



Adapting to uncertainty

The repercussions of the COVID-19 pandemic go far beyond the disease itself, and cannot be overlooked. The gastroenterology and hepatology community has adapted quickly, but resilience and collaboration will be key to address future uncertainty.

What has coronavirus disease 2019 (COVID-19) got to do with gastroenterology and hepatology? If you had posed this question early in 2020, we would have probably said “not much”, given that COVID-19 is a respiratory disease. But, as the pandemic continues, it is becoming increasingly clear that its consequences are far-reaching and cannot be ignored.

Over the past few months *Nature Reviews Gastroenterology & Hepatology* has published a range of articles highlighting key issues of the COVID-19 pandemic and how it has affected patients with gastrointestinal and liver disease and those who care for them. These articles have been collated together in a [new online Collection](#). This Collection will be freely available for the duration of the pandemic, and will be updated with COVID-19-related content as we publish more articles.

It became clear that outpatient care and care for those with pre-existing conditions needed to adapt to minimize the infection risk for patients and clinical and hospital staff. As hospitals switched focus to manage the influx of patients with COVID-19, non-essential appointments and elective procedures were cancelled or postponed, but, for those that needed it, the care continued¹. The gastroenterology and hepatology community adapted fast: the major societies quickly produced and disseminated guidance for clinicians and their patients, webinars and virtual symposia were promptly arranged and experts readily shared their experience with the medical community worldwide. With laboratories and universities closed and conferences cancelled, distance learning and virtual communication has quickly become the norm. [Virtual grand rounds](#), virtual ward rounds (as trialled at [Imperial College London, UK](#)), [Tweertorials](#) (for example those by Elliot Tapper (@ebtapper)) and [Twitter-based gastroenterology and hepatology journal clubs and discussions groups](#) have proliferated, improving access to information for clinicians irrespective of their location. The #GITwitter and #livertwitter chat calendar is fast filling up.

Our understanding of gastrointestinal involvement in COVID-19 has also evolved. The [CDC](#) now lists nausea or vomiting and diarrhoea as putative symptoms of COVID-19 to watch out for. One open question is whether the faecal–oral route of transmission is possible², which could have major implications in terms of infection control and outbreak detection.

The COVID-19 pandemic has shone a stark spotlight on the haves and the have-nots of society, including those who continue to be at a disadvantage and vulnerable because of systemic inequities³. Clearly, action is needed. There are also warnings of impending health crises as the social and economic shocks of the pandemic reverberate through health-care systems for years to come — the fields of gastroenterology and hepatology will not be immune to these effects. While attention and resources are focused on COVID-19, existing public health initiatives should not suffer, including the viral hepatitis elimination programmes. The effect of the pandemic on patient care has already been profound, with concerns regarding delayed diagnoses and issues with deferred care and treatment contributing to the indirect effects of COVID-19. The disruption to gastrointestinal screening and surveillance programmes has been substantial⁴, the consequences of which we are yet to fully appreciate and must be monitored.

What comes next? At the time of writing this Editorial we do not know what the long-term consequences of COVID-19 are for our community, and indeed everyone worldwide. Careful planning for how to go back to ‘normal’ will be essential⁵. The numerous international registries (such as [SECURE-IBD](#), [SECURE-Celiac](#), [SECURE-Cirrhosis](#) and [COVID-HEP](#)) set up during the pandemic should hopefully glean vital information on how COVID-19 affects patients with gastrointestinal and liver disease, but we do not know for how long this outbreak will continue, or what the consequences of a second wave of infections will be. However, we have already seen that vigilance, resilience and collaboration will be key to addressing uncertainties with COVID-19, now and for the future.

1. Furfaro, F. et al. SFED recommendations for IBD endoscopy during COVID-19 pandemic: Italian and French experience. *Nat. Rev. Gastroenterol. Hepatol.* **17**, 507–516 (2020).
2. Hindson, J. COVID-19: faecal–oral transmission? *Nat. Rev. Gastroenterol. Hepatol.* **17**, 259 (2020).
3. Gray, D. M. II et al. COVID-19 and the other pandemic: populations made vulnerable by systemic inequity. *Nat. Rev. Gastroenterol. Hepatol.* <https://doi.org/10.1038/s41575-020-0330-8> (2020).
4. Rutter, M. D. et al. Impact of COVID-19 pandemic on UK endoscopic activity and cancer detection: a National Endoscopy Database Analysis. *Gut* <https://doi.org/10.1136/gutjnl-2020-322179> (2020).
5. Danese, S. et al. The day after COVID-19 in IBD: how to go back to ‘normal’. *Nat. Rev. Gastroenterol. Hepatol.* **17**, 441–443 (2020).

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