

EDITORIAL

After the COVID-19 tidal wave: Should things go back to normal?

Tras el tsunami del COVID-19, ¿de vuelta a la normalidad?

Òscar Miró

These have been very difficult months since the beginning of March 2020. Little did we imagine, in the midst of what seemed to be yet another “hard” winter at the beginning of that year, that the worst was yet to come. Suffice it to cite four macro-data so that anyone reading these lines in the near future will be able to get a picture of the situation: more than 5 million residents in Spain infected by a new viral disease caused by SARS-CoV-2, with more than 85,000 deaths due to COVID-19 in 18 months and a mortality rate of more than 10% during the first phases of the pandemic, when it affected the most vulnerable populations; an almost total paralysis of the health system, which was almost exclusively dedicated to fighting the pandemic; and strict home confinement of the entire Spanish population for 99 days (from March 15 to June 21, 2020)^{1,2}.

Hospital emergency departments (EDs) and emergency medical systems (EMS) experienced this veritable tidal wave first-hand and from its very beginning. It is true that, after the initial brutal impact of the pandemic on the Spanish population, which imbued the entire healthcare system with chaos and dread³⁻⁶, the healthcare situation in the ED and EMS was progressively organized, sometimes admirably and in a highly effective manner, to try to minimize the damage caused by this virus to patients and professionals. The successive pandemic waves (up to five at the time of writing this editorial) found an increasingly aware (and vaccinated) population and an increasingly prepared (and equipped) system, including the ED and EMS. In addition, the COVID-19 pandemic pushed other diseases and processes⁷⁻¹⁰ into a corner, either because their frequency decreased (confinement limited many risks, especially accidental ones), or because citizens demanded modulated healthcare (especially with regard to minor or chronic processes), or because care was postponed over time (probably serious diseases, with a toll that has not yet been quantified but will undoubtedly be high). To a certain extent and at certain times, the situation could even be perceived as idyllic in most EDs as time went by, since the care spaces were adapted to real needs (with a previously unknown distance between patients) and patients requiring admission were quickly transferred to the corresponding hospitalization

ward (sometimes in a matter of minutes). After the first weeks of the pandemic, and once they had adapted to the new and harsh reality, the ED was far from being the bustling, crowded and hostile place it used to be.

Parallel to this unprecedented adaptation of care, a frenetic research activity was launched in the health system to try to respond to the many gaps in information and the questions about the outcome of the first actions, which, it must be said, did not succeed in ostentatiously minimizing the disastrous list that the pandemic was leaving behind. Emergency professionals were not unaware of this need to contribute to medical knowledge. The organization in a few weeks of a network of EDs, the SIESTA network (Spanish Investigators in Emergency Situations TeAm), in which emergency professionals from 62 Spanish centers participated, more than 20% of the public healthcare network in Spain, should be considered meritorious¹¹. This multi-center effort has led to pioneering work that has improved our understanding of COVID-19 disease and improved the care of patients affected by it. This new knowledge has been useful not only for ED and EMS professionals^{12,13} but also for colleagues from other specialties¹⁴⁻²⁰.

The course of events has meant that the pandemic is, to date, under relative control, with a very acceptable number of incident cases and hospital occupancy, with vaccination rates in the population close to 80% and with practically normalized social activity that invites optimism. So what now? Back to normality? To that normality of the pre-pandemic situation, so longed for months? It would be good if this “normality” were nourished by the lessons learned during the pandemic: sufficiency of resources (after years of cutbacks), reinforcement of professionals (after decades of under-staffing), adaptation of spaces (permanently forgotten), vocation for cross-cutting collaboration in care (as opposed to the individualism or corporativism that has prevailed for decades) and investment in research (historically neglected in Spain). All this applies fully to the practice of Emergency Medicine, in any of its clinical scenarios (hospital, pre-hospital, emergency centers) and for any of its professionals (technicians, nurses, physicians). I do not know what you think, but I do not

Author Affiliations: Editor of EMERGENCIAS.

Author Contributions: The author has confirmed his authorship in the document of author responsibilities, publication agreement and assignment of rights to EMERGENCIAS.

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Article Information: Received: 12-11-2021. Accepted: 15-11-2021. Online: 19-11-2021.

Editor in Charge: Óscar Miró.

long for a return to the old normality. The practice of Emergency Medicine has been living in abnormality for as long as I have known it. And the pandemic has only made it clear that this was not normal and that, therefore, we should not want or allow it to return.

P.S. Currently the sixth wave is hitting the system again, now mixed with the quasi-habitual historical activity of EDs and EMSs, and it seems to show that little will change in the future in the dynamics of these EDs and EMSs. *None aut nunquam*.

Conflict of Interest Disclosures: None Reported.

Financing/Support: The author declares the non-existence of funding in relation to the present article.

Ethical responsibilities: The author has confirmed the maintenance of confidentiality and respect for the rights of patients in the author responsibilities document, publication agreement and assignment of rights to EMERGENCIAS.

Article commissioned and internally reviewed by the Editorial Committee.

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