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Quarantine

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> *'The best way to find yourself is to lose yourself in the service of others.'*
> *—Mahatma Gandhi*

The December 2019 coronavirus pandemic has forced almost all countries worldwide to ask their citizens to self-isolate and has resulted in many communities being placed into quarantine. As before in the fight against the plague in 1350, again in 1666, and most recently in the fight against the Spanish flu pandemic of 1918, the rights of the individual have been pitted against the common good of the community, raising tensions over the need for public health and acceptability of the restrictions that must be imposed upon individual freedoms and behaviours. As before, these restrictions have resurfaced intrinsic conflicts between the necessities of public health and the consequent limitations on society and the inherent rights of the individuals in that society. These tensions are not new and have played a fundamental, and controversial, part in the implementation of all public health measures imposed upon us by an increased understanding of the method of spread of infectious diseases.

The term 'quarantine' is derived from the Italian words *quaranta giorni*, meaning 40 days, and was first used in Venice, Italy, in 1127. It refers to the time returning ships were forcibly prevented from entering port in order to prevent citizens from contracting leprosy. Subsequently, it has been successfully used in the treatment of plague, but also in the treatment of smallpox, measles, scarlet fever and many other infectious diseases. It differs from isolation in that it imposes a preventive

restriction on a whole group, or a section of society, rather than the specific removal and isolation of infected individuals. Quarantine has its origins in Christianity, specifically the Gospels of Mark and Luke, where it refers to the 40 days Jesus spent fasting in the desert. In this reference, it is a time of isolation and, harking back to its original roots, a time of trial and probation, but also of reflection, reassessment and renewal.

For most of us, the quarantine imposed by the onset of COVID-19 has not been an easy one. As plastic surgeons, the restrictions on elective surgery have resulted in some of us losing our income completely. More importantly, it has resulted in a loss of contact with our peers and friends, particularly within our medical work. The ability to chat with a colleague, to ask advice, to seek direction—or just to laugh—is an intangible, but essential ingredient in our personal and professional wellbeing. Many studies have highlighted the stress of isolation, and in particular the increased risk of exhaustion, detachment from others, irritability, insomnia, poor concentration, reluctance to work, and even consideration of early retirement, that follows the isolation imposed by quarantine.

From our work perspective, the need for 'social distance' has resulted in the cancellation of almost all medical conferences, and has forced a transition into a new paradigm of virtual meetings and Zoom teleconferencing. For many of us, the need to work from home and yet still have the ability to conduct meetings via the internet has forced us to reassess our work/life balance, and to re-evaluate our previous firmly held beliefs that we needed to spend so much time in airports, away from our family, while we travelled to national and international conferences. The information derived from these meetings is essential to our ongoing learning and education. But can we get the same information in another way?

The quarantine has therefore forced a discussion about what we must do, what we need to do and what we would like to do. It has forced a re-evaluation, a reappraisal and a reassessment. Do I really need to travel to the other side of the world for three days? Could I do it more effectively, without the greenhouse gas emissions and carbon footprint, without the consequent stress, time pressures and rush, the jet lag and, more importantly, without dislocation from my work, community and family?

And so perhaps there may be upsides to the quarantine imposed upon us by the COVID-19 pandemic. We have witnessed a significant decrease in the rates of influenza, hospital-acquired infections and premature childbirth. All of us have reviewed how we work, where we work and what our priorities are. As an example, and while it is impossible to operate remotely, many of us have been able to utilise teleconferencing to review our patients. The tight restrictions on non-urgent or 'essential contact' have meant that many patients may have routine follow-up consultations from home. Clearly this is a tremendous advantage to those patients from rural or remote Australia, but even within our major metropolitan centres, patients have been spared the difficulties of commuting to see us, finding a car park and then waiting in our consulting rooms because we are running behind schedule. While not completely sorted out, and while it is no substitute for the hands-on physical assessment of a patient, particularly in aesthetic surgery, this new technology has opened a potential window on a way forward that is more patient-oriented and patient-friendly.

Finally, like its biblical origins, quarantine has also allowed for a period of re-evaluation of who we are and where we stand within our community. It has provided an opportunity to pause and reflect, to recalibrate our ethics, values and what we stand for. In some ways, therefore, COVID-19 and the resultant quarantine have forced a reassessment of our progress in our journey through life. We all started out ambitious, altruistic and determined to make our mark. How are we going? How do we compare to the young naïve medical student we once were? Most importantly, have we become overly focused on the individual, on us and what we want, or are we still focused on the community and public we originally promised to care for, and to serve?