

# COVID-19

C Niek Van Dijk

The COVID-19 pandemic is having a dramatic impact on all of us, involving all our daily activities and our practices. As I write this editorial, elective orthopaedic and sports medicine care has virtually come to a standstill. Many conferences have been cancelled or postponed. I hope that all is well with you, your families and colleagues during these challenging and unprecedented times. I can appreciate how difficult it must be within your institutions and know that many of you are on the front lines supporting patients and fellow clinicians. I hope you all are safe as you adjust to the changes this pandemic has brought to your work and family life.

We understand that reviewers may have longer hours and extra responsibilities, which must come before the *Journal of ISAKOS*. For that reason, we are even more grateful for your efforts and appreciate those who continue to complete their assignments. Likewise, we recognise that authors may need more time revising manuscripts and we will do our utmost to support you.

It was Bill Gates who wrote in 2015: 'we must prepare for future epidemics, which may spread more effectively than Ebola. There is a significant chance that an epidemic of a substantially more infectious disease, will occur sometime in the next 20 years'<sup>1</sup> Global health experts have been warning for years that another pandemic whose speed and severity would rival those of the 1918 influenza epidemic was a matter not of *if* but of *when*.<sup>2</sup> Now, unfortunately, we are all faced with a worldwide crisis, and it seems that we are not prepared. When Dr Li Wenliang in Wuhan warned about a strange new virus, the authorities summoned him for questioning and he was silenced. On 31 January, he died from the new virus. This reminds me of the story of Dr Semmelweis. Semmelweis (1818–1865) was a physician from Budapest who came to work in the academic hospital in Vienna, with its two maternity wards. One ward was for midwives, and the other was for physicians and their medical students. At the time, about 25% of women who developed puerperal fever died. Semmelweis saw

that the mortality in the midwives ward was four times lower than in the ward where medical students were trained. He noticed that in that ward, there were many more people (doctors and medical students) who examined the women internally with their unwashed hands. Semmelweis knew nothing about bacterial infections because that discovery occurred at a later date, but he did propose the practice of washing hands with chlorinated lime solutions (bleach). Washing your hands with bleach is painful and it was resented by the other doctors. Besides they had their own explanations for puerperal fever. Semmelweis was fired for 'progressive political sympathies'. He moved to another hospital and within a year, his washing hands policy had reduced their infection rate to 1%, while it was 31% in his old hospital that same year. He published his results, but his findings conflicted with the established scientific and medical opinions of the time and his ideas were rejected by the medical community. Semmelweis was neglected by his colleagues. It annoyed them and tensions mounted. He accused his colleagues of murder and began stopping couples on the street to warn them about the university hospital and saying it was safer to give birth at home. He was eventually arrested and ended up in a madhouse, where he died a few weeks later.<sup>3 4</sup>

Semmelweis spoke up because his eyes were telling him something other than old theories was the cause of infection. He had the courage to challenge his colleagues who fearfully clung to their old paradigms. He was expelled from the physician community for standing up for his patients just like Dr Li Wenliang was silenced in Wuhan.

Since Semmelweis, we know the importance of washing our hands. In most hospitals today, we have alcohol dispensers in each ward to be used after and before each patient contact. COVID-19 has raised awareness of this basic principle to the general population. It induced a quick but crucial education in hygiene and disease prevention. It also taught us about the principle of social distancing. We used to hug and kiss every time we met, but now we are more restrained. At this moment, only distance is an expression of care. Let us hope that we can implement these simple measures more quickly and efficiently in the future because COVID-19 will not



be the last of lethal viruses to make their way throughout the world.

To quote one of the greatest historians of our time, Yuval Noah Harari in the *Financial Times*,<sup>5</sup> 'This storm will pass. But the choices we make now could change our lives for years to come. Will we travel down the route of disunity, or will we adopt the path of global solidarity?' Moreover, he argues that global solidarity will not just be a victory against COVID-19 but also against all future epidemics and crises that might assail humankind in the 21st century.<sup>5</sup> In our profession, we know the importance of solidarity; we are used to sharing our data and knowledge. We do it all the time.

Let us hope that by the time this editorial is published, the situation has made a turn for the better and that we can slowly resume caring for our orthopaedic patients and other patient-related activities, including our continued orthopaedic education.

In the meantime, together with BMJ and our editorial team, we continue to strive to deliver the highest quality publication. In an earlier issue of the journal, we published the abstracts from podium presentations of *Journal of ISAKOS*'s last biannual conference in Cancun. For the Cancun meeting, the programme committee also accepted many excellent posters. In the current and upcoming issues, we will publish a selection of these poster-abstracts. In the midst of these difficult and confusing times, I hope you can enjoy this issue of the journal.

Amsterdam UMC, University of Amsterdam Department of Orthopaedic Surgery, Amsterdam, The Netherlands

**Correspondence to** Professor C Niek Van Dijk, Department of Orthopaedic Surgery, Amsterdam University Medical Centers, University of Amsterdam, Amsterdam, The Netherlands; C.NiekvanDijk@ISAKOS.com

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not required.

**Provenance and peer review** Commissioned; internally peer reviewed.



**OPEN ACCESS**

**Open access** This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits

others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, an indication of whether changes were made, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

© International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine 2020. Re-use permitted under CC BY-NC. No commercial re-use. Published by BMJ.



**To cite** Van Dijk CN. *J ISAKOS* 2020;**5**:115–116.

Published Online First 5 May 2020

*J ISAKOS* 2020;**5**:115–116.  
doi:10.1136/jisakos-2020-000472

**REFERENCES**

- 1 Gates B. The next epidemic--lessons from Ebola. *N Engl J Med* 2015;**372**:1381–4.
- 2 Gates B. Responding to Covid-19 - A Once-in-a-Century Pandemic? *N Engl J Med* 2020. doi:10.1056/NEJMp2003762
- 3 . Available: [https://en.wikipedia.org/wiki/Ignaz\\_Semmelweis](https://en.wikipedia.org/wiki/Ignaz_Semmelweis)
- 4 . Available: <http://graphics8.nytimes.com/images/blogs/freakonomics/pdf/the%20etiology,%20concept%20and%20prophylaxis%20of%20childbed%20fever.pdf>
- 5 Harari YN2020The world after coronavirusFinancial timesMarch20