

Covid-19 and COPD: A Personal Reflection

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As China seems to be emerging from their COVID epidemic and the rest of the world is plunged headlong into their own perhaps I can be forgiven by the readers of this journal for a moment or two of reflection and even self-indulgence. It is a huge privilege to be the editor of the *International Journal of COPD* and this enables me to keep abreast of all current COPD research. Loyal readers will know that we accept a catholic spread of research and are very much patient-focused. As editor, I have maintained as a principle that the research we published must be potentially translatable. I am also a committed front-line clinician and clinical researcher. And so, with these three perspectives, I have been able to reflect on the current COVID-19 crisis and what this means to our patients, our colleagues and our families.

Personally, I have been concerned both for myself and my family. This is a potentially serious infection and world-wide many good health-care practitioners have been killed by it. So, what have I learnt and what can I pass on?

1. We are being overwhelmed with data, rapidly published research of variable quality, providence and sometimes the potential to change practice. However, not much of this is at all applicable or helpful at the two levels that matter: at the whole healthcare economy-level or at the individual patient level. Indeed, I have felt that on occasion being able to shut out a lot of this noise would have been helpful. It is wonderful that information can flow so rapidly around the world and that we can learn from the terrible experiences that colleagues in China and Italy have been facing. But this must be synthesised into something practical for your health-care setting. A lack of appropriate PPE may be much more important in an area than which combination of anti-viral is best.
2. Anxiety can drive malbehavior. It must be one of our primary goals at this time to reduce anxiety in our existing patients. My COPD patients are very afraid and believe that they are especially vulnerable and are about to die. This is not necessarily the case. It is essential that we help our patients and answer any question that they have in a clear evidence based and non-judgmental manner. I have fielded many questions and hopefully have left my patients feeling reassured and also informed. Yes, many will get this infection, but most will get relatively mild disease which will not lead to complications or a high risk of mortality. We know that patients want reassurance that the medical profession will look after them however the continuous and instantaneous news streams can lead to them feeling increasingly isolated and vulnerable. We have known

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that this isolation was a significant issue in COPD patients before the COVID-19 and now is of even more importance.

3. As COPD and Respiratory specialists, it is clear that we need to help lead the efforts of our health-care systems against COVID-19 and any future novel viral infections. Our intensivists colleagues will need support from us at an early stage to ensure that the correct patients get the treatment that they need in a timely fashion. Most patients will be able to stay at home but may need the support of primary care respiratory services. Some will need hospital admission to manage the significant symptoms that this virus brings with it. And finally, we will need to

help make early decisions about escalation plans and appropriate ceilings for care, especially for those living with COPD.

So, I wish you all, my colleagues, friends and the Respiratory Community the very best at this troubled time. I hope you and your families stay safe and well and are able to deliver the highest possible care with compassion to your patients. When this is over we will be able to further reflect on what happened and how we can be better at delivering care now as well as being better prepared for future challenges.

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