

COVID-19 – Looking beyond the immediate concerns

I sit at my desk on Friday, March 20, 2020, having finished one of the busiest work weeks I can recall and most definitely the busiest work week in which I felt like I did not accomplish anything, at least as measured by my typical metrics. Most of our collective time during the past week has been spent in urgent, and perhaps late, preparation to care for the escalating pandemic and its fallout. I recognize that my first editorial as Editor-in-Chief of the Journal- one I had already penned in the previous weeks- will no longer fit the times.

As you read this editorial, history will have been made. I will have submitted these words for copy editing and publishing some time ago. The so-called “curve“ of the initial wave will have possibly been determined. Will we yet be considering the potential impact of the next wave? Many reading this will have been infected or know someone who was. The human toll of COVID-19 will be incalculable. It is difficult to know whether we will continue to shelter in place or if some semblance of societal normalcy will be returning soon.

Beyond the immediate concerns for humanity, our patients, our loved ones and ourselves, we have an entirely novel set of future issues to process. How will we possibly catch up with the postponed clinical demand for the multitude of rhinologic, allergic and cranial base disease processes whose necessary surgical management does not fall into the “urgent” category? Even after the pandemic comes under control, we will need to continue to prioritize operating theater time equitably to those with the most severe and urgent disease processes.¹ How will we make those

decisions? I fear it may pit colleagues against one another, fighting for precious clinical resources as our natural inclination to return to work in full force may override our best judgement. Will there ever again be something considered “routine nasal endoscopy.” With our newfound appreciation of viral aerosolization and “aerosol generating procedures,” will nasal endoscopy now be forever a procedure with mandated personal protective equipment (PPE), possibly with a disposable endoscope?² The potential for added costs to our already overburdened and inflated healthcare system seems enormous. The impact of the pandemic on our trainees is concerning. Certainly, we are all gaining new and unanticipated competencies. But will the core competencies be severely impacted and for how long and how will we adjust to rectify this? There are some potential silver linings as well. Anosmia, anecdotally linked to COVID-19 infection, will likely become something to which we are much more attuned.³ The way we educate and train will change substantially and very possibly for the better. We will all be much better equipped to practice virtual medicine and that will indeed assist us in patient care for years to come.⁴

Per usual, the scientific manuscripts in this month’s issue advance our field. In addition, I hope you find the Editorial material in this month’s issue as compelling as I do.^{5,6,7,8} But mostly, I hope that you and your families are well and thriving.

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Editor in Chief

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