THE ORTHOPAEDIC FORUM

What's Important: Hoping to Help An Orthopaedic Perspective

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Most people who choose a career in health care are primarily motivated by altruism. The lengthy formal education, the patient-care aspects, the long hours, and the dedication that is required weed out those who would do this for other reasons. The practice of medicine and the surgical profession may be perceived as glamorous, but most of us understand that it is hard work, often with intangible rewards, and involves a great deal of personal sacrifice.

A number of us chose orthopaedic surgery as our specialty. I was first exposed to orthopaedics as a patient, having been hit by a car while bicycling right before I entered medical school. I was on crutches during that first year, so I got to know the orthopods from a patient perspective as well as through our curriculum; I quickly discovered that they were the ones in the emergency room and were not afraid of blood or late hours. As I went on to learn, in orthopaedics, we cannot fix everything, but we can improve most things, sometimes dramatically, and, in some cases, even relatively rapidly. Anyone who has reduced a shoulder dislocation understands how quickly someone writhing in pain can be made comfortable. Most of the problems we treat are relatively discrete, visible on a radiograph or magnetic resonance imaging (MRI), and have a treatment pathway that may be complicated but leads to a tangible result. Moreover, few of our patients die from their orthopaedic issues. Some of us have volunteered to work in austere environments with limited resources and support; for me, this type of work has perhaps been the most gratifying. All of us have faced challenging cases or something we have never seen before. And that is what makes orthopaedics and caring for patients rewarding and always interesting.

Now, there is the COVID-19 pandemic. How do we, as orthopaedists, help? Although I have worked in a number of resource-limited environments and disaster scenarios, this is a whole new experience and is difficult to witness. Watching the pandemic unfold, without the ability to immediately jump in as we often do, is an overwhelming challenge. Ten years ago, I was on the United States Naval Ship (USNS) Comfort off the coast of Haiti after the earthquake. When we arrived, there were 450 patients on board with multiple serious traumatic injuries, and more came in every hour. That situation was very difficult, but we knew what had to be done. This pandemic is far worse. No one, not even Dr. Anthony Fauci (Director of the National Institute of Allergy and Infectious Diseases of the National Institutes of Health [NIH]), can fully grasp the magnitude of this problem or when it will be resolved.

COVID-19 is invisible (at least to the naked eye) and has a varied clinical presentation; it is capable of spreading rapidly from asymptomatic patients to the unprotected. It is, of course, best avoided. At this point, there is no treatment except supportive care, which is becoming more difficult as our hospitals are struggling to keep up. It is difficult to even get an accurate assessment of how many people are infected. Orthopaedists are more accustomed to assessing the number of people who have open fractures or traumatic injuries, the severity of those injuries, and who needs to go to the operating room now or in 3 to 4 days. COVID-19 is less clearly defined, and that is what makes it so unsettling. In addition, every hour, this viral infection is taking down our nursing and medical colleagues, our compatriots, our first responders, and our brothers and sisters at the hospitals. It is happening everywhere. And yet many of us, despite

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our desire to be of service, are unable to help except by treating those few patients who have ventured out and been injured.

How cruel is an enemy that you cannot see, define, fight, or even understand when you wish you could be making progress on the front lines? So, we sit on the sidelines, calling patients on the telephone to reassure them that their knee pain will get better, and advise them to try this other medicine, stretch, go for a walk...while another 10, 20, 100 people die. Of course, it is important to help all of our patients, even from the sidelines, but it is also extremely frustrating when our skill set may be better suited to conflicts, earthquakes, and motor-vehicle accidents. To stand by is torment, but it is in the best interest of public health. For those of you who are treating patients with this terrible virus, please know that our hearts and spirits are with you. While we as orthopaedists are not at the forefront of this battle, we are ready to stand in at a moment's notice. In full honesty, I hope that the curve flattens before I am needed to run a ventilator (it has been almost 40 years), but like my colleagues, I remain ready to help in any way

possible. For now, despite how difficult it is, that may require standing by.

Although the future is uncertain, there is one. We will once again treat our nonemergency patients and restore mobility and relieve pain. Perhaps everyone will be a bit more patient, compassionate, and thoughtful in daily life. The time will come when we will remember those we have lost and that the simple act of staying home, even when it is not easy to do, could make a difference. Please be safe. ■

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