well-being.
- As a result, society could fail to recognize the need to support healthcare workers, especially in the area of mental health.
- With the resurgence of COVID-19 in places where economies have begun to re-open, healthcare workers have been left to pick up the pieces.
- Reciprocity is greatly needed. Public citizens and governments need to realize they also play a critical role in controlling the outbreak.
- Healthcare workers cannot (and should not) be in this alone or have the sole responsibility to act in this pandemic.

## The Term 'Hero' Could Have Serious Implications

In this COVID-19 pandemic, healthcare workers have been required to go above and beyond their normal duties and shoulder a greater level of risk – and many have done so willingly. Thus, the 'hero' label was created as a way to acknowledge and show appreciation for these actions – a gesture that is well intentioned and valued by many. However, this specific use language could have serious implications for healthcare workers in both our current and future pandemics. An article by Cox (2020) states that 'while these descriptions of 'healthcare heroes' may be superficially fitting, the continuing dominance of the hero narrative in the media is in several ways unhelpful' and together with Hsin et al. (2004), outlines some of the ways the overuse of the hero label could negatively impact healthcare workers (1)(2).

**It shifts the narrative.** We need to be reminded that prior to the pandemic, the very nature of many healthcare professions was already heroic and workers voluntarily put themselves in situations where they were at risk for contracting an infectious disease (1). Were these actions prior to COVID-19 not also heroic? What makes heroism in a pandemic stand out so much more from prior valiance? The risk to healthcare workers in this pandemic is certainly greater, making any action align even more strongly with the hero role. Still, there is a fear that this will cause a shift in this important narrative, making the 'hero' status only achievable when actions go above and beyond the limits of an already heroic profession (1).

**It is politically convenient.** It removes any guilt on behalf of failed public policies. During the 2003 SARS outbreak in Taiwan, head doctors were reprimanded for not detecting infection in the early stages and eventually had their professional licences retracted (2). Is it fair to demand swift, decisive action from healthcare workers during a crisis only to punish them for any mistakes made along the way? Adding a 'hero' label places the responsibility solely on healthcare workers and takes advantage of the fact that they will continue to act in the best interest of patients and the welfare of society despite political or social shortcomings. Ironically, in the end, the same heroes who are putting themselves at risk to 'save society' are also set up to be criticized for any failure to do so.

**It removes the choice to be heroic.** During the SARS outbreak in 2003, hospitals in Taiwan and Beijing were encircled so that no one could leave. Denied the choice to be heroic, 'many health care workers in Taiwan thus denied the title of hero' (2). Afterall, the choice to be heroic should very much be a personal one. Being identified as a 'hero' only creates an invisible version of this same force, pushing healthcare workers to adopt the hero role through the social implication that there is only one other option: cowardness. Both then and now, this type of language creates a sense of obligation to be heroic and accept the risks of doing so. A choice that unfortunately calls for the prioritization of the needs of others before physical and mental exhaustion, before sickness and before death, and that choosing otherwise would be abandoning their own professional moral obligation (1).

**It implies there is a limitless duty-to-treat.** An important, cherished, and highly valued aspect of healthcare professions is the social contract that exists between healthcare workers, their patients and their communities (1). Under usual circumstances, healthcare workers accept that there is a duty to treat even in situations that increase personal risk. The high proportion of healthcare workers who were infected (20%) and who died during the SARS outbreak sparked further discussion around what professional obligations exist during a pandemic and how they weigh against individual risks (2). We cannot expect that every healthcare worker will agree to a duty-to-treat without certain limits (especially with so many dangers to their own safety) or that they will be okay with taking such extraordinary risks and making such enormous personal sacrifices.

**It portrays healthcare workers as superheroes,** not superhumans. Working in healthcare requires certain 'super' qualities but through all of the loneliness, fear, stress and anxiety that has come their way throughout this pandemic, we cannot forget to acknowledge healthcare worker's humanness as well. The danger of heroic language is that it implies healthcare workers are not affected by the loss, the difficult decisions and the stress of their responsibilities. By making supererogation the new norm, we are forcing healthcare workers to sideline their own needs, feelings, and emotions and are creating a society that fails to recognize the need to provide support, both during and in the wake of the pandemic (1).

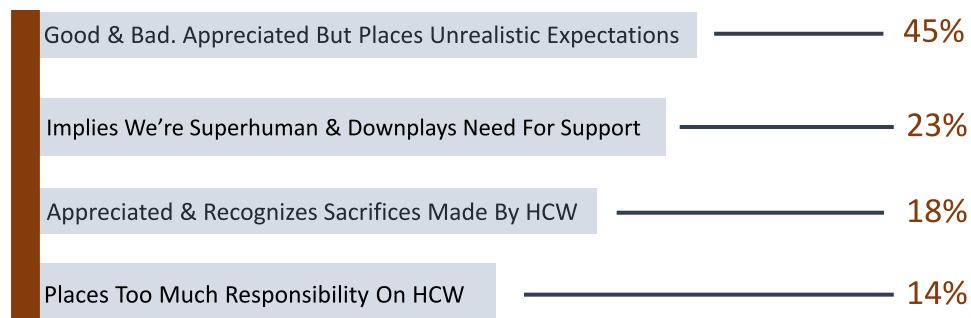


“In the coming second pandemic of mental health issues, it may well be those we heralded as heroes who will be among the most vulnerable, alongside key workers on low incomes who also toiled through this long emergency at considerable and often unnecessary risk to their health, their lives...If we were prepared to clap for our healthcare workers, we should also be insisting that they are looked after in the wake of this emergency” (3)

————— **Joanne Stubley** —————  
Consultant psychiatrist and clinical psychoanalyst  
Tavistock and Portman Clinic, London

In a recent OrthoEvidence poll, the majority of respondents do feel that the term 'hero' may have a negative affect on how healthcare workers and their role are perceived in our current pandemic (Exhibit 1). Just under half of respondents (45%) felt that while the use of the term 'hero' was appreciated, it did place unrealistic expectations on healthcare workers. Other respondents felt that the term implied that healthcare workers were like superheroes and that this downplayed the need for support (23%) and that it places too much responsibility on healthcare workers (14%). Eighteen percent felt that the term was positive and that it recognized the sacrifices being made by healthcare workers.

#### EXHIBIT 1: HOW DO YOU FEEL ABOUT THE TERM “HEALTHCARE HERO?”



OrthoEvidence Random Sampling N=112

\* HCW= Healthcare Worker

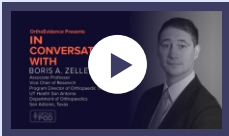
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## The Resurgence in COVID-19 Cases Makes This Even More Urgent!

There has been a resurgence in COVID-19 and for the most part, this is exactly what we expected. However, the dramatic rise in cases in some places and the lack of appropriate response from policy-makers has left healthcare workers in a more precarious situation than ever.

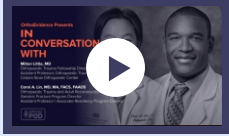
Three states in the southern United States for example, Texas, Florida and California, have all reported more than 50,000 new cases in the week prior to July 20th, 2020 (4).



"We've Had to Take Step Back After Re-opening: Cases Surge in San Antonio, Texas"



"We Let Our Guard Down": Florida COVID Cases Surge



"Too much, Too fast" Re-Opening and COVID Surge In California

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However, this steep rise in cases is not isolated. The Harvard Global Health Institute has created a four-level risk system and has been using these levels to track the risk level of each state over time and also to create a clear framework to help guide public response. Currently, there are eleven states at the highest risk level, with over 30 cases per 100,000 people (5). It has been widely stated that increased testing rates are to blame for this, however an increase in testing can only partly explain this increase. For example, in Florida, the daily testing rate has gone up 287% as of July 9th, 2020 while the total daily cases increased by 1393% (6). In some states, there has also been a limited ability to process COVID tests, meaning people must wait up to one to two weeks to get their results (6).

Interestingly, all of these states are located in the Southern and Western United States where reopening strategies were implemented very early on (late April or early May) (6). In these states, reopening plans were swiftly halted when they started to live up to earlier predictions; that reopening too soon would inevitably lead to larger second wave (6). Now hospitals are being overwhelmed and ICU beds are filling up. Unclear messaging from state policy makers and an overall failure to acknowledge the seriousness of this crisis has not helped, and has only added to the feeling that healthcare workers are dealing with this resurgence of COVID-19 cases alone (6).

## Changing the Narrative and Taking Personal Responsibility

“By cheering martial metaphor without providing protection and payment, we are asking for martyrdom, not heroism—insensible, unnecessary martyrdom, a death caused by the miserliness of capital, the dysfunction of government, the failure of a state so comprehensive it staggers the mind.” (7)

————— Talia Lavin —————

GQ, April 15th, 2020

Cox (2020) also comments that 'in return for accepting personal risk in fulfilling their duty to treat, healthcare workers expect reciprocal social obligations' and that 'the hero narrative fails to remind the public and healthcare institutions of their own moral duties' (1). Considering the previous example of the recent surge in COVID-19 cases in the United States, many healthcare workers are still facing increased risks due to limited equipment, testing kits and personal protective supplies (6). Somehow, in all of this chaos and misinformation, the concept of reciprocity has been lost. Minimum safety requirements for health care workers are still not being met and governments are failing to implement the necessary policies, such as mask-wearing, needed to convince the public, and themselves, of their critical role in controlling the outbreak (8). Amidst re-opening, communities need to remain hyper-vigilant foremost, on personal handwashing and distancing. Without vaccines and transformative treatments available, non-pharmacological safeguards are critical. The uniqueness of this virus to remain asymptomatic in some further risks transmission when safeguards are ignored. We need H.E.R.O.'s more now than ever (Exhibit 2).

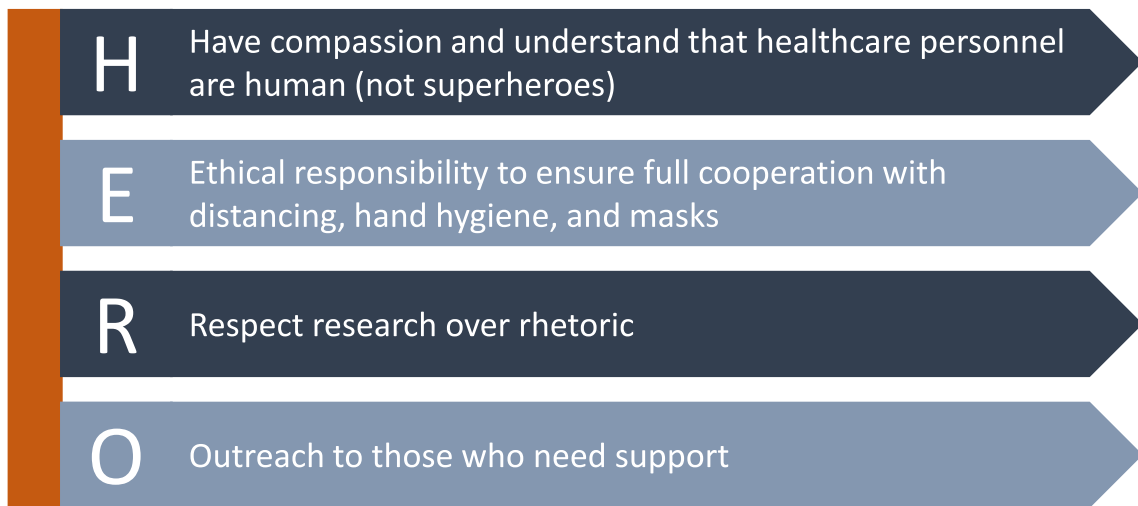


Exhibit 2: Four Critical Actions of Personal Responsibility (H.E.R.O) During COVID-19



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“The public needs clear and consistent information about COVID risk levels in different jurisdictions for personal decision-making, and policy-makers need clear and consistent visibility that permits differentiating policy across jurisdictions. We also collectively need to keep focused on what should be our main target: a path to near zero case incidence.” (5)

————— **Danielle Allen** —————  
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at Harvard University



## Contributors



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