

CORRESPONDENCE



2030: The need for microbiologists and antimicrobial stewardship teams will still remain paramount. Author's reply

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We thank Luque-Paz and colleagues [1] for their interest in our editorial [2]. We respectfully differ from their overly conservative perspective. We certainly are not advocating for microbiologist redundancy but we would encourage the infectious disease community to rapidly embrace new technologies that will enhance their speciality and patient care, albeit with the necessary caveats regarding validation and safety. Only a decade or so ago, echocardiography was the sole domain of cardiologists and a limited and often delayed resource. It is now ubiquitous in critical care units and available around the clock, yet input from the specialist cardiologist remains integral for complex cases. AI and rapid or even point-of-care diagnostics should be similarly viewed as opportunity for the microbiologist rather than threat. Most hospitals around Europe only offer Matrix Assisted Laser Desorption Ionization—Time of Flight (MALDI-TOF) technology in conventional working hours and it is often employed only once standard cultures yielded positive results, a process that usually spans a day or more. Would not the critically ill patient benefit from rapid pathogen identification in the middle of the night with, perhaps more importantly, identification of antimicrobial susceptibility patterns that allow focused treatment and immediate antimicrobial stewardship augmented by AI? Such technologies are arriving that will give results within hours rather than days [3]. Carpe diem!

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