

INTRODUCTION BY MARTIN SMITH, IHPBA PRESIDENT

The Covid 19 pandemic has had a remarkable impact on the world and we have all had to revisit our perspectives on what we are used to doing in our personal lives but also in our professional lives. Even in countries like my own, South Africa, where the devastating impact of the pandemic has not yet reached our shores (as of 27/04/2020; 4546 infected, 87 deaths 1473 recoveries), our efforts to contain the spread have resulted in a host of very negative consequences for our country. We have a dual economy with an upper middle class who have access to suburban life styles and who have managed to be compliant with the lock down requirements. The lives of the poor and homeless have been hugely impacted with hunger and social disruption and protests growing on a daily basis. The numbers of new cases and deaths in the country have justified the lock down but it is a balance between the devastation that the virus can wreak and the economic consequences of containment.

Our hospitals have all been preparing for the full impact of the pandemic. Whether the modelling and the predictions are correct will only be confirmed if and when it happens. The impact on non- Covid patients in the absence of the full impact of the pandemic on our health system has led to some very serious debates regarding the ethical decisions in a resource constrained environment. Our death toll from motor vehicle accidents, trauma and from the inability to access high quality safe surgery when needed has meant we watch many patients die who, in a well-resourced health system, would have been rescued. With the preparations and reallocation of health resources those same patients who have always been disadvantaged remain so. We have not delayed operating on patients with resectable HPB malignancies but the reality is that most of our cancer work in HPB is managing palliation. Those requiring urgent interventions are receiving the care they require.

We are told of the huge amount of money spent on procuring ventilators. There remains concerns that we may run out of PPE should the full might of the pandemic reach us as it has in North America and parts of Europe. As Health care professionals, the urgency to now procure ventilators, when we have neither the skilled nursing staff nor the medical staff to man these, is difficult to understand. Access to ventilators and ICU beds has been one of the greatest bottlenecks in our HPB practice. Patients with severe acute pancreatitis often cannot get admitted into an ICU and get managed in a general ward with over 30 other patients of various acuities, yet now we will have more ventilators and ICU beds than previously.

Over the next few months, the accuracy of the science and the agendas of politicians will become clearer. We recognise that much of what even we, in a middle income country, have come to accept as normal will have to change and that our clinical practice and the application of our science will need to be reconsidered in the coming months and years.

We appreciate that the experiences of our many members who are grappling with the consequences of this pandemic in their own settings worldwide will vary widely, but that there will also be pertinent experiences and helpful information which can be exchanged, so we have set up this platform for you to add questions, comments, advice or just to share the challenges you are facing, whether medical, personal or in the wider societal sense, and ask other members for their own experiences of how these may be overcome. We hope that in time this may develop into a wide ranging discussion on what the “new normal” may look like, but this is your forum, so we will see where the dialogue takes us.

We encourage you to contribute to the discussion and to interact with other members of the HPB community who are also developing a response to this unprecedented global emergency.

I look forward to reading your posts.

A handwritten signature in black ink, appearing to read 'M. Smith', with a stylized flourish at the end.

Martin Smith
IHPBA President