Academic Medicine in the Time of COVID-19

Coronavirus continues to move relentlessly throughout the world, with isolation and suffering as its unwelcome companions. The impact is being felt by individuals, families, communities, and nations. Lives and livelihoods have been lost, and no person is unaffected. Medically vulnerable people, members of underrepresented groups, essential workers, and health care professionals have for months been carrying more than their share of risk and burden due to the infection. Inadequate, maldistributed health and economic resources are widening existing health and societal disparities. Hundreds of thousands of people have succumbed to COVID-19 during the opening wave of the global pandemic.

Coronavirus has taught us about the interdependence of humanity and the world’s ecology. Distancing practices to limit coronavirus spread have revealed the connectedness of humankind and the importance of interpersonal relationships to our resilience, outlook, and health. The invisible, tiny, yet mighty coronavirus has shown that health system preparedness, health care workers’ well-being, interprofessional collaboration, and ethical and compassionate practices are essentials, not extravagances, in fighting an overwhelming health threat. These lessons of the coronavirus curriculum are illuminating and profound.

The need to understand coronavirus—its origins, physiological effects, routes of transmission, movement across species, prevention, immunity, and treatment—has awakened an appreciation for scientific inquiry. Addressing coronavirus necessitates vigorous effort in acquiring new knowledge and adopting evidence-based clinical and public health practices. As noted by Anthony S. Fauci1 in our journal in 2005:

In our battle with microbes, we have a number of weapons in our armamentarium. First of all, we have an intellect and a will. We use these to implement public health measures, biomedical research, and technological advances. In essence, the human species uses its intellect and will to contain, or at least to strike a balance with, microbial species that rely on genes, replication, and mutation.

Coronavirus connects scientific discovery and innovation, ordinarily remote, arcane notions, to the immediate and heartfelt concerns of every person everywhere.

Academic medicine is entrusted with improving human health, now and in the future, through leadership and innovation across the missions of scientific discovery, education, clinical care, and community engagement. The clarion call of coronavirus has moved us, quickening efforts in basic, translational, and clinical research; transforming education experiences and patient care practices; and fostering partnering and policymaking, both locally and globally.

In these early months of the pandemic, our journal, Academic Medicine, has received hundreds of manuscripts related to coronavirus, as its impact has been felt by members of our academic community. Our authors have shown concern and compassion for all whom we in academic medicine feel responsibility and connection: our patients, our learners, our colleagues, our families, ourselves, and all others with whom we live in this world. Our authors have told stories of sacrifice, creativity, flexibility, and dedication.

In this issue, we have assembled an initial collection of 6 Invited Commentaries and 4 Letters to the Editor, offering guidance, reflections, and perspectives drawn from individuals serving in roles as learners, frontline clinicians, educators, and senior leaders. The pieces in this collection tell important stories of institutional transformation and response5; the imperative of collaboration, communication, and resources to support frontline workers in an academic health center4; our responsibilities to protect students from disproportionate risk7 while also honoring our early-career colleagues’ efforts to help those in need6; guidance to residents from resident–peers8; concerns regarding the financial underpinnings of academic medical centers6; the invitation to curricular creativity9,10; and the immense promise of innovation following coronavirus’s profound disruptive impact in our world.11

Many more articles on coronavirus in the context of academic medicine will be published in the coming months. Readers of our journal will learn about biomedical and population sciences, educational experiments, health disparities and social determinants of health, humanism and ethics, health system adaptation and financing, public policy, and digital and telehealth strategies, among other topics relevant to the pandemic. Our readers will feel moved and inspired by the narratives of learners who responded to the 2020 invitation for trainee-authored letters on “courage, connection, and COVID-19.”12

The outpouring of support and scholarship at this historic moment is remarkable. The wish to share experiences, deepening connections with others during this difficult time, signals presence, meaning, and a foundation of generosity and mutualism in the academic medicine community.

Society’s commitment to a strong health professions workforce, to biomedical discovery, to clinical and educational innovation, and to a national public health strategy informed by science and humanistic values has never been greater or more necessary than at this moment when COVID-19 threatens the health of the world. Academic medicine, Dear Reader, is uniquely positioned to advance this agenda of vital importance to humanity. And we will do so together.

Laura Weiss Roberts, MD, MA

Editor’s Note: The opinions expressed in this editorial do not necessarily reflect the opinions of the AAMC or its members.
References