



Conflicts of interest in the coronavirus (SARS-CoV-2) context: banalization of life-death or disinformation?

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Dear Editor,

The website El País¹ reported that there were more than 116,000 deaths and almost 3.6 million infected in Brazil by August 25, 2020. Nevertheless, the frequent non-compliance with quarantine indicates that part of the population is resistant to the idea that it is impossible to return to normal life². Thus, a debate is raised as to whether this innocent desire is a trivialization of life and death (even if it does not present it as such) or a lack of information.

When looking to the past, it is clear that the population, in general, was led to agree to absurd practices on many occasions, such as in World War II or during the eugenics movements that also took place in Brazil. For example, in Nazi Germany, a considerable part of the German society was in favor of concentration camps, torture, death, and other barbarities, although a greater emphasis is placed on the evil figure of Hitler³. Another example was seen in Brazil at the end of the nineteenth and early twentieth centuries when the ruling class (including the middle class which also provided theoretical argumentative support) reproduced racist discourses that defended the whitening of the population because, in their view and from part of the world at the time, economic backwardness was caused by the color of the citizens' skin⁴. It is important to say that although such ways of thinking were accepted as logical during these historical periods, they are no longer considered as such. Therefore, it is essential to be careful before making moral judgments.

Today, history repeats itself. It is observed that part of society is against social distancing and isolation, and even with studies confirming that such measures are essential to mitigate the spread of COVID-19, these people continue gathering every day, going to malls, bars, and nightclubs, among other places. Now, the issue of the return of face-to-face classes has been raised. The other day, in informal academic discussions, it was argued that certain professionals need to be not only on the front line but also to be better prepared to face crises like this; for this reason, face-to-face classes should resume. This argument would be valid for those in their

final years of health programs and even for those that are about to graduate (with caveats), if it were not for the fact that many students come from various corners of Brazil and will return to their everyday university life when they arrive at their respective universities whether they are ill or not (whether they are asymptomatic or not). However, the counterargument offered was that it is up to each one to know what to do since they are of age. Is this really true? If it were not for the awareness campaigns of some government agencies in raising the awareness of the population of the need to stay at home to contain the contagion (we say some because the Executive is not too concerned about the prevention of the increase in the number of sick nor dead people), the people's neglect to wear masks, practice distancing, and avoid social gatherings would probably be much worse.

They could say that the rate of recoveries is high and that the need is for Intensive Care Unit (ICU) beds. One of the positions was that, in many states and cities, the ICUs are not full⁵. This is questionable because this is not a necessary and sufficient condition to conclude that everything is okay; after all, if they are not operating at their full capacity at the moment, it does not necessarily mean that this will remain the case in the future. One of the reasons for the lockdown is to reduce the rate of accidents, such as those involving automobiles, so as not to overload such hospital units⁶.

Moreover, although the death rate is not high compared to other diseases (such as Ebola, Swine Flu, and Avian Flu), this disease causes sequelae, which affect the quality of life and bring organic damage. According to the study by the State University of Campinas (Unicamp), the chances of cardiovascular, neurological, and digestive repercussions perpetuating even after the patient is cured are real⁷. Moreover, studies show that people who had COVID-19 and were cured were later reinfected, suggesting possible mutations of the SARS-CoV-2 virus^{8,9}.

Such a scenario has often been highlighted by the authorities and the mainstream media. However, the population does not seem to understand the national and international magnitude of the disease.

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Emphatically, the concern with their private lives is understandable (students, in particular, believe they already could return to regular life and that everything is okay as their relatives work in hospitals where there are no cases of COVID-19 among employees).

No, it is not okay. There are more than 116,000 dead, in addition to those living with sequelae, those whose lives are at risk, and families who have lost their loved ones. The return of classes does not affect these families directly, nor those who might still lose relatives and friends. However, they may be indirectly affected because when face-to-face classes return, several professionals will return to their occupations in person, thus, many people will move from their homes, putting other people at risk. It should be noted that students will also visit other places such as restaurants, malls, laboratories, and the like.

Therefore, in the future, as we look at the past, we will be able to analyze more clearly what happened. For now, people do not seem to be concerned about each other as they would be with their interests. For them, the most important thing is that they can return to their regular “lives,” ignoring the facts reported and the lost lives. Citizens today are acting similarly to the Nazi Eichmann who was unable to analyze and question his actions when he led thousands

of Jewish people to death³, to the extent that their actions directly or indirectly impact the life-death of people.

When answering the question in the title of the paper—whether this is a trivialization of life-death or misinformation—it could be said that it is a bit of both and that it is the result of the worsening or development of some emotional problems, which emerged again in a large part of the population or was even triggered by the current situation. However, most people do not admit that they have emotional problems, which causes a progressive increase in these disorders, thus compromising social relationships even more. More arguments can be raised to explain such positions; however, a large number of deaths nationwide (116,000)¹, which is here purposely emphasized, and worldwide (around 820,000)¹⁰ is self-explanatory. If these arguments are not enough, you may want to read the paper again and think more about your life and the life of others.

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