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Are anesthesiologists ready for the “new normal”?

¿Estamos preparados los anesestesiólogos para el “nuevo normal”?

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*“It is not the strongest of the species that survives,
Nor the most intelligent,
But the most adaptable to change.”*

Charles Darwin

Late December 2019, the World Health Organization (WHO) received notice of several pneumonia cases of unknown etiology in the Chinese city of Wuhan. After a few days, the new SARS-CoV-2 coronavirus was identified as the causal agent. WHO qualified the outbreak of infection from this new virus as a global pandemic and declared it a public health emergency of international concern, with more than 500.000 deaths and around 10 million patients infected worldwide, by the end of June 2020. At the time these lines are being written, the epicenter of the pandemic is the American continent.

Most of the Latin American countries, including Colombia, implemented measures to hold the spread of the virus back, including closing of airports and borders, as well as mobility restrictions for the population. All activities involving gatherings at public and private venues were banned, universities and schools were closed, and sport and recreational activities involving public participation were suspended; measures aimed at mandatory social distancing and isolation were enforced and a temporary curfew was implemented in some regions. As a result of the lack of specific therapies to fight SARS-CoV-2, the best sanitary therapy currently available is the implementation of preventive measures such as social isolation, quarantines, frequent hand hygiene, and the use of face masks, in order to mitigate the transmissibility of this infection. Additionally, in symptomatic cases, ambulatory and in-hospital support therapy with different levels of oxygen therapy and associated ventilation strategies are provided, associated with

the prevention and surveillance of the development of multiple organ failure.

The isolation measures adopted to hold back the spread of COVID-19 have resulted in negative impacts on health, economics, employment, and income of the population. The deceleration of the world economy hurt the prices of primary products, affecting the income of countries such as ours, with a strong dependency on mining and energy products. Social distancing strategies led to a deceleration of production and consumption, and the closing of borders paralyzed international trade, affecting the operation of value chains at the national, regional and global level.

All of these global changes triggered by the COVID-19 pandemic resulted in healthcare practitioners – in this case us, the anesthesiologists – being confronted with a new situation which has affected our working day, including a significant reduction in the usual number of hours and activities in the practice of clinical anesthesia, has forced us to work through virtual modalities based on telehealth, the need to work in other healthcare areas such as critical care, and even face the possibility of total unemployment. Furthermore, there is the latent risk of becoming ill and dying, with the negative consequences of all of the above situations on our own and our family's wellbeing and mental health.

Hence, from the moment the health emergency was declared in our country, The Colombian Society of Anesthesiology and Resuscitation (S.C.A.R.E.), designed four support strategies for its members, aimed at maintain liquidity, ensuring biosafety, promoting dignified work conditions, and generate and/or maintain clinical competencies, mental health, and wellbeing of the anesthesia community. These strategies have been shared and worked on with government and scientific – professional organizations, addressed with the legislature, and made public

through our Website, social media and the national media.⁽¹⁾

This uncertain environment gives us the opportunity to embrace resiliency, interpreted as the ability of human beings to continue to plan for the future in the face of adversity; these challenges should lead to the development of resources that were dormant and we never acknowledged we could accomplish. There are options we can work on and develop in order to adapt ourselves to these “new normal”⁽²⁾ unleashed by the COVID-19 pandemics; these are ⁽³⁾:

Options to strengthen and maintain during this “new normal”

- Managing the infodemic.
- Use of virtual channels for education and learning.
- Workforce protection.
- Telemedicine-based work.
- Preparedness for future threats.
- Mitigation of inequality.

Managing the infodemic

Health literacy is the ability to read, understand, and use healthcare information for sound health-related decision-making and for following treatment instructions.⁽⁴⁾ The word infodemic refers to an excessive amount of information concerning a particular topic, which could become exponential in a short time due to a specific incident such as the current pandemics. This situation leads to misinformation and hearsay, in addition to the manipulation of information with questionable intent. In the era of information, this phenomenon magnifies through the social media, disseminates faster, and it is essential to break this cycle. In order to manage infodemics try to: verify the source of the news, particularly WhatsApp messages; if the information has not been confirmed, do not share it; make a responsible use of social media conversations, use peer-

reviewed academic websites, be aware of the fact that information changes very rapidly during this pandemics; try to have clinical decisions made by transdisciplinary teams and not by individual opinions. Agencies such as WHO and the Centers for Disease Control and Prevention (CDC), among others, are organizing teams to offset rumors and deny myths, giving presentations via their websites and social media with live sessions conducted by experts for this purpose.⁽⁵⁾

Use of digital media for education and learning

It is necessary to rapidly adapt to all the innovations to deliver medical knowledge; hence, various modalities of e-learning and virtual reality as a tool to strengthen psychomotor skills in the framework of the pandemics, have experienced a skyrocketing development. Focusing on turning the traditional models of education into these innovative models must lead to stocktaking to determine which of these new approaches shall continue to be part of the regular curricula as an option to in-person education.^(6,7)

Workforce protection

It is impossible to deliver quality and timely healthcare without properly protected human resources, not just in terms of biosecurity, but also in terms of wellbeing, mental health and dignified work. Holistic administrative strategies should be implemented to bring joy to the workplace and foster an intent and a purpose in doing our job as healthcare providers.⁽⁸⁾

Telemedicine-based work

Telemedicine comprises the set of activities related to health, services and methods delivered from a remote site with the help of information and telecommunication technologies, and is a fundamental tool to deliver our services. Becoming familiar

with the technology, having available innovations such as the internet of things (IoT) and sensors to get real time data from our patients during virtual visits, and generating information systems that allow for sharing data with health institutions and other healthcare professionals, always protecting the patient’s information, are all part of this “new normal”.⁽⁹⁾

Preparedness for future threats

The adverse socio-economic and health impacts resulting from this pandemics should give rise to strategies for avoiding such disasters in the future, or at least, to mitigate any future threats. If what is going on around the world fails to produce changes in the primary care models, to strengthen public health, result in the implementation of the innovations developed to deliver patient care and strengthen the biosecurity components for healthcare practitioners, the deaths and economic lockdown would have been in vain.⁽¹⁰⁾

Mitigation of inequality

The pandemics further increased the gaps that were being developed within the framework of the fourth industrial revolution, particularly in the low and middle-income countries; the impact shall be even stronger in our region, considering the profound inequalities existing prior to the arrival of COVID-19. Definitively, people with higher income will be more resilient to the economic and social shock caused by the pandemics; hence, through solidarity, collective wisdom, and collaborative spirit, we shall contribute to reduce inequality and support the most disadvantaged and vulnerable sectors.⁽¹¹⁾

The uncertainty through which mankind lives at this moment – and which will not come to an end until a vaccine is developed – will continue to have a negative impact on the social, economic and health domains of sustainable

development. From S.C.A.R.E., a body that brings together healthcare workers from all different professions, specialties, and trades, and constantly oversees their dignified practice and wellbeing, we are aware that via the defined strategies to support its membership through this pandemic, aimed at maintaining liquidity, ensuring biosecurity and promoting dignified work conditions (11), in addition to designing strategies to develop and/or maintain the clinical skills, mental health and wellbeing of our professionals, we may be able to contribute to overcome this crisis and continue to “take care of care-givers”.

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