

Rapid Publication, Knowledge Sharing, and Our Responsibility During the COVID-19 Pandemic

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The first case of coronavirus disease 2019 (COVID-19) in the United States was identified in Washington state in late January 2020. As of mid-April 2020, the number of US cases has increased to more than 800,000 with over 40,000 deaths. The limited available knowledge to guide medical decision-making combined with rapid progression of the pandemic has resulted in an urgent need to better define clinical, radiologic, and laboratory features of the disease, predictors of disease progression, predominant modes of transmission, and effective treatments. This urgency has led to a flood of manuscript submissions, which strains the scientific vetting process and leads to the spread of medical misinformation and potential for serious harm. As an example, a small observational (noncontrolled) study that used an anti-malarial drug to treat COVID-19 patients was touted by several national leaders as proof of its effectiveness, despite substantial methodologic limitations.^{1,2} While the article has not yet been retracted, the International Society of Antimicrobial Chemotherapy, the publishing journal's society sponsor, subsequently issued a statement that "the article does not meet the Society's expected standard."³

With these concerns in mind, we recognize the importance of addressing the current pandemic and identifying areas where we can advance the field responsibly in the face of limited evidence in a rapidly evolving situation. Hospitalists throughout the world are facing unprecedented leadership

challenges, navigating ethical stressors, and redesigning their care systems while learning rapidly and adapting nimbly. In this issue, we share leadership strategies, explore ethical challenges and controversies, describe successful practices, and provide personal reflections from a diverse group of hospitalists and leaders. As a journal, we have intentionally avoided rapid publication of articles with substantial methodologic limitations that are unlikely to advance our knowledge of COVID-19 even though such articles may generate substantial media coverage. Different regions of the country are at different stages of the pandemic; some hospitals are experiencing high patient volumes and struggling with shortages of equipment and supplies, while others are weeks away from peak disease activity or have avoided periods of high prevalence altogether. These varied experiences offer an opportunity to share our learnings and perspectives as we wait for more definitive evidence on best management practices. As part of our commitment to our colleagues in healthcare and to the broader scientific community, all *Journal of Hospital Medicine* articles related to COVID-19 and published during the pandemic will be open access (ie, freely accessible).

References

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Received: April 8, 2020; Accepted: April 8, 2020

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