



## EDITORIAL

### SECOT: Picture of a pandemic<sup>☆</sup>

### SECOT: Foto de una pandemia



Today we are faced with the greatest medical challenge the world population has had to deal with in the last 75 years. It was in March 2020 when, in a short period of time, we had to redesign our clinical practice and begin practicing a different kind of medicine to adapt to a situation that had crept up on us almost unnoticed. Our profession and personal lives were transformed almost unimaginably in just a few weeks. The old photos we had seen in history books of field hospitals in Europe during the 20th century conflicts and the great pandemic of 1918, lost their old black and white tints and became brightly coloured, crude and real. Orthopaedic surgery and traumatology, which are closely associated with medicine at times of catastrophe, could not remain impassive in this new situation.

An orthopaedic surgeon working during this pandemic could theoretically influence three different areas: 1) by avoiding the unnecessary use of facilities that were already overcrowded, 2) preventing resources from being exhausted, and 3) lastly, controlling and protecting patients and medical staff. However, this influence was found to be insufficient during the times of the highest rates of infection. Due to this, thousands of Spanish orthopaedic surgeons have worked commendably to gain experience in fields hardly linked to our own speciality, to deal with this situation and train multidisciplinary teams together with other specialists, and studying other subjects.

Although all planned activities were suspended during the first months of the pandemic, patients with emergency pathologies continued to arrive at hospitals that were already overloaded by the rising tide of COVID patients. This activity, which in some hospitals may account for 60% of work in normal situations, had to be maintained, with all of the effort that this involves.

The SECOT kick-started an emergency plan so that orthopaedic surgery and traumatology would not be left unattended in the bleak landscape of doubts which over-

whelmed our clinical practice during the first weeks of the pandemic. The secretary of our Society was bombarded with questions that could hardly be resolved by orthopaedic surgeons, as most of them were about epidemiology, professional risk prevention, infectious diseases and management... Due to this, in the first week of April the SECOT was one of the first European scientific societies to hold a “webinar” with epidemiologists, experts in infectious diseases, specialists in prevention and healthcare managers. This event was followed by hundreds of specialists in more than 15 countries, and it became the seed of the “SECOT recommendations against COVID”.<sup>1</sup>

The “SECOT recommendations against COVID” were the first in-house resource and the first specific guide in Spanish for the work of our speciality in hospitals until, in mid-May, the Spanish Ministry of Health published another general guide for surgical work. Until then the only document from the upper reaches of the Ministry had been a generic guide hardly 15 pages long.

Another task was the control of out-patient visits. Our Speciality receives about ten million outpatient visits per year, and it is the medical speciality which sees the highest number of patients in the whole country; this means that approximately one million patients have an appointment with an orthopaedic surgeon every month. During the lockdown there was much confusion, and patients did not know what to do about their appointments. The SECOT proposed a pioneering telemedicine system that was able to resolve the problem, and hospitals and specialised centres started to make millions of calls, so that no patient was left unattended.<sup>2</sup>

These and other guides supplied by our Society (so that sometimes the number of visits to the SECOT web page multiplied by 10) meant that in April Orthoevidence (the organisation led by Professor M. Bhandari) positioned Spain among the first five countries worldwide in terms of quality recommendations for how to deal with COVID.<sup>3</sup> This was a source of great pride for our Society, which had originally proposed solely that Spanish specialists should not have

<sup>☆</sup> Please cite this article as: Gómez-Vallejo J. SECOT: Foto de una pandemia. Rev Esp Cir Ortop Traumatol. 2021;65:73–74.

go through this process alone and without any institutional help.

Nevertheless, not everything about the pandemic has been about hard work with a happy ending. Colleagues and family members have fallen sick or died, reminding us of a reality that fills us with sadness. Moreover, two major threats have emerged for our professional work: surgical waiting lists have continued to grow, and our own training was halted and is currently the objective of a search for new ways in which it can continue.

As a scientific society we faced another challenge: if we were unable to adapt, this would have reduced the capacity of our specialists and interns to receive continuous training. The SECOT was therefore able to transform its entire offer of attendance-based training into digital format in only two months, organising a congress that was highly popular and the model for others. However, it would be difficult to replace the practical side of our speciality, which is highly manual and cooperative, by sitting in front of a computer screen. If to this we add the fall in planned surgical operations in hospitals where surgeons are able to learn and maintain new skills, then the outlook may be less hopeful.

Thus having overcome the uncertainty of the first months, we now face the present with the task of overcoming the obstacles to continuous training in our Speciality. We have to prepare ourselves for a world in which teaching plans are no longer fixed, as they will have to be more flexible and effective. To overcome this and future challenges, perhaps more selective mixed (online and attendance-based) training would be a good option, in smaller groups.<sup>4</sup> We have to prepare congresses that differ from those held to date, exploring new ways of transmitting knowledge as well as sources of finance.

Due to the above considerations, in the SECOT we want to express our deepest commitment to patient care and to training, two aspects which are inseparable as each involves

the other. Experience means that we have to be optimists: even in the worst circumstances, the history of medicine, and particularly that of our Speciality, has consisted of challenges, overcoming difficulties and achieving goals. And even though some of us will probably be missing from the photograph in colour that will mark the end of this epoch, we will never forget their hard work, generosity and commitment to helping others. This is for them.

## References

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