

EDITORIAL

Working together to contain and manage COVID-19

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Canada's federal and provincial governments have taken unprecedented measures to promote social distancing in the wake of the World Health Organization's categorization of the coronavirus disease 2019 (COVID-19) outbreak as a global pandemic. Closing schools, banning large public gatherings and team events, and advising against travel are all intended to help Canada "flatten the curve" of the outbreak. *CMAJ* stands with public health officials, health care workers and the public as we battle COVID-19 and the virus that causes it, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The leaders of our public health and health care systems, who are advising our political leaders, are reviewing emerging evidence that changes hourly to inform the difficult decisions that affect how we work, learn, travel, relax and interact with each other. They are collaborating across jurisdictions, systems and political parties impressively, building on the lessons learned from the SARS outbreak in 2003. They know that no matter what they decide, they will be second guessed and criticized. They are serving us well.

We acknowledge the work of the Canadian mainstream media, who have reported on the developing pandemic honestly and responsibly, ensuring that we get the timely and accurate information we deserve.

Health care workers now have the daunting task of providing high-quality care while trying to slow the spread of the virus. Most will soon be working seemingly endless shifts under stressful circumstances in hospitals and primary care settings that are already overstretched. They know that no matter how careful they are, some of them will become infected with SARS-CoV-2. This risk extends to the workers who clean clinics, emergency departments, consulting rooms, wards and operating theatres and must now do so quickly and under pressure. The same is true for those who greet patients, deliver meals and provide security. We thank them all.

People who are traditionally underserved will need us to use innovative approaches to protect and treat them. How is social distancing achieved in a homeless shelter? How do we effectively isolate a person who is marginally housed and has severe mental illness? Many Indigenous people have long

endured inadequate housing, with large numbers frequently living under one roof in remote communities, making isolation difficult. Federal-provincial jurisdictional issues have hindered effective delivery of public health and health care for Indigenous Peoples under normal circumstances and must not be allowed to get in the way of an effective response to COVID-19. We must also ensure that the health care workers caring for these underserved people have the same access to protective equipment as those working in hospitals.

Interfacing among primary, community, acute and long-term care in our health systems is seldom smooth in usual circumstances and will become more difficult as we deal with the strains imposed by the pandemic. We must work hard to ensure good communication and continuity of care. Furthermore, certain groups of patients who do not have COVID-19 — those requiring antenatal checkups or cancer treatment, for example — will also need continuing care, although their regular clinics may be working below usual capacity. Clinicians will need to conduct more virtual consultations than before while uncertain about how to do so effectively; others may have to provide care that is outside their usual practice.

If we can successfully flatten the curve of the outbreak in Canada, we will buy our health care system time — the importance of which cannot be understated. But the consequent strains on the system and on those who work in it will likely continue for months. The emotional impact on health care workers who see some of their colleagues become sick with COVID-19 will be substantial. Effectively supporting the psychological well-being of health care workers must be a top priority.

The possibly lengthy restrictions on work, play and social interaction will take their toll on people's mental health. I am sure public health experts will consider the need for human interaction, especially for those who are at risk of loneliness, as they make and communicate policies necessary to contain the spread of the virus.

Many Canadians are already losing income; low-income Canadians will be hit the hardest. Although it is heartening that governments and employers have announced measures to try to minimize the financial hardship, it will have health consequences.

CMAJ staff are working from home until at least April 16. Some editors are health care workers who will be required to increase their clinical commitments. We respect the need for our clinician authors and reviewers to prioritize clinical over writing work.

CMAJ is fast tracking submissions related to COVID-19 that are deemed to be of public health and policy importance. We are also considering how we can share stories of success, innovation and resilience in new formats.

These are unsettling times. We at *CMAJ* thank everyone who is working hard to make sure Canada's health care systems con-

tinue to function as well as those who are faithfully following public health advice. Together we can flatten the curve of the outbreak in Canada.

Competing interests: See www.cmaj.ca/site/misc/cmaj_staff.xhtml

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