LETTER TO THE EDITOR

# MUCH ADO ABOUT A VIRUS
## COVID-19 Trigger of Scientific Curiosity and Medical Unity

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Dear Editor,

Very few ever thought we would live to actually witness a catastrophic medical crisis affecting the whole world.

Learning how to protect one from the other, stigmatizing a neighbor with a cough or a sneeze, and counting the COVID-19 victims by the minute, the world watched this sanitary nightmare evolving on a television screen with a tsunami starting in Wuhan, Hubei Province, China, in December and reaching the Americas by the end of March.

Caught in the middle, the Lebanese saw their first cases hit the ground officially on March 1st. A remarkable effort ensued in our medical community. A swift organization was put in place by the Ministry of Health and Hariri Governmental Hospital to accommodate the first patients. Looking at projected numbers, it was clear that more hospitals and intensive care unit beds needed to be prepared to respond to the epidemic. The rule of thumb suggested that 80% of patients would require only outpatient care, and among the admitted ones, less than 10% would require intensive care. The whole health system, governmental and private, had to be restructured in a matter of days or short weeks.

The major private university hospitals were caught up in a paroxysm of preparedness for a virus that they hoped will never hit their door. Our institution, a private university hospital, volunteered to be at the frontline of this heroic battle. We were going from meeting to meeting until the wee hours of the night. Everything had to be thought of to care for the sick. One priority was to protect our healthcare workers; we doubled orders of personnel protective equipment, often having to resort to a growing black market. Facility organization had to be restructured: an isolated emergency room area, isolated elevator, isolated wards, and dedicated staff. Intensive care unit rooms had to be fitted with negative pressure. Extra respirators needed to be available in case of an overwhelming number of patients showing up. Benefactors were generous in helping provide much needed financial help.

While overwhelmed by the anticipated harms of COVID-19, we never stopped caring for patients affected by other pressing diseases during the pandemic, halting along the way all elective surgery and procedures. Physicians, students and nurses from all specialties got together to staff triage and flu clinics, isolation wards, and intensive care units. Medical specialists united and worked together like the fingers of one hand.

In our institution, healthcare workers and administrators gathered together to come up with impromptu decisions on urgent issues; from isolation, testing, hospital access control, to communication with media, and fundraising. Communication was made through a daily bulletin informing our community on the number of patients treated, recovered and deceased as well as pertinent decisions taken in our crisis group.

We created a task force grouping together biologists, pharmacists, anesthesiologists, specialists in infectious disease, immunology, pulmonary, critical care, and nurses. We had to deal with a disease with ever changing guidelines and soft-evidence-based therapy, making treatment protocols empirical and at times anecdotal. The medical literature from around the world had to be scrutinized. The Task Force treatment protocols were suggested by consensus among the group. Our goal was to give the benefit to the patient with the least harm. Various therapies were discussed and adopted at different stages of the disease: Hydroxychloroquine sulfate, lopinavir/ ritonavir, remdesivir, tocilizumab, statins, and zinc [1]. Remdesivir, a promising drug for severe cases was initially not available in Lebanon. For the first time in my career, I felt that we had to act before confirmatory science, which is not what we had been taught or instructed our students and residents so far. A fantastic number of studies initiated by young and senior investigators were hastily published. Over thirty studies and projects were brought forward to our university's medical ethics committee. We gathered weekly in a video conference to keep up with the flow. Turnaround for approval was kept very short, in line with the World Health Organization position of "*a moral obligation to conduct timely scientific research*" during an infectious disease outbreak [2].

Despite the present gloomy Lebanese socio-economic environment, our medical system's reactivity and preparedness avoided the worst. None of us can operate as an island, with this still young pandemic taking its course and no foreseeable vaccine in the near future. Going forward, we have to work together, coordinate our efforts, and share information. Our university's medical institutions brought the best to the frontline: initiative, expertise, solidarity and scientific output, put to the benefit of all, governmental and individual.

This virus has caused a long dynamic event that will require constant strategy adjustment and problem-solving at the national and local levels. Economic issues are heavily weighing on the sanitary crisis.

Pandemic or not, our vision of healthcare is changed forever.

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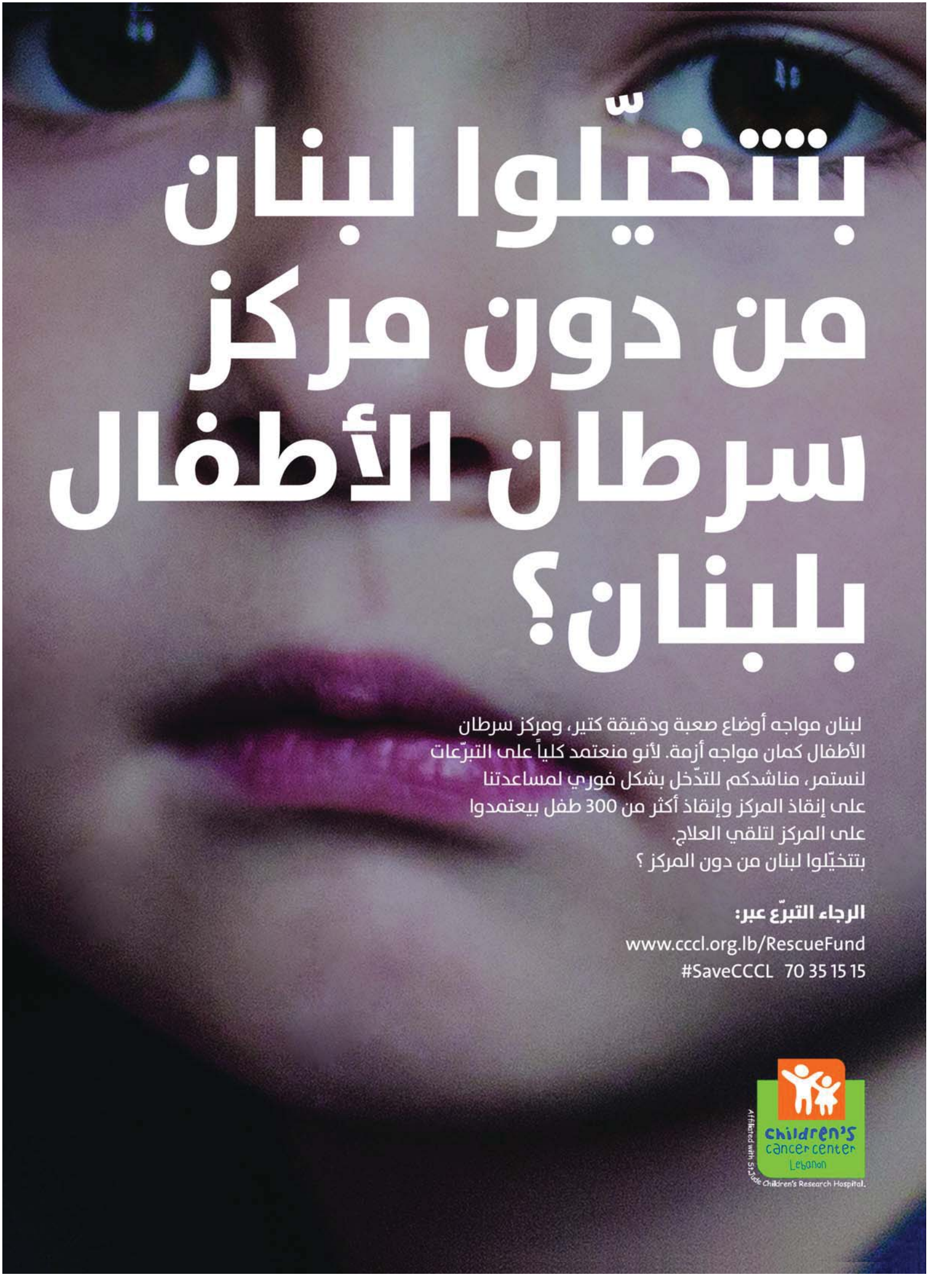
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