Creating the “new normal” post-Coronavirus world—web-communication replacing face-to-face interaction

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Many of us shared the same experience in recent months: Sitting in our offices, we realized a dramatic decrease of patient numbers in our outpatient clinics. At the same time, the telephone did not stop ringing. So many patients feared to come to the hospitals, the place where all these terrible stories and images apparently occurred, which were published from so many countries around the world. The governmental strategy to protect the healthcare infrastructure from SARS-CoV-2 was very successful—maybe even too successful for some patients. We now experience how many haematologic and oncologic patients were negatively affected by delayed diagnosis or treatment [1, 2]. An empty or an overcrowded waiting room, what do patients really need, what can be changed to the better, to what extent do we need the direct interaction? The COVID-19 crisis opened a new window of opportunity to rethink our perception of optimal patient care. We should “choose wisely” which recently implemented tools may be beneficial for our patients and our services in the long run. Indeed, virtual follow-up visits may persist even beyond the current SARS-CoV-2 pandemic.

Concerning medical education, will we meet each other virtually or face-to-face? The annual meeting of the American Society of Clinical Oncology (ASCO) changed to a virtual scientific meeting and more than 42,700 attendees from 138 countries have participated. This set a new record, as the number of real visitors was 25% higher when compared to the year 2019. Did all these 42,700 attendees really attend the whole virtual conference? Were they present only at

the sessions of greatest interest to them or did they attend as many sessions, as they would have possibly done in the “real world”? What about poster sessions? Getting the data remotely works perfectly when focusing on a single disease entity only, but what about participants with a broader interest in the field?

Every medical society also aims to offer a special focus on some topics at their annual meeting to sensitize the community on new developments. Just remember the headlines of ASCO on the “choosing wisely” campaign. At a real-world meeting, the chance of being personally confronted with important—and sometimes surprising—new developments is higher than by virtual attendance. You would probably never visit a virtual industry exposition as well. What about the informal networks where expertise and ideas are being exchanged. For many of us, the majority of contacts with other colleagues and with representatives of the different scientific societies and the pharmaceutical industry were built up during face-to-face meetings. Virtual participation, however, eases the burden of long-distance travelling and may eventually turn into a valid alternative in certain circumstances.

At medical schools, SARS-CoV-2 had a major impact as well: Students sitting in front of their laptops following the lectures of their teachers. One hour of a highly concentrated transfer of information; exams are performed online. Medical students studying in Austria in 2020 physically attended the university in January 2020 for the last time, had a lecture-free time in February, which was followed directly by the SARS-CoV-2 associated lock down of the universities from March until July 2020, again followed by summer holidays lasting until October. Nine months without any face-to-face contact between professors and their students. Do we face a new reality of “online studies” only? Is that appropriate in medicine? Attending

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a university is much more than just learning the medical essentials, it includes meeting colleagues, building networks, getting in contact with teachers, discussing so many important topics with friends, working hard (and partying). Becoming a medical doctor also includes some experience of a social life.

A virtual new reality opens up a wide field of opportunities and questions arise if things will ever go back to the “old normal”? Travelling the whole day to attend a one-hour meeting was not effective. Therefore, the “new normal” will redesign our mind-set and the way it ought to be will be newly defined. We were able to acquire new skills in patient management as well as online communication and training. Nevertheless, attending serial online web-conferences is burdensome. The informal part of the medical communication that we experience in the post-Coronavirus world certainly is—and will be—different from the pre-Coronavirus world. However, the need for social interactions is essential for us to develop or maintain personal relations facilitating creativity and networking. New opportunities are offered and it is on us to use them wisely and to choose which of them should be carried forward.

Key messages

- *Patient care:* The Coronavirus crisis opened up a new window of opportunity to rethink our perception of optimal patient care.
- *Medical education:* The informal part of the medical communication will change in the post-Coronavirus world facilitating virtual participation to meetings. However, the need for social interactions is e

ssential for us to develop or maintain personal relations facilitating creativity and networking.

- *Medical schools:* Do we face a new reality of “online studies” only? Attending a university is much more than just learning the medical essentials; becoming a medical doctor also includes some experience of a social life.

Conflict of interest W. Hilbe, A. Pircher, T. Füreder, H. Rumpold, E. Gunsilius, and R. Bartsch declare that they have no competing interests.

References

1. De Vincentiis L, Carr RA, Mariani MP, et al. Cancer diagnostic rates during the 2020 ‘lockdown’, due to COVID-19 pandemic, compared with the 2018–2019: an audit study from cellular pathology. *J Clin Pathol.* 2020; <https://doi.org/10.1136/jclinpath-2020-206833>.
2. Richards M, Anderson M, Carter P, Ebert BL, Mossialos E. The impact of the COVID-19 pandemic on cancer care. *Nat Cancer.* 2020; <https://doi.org/10.1038/s43018-020-0074-y>.

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