



COVID-19 crisis: an extraordinary time for collaboration and science—a call for leadership, now and beyond

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‘Unprecedented’, ‘unexpected’ and ‘unique’: all words used around the world to describe the COVID-19 pandemic that is engulfing us. Reactions have been varied with statements of ‘I told you so’ and ‘predictions of disaster’ subsequently brought into sharp focus by the reality of shocking numbers and true events. Graphs depicting the number game based on doublings every 2, 3 or 4 days being proven unnervingly true in reality makes the maths of infections and events so very real. We watch the regular updates as each country strives for the plateau of infections and the elusive decline in numbers.

The crisis generates many emotions in the caring profession, and most of those involved are very much outside their comfort zone with the management of this invisible enemy [3, 4]. We must balance our own protection and that of our family against the progressive nature of the shutdowns and lockdowns in our own, and now virtually every, country [2].

Through this event, we, as scientists and surgeons, have to draw on our experience and show leadership to our colleagues and to our country and ultimately to the world. Within each country, individuals have stood above the

parapet and driven progress with policies and thought on the best way to tackle the rapid progression, as reality hits. The military consider disaster and event planning as normal and this strategic organisational role spreads to military medicine and on to civil medicine. As the military roll out field hospital capability across Europe, we face the stark possibility and probability of a different form of medicine with mass decision-making and the reality of harsh resource-based discussions. Triage in Italy during the peak was a clear example of the hard-hitting nature of this pandemic with doctors facing decision that they may only have read about.

The methods for considering innovative methods to cope have been impressive and the sharing of information for treatment and avoidance has been truly staggering. What is learnt from one area is freely shared by doctors with doctors they have never met, and the information is grasped with a keenness that only the gravity of this situation can explain. Science-based treatment strategies supplement creative thinking transferring disease knowledge to Coronavirus management, while formal trials are established [2, 5].

WhatsApp, Zoom and other social media platforms supplement the open news channels but provide the real detail in facts and recommendations. Policy documents and guidelines are rapidly spread, and we applaud the innovation and decisiveness. These new communication methods will have a lasting impact on how we handle medical situations and we have all learnt now the benefits of effective teamwork, while being flexible in tolerating updates. Humour, sometimes dark but mostly truly funny, has been widely spread as crisis comedy so often appears at these times. And through all this there has been innovation and lateral thinking. We await the breakthrough testing and vaccine solutions that will allow us to emerge from this cloud.

The crisis has hit hard, however, at the personal level in all countries with the substantial impact on doctors, particularly the dramatic loss of life that has been seen in China and in Italy [1, 2]. All our thoughts go to the families and colleagues of all those who have given their lives in this

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battle. Surrounding this, we have to expect emotional fallout despite our recognition that we deal with death on a regular basis. We may rationalise events based on textbook medicine and experience, but this is different and has hit with such speed and vindictiveness that the impact is difficult to comprehend fully.

The impact on the world of medical education is yet to unravel as so many conferences have been postponed, teaching of trainees has been on hold and research projects impacted. Medical students are thrust into the front line, bypassing exams to bolster much needed services. Maybe this will make for better experienced and down-to-earth new doctors, and only time will tell. We look forward to the spread of new equipment and innovation, applauding all the non-medical companies who have risen to the challenge of providing essential ventilators and PPE [2].

What will emerge is yet to be clear and our reflections on the crisis need to be crystallised. We have had to listen to the science, as our public health and epidemiologists spell out stark figures and facts. In all countries, these specialists have been the calm voice of reasoning, and we witness the way they have been respected without the politician rhetoric and subsequent vindictive questioning that is so often thrown back to the media stars that politicians have had to become.

There has been, however, a balance between following instructions and trusting policy-makers, while following the underlying science. The science leads to decisions but the undertone is that we fear political decisions being made on availability rather than sensibility. PPE is the example where the evidence from the front line gives a real picture but the policies lag behind and are open to question [2]. Rationing is a feature of medicine that we have learnt to cope with, including rationing of procedures, but we manage this in normal practice taking criticism in our stride as we drive forward with a huge volume of research stimulating knowledge. We drive against the policy-makers tolerating frustrating changes, often with well-meaning science misinterpreted and questioned by funders.

And yet when needed, the enthusiasm and self-less loyalty of the medical profession is truly overwhelming. Your

editors stand by the amazing team of European and indeed the world doctors who have achieved so much in such a short space of time, and we are proud to play a small part in foundation of knowledge to underpin advances in our practice. Our way out of this crisis will be through science: anecdotal, theoretical, case series and trials, and we look forward to publishing the knowledge learnt and hope authors will submit.

‘Medicine and science are the front line, they are the only line’. Anon

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