

FROM THE EDITOR

JIM at the Interface Between Two Healthcare Systems

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The year 2020 has been a real challenge for many systems of our society, and especially for the healthcare system. The COVID-19 pandemic impacted health, economy, tourism, transport, hospitality industry, and many others.¹ From the perspective of a medical care provider, this pandemic has changed the way we practice medicine.

On one hand, there was a dramatic decrease in the proportion of patients with different emergencies (other than COVID-19) who presented to the hospitals, due to fear from the new coronavirus. To a certain extent, people started to consider hospitals dangerous places instead of locations providing safety and health, and preferred to stay home even though they were aware of the risk of lacking appropriate care.² At the same time, a significant number of medical practitioners became infected by the SARS-CoV-2 virus, and some of them died, even at a young age, raising a serious alerting signal for the medical community.³ In several countries, the healthcare system was close to collapse as a result of a very high number of critical cases requiring mechanical ventilation and insufficient infrastructure in the intensive care units.⁴ At the same time, several countries faced the challenge of many medical practitioners resigning, leaving the system in deficit at the level of its most precious resource – the qualified human force.

This sanitary crisis will for sure change the way we practice medicine in the future. One of the most probable directions of development is the field of telemedicine applications and digital medicine. This new type of medicine reduces the direct contact between the doctor and the patient and allows remote monitoring of patients with known diseases, avoiding the risk of viral contamination for the doctor and the patient. This is a significant paradigm shift from traditional medicine, which was based on physical consultation associated with modern technology for diagnosis and treatment. The healthcare system based on face-to-face interaction between the patient and the physician starts to be replaced by a new healthcare system, based on digital interaction.⁵ However, not all diseases may be diagnosed via telemedicine, some of them requiring advanced imaging techniques for which the physical presence of the patient is mandatory. This is also the case for many diseases requiring interventional or surgical treatment.

In the attempt to reflect the current trends in the field of interdisciplinary medicine, starting with 2021, the Journal of Interdisciplinary Medicine will give

the highest priority to articles addressing new applications of telemedicine and digital medicine that may represent a significant step forward in the current revolution of health-care forced by the COVID-19 pandemic. These articles will be subject to an expedited review using a dedicated fast-track system and will be followed by invitations for editorial comments using social media channels. Starting with the first issue of 2021, JIM will introduce its new *Inter-DIGI* platform, which will integrate the articles, reviews, and comments on topics related to digital applications of interdisciplinary medicine. By this, we aim to align our efforts with the ones of the entire medical community in the fight against the devastating COVID-19 pandemic, at the same time keeping our readers updated with the current progress of innovative applications in medical technology.

CONFLICT OF INTEREST

Nothing to declare.

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