Thinking Aloud: How Do You Social Distance?

By Chuck Dinerstein, MD, MBA — August 3, 2020

Thinking Aloud is an irregularly-scheduled column that considers how we think about a particular issue. First up: Given all the uncertainty surrounding COVID-19, how do you decide how you should behave?

Across America, if not the world, it is time to play “Beat the Reaper,” the updated version of the Firesign Theater’s radio skit [1], featuring COVID-19 as “the Reaper.” Leaving aside the recommendations of our scientists and politicians, how do you, as an individual, go back to social mingling. What uncertain information do you apply or not, to a disease that one person characterized as “a slight possibility with a large downsize effect.”

We can consider the statistics and the studies, peer-reviewed or not, but at some point must venture out into the world. I conducted an informal, unscientific poll to see what factors people considered in making their personal decisions.

It all begins with me

The question that most shapes our decisions is simply put, what is my risk of contracting COVID-19 and becoming very ill or dead. The incidence of COVID-19 pales compared to the risk of hypertension or coronary artery disease, so at some level, it is the risk of death that is the real driver of our fear. We consider our age and personal risk factors to place ourselves somewhere on a fear scale from fearless, the partygoers of the Hamptons, to dread, those isolating to the greatest
“Ethical behavior is doing the right thing when no one else is watching—even when doing the wrong thing is legal.” Aldo Leopold [2]

From our place on the fear scale, we determine our individual defensive behaviors. I am not as much concerned here with our public persona, wearing masks, social distancing because those choices are now entangled with politics and, more importantly, how we perceive our social responsibilities over our “rights.” I am more interested in what we do when no one is looking. How often do we wash our hands, wear a mask, social distance? Whatever safety measures we take for ourselves becomes our defacto standard for comparison of others.

The Pandemic Pod

Call it a pandemic pod or even a COVID coven; there is a group of individuals who meet our standards of protection and who we interact with, with little or no hesitation. The people you live with form the basis of the pod; the people who have been in quarantine with you, who do as you do, reflect how big that coven gets to be. It is not large. It does not include those “essential workers” that you interact with at the market or gas station; those individuals are at the very edge of your new social network. Your pandemic pod is those individuals you have been routinely seeing, physically, not virtually. The question becomes, under what conditions do you extend the coven to your less frequently seen friends? It seemed to boil down to two questions.

What is their exposure?

Put another way, how likely are they to bring COVID-19 into my home? Among the factors people considered was where the friend originated – for many, those coming from Florida, Texas, or California need not make the trip, being from a current “hotspot” was a disqualification. The mode of transportation also seemed, for some, to finetune the choice. Daytrip by car probably felt the safest, having to stay overnight at a motel less safe, flying perhaps somewhere in between. Subway and other forms of mass transit serve to illuminate that it is not the time spent in arriving, but the “contagion” we perceive - just our “gut sense” of the risk that these individuals bring.

Entering the pod

The friends that have successfully passed the exposure hurdle, now enter into a shared negotiation over how best to come together. That most often begins with inside or outside. Hands down, the people I spoke with were far more comfortable with seeing new members of the pod outside. To be allowed inside, let alone to stay overnight, required a higher level of shared caution. And that evaluation extended deep into our friend’s pandemic pod, asking the question of whether it had weak links. For example, with lots of adult children now staying at home with their parents, the actions of their child visiting a hot spot and then coming home increase the perception of risk. Can you safely socialize with an essential worker, a first-responder, or soon, a teacher? If not, how distant must they be in the network for you to feel safe, once, twice or three times removed?

There is another wrinkle on this entering the pod, at least for me. For some time, my children have been reluctant to visit for fear of unwittingly bringing COVID-19 to us. And while I appreciate their concerns, my desire to see them outweighs my perception of the risk. It also reminds me of the
many ways I tried to protect my parents as they got older and a bit frailer; they were pissed off, now I understand why.

**What will make us feel safer?**

At first blush, testing seems to be a good source of feeling safer. Tests do promote safety by identifying asymptomatic carriers. But leaving aside all the back and forth of numbers describing which test is best, it’s false positives and negatives, under what circumstances will a test result make you feel safer? How many days must a person wait before being tested, and how soon do they get a result. Given the current turn-around of 7 days and considering a 5-day incubation, that is nearly two weeks of isolation before testing can make you feel safe. And while that may be fine for grandparents traveling some distance to see a grandchild, it is a hard hurdle for let’s get together for dinner. If the grandparents travel by plane or stay in a motel overnight, do they have to begin the quarantine all over again?

Of course, a rapid-test would reduce that time hurdle from days to perhaps hours. But the fearful would point to the false negatives and might only be assuaged if tests erred towards the false positives, over-identifying possible COVID-19 risk. Testing, while important to the public health, may not be as crucial to our private calculations.

For many of us, safety will only come when we turn COVID-19 into a readily manageable illness, and without the considerable downside of dying. Remdesivir reduced hospital stay, but dexamethasone reduced mortality, a far more critical source of reduced fear. A vaccine would be a great fear reducer for many of us, anti-vaxxers being the contrarians here. We may take some solace in our ability to have reduced the incidence of polio, human papillomavirus, or a host of childhood diseases. We can find additional comfort in our experience with HIV/AIDS; a once lethal disease now made a chronic illness. There is another lesson from that experience, “casual sex” is different today than in the ’70s. So too, how we mingle is and will be different. The aggregation of our choices, our biologic need to be together and factors yet to be determined, will paint the picture of how society will appear.

[1] The Firesign Theater was a 4-man comedy group that originated in Los Angeles. Beat the Reaper is a mock game show where the contestant is injected with a disease and has “10 seconds to tell us what you got and Beat the Reaper,” receiving the antidote. Here [3] is the YouTube version.

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[3] https://www.youtube.com/watch?v=957dnV43x74