



Not Our Finest Hour

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He drew in a breath. And then he began.

June 18, 1940. Winston Churchill, the Prime Minister of Great Britain for a little over a month, looked grim. In his short time in office, he had witnessed the seismic shakeup of the government with the resignation of Tory party leader Neville Chamberlain, the westward roar of the Nazi juggernaut leading to the capitulation of the Netherlands, Luxembourg, and Belgium, the Battle of France unfolding with relentless Blitzkrieg, and the desperate “Miracle at Dunkirk” leading to the unimaginable evacuation of 350,000 French and British troops from French beaches to English safety. Now, the menacing proposition that faced the British was the ignoble surrender of France’s Marshal Pétain and the prospect of a Nazified France hungrily eyeing the territory of dear old Albion.

But Churchill, in spite of the encroaching darkness, was undeterred.

What General Weygand called the Battle of France is over. I expect that the Battle of Britain is about to begin. Upon this battle depends the survival of Christian civilization. Upon it depends our own British life, and the long continuity of our institutions and our Empire. The whole fury and might of the enemy must very soon be turned on us. Hitler knows that he will have to break us in this Island or lose the war. If we can stand up to him, all Europe may be free and the life of the world may move forward into broad, sunlit uplands. But if we fail, then the whole world, including the United States, including all that we have known and cared for, will sink into the abyss of a new Dark Age made more sinister, and perhaps more protracted, by the lights of perverted science. Let us therefore brace

ourselves to our duties, and so bear ourselves that, if the British Empire and its Commonwealth last for a thousand years, men will still say, “This was their finest hour.”

Now it is a far cry to equate our experience with COVID-19 with the onslaught the British (and the world) faced at the hands of the Nazis. But it is not wrong to ask ourselves as clinicians, administrators, and the entirety of the health care bureaucracy whether we were able to “so bear ourselves” that future generations would look at how we handled this pandemic and say, “This was their finest hour.”

Let me save you the suspense: it *wasn't* our finest hour.

Now, understand, no system in crisis is perfect from start to finish. Churchill himself made dubious compromises, unforced errors, and ill-conceived plans. As a matter of fact, the government over which Churchill presided made him dyspeptic as he deftly (and routinely) counted the votes necessary to prevent votes of no-confidence. And as for his international Allies? The evasive Roosevelt, the duplicitous Stalin, and the dour de Gaulle all caused Churchill headaches. No system in crisis is perfect from start to finish.

To be sure, when the pandemic unfolded, there was a mountain of unknowns. What is the nature of this virus? Where did it come

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from? Who is most vulnerable? How is it spread? How can we protect ourselves? How will we test for it? How will we treat it? As one complicated thinker observed,

As we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns—the ones we don't know we don't know.

We all remember the searing images of bodies piling up in China, Italy, and Iran, soon followed by those in Washington state and New York. Indisputably, people were sickened and dying in rapid succession. As such, there was a feeling of impending doom. Governors were conducting press conferences about repurposing stadiums as ventilator-filled field hospitals. News stations ran tickers from Johns Hopkins of COVID deaths and locations. Epidemiologists rolled out graphs and hashtag campaigns began to #flattenthecurve by staying home.

A lot of people became sick. And a lot of people died. But as time went on, as people were out of work, schools were closed, deaths died down and illnesses (for many) were less significant than anticipated, the devil was in the details. We started to argue with each other.

“The lockdowns are working, we need to continue them.”

“No, they aren't. They are more harmful than good.”

“Always wear your mask in public”.

“These cloth and surgical masks don't even work. And I can't get an N95.”

“Try Hydroxychloroquine. Try Ivermectin. Check out this YouTube video.”

“No way. These are unproven and shouldn't be promoted.”

“EVERYBODY should get immunized, no matter what.”

“But what about natural immunity, low risk individuals, possible unknown vaccine side effects, and does the vaccine wane or cause negative efficacy over time?”

It got pretty bad. Because there was so much uncertainty and because so much was at stake (not only health, but professional livelihood, children's' educations, mental health), these arguments became increasingly heated. Scolding and screaming, censorship and firings were widespread. While some people proposed wild conspiracy theories, others willfully crushed honest debate.

And how about the medical establishment? Was it our finest hour? To be sure, there have been many accomplishments: COVID structural characterizations and diagnostic tests, N95 mask production and encouraged hand hygiene, effective vaccinations and the development of Paxlovid, all in short time. But in a way, I never could have anticipated prior to the pandemic, in the face of dissent (some legitimate and some illegitimate), the establishment became partisan—even ideological. To be sure, science at its best strives to be honest, objective, and dispassionate. However, science is studied and utilized by human beings with noble intentions, but also biases and blind spots, flaws and agendas. Sadly, just as often as hospitals were receiving death threats over refusing to administer patient-directed Ivermectin for a highly profiled patient dying from COVID, we would see public health officials or scientists scolding, accusing, or heaping calumny upon those who offer honest dissent and scientific explanations of early treatment options, including Ivermectin, that seemed to be having good results.

Regardless of your stance on any of the contentious issues (and there have been many) in the COVID wars, the medical

establishment is supposed to be an adult in the room. Without trying to sound condescending, we know that—just as I am uncertain of the mechanics of my car—many people simply aren't fluent in medical language and the ramifications of testing, treatment, and prevention. They look to us for guidance. If we obfuscate, intimidate, or simply fail to honestly admit that, in some cases, “we just don't know yet, but feel this is the best way forward,” we will lose people's trust. As a physician, I have seen flagship journals heralding weak studies and editorial writers promoting policies undermined by the very statistics they cite. I have witnessed models cited as Gospel truth while failing to recall British statistician George Box's wise assertion, “All models are wrong, but some are useful.” I have encountered august specialty bodies (consider the American Academy of Pediatrics walking back their statement in summer, 2020 about students returning to school) change their medical policy recommendations under political pressure from interest groups. I have witnessed medical leaders championing openly partisan political commentary giving the impression that a proper political worldview bests the best scientific evidence to date. And finally, I have seen scientific authorities act with a smugness that betrays our call to be the servants of our patients and society, and not their minders.

It all seemed to have gotten so personal. How did it get this way? What happened to the medical culture of Grand Rounds? The best Grand Rounds I have ever attended became open forums for discussion and debate. They involved razor sharp minds challenging one another and earnestly engaged in arriving at the best (if not the right) answers. At times, the debates would become heated, but everyone recognized that this was the winnowing process necessary for truth *and* everyone could see a power play from a mile away.

As a physician, I wake up every day and go to bed every night trying to help, in whatever way possible, my patient. Medicine, as I have come to love it, has forever been striving, but self-effacing. The scientific method is

designed to improve our practice by simultaneously pointing out what we could have done better. And our ultimate goal is to walk with our fellow human being and help them feel better.

So maybe the COVID-19 pandemic has *not* been our finest hour. But we can change. It is time to be humble again. It is time to think clearly untethered from agendas or pre-conceived notions. It is time to have honest debate without recrimination. It is time to trust. It is time to get bitter emotions and politics out of the practice of medicine. And it is time to remember that, one day, the blessed recipient of such solid, earnest care—the care that medicine should offer forever—may be your child, your grandchild, or even you.

In the dark days of war, Winston Churchill's trials never faltered, but neither did his hope. And uttering earlier words that would echo beyond the end of the war, he said,

One step more, one effort more, and all the prizes you have fought for from dawn to dusk may be gained. In peace or in war victory consists in the last hour and in the last inch. Let us, then, in true comradeship go forward together. Advance with courage, and the cause of the people shall prevail.

Let us draw in a breath. And begin.

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