Editorial

EOR | VOLUME 6 | JANUARY 2021
DOI: 10.1302/2058-5241.6.211000
www.efortopenreviews.org

EFORT open reviews

A most hazardous year

Pierre Hoffmeyer

This last year of the second decade of the twenty-first century will be remembered as the year of all dangers. Things started off well enough with the usual New Year's celebrations, all of us looking forward to a bright future full of promises lying ahead. The economy was booming and we all had plans for travel, meetings and vacations. Then things started to go awry. The news came from distant lands that an unknown modern plague was brewing, its origin blamed on bats, pangolins and other exotic beasts. Winter passed with some anxiety but, in a way, we were assured that all this was far far away and that it would pass. Medical experts and politicians alike took a reassuring stand. And then, just as spring was on our doorstep, the awful realities of COVID were brought home to bear, the WHO declared a pandemic and international travel was halted.

We started to learn all about this virus, essentially a microscopic droplet of lipids decorated with protein spikes and containing genetic material. The virus spread via our hands and snuffles to our airways and blood streams, merging with and damaging our cells, creating havoc in our respiratory organs, in our coagulation pathways and in our nervous systems amongst others. We also learned, statistics on hand, that the elderly were the victims and we were told that the young were the spreaders. Nuances of these early certainties came with time. In the first days and weeks, politicians and experts emitted mixed signals. At the onset, because of shortages, masks were not deemed necessary, then, as they became available they were declared mandatory. As some regions went into hard lockdowns others went into denial. Finally, in most countries, masks and social distancing along with repeated handwashing with soap or alcohol-based solutions to dissolve the vicious lipid droplets became the norm.

Lockdowns and curfews were instated. Shops and restaurants were closed. Schools and universities were shut down. Flights were annulled causing a rush back home or stranding travellers. Everywhere the buzz word was: Cancellation. Gatherings such as cultural, religious and sports events were all pushed back to better days. After a dire spring came summer, bringing with it a carefree recklessness. Masks had become freely available, R numbers were low, hospitals were slowly emptying, the sun was shining, its heat melting the malignant microscopic lipid droplets. But deep down we all knew it was only a reprieve. So right we were. Autumn brought back the full scope of the scourge with its procession of lockdowns and shut outs. Temperatures dropped and the evil lipid droplets hardened up, thrived and came back with a vengeance. Hospitals were again at capacity and ICUs filled up. Yet, in the midst of all this desperation there blossomed a light, a hope, an expectation. Vaccines were arriving on the scene. In such a short time, it is a prodigious feat involving molecular genetics, pharma and medicine. The end of the tunnel was nigh with a promise that life would return to our 'normal'. Although today nothing has changed, as masks, physical distancing and handwashing are still the staple of the day, vaccination will change the course of this plague, but only in time. The logistics are mind-boggling but we trust they will be managed to the benefit of all.

The medical profession was in the limelight with its certainties, hesitations and unknowns. The public discovered the meandering and sometimes infuriating paths of medical research. Bizarre treatments, conspiracy theories and alarming tales sprouted and spread with vicious speed in the media and the social networks. The medical world was under duress, hospitals were and still are overloaded, intensive care unit beds became scarcer and scarcer as more and more patients needing respirators were admitted in alarming numbers. Epidemiologists, immunologists, virologists and pulmonologists, to name but a few, were at the forefront. In some countries the army was mobilized. Warplanes, battleships, missiles, tanks and canons were left in their hangars, docks and arsenals; it was the medical corps that were to carry the burden of this modern-day battle.

Our orthopaedic specialty was hit especially hard. Elective surgery was shut down for many months in many hospitals throughout the world. We could just take care of our trauma victims along with some other musculoskeletal conditions as long as they were labelled emergencies. Our long-suffering and handicapped patients had to wait because of personnel shortages, personal protection equipment shortages, respirator shortages, anesthetic drug shortages etc. In short, the world was not prepared for the pandemic although everyone had predicted it, announced it and described it. But no one had been getting ready for it. Worse, in the past years, many countries

had gotten rid of their stocks of PPE and alcohol because of misguided managerial, economic and political wisdom.

The consequence for our orthopaedic academic activities was the cancelling of all our congresses, meetings and reunions. This was a bleak time indeed for our professionals and researchers deprived of their most prized communication tool, namely the congressional coffee break. This is the quintessential venue where plans for future research developments, projects and ventures are concocted, discussed, debated and criticized.

Because we are a resilient lot and because we are passionate, we reached out to new forms of communication. Who would have thought in January 2020 that we would quickly become adept at organizing video conferences and virtual meetings? After all, this was reserved up to that time for an elite of technicians or colleagues we tended to consider as computer nerds.

So, in spite of the constraints, how does our orthopaedic education proceed? Our communication, interaction and education have largely become a sedentary affair. Solitary in front of our screens, we have become dependent on the vagaries of our internet connection. Virtual meetings are the current solution. The organization behind these efforts has been phenomenal. Referring to the Virtual EFORT Congress, although a bit leery to begin with, I will say that it was a resounding success and at times even gave the impression of being in a 'real' meeting. Congratulations to the organizing team.

Travel will not reach normal levels before 2024, the oracles are saying. With the start of vaccination, the hope is that we will sooner rather than later meet in person again. Suffer no illusions, however, we must prepare for profound changes in our postgraduate educational environment. More personalized hands-on education is the trend of the future. Medical schools all over the world have switched to tutorials, mentoring and small group education. Our own postgraduate education will follow suit. Of course, we will still need meetings large and small with their coffee breaks but small is beautiful, and we will have to adapt to new and more efficient ways of being educated and kept up to speed.

In this new world of personalized education, EFORT Open Reviews will play a major educational role. EOR is a living textbook with new chapters being added continuously. Up-to-date and comprehensive narrative reviews provide the basic knowledge necessary for good practice. In the future, more emphasis will be given to systematic reviews and meta-analyses, hence providing statistically driven and evidence-based data so that the reader may be best informed as to the efficacy and efficiency of proposed treatments and interventions. EOR will also afford editorial space for publicizing joint registry data analysis. Thanks to our authors, EOR is committed to delivering the best and most current information to our readers.

All things considered, EOR is doing well and is in good shape. The readership has increased exponentially, and we have been awarded an impact factor (2.295) this past June. Reviews are arriving from all over the world and tremendous quality control is being performed by our reviewers and associate editors. To endure – the journal being Open Access – the financial situation must be critically addressed. To do so, we have had to instate an Article Processing Charge (APC). All highly rated Open Access journals charge APCs and EOR is no exception if the journal is to survive. We realize that this places a burden on authors and funding institutions, but we trust that the advantages of publishing in EOR will outweigh the problem of the APC.

Some personal changes have taken place at EOR. We wish to thank Professor George Bentley, EFORT past president, for the immense energy, devotion and support he has given to EOR and to the EFORT Instructional Lectures over the many years of his tenure as Scientific Editor of our journal. George is a caring physician, a distinguished scientist, a devoted family man and a dear friend. He has accepted to carry on as Honorary Scientific Editor. Professor Steven Cannon has generously accepted to officiate as Scientific Editor and we look forward to this collaboration.

Thank you to the EFORT Board and to the British Editorial Society of Bone and Joint Surgery for their continuing support to make 2021 the best year yet. All my thanks go to our authors and contributors and to our tireless group of reviewers and associate editors. Mandy Webb, Charlotte Parkins and Susan Davenport are the backbone of EOR and of course the support of our readers makes it all possible.

Cite this article: *EFORT Open Rev* 2021;6:1-2.
DOI: 10.1302/2058-5241.6.211000

AUTHOR INFORMATION
[1]Editor in Chief, EFORT Open Reviews.

Correspondence should be sent to:
Prof. P. Hoffmeyer: p.hoffmeyer@bluewin.ch

ICMJE CONFLICT OF INTEREST STATEMENT
The author declares no conflict of interest relevant to this work.

FUNDING STATEMENT
No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.