CORRESPONDENCE

In reply: Physical distancing or social distancing: that is the question

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To the Editor,

We appreciate the interest of Aminnejad and Alikhani¹ in our recent publication on social distancing practices for the operating room,² and are grateful for the opportunity to respond. We wholeheartedly agree with the importance of addressing mental health concerns amongst the many challenges of the current pandemic. This is not a new concern by any means. For example, during the 1918 Spanish flu pandemic, the Health Commissioner of New York City declared, "...my aim was to prevent panic, hysteria, mental disturbance, and thus to protect the public from the condition of mind that in itself predisposes to physical ills."³ In the current coronavirus disease pandemic, effects on population mental health may be significant. Among other factors, isolation, as well as feelings of entrapment, loneliness, and bereavement can contribute to an increased suicide risk. Interventions emphasizing community support, as well as friends and family contact, are indeed recommended.⁴

Social distancing is increasing the physical distance between people to prevent the spread of disease. We wrote our paper to emphasize that this practice must be applied in the professional arena, even in high-stress work environments in which close physical contact is

historically the norm (e.g., the operating room). Nevertheless, we agree that social distance should not be construed to imply social isolation. We described the importance of effective communication styles that may enhance not only productivity but also human interaction, and encourage a nuanced approach to social distancing in all settings so that we feel connected and supported in all the communities in which we live and work.

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