



Post-Covid-19 Era: A New Medical World Order

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Editorial

The whole world is facing the unknown and the unexpected as COVID-19 has been changing how we live our lives and how (or whether) we go to work. And this is just the tip of the iceberg. No one could have ever imagined we would be confronting such an unusual situation as we are now. Definitions such as lockdown, quarantine, social isolation, that had only been seen in movies and games, are now part of our daily lives and widely discussed among recently born internet graduated “experts”. The enormous amount of information spread in all kinds of media makes it hard, even for professionals, to distinguish myth from truth. Even renowned sources have spread misleading information, for which apologies have been made.

Furthermore, political trends are rooted in every COVID-19 discussion. People tend to believe in a leader, rather than in scientific data. And scientific data has been distorted so as to satisfy a commander’s needs. Population is caught in the crossfire, tending to pick the side of whomever favors them ideologically, often forgetting that the real enemy is a virus and not a political party. And what is more intriguing is that the Socratic paradox “ipse se nihil scire id unum sciat”^{*} couldn’t be more present. Each day, everything can change, from medical decisions to companies going bankrupt.

But crisis often leads to long-lasting changes. Hence, we are probably living the burst of a new medical world order. Webinars, “lives” and online lectures in general have become a frequent part of our evenings and weekends. Face-shields, masks and goggles have become indispensable medical supplies for good, along with the traditional stethoscope and sphygmomanometer. Anesthesiologists, neurologists, oncologists, psychiatrists, plastic surgeons, rheumatologists, colorectal surgeons, infectologists and many other varied specialists have all gotten busy discussing and studying the same theme: Coronavirus SARS-CoV-2 and how each specialty is affected by the virus.

Surgeons discuss whether or not to indicate an elective surgery for the moment, but no one knows yet, statistically, whether the morbi-mortality is higher when patients are operated electively in face of the pandemic or when procedures ought to be postponed and eventually elective becomes urgent or emergent. Moreover, the answer to this matter is not the same neither for each and every individual nor for each disease. An umbilical hernia in a healthy toddler and a prostate cancer in an aged diabetic man carry different risks when surgery is indicated and distinct risks of aggravation when postponed.

Medical literature cannot hold all these answers for now as we do not have the time and personnel for all the research needed in the pandemic scenario. Mainly because most physicians are now working on the frontline and spending the time, they have struggling to fight the virus face-to-face. But even more important than that, we encounter an ethical dilemma, as most of the research studies that must be carried out will draw conclusions upon lost lives. Probably hundreds of thousands of lives will be the cost for all the answers we need right now. And as we swore the Hippocratic oath, “primum non nocere”^{***} being the cornerstone of traditional medicine, the cost of lives is too high a price to be paid and definitively out of the question. Therefore, and once again, lack of knowledge prevails as empirical management is coordinated in our minds and in our medical practices.

Pharmaceutics, drug companies and infectologists face an even harder challenge, trying to obtain the cure to a virus of which origin is still obscure. On the one hand, some scientists are trying to prove that an already-existing drug is effective against COVID-19, which would be an easier solution as the production and spread of the treatment would be straight. On the other hand, we have pharmaceutical companies that survive on profits and that are making a huge effort to develop a new medicine not only aiming at curing the disease, but also at emerging in the market and making

it successful. We do not know who will win this race, but once again lives are being taken as some research come to a dead-end.

In an ideal-case scenario, an effective vaccine is briefly developed and has widespread distribution, hence preventing thousands of deaths both from COVID-19 and from the economic recession that is bound to rise (it has already risen in some countries) due to prolonged social isolation or lockdown. As we wait for a vaccine to come, reflection is needed upon the mistakes we are making, and what the history of medicine will say about our current management.

When it comes to mind that in the 1980's, because of the fear of transmission, HIV patients were isolated in nurseries and full protective gear was needed in order to get close to patients, it is inevitable to consider that we are certainly not doing everything correctly. And only time will reveal our mistakes as we learn more about the virus, its transmission, survival on surfaces, cycle of life, immunity mechanism and pathogenesis.

This editorial is completely contextualized, and for those who will read it, sometime in the future, who may wonder about some of

the analysis made, we have to bear in mind that this is the panorama we are facing in mid-2020. Probably many mistakes are being made using the argument of lack of information (or the excess of it). The empirical measures taken can lead the world to a complete success against the virus or to be facing ridicule in history books. Only time will tell.

Meanwhile, social distancing, wearing masks, using sanitizing substances and washing our hands are our weapons in a struggle to survive. But more important than that, we are watching the emergence of a new world order, that has definitively come to stay.

*»I know that I know nothing»

**"First do no harm"

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Conflict of Interest

None declared.



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