

EDITORIAL

Coronavirus and Radiology. Considerations on the crisis[☆]



Coronavirus y radiología. Consideraciones sobre la crisis

Every crisis is a challenge to overcome and improve, as well as a call to humility.

The situation that we currently find ourselves in leads us to reflect on many things. A developed society such as our own is testament to how easily things can be disrupted in the blink of an eye, almost without any capacity to react, owing to a threat which, based on our life style – characterised by globalisation, travel, the lack of borders and mass meetings – is transmitted with unprecedented swiftness and velocity, affecting the whole planet in the space of a few weeks.

The consequences and side effects, which are also unpredictable, are felt beyond the confines of the healthcare field, causing significant psychological effects on the population and yielding serious secondary financial repercussions.

From a medical perspective, this pandemic has dismantled classic stances, including the classic concept of ‘‘medicine with a view to curing’’ and more modern concepts of ‘‘evidence-based medicine’’, we still have no solid evidence with regard to the coronavirus, or ‘‘patient-focused medicine’’, in certain cases, decisions are made based more on the available resources than on the patient’s condition. After this experience, a new paradigm will probably emerge that will regulate medical action in its various fields.

From a radiological perspective, we are facing a battle that is being waged on the front line by means of conventional radiology, with portable devices, where radiodiagnostic technicians play a crucial role. Our buoyant speciality, immersed in the disquisitions of artificial intelligence, positron emission tomography/computed axial tomography, multiparametric resonance imaging or modern interventionist techniques, returns to its origins: to its more

humble techniques, which, in the current crisis, represent the primary means of diagnostics.

It could be argued that, in the midst of the 21st century, we are in a state of war, finding ourselves in a situation in which we are lacking basic, elemental tools such as masks, lab coats, personal protection equipment, etc. The stock of portable radiology equipment, something given so little thought in our sophisticated world of modern radiology, has run out. Now, we have cutting edge technology that does not serve as a means for dealing with the immediate threat of this crisis.

It is therefore important to consider the bases, the foundations of our speciality: we must not forget where we come from in order to know where we are going; we must not underestimate classical radiology when comparing it to cutting edge technology. Nowadays, our residents are barely used to interpreting a portable X-ray. Furthermore, as a paradox to the progress entailed by the concept of teleradiology, at this moment in time, it is almost more important, and of course risky, to obtain the radiological document than its report that has been written by a specialist. Radiographers, those staff members who are not always fairly appreciated or valued, play a crucial mission. It is for this reason that we should increasingly involve ourselves in their training, forming alongside them a cohesive and coordinated working group.

In return, we must analyse the important role that our discipline is playing in the diagnostic management of this crisis, alongside other clinical or laboratory specialities. While it has been years since we were in the back row of the orchestra, and despite the fact that we have gone from playing minor characters to almost directing it, taking on the baton, this should not be an obstacle to maintaining our evolution and continuing to improve. We need to be critical with ourselves, to analyse our performance, and to try to draw conclusions from it, so that we can avoid making the same mistakes in the near future. There will probably be a ‘before’ and ‘after’ of this crisis.

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We need to move in unison, like a well coordinated, finely tuned orchestra. Within the multidisciplinary context that prevails in modern medicine, our speciality is one that best compliments the other specialities, both clinical and otherwise. Each expert leads their area, our contribution is essential, although the current situation blurs the boundaries between specialists and turns the system into a unitary whole.

The Spanish Society of Medical Radiology (SERAM) has reacted quickly and has taken action on the matter, attempting to guide and advise our radiological activity, presenting a structured report both for the simple plate and for the thoracic tomodensitometric examination, focusing on the indications of the latter, providing an adequate bibliography and in general fulfilling its role of supporting and assisting the radiological community. The different sections of the SERAM involved in the crisis, which are well coordinated, have also put forward their points of view in this regard, which have proven to be very useful. Whether in person, via email or via mobile phone, our colleagues in the large Spanish cities, the first and most seriously affected areas by the pandemic, have also shared their extraordinarily valuable experiences and considerations with us.

All crises entail three levels of action: the ideal, the possible and the indispensable. It has not been possible to execute what could be defined as an 'ideal' response. It could be said that the situation has evolved so quickly that it has swept away all forecasts, and we will have the opportunity to consider why this was the case in the future. However, we still have the chance to execute the 'possible' response, or at least the 'indispensable' one, in an efficient and solvent manner, and are doing so in an organised, committed and enthusiastic way, giving it our all in an almost epic struggle. There is still a lot to do, and we cannot throw in the towel too early.

This is a call for hope. Every day we are learning a little bit more about the different facets of the disease. CT scans

are already proving to be an invaluable instrument, with their precise indications. We shall try to make the most of the accumulated experience. Clinical trials and multi-centre studies will emerge, including applications of artificial intelligence, and probably, in the immediate future, an effective vaccine. We shall be strengthened. After several months of struggle, the focus of origin, China, is now beginning to see the light at the end of the tunnel, which suggests that the situation in Spain will evolve in a similar manner.

In the coming issues of *RADIOLOGÍA*, we hope to collaborate with prestigious national and international specialists, who will discuss their experiences and opinions on the matter.

Just a few days before writing this piece, we were planning the National Congress in Zaragoza, which, unfortunately, has had to be delayed. We hope to be able to hold this event in the near future, which will be a great opportunity to meet up and share our thoughts on something that has taught us to view things in a different light.

This crisis has highlighted the solidarity and generosity of all, and has allowed the best side of everyone to shine through. In our case, this meets the classical definition of a physician (Scribonius Largus, 1st century BC): '*vir bonus, medendi peritus*' (good man, skilled in the art of healing); besides their knowledge and technical skills, the physician is a good, committed person with a vocation, which explains their attitude and spirit in the current situation.

Let these lines serve as a small tribute of admiration, affection and respect to all the professionals who, in one way or another, are striving to alleviate the consequences of the crisis with their dedication, commitment and effort.

See you in Zaragoza.

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