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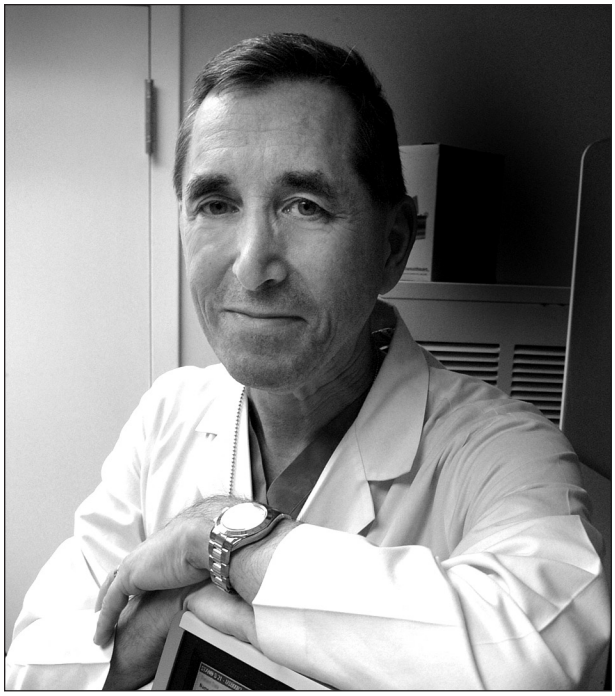
EDITORIAL

A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the March-April 2021 Editor-in-Chief's page. This issue contains two papers that deal with the practice of obstetrics and gynecology during the ongoing COVID-19 pandemic.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

- ***Elective Procedures in Obstetrics and Gynecology During the COVID-19 Pandemic***
  Patrick S. Ramsey, M.D., M.S.P.H., and Sarah M. Page-Ramsey, M.D.

  As the pandemic surged throughout the United States, both the U.S. Surgeon General and the Centers for Medicare and Medicaid Services called for postponement of nonessential adult elective surgeries. These pronouncements were soon echoed at the state government level as well. The authors tackle the difficult questions of what constitutes an elective procedure and, within the discipline of obstetrics and gynecology, what procedure considerations apply to each subspecialty area.

- ***Rapid Reorganization of an Academic OB-GYN Workforce During the COVID-19 Pandemic***
  D. Yvette LaCoursiere, M.D., M.P.H., Ramez Eskander, M.D., Christine Miller, M.D., and Linda Brubaker, M.D.

  The authors describe an institutional strategic response engendered by the pandemic as it affected the clinical and educational missions of the OB-GYN department. The principles that this response adhered to were to maintain excellent

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clinical care, promote clinician safety, and preserve the education of those in training. A model for achieving these goals is detailed that used some of the unique resources of an academic department as well as its ability to maintain operational flexibility during the pandemic surges that, of necessity, stressed hospital resources and, on occasion, resulted in the need to reorder the use of clinicians, nurses, hospital beds, and units.

Editor's Comments

The unprecedented impact of COVID-19 on the American medical community has resulted in an overall rethinking of the responses and responsibilities of clinical personnel and their facilities. Both of these articles address certain aspects of readjustment of our clinical discipline to the demands imposed by a widespread illness on health systems, patients, and care providers. One of the early casualties of the pandemic was the performance of elective surgeries, which were postponed or canceled. While certain subspecialty disciplines like Reproductive Endocrinology and Infertility and Urogynecology provide almost entirely elective surgical procedures, others like Gynecologic Oncology treat cancer patients whose treatments often cannot be indefinitely delayed. In addition, elective surgeries in all disciplines are a major source of income to hospitals and physicians, and there is little if any question that large declines in clinical revenues will challenge the ability of institutions to continue to provide care to non–COVID-19 patients. Medical and surgical emergencies will not disappear and may often vie for the same resources as those stricken by COVID-19, creating unprecedented dilemmas for intensive care settings.

Academic OB-GYN departments are also challenged by the need to protect frontline staff who may be caring for women that may be undiagnosed carriers of this disease as well as those who are obviously ill. While the academic mission must be maintained, models employing distance learning have been successfully created and are being employed. It is not possible to train residents and fellows in our disciplines in performing certain procedures by simulations alone, but it is possible to have flexible enough staffing that would allow more off-duty time and better protection for those in training without compromising their essential education goals. Other steps that have already been taken are virtual interviews for residency and fellowship candidates.

The real game changer in our trying to contend with this pandemic will be the large-scale program of COVID-19 vaccination that is currently underway. Knowing that pregnant women will not be enrolled in vaccine clinical trials and also knowing that they are a vulnerable population, those who provide their care need to be particularly well informed about the risks and benefits of offering this potentially lifesaving and health promoting intervention to these patients. Valuable lessons have already been learned during the past year and should make all healthcare providers, hospitals, health systems, and government heath agencies far better prepared for the next pandemic, which will be a not *if* but *when* occurrence.