



# Gastroenterología y Hepatología

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## LETTER TO THE EDITOR

### COVID-19: A pandemic of values<sup>☆</sup>



### COVID-19: Una pandemia de valores

Dear Editor,

I do not believe it is an exaggeration to say that this is the worst health crisis that my generation — and, I hope, the generations to come — will ever experience. Never before has such a cloud of dread hung over our efforts to provide care and threatened the rationality of our actions. Although we remain uncertain whether the worst of the COVID-19 pandemic is behind us, we have little doubt that it will bring about enormous changes with respect to health, economics, society and culture. Perhaps only the AIDS epidemic, which struck as I was completing my studies, can be compared to what we are presently enduring. The current epidemic is unfolding far more swiftly, perhaps as a sign of the fast pace and immediacy of the times.

From a professional point of view, I am not aware any more hectic circumstances than those under which we have found ourselves since late February. That was so recent, yet such a long time ago. As medical director of a tertiary hospital, I have had a unique vantage point from which to witness the transformation of a healthcare model that is undoubtedly unprepared to adapt to exceptional circumstances. Although we do not have a say in many of our experiences, we do have a responsibility to learn from them in order to improve and to pass on our learning.

I remember those days when I arrived home after many hours in the hospital thinking that we were going to collapse the next day. Yet that did not happen. It did not happen because, once again, we healthcare professionals evince an extraordinary level of commitment to our healthcare efforts and, ultimately, to our patients and to our society, which has always recognised and valued us. Within two weeks, most hospitals in Spain tripled the number of beds in their intensive care units, converted hotels and convention centres into healthcare centres, and turned orthopaedic surgeons into intensivists and ophthalmologists into internists. For years we dreamed of telemedicine, and finally it became a reality. The logistics of supplying peak flow meters, gloves, masks, beds and mattresses came to the fore, far ahead of other disciplines with which we have always felt much more comfortable. Imagination — that same imagination that has backfired on us so many times and “promoted” inadequate

funding for our health system — enabled us to develop hand sanitiser with the help of the beer industry and to mechanise bag-valve-masks in order to supplement the limited numbers of ventilators.

However, the most surprising thing, from my humble point of view, has been the ability to make decisions with unusual speed. Undoubtedly, the massive influx of patients into the emergency department required us healthcare professionals to act without delay, but we could not have done this without the generosity and the high sense of responsibility and solidarity of all of us. No one questioned whether a decision was the right one. The decision was simply carried out, and the next day, if necessary, it was corrected. Nor did anyone dispute whether certain tasks were beneath them or outside the scope of their training. The primary concern of the centre’s management was always coordinating the multiple initiatives of the professionals involved, never imposing them. I remember well that we asked for ten volunteers to provide care on the first COVID-19 units and we had to choose from more than 50.

Barely two months have passed since the start of the pandemic and we have learned many lessons. We have learned that calm, collected and coordinated efforts have been key to steering clear of initiatives that, though always well-intentioned, could cause confusion and result in a feeling of fear that did nothing to help. In this regard, communication and transparency in decision-making have been essential to aligning a complex organisation towards achievement of a shared goal.

We have learned lessons of humility, as we have had to act without scientific evidence or clinical practice guidelines, and we have made mistakes. Everything has happened so fast that what we needed most of all was flexibility. Neither the best faculties nor the most prestigious master’s degree programmes teach how to manage crises like the one we are experiencing. “Experts” advising various governments would do well to recognise that they are filling in the gaps in their knowledge with doses of ideological arrogance rivalled only by the selfishness and partisan interests of those whom they serve.

We have learned lessons of confidence, because without confidence, we could not have accomplished what our fellow citizens thank us for every evening. This confidence is bolstered by the strong sense of responsibility and professionalism of all health, healthcare and support staff.

We must apply all the lessons we have learned to the de-escalation process that we now begin with more desire than certainty that the worst is over. The stage we are entering is more complex than the one we are trying to leave behind,

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as cumulative fatigue and legitimate interests in going back to normal as soon as possible may raise tensions we had managed to set aside. In this stage, prudence, confidence, respect, generosity and gratitude will be more essential than ever.

I would like to conclude this letter in which I have shared experiences that surely are not unfamiliar to you with a mention of the latest value that this crisis has awakened in all of us. That value is pride in belonging to an institution, the institution of health, a precious asset that our society values and recognises. Therefore, once this crisis is a thing of the past, we are obliged to critique ourselves, to see the mistakes we made and the ways in which we could have done better — but also to request the resources that we need so that if another crisis of this magnitude were to occur, we would not once again find ourselves on the edge of a

precipice. Should we fail to take advantage of this opportunity to improve our public health system, the tremendous efforts that we have made will have been in vain.

### Conflicts of interest

The author has no conflicts of interest to declare.

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## COVID-19: What's next?☆



### COVID-19: ¿y ahora qué?

Dear Editor,

The tragic images of the last few weeks are still too fresh, and it is difficult to take stock of the magnitude of pandemic figures. However, the pain of the family and friends of the dead and the bewilderment of many colleagues who have dealt admirably with situations for which it is difficult to be prepared are easy to understand. At the time of writing, although the epidemic is far from under control, glimpses of a new situation in which trends are shifting can be discerned. Specifically, in the next few weeks, we will have to start planning a new future, in which the current fear will gradually be supplanted by the desire to return to a normal life.

Although history tells us that predicting epidemics is not an exact science, experience with SARS in 2003 and MERS in 2012, both coronaviruses, as well as other pandemics of viral aetiology in recent decades ought to have taught us something. Experts around the world had warned of the next pandemic, there was quite robust understanding of its latent determinants and there were well-founded hypotheses on the most likely pathogens, foci and routes of transmission. It is now painfully clear that poor-quality political leadership, with a limited vision that rarely went past horizons marked by election periods, and obvious miscalculations in technical resource management barred us from channelling this knowledge in order to ward off catastrophe.

The impact of the measures that we have adopted in recent weeks, which were essential in our efforts to keep units and hospitals safe, have had an intense and immediate impact on our clinical practice, and have aggravated chronic problems with our healthcare system to an extent

that is still difficult to ascertain. The initial anguish felt by professionals, who did not hesitate to put themselves on the front line despite knowing that they were abandoned by a system that failed to protect them, often turned into rage. We should not allow understandable frustration to lead to desolation and paralysis at a time that demands that we clearly comprehend what we have experienced and calmly reflect on our response to new challenges that we will have to face in the immediate future.

In these last few weeks, we have learned the hard way the critical importance of strategic management of ventilators, hospital beds and personal protective equipment. Yet we have also marvelled at the technological developments that have enabled us to sequence the viral genome, start designing vaccines and build entire hospitals in a matter of days. However, if this experience only teaches us how to deal with future pandemics caused by viruses, or other similar pathogens, then the suffering caused by the current pandemic will have been useless and we will have missed another opportunity. Throughout history, other human societies, and whole civilisations, disappeared because they failed to understand the changes in their environments or were incapable of deriving lessons with applications to broader contexts from specific knowledge.

It is abundantly clear that the degradation of ecosystems, a result of the current model of human development, will fuel future catastrophic events, and the fragility of our health systems has been laid bare like never before. The deep impact of their collapse on our social, economic and political structures is obvious and will have serious middle- and long-term consequences. Although no leader can ignore the pressing need for better governance of the public health system any longer, it will be our responsibility, as citizens, to ensure that these subjects are at the top of the political agenda.

In the middle and long term, hopes of resuming a normal life now rest on accelerated development of a vaccine and on some already available drugs, or newly developed compounds, that are effective in treating the most seriously ill patients. However, we cannot fail to appreciate the irony that in this technologically advanced society, with artificial

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