Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

My first year with COVID-19

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The Lancet Regional Health - Americas 2022;13: 100355
Published online 6 September 2022
https://doi.org/10.1016/j.lana.2022.100355

On March 2020, I moved to Mexico City to start my medical oncology fellowship. My hospital, the *Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán,* was converted to a COVID-only center.[1] Outpatient clinics and programmed surgeries were indefinitely suspended. Therefore, the COVID-19 pandemic had a significant impact on my first year as a fellow in medical oncology. Firstly, academic sessions as part of my program were temporally cancelled. Secondly, the outpatient clinic was limited to patients under active treatment. Thirdly, residents and fellows had to volunteer in the COVID-19 frontline. Lastly, being away from home augmented the loneliness of social distancing required by the pandemic.

The first time I was on call, vaccines were not yet approved, and contagion/death rates were extremely high in Mexico, so my well-being was a major concern. Furthermore, we did not have enough ventilators, making us feel extremely powerless and infuriated. And finally, 30 minutes prior to starting my shift, my mother called to let me know my grandmother had suffered a major hemorrhagic stroke and was being surgically intervened in my hometown. This news made the already difficult situation of being on call terribly harder and made me realize how painful it must have been for patients admitted with COVID-19, suffering and even dying away from their loved ones. The silver lining was the emotional support I received from the other physicians on call. Although we did not know each other as we were from different specialties, the sense of unity and companionship I felt made such a vulnerable time, more bearable.

The COVID-19 pandemic also affected the delivery of care for patients with cancer at our institution with a significant reduction in the number of new patients with cancer admitted during the COVID-19 pandemic as compared to before it. Although no differences in the total time interval of care were identified, a significant reduction in the healthcare system delay was observed.[2] These findings show how a COVID-only conversion allowed for shorter cancer care intervals and demonstrated that our healthcare system was oversaturated prior to the pandemic. Additionally, the use of telemedicine strategies allowed us to continue cancer care. Among patients from our genitourinary oncology clinic, telemedicine was used in approximately two-thirds of patients, most of them on oral treatments and surveillance.[3] As for patients with advanced cancer, a multidisciplinary telemedicine supportive care program was provided mostly by video calls.[4]

As vaccination status increases, the public health problems faced prior to the COVID-19 pandemic will resurface. Healthcare professionals and the general population need to demand policymakers for reforms addressing the issues of oversaturated cancer centers and healthcare system delays. Furthermore, a legal framework regarding telemedicine must be established. As for me, the COVID-19 pandemic represented a difficult transition period in which I had to overcome several obstacles. On the bright side, these drawbacks led to resilience, personal growth, and optimism.

Declaration of interests

None.

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