EDITORIAL COMMENT



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Can we keep our patients safe from COVID?

In early 2020 COVID pandemic became a reality in Portugal! The entire population, starting with the decision makers, took measures to stop the spreading, with the known repercussions in the economy, mental and social wellbeing.

With the focus on COVID, many other diseases were forgotten, or set on a waiting mode with a timetable that no one could predict.

Last year's publications and the one now present in this issue, is the proof that it is possible to safely address and treat non COVID patients without putting them at risk.

Clean separate pathways and infirmaries, for the high priority patients, with the fulfillments of strict protocols of respiratory confinement and social distancing, keeps hospital contaminations to a minimum, and gives a fighting chance to patients that cannot wait forever!

Along with pre-admission testing, symptomatic and social questionnaires of close contacts, reduces the chance of in adverted admission of a contaminated patient to a covid free ward!

In the peak of the third wave, in the beginning of 2021, many public and private hospitals lost all possibilities of keeping these clean pathways open, for the surge was such that all the hospital beds and human resources could not cope with the tidal wave of confirmed or suspected covid cases.

The administration and clinical personnel worked together, to reorganize and convert spaces and personnel to assist as many patients as possible, and for a time, some of these safe pathways had to shut down.

As soon as safety could be guaranteed, they were reinstated, and the wards recruited as covid areas, reassigned as non COVID!

This past year taught us many hard lessons, with the loss of over 15.000 COVID patients but also many non covid patients who are the unknown victims of this pandemic, but as doctors we must keep in mind our mission as clinicians and educators for the general population and advisors for the decision makers.

Referral pathways and diagnostic exams must be kept in motion, available for the high priority patients. Family doctors must be allowed to return to their daily practice of preventive medicine, to detect such cases, in the early phases of disease, when cure is a possibility, returning our country to the XXI century medicine.

The starting of the vaccination process brought a glimpse of light at the end of the tunnel, but until we acquire the so much desired group immunity, precaution dictates not to relieve social distancing, and separate pathways for non-COVID patients.

The storm won't last forever. We just have to endure it!

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