

COVID-19 PANDEMIC

EDITORIAL

Lebanon COVID-19 Pandemic: A Game Changer

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By the time this issue of the LMJ is released, and after less than five months from the first detected case of COVID-19 infection, the worldwide number of infected individuals with COVID-19 would have probably reached more than 10 million with around 500 000-750 000 deaths. This pandemic has exerted significant stress on most governments around the world and revealed the precarious state of many of them, from the most developed to the poorest ones, including Lebanon. It showed how unprepared we all are to meet the challenges this pandemic has created. While we have been able to create the most advanced weapons to kill one another and spent our wealth developing destructive weapons, we stand helpless in the face of an infection with an invisible microscopic enemy. Though countries stand equal in the face of this dismal viral infection, yet they remain divided in how to fight it.

Over a very short period of time, health systems, all over the world, have crumbled under the stress created by the high volume of infected individuals, and the large number of the very sick ones who swamped hospitals and medical care centers. The acute shortage of personal protective medical equipment, hospital beds, intensive care unit (ICU) beds, ventilators, specific diagnostic tests and many others, have only been compounded to the lack of knowledge on the course of the disease, its pathophysiology and more importantly effective medical treatment and vaccination. This has led many countries and health systems to compete for scarce medical resources. This pandemic has also challenged some physicians, such as in Italy and Spain, to make ethically difficult life and death decisions regarding whom to intubate and whom to admit to the ICU. The large number of deaths exceeded the capacity of many cemeteries and created significant emotional stress, especially with the strictly enforced social distancing. This was heightened by the fear of the medical treating teams from the exposure to this infection that might threaten their lives and the lives of their colleagues, families and loved ones.

The lack of published evidence-based medical treatment has led to the use of unproven medications and to bypass what most respected medical institutions have considered the cornerstone of any treatment. From Level A recommendations to the dubious Level D expert opinion and the use of “what make sense” led to practices that reminded us the turn of the century medicine. The pressure on the government in the USA led the FDA and CDC to expedite the approval of the use of medications to a mere few days, which under normal times takes from months to years. Also, clinical trials, that usually take months to approve, started within few days of their submission. High-ranking officials of the most powerful country in the world stood helpless in front of fellow citizens and the whole world. High impact journals such as the *New England Journal of Medicine* have raced to accept and publish whatever came as “expert opinion”, case reports, small case series, guidelines, recommendations, in a record time of few days. This led to a “deluge” of reports bombarding us on a daily basis. Moreover, major medical societies, all over the world, have all competed to publish their “consensus” recommendations which they modified from one week to the next.

Moreover, the overtaxing of the health systems has significantly affected the care of the non-COVID-19 patients, whether because of the lack of hospital beds and medical personnel or the fear of virus transmission to personnel or patients. This has led to the cancellation of “non-emer-

gency medical and surgical procedures” and to significant delays in the care of acutely sick patients such as those with acute cardiac events, neurologic events, patients with cancer and pregnant patients to only mention a few. In addition, medical committees in most medical centers have struggled to come up with and implement recommendations and to set up draconian rules on “do’s and don’ts” based on limited clinical data, only to change and modify them shortly after their release.

The economic repercussions of this pandemic are beyond the grasp of most of us. They have caused the wealthiest countries to suspend most of their industrial and economic activities and have hindered the transportation of persons and goods across the world. The pandemic has literally brought bustling cities to a halt. Once overcrowded cities now look more like ghost towns. The effect on the low-middle and low-income countries, such as Lebanon, is not only already visible but remains to be fully comprehended.

Notable, among the many deleterious impacts of this viral episode, is the social distancing. This has led to the modification or cessation of all face-to-face medical teaching, meetings, rounds, boards and clinical training. Teaching medical students and training residents and fellows have been significantly curtailed and only partially replaced by virtual meetings, leaving many medical schools and training centers struggling to figure how to compensate and make up for the lost time and practical experience in patient’s assessment and management.

The situation in Lebanon was compounded by the continuing struggle with our economic and political turmoil. Despite this difficult situation, Lebanon has risen to this challenge on a social, medical and political level and fared much better than many more “advanced” countries of the world.

In the context of all the above, the editorial board members of the Lebanese Medical Journal decided that it was important to reflect on the current COVID-19 pandemic in Lebanon by producing this special issue. It will address the gained experience on how Lebanon confronted the pandemic not only on the purely medical and scientific levels but also on the political, ethical, social, and medical education and clinical training levels.

On behalf of the editorial board,

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