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Letter to the editor regarding "A new role for orthopaedic surgeons: ongoing changes, lessons learned, and perspectives from a level I trauma center during the COVID-19 pandemic"

To the Editor:

We enjoyed reading a recently published article by Congiusta et al[1] on the redefined roles of orthopedic surgeons during the COVID-19 (coronavirus disease 2019) pandemic. Although we agree with most of the contents of this article, we would like to raise some queries and put forward more insights into this subject, as follows:

1. It is undeniable that orthopedic surgeons are not on the front lines of the war on the COVID-19 pandemic. Despite their limited role in handling COVID-19 patients, their role cannot be entirely disregarded. Senior orthopedic surgeons are involved in nonobligatory trauma care, especially related to fragility fractures in elderly patients, and in administrative jobs. In contrast, junior team members are redeployed to take care of COVID-19 patients in the wards and intensive care units, despite their inexperience, because of the demands of this critical situation. In the United Kingdom, the potential "muscular power" of the junior orthopedic surgeons was utilized well in "proning" the patients in intensive care units,[6] as it is now understood that caring for critical patients while prone helps them to recover better.
2. Congiusta et al[1] have rightly raised the issue of confusion and chaos during decision making in this pandemic. Instead of entirely relying on human minds, recent engineering technologies such as artificial intelligence, the Internet of things, and Industry 4.0 are of immense help to make useful algorithms for health care workers to adopt during the pandemic.[5,9] These not only provide health care workers with clear guidelines for the management of patients but also save important time and already compromised resources.
3. Remote consulting technologies have paved the way in providing continuity of care to orthopedic patients. Telemedicine consultations, virtual fracture clinics, and remotely guided physiotherapy are some examples.[4] We do not agree entirely with Congiusta et al[1] that these telehealth modalities will be removed once the pandemic is over to be replaced by face-to-face consultations. We believe that telemedicine, in limited use before this pandemic, has shown its utility during this crisis and may be used much more extensively, even after the pandemic is over.
4. There has been a significant negative impact of COVID-19 on the education and training of orthopedic trainees. All spheres of their training have been badly affected. The currently affected trainees are also facing increased mental stress and may find it quite challenging to practice independently after the completion of their training.[8]
5. Although the COVID-19 pandemic has caused severe devastation in all spheres of life,[2] including health care, across the globe, it has also provided us several opportunities to learn and evolve a new model of health care.[3] This global crisis has allowed us to revisit how we deliver health care by rationalizing and optimizing the available resources, the effective use of modern technologies, and the importance of personal hygiene, as well as infection control. Research and publications have also seen a significant upsurge during these difficult times.[7]

Disclaimer

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