

## Good practice and adverse drug reactions

Maxime Coles MD (March 2024)

- A- There is a trend at changing medical training once you finished your own residency, like you were able to bring perfection to what you experienced in medical school. This may be the best example of modern day-apprenticeship but in fact, in spite of all the years studying or training in a field that you tried to master, we have the feeling that you are still missing something after working so many hours with your experienced mentors. The years of supervision have in a certain way allow you to grow to a fine clinician able to take critical decision.

At the end of my residency, certain rules have changed and residents were working for limited amount of hours (80 hour-work per week), like in a shift and then they were obligated to go home and rest in order to avoid any abuse from their residency programs. We were asking ourselves if they would be able to cover all the topics and be able to be proficient in the art of practicing in their specialties. In fact, so many felt obligated to enroll in a post graduated fellowship training in their desired surgical or medical field to fill up their deficiencies.

In surgical training, we took subspecialties call allowing us to be more familiar to different surgical specialties. I suppose that in general medical residencies, the same trend was seen while residents were in training. Institutions found also the need to tackle social disparities especially in the field of Orthopedic Surgery, offering better chances to an individual to benefit equally from pursuing or benefiting from a joint replacement or a donation of organ like kidney or heart. Regardless of their background, patient started receiving equal advantages, empowering any individual to have the right to make informed decisions. In this way, risk of infections can be minimized to enhance a rapid recovery, through a comprehensive rehabilitation program.

- B- During this post-COVID transition, the CDC (Centers for Disease Control and Prevention) has discussed changes in the post COVID return to work for any worker who may have been tested positive for the coronavirus. It is no longer recommended to stay at home and protect others. Those are recent changes since the adoption of such policy in 2021. The same will apply to the flu and the RSV respiratory infections as well. The COVID virus infection may have killed more than one million people in the United States, affecting schools and businesses, but because the population has developed a certain level of immunity, the individual will respond better. More, most of the population has already benefited from the vast “vaccination” program. In anyway, the CDC suggest to all new infected by the virus, to use a certain discretion prior to expose self in public. Many states have already adopted the new guidelines but more official news will follow on the present isolation guidance with masks in public.
- C- Coronavirus infection is still causing serious disease especially among the one who have been vulnerable like the immunocompromised, or the one who have never received any vaccination. Other may have benefited from Paxlovid or received the full vaccination avoiding to become a victim with a symptomatic infection but 20,000 people are hospitalized while more than 2000 die each week and 115,000 may be hospitalized. Most states still recommend the wear of masks for ten (10) days after tested positive for the virus. Other countries (Finland, Denmark, United Kingdom, Australia) have also made modifications in their policies but countries like Germany and Ireland are still recommending the wear of masks.
- D- It certainly remains the best way for a sick individual to protect their communities in wearing masks when away from home. It can be wise to assume that anybody who look sick and is coughing maybe a potential patient suffering from COVID virus or Influenza virus (Flu- cold) or respiratory syncytial virus (RSV). All of these viruses can be deadly.
- E- Recently, in our last “Good Practice Guidelines” on the AMHE newsletter, last month, we reported what I read in the world of

Medicine newspapers in Florida about 2 cases of Measles (Rougeole or Rubeola) discovered in Broward County. Today, the OMS has announced the return of such viral disease around the world (30,000 cases). Four other cases were signaled in the province of Ontario (Brantford), in Canada. It is important to update the vaccinations for the disease (measles) especially in the school system because a child was diagnosed with measles following a vacation trip in Europe.

- F- Measles (Rubeola) is a serious viral disease (a single strain RNA virus) that spread through the air by respiratory droplets produced by coughing or sneezing. It spreads also by saliva, touching, skin-to-skin contacts, and even through other to children through pregnancy and labor, as well as nursing etc. It was first described in the 8<sup>th</sup> century but its causes were not known until 1757. By the 20<sup>th</sup> century, the disease was killing more than 6000 Americans a year until better hygiene and nutrition but more with the development of a vaccine in the 1960's reduced the rate. The most common complication of measles (1/1000 cases) is an acute encephalitis, inflammation of the central nervous system which can result in brain damage or even death or complications due to respiratory complications.

Maxime Coles MD

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