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COMMENTARY

Medical information and social media in the time of COVID-19

Key words: coronavirus disease 2019, COVID-19, infection control, social media.

Humans are sociable beings, and societies thrive on positively reinforced communal interactions. In the past weeks, however, the global coronavirus disease 2019 (COVID-19) pandemic has imposed unprecedented change, both in how we interact as humans and in how we work and network as medical professionals.

It is likely that for months after our imposed quarantines are over, elbow and toe taps will supersede handshakes and hugs. For some lucky medical institutions with resources and foresight, telemedicine is already being used effectively to supplement workforce capacity, remotely monitor intensive care unit beds, provide access to medical specialists supervising in-home treatments and to perform forward triage of patients with known or suspected COVID-19 infection (sorting patients before they arrive at the emergency department).¹

Meanwhile, social distancing means that medical meetings and team communications are converted to teleconferencing, using a plethora of existing forums such as Zoom, Microsoft and Google's Hangout Meet. Healthcare workers from across the world, workers who previously shook hands and shared hors d'oeuvres at regional, national or international conferences, now communicate via social media platforms rather than risk being infected or infecting others with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Thankfully, and in large part because of social media, healthcare professionals can rapidly share experiences fighting this highly transmissible and deadly virus. Humankind will overcome the existential threat posed by COVID-19 because we are and always have been ingenious, adaptable and entrepreneurial, whether forced by environmental shifts, pandemics or war, and today is no exception.

Healthcare providers and medical scientists pave the way by adapting their means of communication and collaboration, and by driving improved efficiencies in healthcare systems and processes. Around the world, these are being adapted to keep up with the daily output of medical information. Front line workers currently in the thick of things, junior medical staff and healthcare students need immediate access to reliable medical literature. Knowledge, no longer the monopoly of an academic elite, is now at one's fingertips with the tap of a keyboard or the slide of a finger on a mobile phone.² While some may argue that overburdened providers are deluged by a plethora of information, there is no doubt that virtually instantaneous access to research studies, clinical results and expert perspectives through the vehicle of

social media provides value³ that both enriches and enlightens practitioners in need of information to make the best-informed decisions possible.

Airway specialists are doing their part through the rapid distribution of medical societal guidelines and participation in global 24/7 communication networks using programmes such as WhatsApp, YouTube, Facebook or Telegram. Whether to exchange information, increase productivity or enhance interpersonal communications with colleagues, these platforms provide a vehicle for the rapid dissemination of knowledge.⁴


More specifically, and using each of these platforms to reach thousands of practitioners simultaneously, the COVIDBRONCH Initiative launched by Rob Lentz and Henri Colt in early March is an international network of airway specialists created to foster research and the rapid acquisition and dissemination of knowledge regarding the performance of airway procedures during the COVID-19 pandemic.

One of this network's projects is a readily accessible repository of relevant papers that help guide clinical management of COVID-19-infected patients. This collection of peer-reviewed articles provides opportunities for self-education and encourages downstream personal use of pertinent literature. Articles are studied, carefully selected, highlighted and categorized into groups depending on the focus of the paper (e.g. clinical features, protocols, triage, ethics, etc.), before being placed in a Google Docs folder repository called COVIDBRONCH-LIT (<https://drive.google.com/drive/folders/17adnJE8G0V9hKZ Zebq82h5m98LmRpnT9>; Fig. 1).

The aim of this project is to enable easier access and reading for overburdened healthcare workers so they may devote their energies to a more informed and evidence-based global fight against the COVID-19 pandemic.



Figure 1 QR code for Google Docs folder repository COVIDBRONCH-LIT.

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