



Covid 19 and the Rediscovery of Resilience

It is a little more than two years that COVID 19 entered the lexicon of medical profession and the lay public. However, the cataclysmic chain of events that subsequently unfolded left no one untouched. Medicine, medical systems, and the medical personnel were overwhelmed. The disease was unknown, the treatments were uncertain, the protocols were undefined, and the health care systems were ill equipped. The beginning of the end, so said the pessimists. Then like a phoenix rising from the ashes, modern medicine came out with management guidelines, the antibody cocktails, and the vaccines. Not withstanding all this, one thing that towered over personal disasters and medical triumphs was the resilience of the human spirit. This is what I would like to talk about in this guest editorial for the inaugural issue of Medi Beats- the brainchild of Dr Muruganathan.

Etymologically, the word resilience is derived from the Latin verb 'resilire', meaning to rebound or recoil. For long, this term was confined to engineering and physics to measure and compare the strength of materials. The usage has now extended to social sciences and more recently to medical science. Resilience is the ability to withstand adversity and bounce back from difficult life situations by accepting, adapting, improvising, surmounting, and moving ahead. Contrary to popular perception, resilience is not an inborn trait. Resilience is not passive acceptance. Resilience, like endurance, can be built and developed. It is an active process where ingenuity, flexibility and reframing of attitudes is used to navigate through adversity. Charles Darwin more than a century ago remarked: "It's not the strongest of a species that survive, nor the most intelligent, but the ones most resilient and responsive to change."

Resilience is inextricably linked to compassion. As doctors it is incumbent upon us to inculcate resilience in our patients. Blaming the government, criticising the journals for publishing data without adequate scrutiny, bemoaning the vaccine hesitancy, and moralising from the pulpit are not likely to help our patients. On the other hand, motivating our patients, reassuring them, treating them, helping them cope with the after effects of COVID, and eventually empowering them are the need of the hour. The 7Cs model of resilience (Competence, Confidence, Connection, Character, Contribution, Coping, and Control) proposed by Dr. Ken Ginsburg needs to be rediscovered and reiterated.

As the pandemic waxes and wanes, variants of interest, variants of concern, or variants under monitoring may test our resilience anew. The Japanese writer Haruki Murakami has written "When you come out of the storm, you won't be the same person who walked in. That's what this storm's all about." Covid 19 has been such a storm in our lives. Yet, the medical profession has weathered the storm. As physicians, we are tasked to serve and empowered to heal. Encouraging and helping our patients build resilience is as important as writing a prescription.

As Karen Reivich said “Resilience is not all or nothing. It comes in amounts. You can be a little resilient, a lot resilient; resilient in some situations, not others. And, no matter how resilient you are today, you can become more resilient tomorrow.” Together we shall overcome!



Prof. Rohini Handa

MD, DNB, FAMS, FICP, FRCP (Glasgow)

Senior Consultant Rheumatologist

Indraprastha Apollo Hospitals, New Delhi

rohinihanda@hotmail.com

Professor of Medicine, All India Institute of Medical Sciences, New Delhi

Dean Indian College of Physicians

President APLAR (Asia Pacific League of Associations for Rheumatology)

President Indian Rheumatology Association