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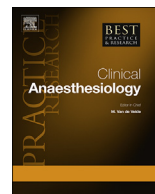
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Preface

Leading in the time of crisis: Considerations for providing safe perioperative and intensive care



Leading through a crisis puts a significant demand on the leaders and their teams. Effective self-care, communication led by example and teamwork are needed to support and motivate all stakeholders to achieve common goals. This holds true even in the face of ambiguity – and regardless of the nature of crisis or the setting. True leadership requires emotional intelligence, transparency, integrity, discipline, and dedication [1]. These principles apply to the healthcare setting when clinicians are faced with providing care in the setting of a natural disaster, military conflict or other mass casualty event, or a pandemic [2]. In this special journal issue, we focus on the considerations for providing safe perioperative and intensive care in the setting of coronavirus disease-2019 (COVID-19) pandemic.

As has been reported, COVID-19 started in Wuhan, China, and spread all over the world in 2020 with an unprecedented speed and with a tremendous impact on individuals, societies, economies, and health care systems. The exponential infection rate was mirrored in a large publication wave, making it challenging, given our constantly evolving knowledge about the pandemic, to filter evidence needed to provide safe perioperative and intensive care for both infected and noninfected patients alike.

In this issue of Best Practice and Research in Clinical Anaesthesiology, we present a collection of the most important challenges and learnings triggered by the COVID-19 pandemic, although many of these topics are relevant in the setting of other man-made and natural disasters. Topics covered include the biology of COVID-19 and its clinical features, the economic impact on health care facilities and systems, recommendations for safe airway management, how to safely run acute care services, including safe and effective staffing models in the operating room and the intensive care unit [3], and establishing telemedicine services for preoperative patient evaluation [4]. We also address the aspects of the pandemic that have impacted anesthesiology subspecialties such as cardiac, thoracic, and regional anesthesia.

The papers further provide overviews of the principles of supply chain management in the time of crisis and useful frameworks for creating incident command centers. Finally, we strive to develop our clinical care protocols and some important leadership lessons learned from the pandemic, all from an international perspective.

As our knowledge of COVID-19 continues to evolve, we are yet to learn many lessons before and after vaccines are available for the global community. The pandemic teaches us that change is not linear anymore but might have become exponential [5]. Above all, such crises offer the opportunity for learning and improvement, leadership and the appreciation of science; all in the setting of political, economic, and social forces. More than ever before, what we need in this time of uncertainty is the ability to focus on what matters – to keep our society as cohesive as possible while we address the health and economic needs of its people. We sincerely hope these excellent reviews written by experts in their respective fields will help support the readers' endeavors to provide safe perioperative and

intensive care during this pandemic and equip you with the essential tools needed to combat future catastrophic events.

Authors contributions

Markus M. Luedi and Richard D. Urman helped to write the article and reviewed and approved the final manuscript.

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Declaration of competing interest

Markus M. Luedi and Richard D. Urman report no conflicts of interest.

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