■ EDITORIAL

COVID-19 and orthopaedic and trauma surgery

F. S. Haddad

As I write, colleagues around the world will have felt, and will continue to feel, the impact of the COVID-19 pandemic. COVID-19 will have impinged on every aspect of our personal and professional lives, including our core clinical and academic endeavours. It is therefore worthwhile reflecting on the undoubted impact that COVID-19 will have on orthopaedic and trauma surgery, and on our profession as a whole.

The role of *The Bone & Joint Journal* will be to support our readers at this difficult time. We will continue to seek and publish the best scientific evidence that is submitted to us, and will endeavour to make COVID-19-related or relevant work rapidly and easily available in *The Bone & Joint Journal* and *Bone & Joint Open*.

We are all reliant on our respective institutions, societies, colleges, and healthcare organizations/departments to produce and disseminate guidelines. These may change frequently and are often produced on limited evidence. We will not attempt to circumvent or dilute these important processes, but will look to provide new and useful information through our podcasts and through early publication when it becomes available and is peer reviewed and validated.

At this stage, we need to consider the impact of COVID-19 on many facets of orthopaedic and trauma care. Some of the effects are immediate, some will follow in due course and be longer lasting. In our podcasts, we will consider the impacts on the day-to-day life and work of our community, the impact on the way we interact with patients both now and in the future, the new decision-making challenges we face, and the way that this pandemic will inevitably influence our future practice.

We must first of all note the remarkable, but not unexpected, rapid and comprehensive response from our profession to reallocate its resources and to help the overall drive to reduce morbidity and mortality from COVID-19. At the same time, many have worked tirelessly to ensure that we can continue to manage non-COVID-19-related conditions, such as trauma and cancer, as efficiently and safely as possible. We have seen this at so many levels worldwide, although it is a little early to see the evidence in print.

The response in each country and continent will have been different, but my impression from speaking to colleagues, and from corresponding with readers, reviewers, and editorial board members around the world, is that the response from the orthopaedic and trauma community has been universally impressive.

The current phase of the response is merely the front end. We will have to sustain a prolonged period of healthcare and economic instability through which we will all adapt to working in a different way, and ultimately we will need to ensure that we have the strength and the resilience to succeed in a very busy recovery phase so that we can deliver the high quality healthcare our patients deserve.

Most units around the world have reduced or stopped elective operating. Emergency operating has been downgraded to the absolutely necessary, and we all had to stop and consider what emergency surgery is, what time-sensitive surgery is, and what could wait or be considered unnecessary risk or expense at this stage.

We have all been faced with very difficult decisions, both in terms of access to testing for both ourselves and our patients, to protective equipment, and to resources to manage our patients appropriately. Many have lost their junior doctors and support staff to the more medical side of the workforce, and have had to face the front line again in a way that they have not done for many years. Some of us will indeed now be practicing as physicians or working on intensive care units. We have all had to adapt to learning and responding on a day-to-day basis.

We have entered a new era of digital outpatient consultations, which may yet prove to be a silver lining for our profession. We may yet relearn some fracture management techniques that were forgotten with the push towards fixation for everyone. We have seen some of our trainees grow in stature as their role in this crisis developed and as they have learnt new skills and the understanding of how to cope in a crisis, but we need to be mindful of their baseline need for training and we need to return to that at the earliest opportunity.

We have also seen much of our research come to a standstill. We will need to revisit that with vigour once the recovery phase is underway.

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doi:10.1302/0301-620X.102B5.BJJ-2020-0552 $2.00

Bone Joint J
2020;102-B(5):545–546.

Above all this, we have seen a horrendous threat to our society, to our profession, and to our way of living and working, and the remarkable response from our peers and our colleagues. There is still a long way to go, but we are coping with the worst of this pandemic, and must continue to plan for a full recovery with renewed energy and new insights into our clinical work, our research, our teaching, and our training.

We applaud all those who are contributing, have contributed, and will contribute to delivering safe musculoskeletal care worldwide. We will make every effort to provide useful information through our journals and websites.

"And this too shall pass..."

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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.

ICMJE COI statement:
F.S. Haddad reports editorial board membership by The Bone & Joint Journal and the Annals of the Royal College Of Surgeons, consultancy and royalties from Smith & Nephew, Corin, MatOrtho, and Stryker, and payment for lectures (including service on speakers' bureaus) from Smith & Nephew and Stryker, all of which are unrelated to this article.