References

1. Snowden FM. *Epidemics and Society: From the Black Death to the Present*. New Haven, CT: Yale University Press; 2020.
2. Emanuel EJ, Persad G, Upshur R, Thome B, Parker M, Glickman A, et al. Fair allocation of scarce medical resources in the time of COVID-19. *N Engl J Med*. March 23, 2020 [Epub ahead of print].
3. Hassan A, Arora RC, Adams C, Bouchard D, Cook R, Gunning D, et al. Cardiac surgery in Canada during the COVID-19 pandemic: a guidance statement from the Canadian Society of Cardiac Surgeons. *Can J Cardiol*. 2020; 36:952-5.
4. Haft JW, Atluri P, Alawadi G, Engelman D, Grant MC, Hassan A, et al. Adult cardiac surgery during the COVID-19 pandemic: a tiered patient triage guidance statement. *J Thorac Cardiovasc Surg*. April 10, 2020 [Epub ahead of print].
5. Bakaeen FG, Gillinov AM, Rosell EE, Chikwe J, Moon MR, Adams DH, et al. Cardiac surgery and the coronavirus disease 2019 pandemic: what we know, what we don't know, and what we need to do. *J Thorac Cardiovasc Surg*. 2020; 160:722-6.
6. Smith C. COVID-19 Update from Dr. Smith. Columbia University Department of Surgery; April 3, 2020. Available at: columbiasurgery.org/news/covid-19-update-dr-smith-4320. Accessed May 1, 2020.

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Commentary: Business as usual: A thing of the past

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CENTRAL MESSAGE

A modern global crisis places cardiothoracic surgeons on the forefront of leadership and ingenuity with the challenge of defining a new normalcy for an unprecedented era in health care.

The manuscript prepared by Bakaeen and other notable colleagues from respected institutions throughout our country is timely and thought-provoking.[1] It emphasizes the important historic role cardiothoracic surgeons have had in times of crisis. Now, during the unprecedented and unpredictable circumstances of the coronavirus 2019 (COVID-19) pandemic, we must be prepared to lead again.

Much of what we have learned has been acquired "on the fly." The impact of rapid medical publication and even social media is apparent; the immediacy of information has been crucial, but misinformation and even disinformation abound. Certainly, collaboration with, and guidance from, our global colleagues has been beneficial and signifies the importance of American Association for Thoracic Surgery's and Society of Thoracic Surgeons' international efforts.

The legacy of the pandemic is yet to be determined. From a purely biologic perspective, infection may result in countless deaths and a variety of other morbidities from cardiomyopathies, to chronic pulmonary disease, vasculopathies, and other yet-to-be determined illnesses. The authors note interesting phenomena unrelated to the virus itself: the precipitous decline in the incidence of cardiac emergencies as well as a deliberate case volume reduction at most institutions. The former is a result of fear within the community and the latter is a result of necessary health care rationing at a time in which resources are scarce. Both of these reactions are arguably very reasonable, given uncertainties in both how well hospitalized patients can be protected in the current environment and how reliable our health care infrastructure is under this unprecedented burden. Regardless, it is clear that patients have had, and

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will continue to have, unfortunate outcomes because of the pandemic, independent of the viral illness itself.

The authors discuss an eventual return to "business as usual" as hospitals and programs reopen in a deliberate fashion. The uncertainty of this pandemic with respect to immunity—the potential "reinfections," questionable development of immunity, and lack of a vaccine—will persist into the foreseeable future. Telemedicine clinics, virtual meetings, and social distancing will continue to be prevalent for some time due to these uncertainties. It is doubtful we will ever entirely return to "business as usual," but should this even be our goal? Or, should we focus instead on developing a "new normal?" Inarguably, the pandemic has demonstrated some weaknesses in our health care model that certainly are not unique to any one hospital, city, state, or country. Our profession has always demonstrated resilience and fortitude; we must learn from these weaknesses and adapt to a new era in which global viral pandemics are an unfortunate reality. The new norm must be more agile, more resilient, and more prepared.

We must find ways to meet the cardiothoracic surgical needs of infected patients. However, we also must provide safe care for those patients with unrelated critical illnesses who are concerned for their safety. Finally, we must develop a system that has the resources to adjust its capacity rapidly so that all patients can receive timely care regardless of new and sudden needs. The terms "unprecedented" and "unpredictable" are fair for the current COVID-19 pandemic, but they cannot become a recurring mantra. Given our profession's history of leadership during times of global crisis, we are poised to define the new normal with confidence. We are certain to prevail.

Reference

1. Bakaeen FG, Gillinov AM, Roselli EE, Chikwe J, Moon M, Adams DH, et al. Cardiac surgery and the coronavirus diseases 2019 pandemic: what we know, what we do not know, and what we need to do. *J Thorac Cardiovasc Surg*. 2020;160:722-6.