The Third Wave: Combining the Important and the Urgent

Eduardo Vigil- Martin, Francisco Murillo-Cabezas, Javier Perez-fernadez, & Nestor Raimondi

ABSTRACT

It is the underwater wave that does not break and is therefore invisible. However, it is also the strongest wave that gives the tide its greatest force and, thus, its effects only become visible when you leave the beach.

What we have been—unfortunately—seeing, hearing and, to a larger degree, treating for several months is only Covid-19, with its constant volume of figures on the people infected and dead, which if they weren't so dramatic, would be liable for hosting a world competition on nonsense due to the absolute lack of credibility, both of governments and international organizations.

When they have upheld at several different times that we are better now than at the beginning of the pandemic, one wants to believe it, but in all honesty, we continue to not know exactly what the virus transmission mechanisms are or its pathogeny. We are largely ignorant of the early warning signs of severity, the immune response it causes or its duration. We still do not have effective medicines and keep expressing our hopes in the different vaccines, without speaking of the uncertainties involved in the scientific processes to produce vaccines.

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I. INTRODUCTION

It is the underwater wave that does not break and is therefore invisible. However, it is also the strongest wave that gives the tide its greatest force and, thus, its effects only become visible when you leave the beach.

What we have been—unfortunately—seeing, hearing and, to a larger degree, treating for several months is only Covid-19, with its constant volume of figures on the people infected and dead, which if they weren't so dramatic, would be liable for hosting a world competition on nonsense due to the absolute lack of credibility, both of governments and international organizations.

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Moreover, we are calling it the resurgence or second wave, despite the fact that over one million people are dead in the world and there are constant weekly numbers on deaths. This may not seem alarming to us[1] if we were only to look at how a wide range of groups are behaving in different countries and the decisions made to allow high-risk establishments to re-open, as well as the permissiveness seen towards dangerous behaviors and conducts.

But now we are immersed in a new wave—a collateral effect of the previous waves—the third, into which a high number of people have been plunged, either with pathologies that necessitate urgent solutions or with chronic diseases, many of them with high severity levels, such as cancer, autoimmune diseases, ischemic heart disease, cerebrovascular disorders, diabetes, hypertension, etc. In the best-case scenario, the care and service these cases are being granted are minimum maintenance and in which delays, many times in managing them, can entail fatal consequences. On the one hand, this occurs due to patients' fear of going into hospitals and health clinics to receive medical care, due to the possibility of contagion, and, on the other, as Cortiula et al. have called it, due to the distraction effect.[2] This effect entails diverting preferential care and resources to patients infected, or possibly infected, with Covid-19, caused by the widespread urgency and media effect prevailing now, decreasing or simply not providing care to other common diseases, with the foreseeable negative consequences. We could even mention, at some time, the paradox of spending huge resources on diagnosing asymptomatic people with Covid, in groups with low risk, and no longer adequately treating those with symptoms of serious diseases.

The number of examples we could cite is enormous, and on a daily basis newspapers report on this event occurring in any community or country. Scientific societies with different

specialties have also criticized this action. In Spain, cardiologists have spoken out against the fact that during the first wave of the pandemic, with no epidemiological change, primary angioplasties to treat acute coronary syndrome were reduced by 40%.[3] In France, Kerleroux et al.[4] report that neurologists published a reduction of 21% in mechanical thrombectomies for acute ischemic strokes, and increased delays in patients going to hospital. Likewise, and in the United States, Kamdar et al.[5] verify a drop in the volume of acute strokes at several clinics, despite the increase in this pathology.

With regard to care for common or chronic pathologies, the general tonic has been the suspension of face-to-face consultations, and citizens are frequently informed that they can only be attended to by telephone or with delays, in many cases greater than 10 days, leaving them the hospital emergency room as their sole alternative. Some initiatives have appeared to try to palliate this situation, taking advantage of new high-tech resources and creating new care pathways.[6]

Moreover, as Covid-19 patients are occupying the beds at intensive care units (ICU) and there were no previsions to be able to increase ICU bed numbers, the immediate outcome has been the suspension of scheduled surgeries. Added to the already-long waiting lists caused by the entire Covid pandemic, we will continue postponing treatment, without the risks to patients mattering. An aside merits mention, which is considering whether the care provided during the "first wave" to patients in different expanded and oversaturated ICUs has been the most appropriate. Disparate mortality figures between intensive care units at different hospitals throughout Spain, and in other parts of the world, are not always explainable by the patients' age differences or severity. These differences cannot be attributed to the lack of respirators, but they can be attributed to the shortage of medical and nursing staff with experience in caring for patients with acute respiratory failure. This implies a need to adopt urgent measures to ensure that all patients receive standard treatment, regardless of where they are. Never before now has there been a better time and need for the digital transformation in healthcare in general, and in intensive medicine in particular. Via advanced IT applications like Tele-UCI, it is possible to transform or improvise new physical spaces in intensive care units, as they can be coordinated and supervised by healthcare personnel accustomed to handling critical situations. Thus, the concept of "ICU without walls" takes on the practical efficiency that one would expect.

There are computer tools on the market to alleviate, extremely significantly, this "third wave."[7] We believe that the time has come for national governments to commit to these solutions that can help emerge from the chaos we are in, where today the non-Covid patients not receiving care are in a much more serious condition and with higher morbimortality than patients with Covid. For their part, scientific societies should create and detail telecare guidelines and standard procedures for treating these patients.

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