



Pure

The world's leading
research information
management system

Helping universities
and research
institutions improve
their performance
with up-to-date data
and analytics

elsevier.com/research-intelligence

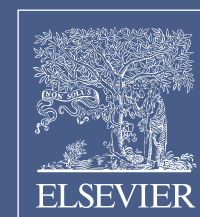
JAJ

VOLUME 7

NUMBER 4

OCTOBER-DECEMBER 2020

PAGES 165-242



JOURNAL OF ARTHROSCOPY AND JOINT SURGERY

JAJ

Official Journal of the International Society for Knowledge for
Surgeons on Arthroscopy and Arthroplasty (ISKSA)

Indexed In Scopus & Embase

Volume 7 Number 4 October-December 2020

**E-ISSN: 2214-9635
P-ISSN: 2542-6001**

Available online at www.sciencedirect.com

ScienceDirect



**International Society for Knowledge for Surgeons
on Arthroscopy and Arthroplasty**

ISKSAA (International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty) is a society of orthopaedic surgeons from around the world to share and disseminate knowledge, support research and improve patient care in Arthroscopy and Arthroplasty. We are proud to announce that ISKSAA membership is approaching the **2000** mark (India & Overseas) with members from **over 40 countries** making it the **fastest growing Orthopaedic Association in the country & region** in just 8 years of its inception . With over **400000 hits from over 164 countries** on the website **www.isksaa.com** & more and more interested people joining as members of ISKSAA, we do hope that ISKSAA will stand out as a major body to provide opportunities to our younger colleagues in training, education and fellowships.

Our Goals.....

- To provide health care education opportunities for increasing cognitive and psycho-motor skills in Arthroscopy and Arthroplasty
- To provide CME programs for the ISKSAA members as well as other qualified professionals.
- To provide Clinical Fellowships in Arthroscopy and Arthroplasty
- To provide opportunities to organise and collaborate research projects
- To provide a versatile website for dissemination of knowledge

ISKSAA Life Membership

The membership is open to Orthopaedic Surgeons, Postgraduate Orthopaedic students and Allied medical personal interested in Arthroscopy & Arthroplasty.

Benefits of ISKSAA Life membership include....

- **Free Subscription** of ISKSAA's official , SCOPUS INDEXED , EMBASE INDEXED peer reviewed , online scientific journal **Journal of Arthroscopy and Joint Surgery (JAJS)** .
- Eligibility to apply for **ISKSAA's Prestigious Fellowship Programme**. We have finalised affiliations with ESSKA , ISAKOS , BOA , BASK , BOSTAA , BESS , Edge Hill University at Wroughtington and FLINDERS MEDICAL CENTRE , IMRI AUSTRALIA to provide more **ISKSAA Fellowships** in India , UK , USA , Australia and Europe . We have offered over **400 Clinical Fellowships as of date including 54 in ISKSAA 2014 , 40 in ISKSAA 2015 , 63 in ISKSAA 2016 , 55 in ISKSAA 2017 , 20 in ISKSAA 2018 & 100 in ISKSAA 2019 and over 50 ISKSAA Wroughtington MCh Fellowships from 2014 to 2018 .**
- We have initiated **ISKSAA JOD & ISKSAA WHA paid fellowship programs** from 2017 for 2 months based in Australia .
- **The current round of 100 ISKSAA fellowships interviews were held in ISKSAA BESS 2019 in March 2-3rd 2019 for 2019 and 2020 at New Delhi along with the ISKSAA Wroughtington MCh Fellowships .**
- **The next round of ISKSAA fellowship interviews will be in first quarter of 2021 at New Delhi .**
- We had offered **60 1 week ISKSAA certified Fellowships** from 11th – 15th June & 25-29th June 2018 for ISKSAA members registered for ISKSAA LEEDS 2018 on a first come first basis .
- Only as a life member , you can enjoy the benefit of **reduced Congress charges** in future ISKSAA Conferences .
- **Member's only section** on the website which has access to the conference proceedings and live surgeries of ISKSAA 2012 , 2013 , 2014 & 2016 along with a host of other educational material .
- Important opportunity for interaction with world leaders in Arthroscopy & Arthroplasty .
- Opportunity to participate in ISKSAA courses and workshops

To enjoy all the benefits & privileges of an ISKSAA member, you are invited to apply for the Life membership of ISKSAA by going to the membership registration section of the website and entering all your details electronically. All details regarding membership application and payment options are available on the website (www.isksaa.com)

XYATA LIFESCIENCES LTD.
HONG KONG
www.xyata.hk



XYATA LIFESCIENCES PVT. LTD.
INDIA
www.xyata.in

offers the highly specialized range



FOR OSTEOARTHRITIS MANAGEMENT

Cross Linked

BIOVISC
ORTHO SINGLE PFS
Hyaluronic Acid Inj. 3ml (90mg / 3ml)

Optimum Volume, Sustained Effect

90 High Concentration HA

Cross-Linked

High Molecular Weight

HYNEES[®]
PFS
Sodium Hyaluronate Inj. 2ml (10mg / ml)

For effective management of osteoarthritis

Non Avian Source

High Molecular Weight

FOR OSTEOPOROSIS MANAGEMENT

Recombinant Human Parathyroid Hormone (1-34)

ELEVOSTEO[®]
Teriparatide Injection (rDNA origin)

ELEVATING OSTEOGENESIS

Increases Bone Formation

Reduces Risk of Fractures

ZOLVOID[®]

Zoledronic Acid Infusion 5mg/100ml

The GOLD STANDARD in Osteoporosis Treatment

Once A Year Dose

Effective and Safe

For Comprehensive Mobility Solutions

A WHO - GMP Certified Company

NATIONAL TOLL FREE HELPLINE: 1800 1111 55

An ISO : 9001 - 2008 Certified Company

Journal of Arthroscopy and Joint Surgery

An official publication of International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty

(ISSN: 2214-9635)

Volume 7, Number 4, October–December 2020

Aims and Scope

Journal of Arthroscopy and Joint Surgery (JAJS) is committed to bring forth scientific manuscripts in the form of original research articles, current concept reviews, meta-analyses, case reports and letters to the editor. The focus of the Journal is to present wide-ranging, multi-disciplinary perspectives on the problems of the joints that are amenable with Arthroscopy and Arthroplasty. Though Arthroscopy and Arthroplasty entail surgical procedures, the Journal shall not restrict itself to these purely surgical procedures and will also encompass pharmacological, rehabilitative and physical measures that can prevent or postpone the execution of a surgical procedure. The Journal will also publish scientific research related to tissues other than joints that would ultimately have an effect on the joint function.

Author inquiries

You can track your submitted article at <http://www.elsevier.com/track-submission>. You can track your accepted article at <http://www.elsevier.com/trackarticle>. You are also welcome to contact Customer Support via <http://support.elsevier.com>

Copyright

© 2020, International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty. Published by Elsevier B.V. All rights reserved. Papers accepted for publication become the copyright of *International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty*, and authors will be asked to sign a transfer of copyright form, on receipt of the accepted manuscript by Elsevier. This enables the Publisher to administer copyright on behalf of the Authors, whilst allowing the continued use of the material by the Author for scholarly communication.

This journal and the individual contributions contained in it are protected under copyright by Elsevier B.V., and the following terms and conditions apply to their use:

Photocopying

Single photocopies of single articles may be made for personal use as allowed by national copyright laws. Permission of the Publisher and payment of a fee is required for all other photocopying, including multiple or systematic copying, copying for advertising or promotional purposes, resale, and all forms of document delivery. Special rates are available for educational institutions that wish to make photocopies for non-profit educational classroom use.

For information on how to seek permission visit <http://www.elsevier.com/permissions> or call: (+44) 1865 843830 (UK) / (+1) 215 239 3804 (USA).

Derivative Works

Subscribers may reproduce table of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution. Permission of the Publisher is required for all other derivative works, including compilations and translations (please consult www.elsevier.com/permissions).

Electronic Storage or Usage

Permission of the Publisher is required to store or use electronically any material contained in this journal, including any article or part of an article (please consult www.elsevier.com/permissions).

Except as outlined above, no part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior written permission of the Publisher.

Notice

No responsibility is assumed by the Publisher for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions or ideas contained in the material herein. Because of rapid advances in the medical sciences, in particular, independent verification of diagnoses and drug dosages should be made.

Although all advertising material is expected to conform to ethical (medical) standards, inclusion in this publication does not constitute a guarantee or endorsement of the quality or value of such product or of the claims made of it by its manufacturer.

Subscription information

The *Journal of Arthroscopy and Joint Surgery* (ISSN: 2214-9635) is published thrice a year. The annual price for **individual subscription** based in India is **INR 3600**; and for international subscribers, the annual price is **USD 60**. For **institutional subscription** within and outside India, please contact the Publishers office at journals.india@elsevier.com.

Further information is available on this journal and other Elsevier products through Elsevier's website (<http://www.elsevier.com>). Subscriptions are accepted on a prepaid basis only and are entered on a calendar year basis. Issues are sent by standard mail. Priority rates are available upon request. Claims for missing issues should be made within six months of the date of dispatch.

Orders, claims, advertisement and journal inquiries: Please visit our Support Hub page <https://service.elsevier.com> for assistance.

Editorial Office: Dr Pushpinder Singh Bajaj, Bajaj Specialist Clinics, B-7/5 Safdarjung Enclave, New Delhi – 110029. Tel: 41057555 / 41057556 / 41057557. Email: psbajaj@hotmail.com.

Journal of Arthroscopy and Joint Surgery

An official publication of International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty

(ISSN: 2214-9635)

Volume 7, Number 4, October-December 2020

Editors-in-Chief

MR SANJEEV ANAND UK

DR AMOL TAMBE UK

PROF HEMANT PANDIT UK

Executive Editors

PROF LALIT MAINI Delhi
PROF RAVI GUPTA Chandigarh

Managing Editor

DR PUSHPINDER BAJAJ Delhi

Deputy Editor

MR KAPIL KUMAR UK

Section Editors

Trauma & Rehabilitation

DR ALEXANDER WOOD UK

Hip

DR AJAY AGGARWAL USA

Foot & Ankle

DR MUNEEESH BHATIA UK

Training & Education

DR JANAK MEHTA Australia

Arthroplasty

DR MANOJ SOOD UK

Pediatric Orthopaedics

DR PARMANAND GUPTA

Orthopaedic Oncology

DR MANISH PARUTHI

Elbow, Wrist & Hand

DR RAJ MURALI UK

Shoulder

DR MANIT ARORA Mohali

Associate Editors

DR DINESH PATEL USA
DR POKKY FIRER South Africa

PROF JEGAN KRISHNAN Australia
DR GURINDER BEDI Delhi

DR RAJESH SETHI UK
DR DINSHAW PARDIWALA Maharashtra

Editorial Board

PROF GIANNOUDIS UK
PROF AMAR RANGAN UK
DR KHALID MOHAMMAD New Zealand
DR MAKARAM SRINIVASAN UK
DR V BHALAIK UK
DR PUNEET MONGA UK

DR TAOFEK ADEYEMI Nigeria
DR M S DHILLON Chandigarh
DR VIVEK PANDEY Karnataka
DR SUNDARARAJAN Tamil Nadu
DR ASHISH DEVGAN Haryana
DR RAJU EASWARAN Delhi

DR RAHUL KHARE Delhi
DR AMITE PANKAJ Delhi
DR DHANAJAY SABAT Delhi
DR AMIT SHARMA Delhi
DR YUVARAJAN P Coimbatore

Advisory Board

DR ANDREAS SETTJE Germany
DR ANANT JOSHI Maharashtra
DR ASHOK RAJGOPAL Delhi
DR ASHISH BABULKAR Pune
DR ASIT SHAH USA
DR ANIL BHAT Karnataka
MR BINOD SINGH UK
DR BINU THOMAS Tamil Nadu
DR DAVID MARTIN Australia
DR DAVID RAJAN Tamil Nadu
DR DENNY LIE Singapore
DR EDWARD T MAH Australia
DR GRAHAM MERCER Australia
DR H K WONG Hong Kong

DR HIROYUKI SUGAYA Japan
DR HITESH GOPALAN Karnataka
PROF J E MENDES Portugal
DR JAAP WILLEMS Netherlands
DR JOHN EBNEZAR Karnataka
DR JVS VIDYASAGAR Andhra Pradesh
PROF LENNARD FUNK UK
DR MARIO PENTA Australia
DR NICK WALLWORK Australia
DR NIRBHAY SHAH Gujarat
DR PAOLO PALADINI Italy
DR PARAG SANCHETI Pune
DR PETER CAMPBELL Australia
PROF P P KOTWAL Delhi

PROF RAJASEKARAN Tamil Nadu
MR RAM VENKATESH UK
MR R PANDEY UK
PROF RAJ BAHADUR Chandigarh
MR ROBERT J GREGORY UK
DR ROHIT ARORA Austria
DR SACHIN TAPASVI Pune
DR SANJAY DESAI Maharashtra
DR SANJAY GARUDE Maharashtra
DR SANJAY TRIVEDI Gujarat
DR SRIPATHI RAO Karnataka
PROF SUDHIR KAPOOR Delhi
MR VED GOSWAMI UK
DR YOUNG LAE MOON Korea

Copyright (C) 2020, International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty. All rights reserved.

Published by Elsevier B.V.

No part of the publication may be transmitted in any form or by any means, electronic or mechanical, without written permission from the Editor-in-Chief.

Disclaimer: Although all advertising material is expected to conform to ethical (medical) standards, inclusion in the publication does not constitute a guarantee or endorsement of the quality or value of such product or of the claims made of it by its manufacturer. Please consult full prescribing information before issuing prescriptions for any products mentioned in this publication.

Journal of Arthroscopy and Joint Surgery

An official publication of International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty

(ISSN: 2214-9635)

Volume 7, Number 4, October–December 2020

Table of Contents

Editorial

- Doctors as soldiers in times of pandemic 165
Sanjeev Anand

Review

- Diabetes and rotator cuff repair: A narrative review 167
Manit Arora, Sanjay Kumar Bhadada

ARTHROPLASTY

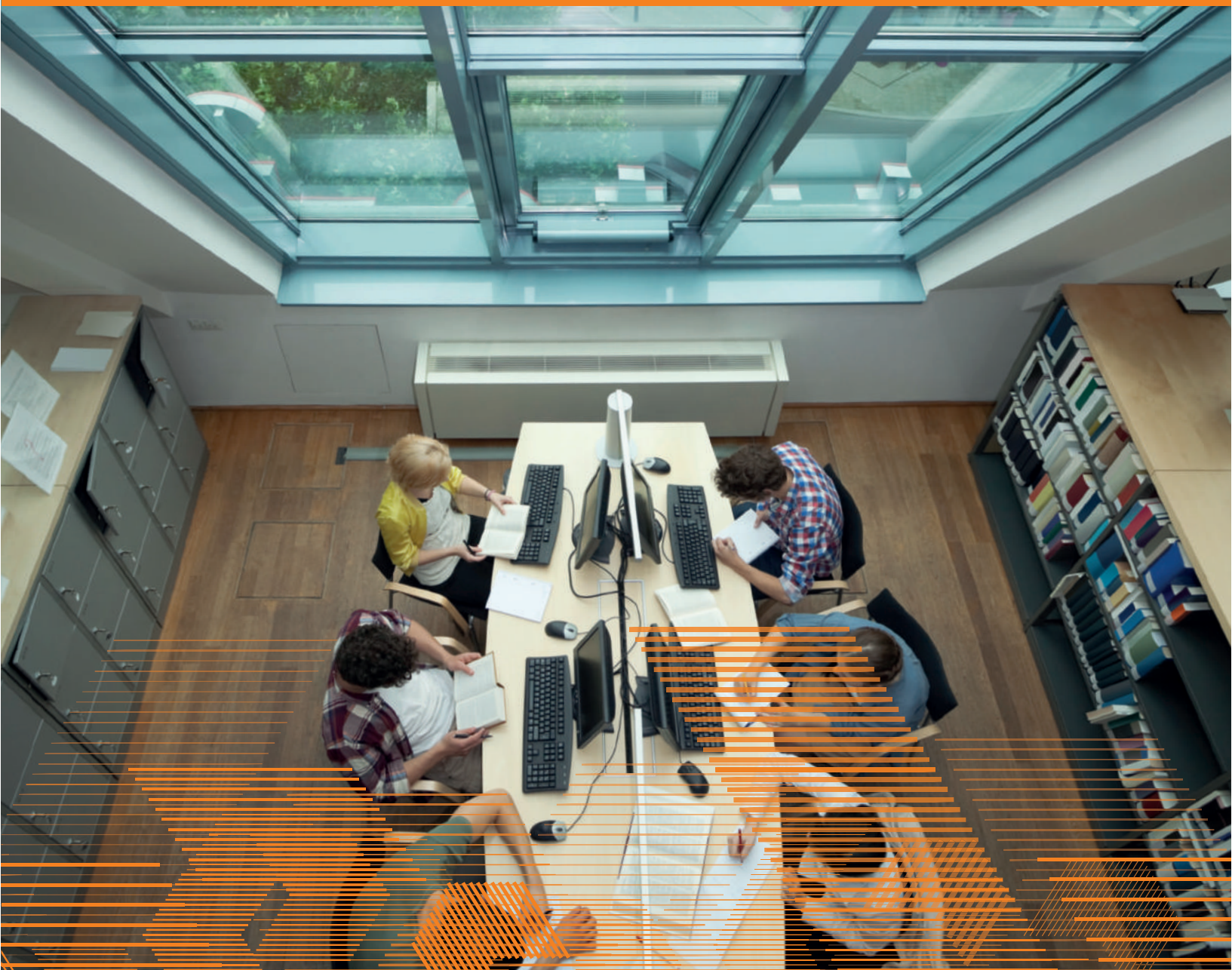
- Mortality and other complications after revision joint arthroplasty: Investigating the modifiable independent predictors 172
Mustafa Kavak, Kerem Basarir, Anar Keremov, Sancar Alp Ovali
- The effect of bio psychosocial model of rehabilitation on pain and quality of life after total knee replacement: A randomized controlled trial 177
Sneha Bhatia, H. Karvannan, V. Prem
- Metal hypersensitivity in total knee arthroplasty 184
Samuel W. King, J. Matthew Royeca, Conor M. Cunningham, Raghavendra Madegowda, Shivkamal Sha, Hemant Pandit
- Does D-Dimer really help in the diagnosis of chronic periprosthetic joint infections (PJI)? A case-control study 189
Giuseppe Toro, Adriano Braile, Emanuela Zappulo, Alfredo Schiavone Panni, Pier Francesco Indelli
- Validation of Harris hip score in the indian population 194
Vanyambadi Jagadeesh, Ramesh Kumar Sen, Sujit Kumar Tripathy, Sameer Aggarwal, Suresh Kumar Sharma, Puneet Sharma

Arthroscopy

- Correlation of measurements of hamstring graft used in ACL reconstruction with preoperative anthropometric measures among Indian males- A prospective study 200
Dr Nuthan Jagadeesh, Dr Vishwanath M Shivalingappa, Dr Tushar Dhawan, Dr Arjun Mandri
- A CT based evaluation of femoral and tibial tunnel widening after double bundle ACL reconstruction 206
Shekhar Tank, Saurabh Dutt, Rakesh Sehwat, Dhananjaya Sabat, Vinod Kumar
- Combination of chondroitin sulfate and hyaluronic acid increases amount of fibroblast, collagen and decreases adhesion of achilles tendon after repair 211
Andhika Yudistira, Tjuk Risantoso, Syaifullah Asmiragani, Tresna Angga Basunanda, Marvin Anthony Putera
- A 10 Year clinical, laboratory and arthroscopic data analysis of bacterial septic arthritis of adult native knee: A hospital-based study 216
Sandesh Madi, Srikant Natarajan, Sujayendra Murali, Vivek Pandey, Kiran Acharya
- Five-years outcome of medial patellofemoral ligament reconstruction in isolated post-traumatic tear: A retrospective study 224
Ravi Gupta, Akash Singhal, Anil Kapoor, Gladson David Masih, Atul Rai Sharma

Case Reports

- Role of proximal tibio-fibular joint stability in anterior cruciate ligament reconstruction- A case report and review of literature 230
Rakesh Sehwat, Saurabh Dutt, Dhananjaya Sabat, Vinod Kumar
- A case report of neglected patellar dislocation with postoperative complication of thyroid storm mimicking infection - A double whammy 235
Prahalad Kumar Singhi, Sivakumar Raju, V.P Raghavakumar, Venkatappa Somashekar
- Arthroscopic removal of intrarticular acetabular exostosis and follow up at 5 years: A case report 239
A. Aprato, G. Nicolaci, A. Massè



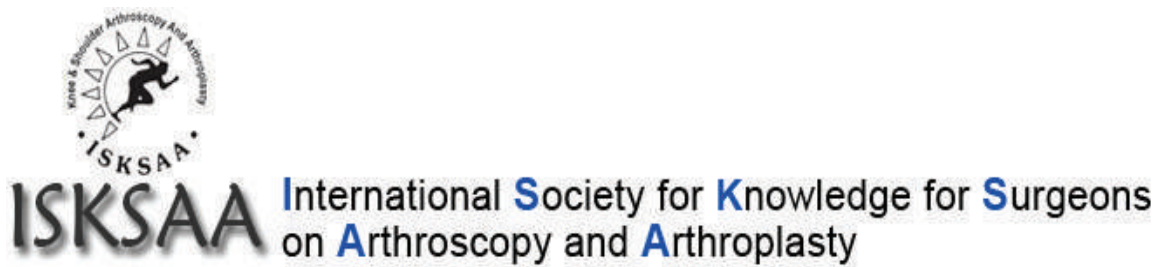
Improve the way you search

Discover ScienceDirect and experience fast and reliable access to a world of scientific, technical and health content.

facebook.com/Elsevier.ScienceDirect
[@sciencedirect](https://twitter.com/sciencedirect)
www.sciencedirect.com

Start today at
ScienceDirect.com and:

- Register
- Set up alerts
- Read articles on the go



Wrightington, Wigan and Leigh
NHS Foundation Trust



Edge Hill University

ISKSAA – Wrightington International Training Fellowships leading to MCh degree (2021).

Interested candidates are invited to apply for a unique opportunity for post-graduate education and subspecialist training in the UK

1. The interested candidates are encouraged to look at the University website link . The programme is aimed at motivated candidates who wish to come to UK to obtain 2-3 years of clinical experience, specialist surgical training and an MCh degree from Wrightington Hospital and Edge Hill University.
2. The interviews are slated for March 2021 in New Delhi when the recruitment team will be visiting India. The exact dates and venues will be confirmed in due course.
3. **Having cleared the IELTS exam** before the interviews will be of advantage for final selections .
4. The Clinical posts would start in July 2021 although if candidates were to be interested for August 2022 start, they could still apply.
5. The MCh course is at the Edge Hill University and although most of the payment for the course can be made along the way in installments over the 2 years, there would be an initial Commitment of £8,000 to be made to secure the place before the formalities with Royal colleges and GMC are commenced at this End. The salary scales are detailed with the information sheet as well.
6. There will be two posts per year as the "Wrightington - ISKSAA MCh Fellowship". There would be an **assured Wrightington placement** during the 2-year UK rotation via this stream . **Only ISKSAA Life Members can apply for these posts .**
7. **THE EMAIL SHOULD MENTION ISKSAA MEMBERSHIP NUMBER VERY CLEARLY**
8. THESE ARE SALARIED JOBS IN THE NHS AND SO ARE FULLY FUNDED .

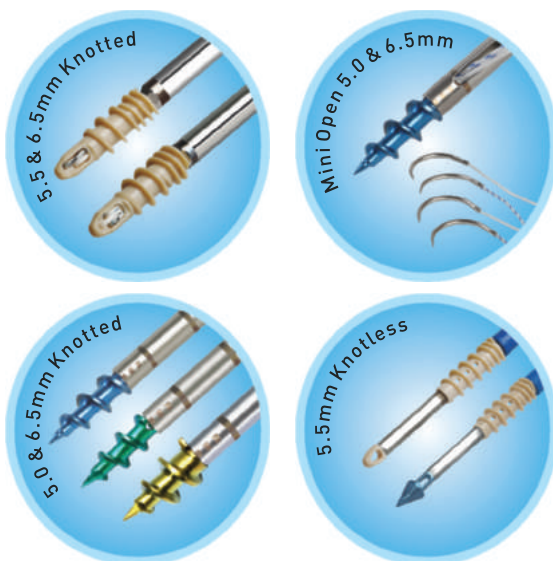


BIOTEK[®]
we put life in metal

Technology that
touches *life.*

SHOULDER ARTHROSCOPY

Suture Anchors for Rotator Cuff Repair

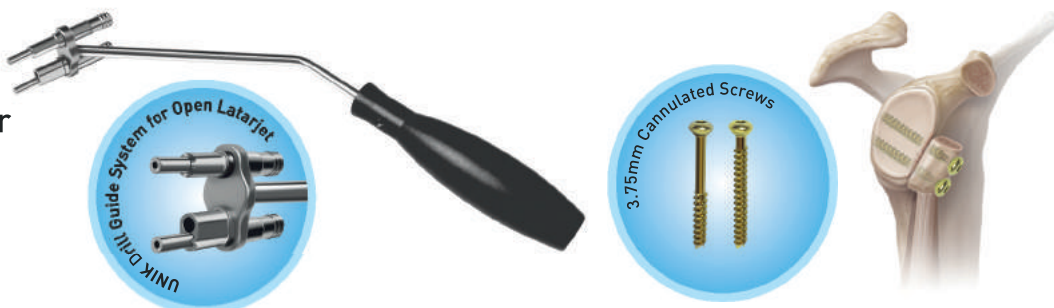


Suture Anchors for Slap & Bankart Repair



OPEN LATARJET

Latarjet / Coracoid Process Transfer



EXTREMITIES



Ursa[®]
Hemi-Shoulder
Arthroplasty System



Oskar[®]
Radial Head Prosthesis



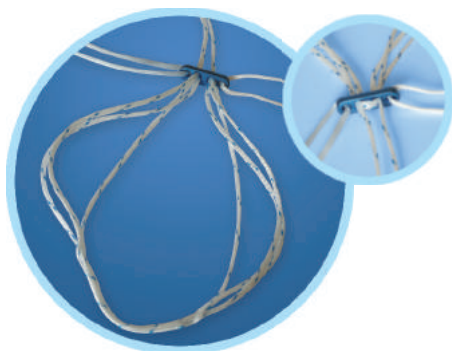
Texx[®]
Total Elbow
Arthroplasty System



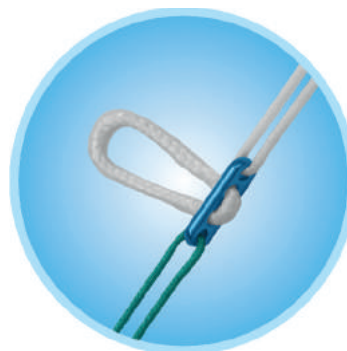
Technology that
touches *life.*

KNEE ARTHROSCOPY

Buttonfix
Adjustable Loop Device



Onbutton CL
Closed Loop Device



Offering two of the strongest soft tissue suspensory fixation devices for Cruciate Reconstruction.

Softfix-PK
Interference Screws
(PEEK)



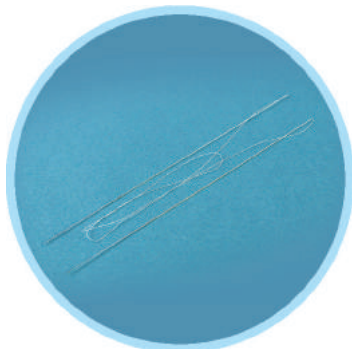
Softfix
Interference Screws
(Titanium)



Osteotwin
Bio Composite Interference
Screws



Meniscus Repair (Inside-Out)



Biddu HTO



Above all the products are CE Certified and Indian FDA.



BIOTEK - Chetan Meditech Pvt. Ltd.

Opp. V. S. Hospital, Ellisbridge, Ahmedabad 380 006. Gujarat, INDIA.
Phone: +91 79 2657 8092, 40098394, 79 2657 7639
Email: info@biotekortho.com Website: www.biotekortho.com



Contents lists available at ScienceDirect

Journal of Arthroscopy and Joint Surgery

journal homepage: www.elsevier.com/locate/jajs

Editorial

Doctors as soldiers in times of pandemic

Keywords:

Pandemic

Personal protective equipment

Doctors as soldiers

The medical profession has been considered a 'noble' profession and usually enjoys a high level of trust from the general public.¹ Despite this position of trust, doctors as the face of an often inadequate healthcare system, occasionally bear the brunt of attacks by patients and their families who are frustrated by the failures of the healthcare system.

With the advent of Covid-19, doctors are finding themselves in an unusual situation of being hailed as soldiers and heroes in the 'war' against the virus. With the accolades, there has been a demand and an expectation that doctors should live up to this tag. This can create an awkward position for doctors. Are they happy being the focus of this adulation, which is very likely to be temporary, whilst trying to live up to the public demands? Use of such militaristic language to describe the medical profession can be a double-edged sword. Public opinion can easily turn against its heroes. There have already been accusations that some doctors have not been turning up for work and demands have been made to force any doctors to return to work, using the 'soldier' analogy against them.²

Being a 'hero' involves (a) going beyond the expected duties; (b) at a personal risk to oneself; (c) with a desire to help others and (d) with no expectations of any advantage in return.³ This is not entirely the role of a doctor even in the course of a pandemic. Doctors do have a 'duty of care' to patients but this duty is not limitless. We can be expected to take care of the patients but cannot be expected to put our own lives at risk in the care of the patients. Nobody would expect a surgeon to donate his or her kidney to save the life of a patient; similarly, without adequate personal protective equipment (PPE), we cannot expect doctors to treat highly infectious patients. Yet healthcare workers are still expected to go to work, whilst the rest of the population is asked to protect themselves by limiting any external contact.

The duty of care of a healthcare professional can best be described as a 'social contract' between the profession and society at large. By this contract, healthcare workers get a certain privilege in society and in return, they have a 'duty to treat' patients, even at a degree of risk to their personal wellbeing. The privileges bestowed by this social contract are accompanied by certain responsibilities. One of them being that doctors are held to a greater

accountability and higher threshold of conduct compared to the other professions. Inherent in this social contract model, however, is a reciprocity from the society. In return for the doctor's duty to treat, society is expected to treat them with respect and to do their own part, including adherence to social distancing guidelines.³ The use of militaristic language, portraying doctors as soldiers or heroes, takes emphasis away from the reciprocal nature of this social contract. This risk leaving healthcare workers embittered and disillusioned, as they may feel that they are alone in fulfilling their side of the mutual obligation.

Even before this pandemic, doctors have been battling systemic issues in the health economy, issues that foster unhealthy work environments, with expectations of a 24/7 availability leading to a life-work imbalance.⁴ The COVID-19 pandemic has increased the demand on physicians' time, along with an increased intensity of work. Physicians must deal with concerns relating to their own and their families' wellbeing, whilst dealing with ever changing roles and expectations.

Doctors have often put others health and wellbeing over their own but now have to make a decision between protecting their family's health over treating a highly infectious patient. As more knowledge about the disease is gained, physicians have had to adapt to everchanging guidelines and to incorporate it into their practice at short notice. Many had to adapt to different work roles, with which they often found themselves uncomfortable. Alongside this, many physicians had to deal with the mental trauma of illness affecting their colleagues or family, as well as being witness to a tragedy affecting their patients by a disease where patients often are denied the support blanket of their families for reasons of infection transmission, leading to health professionals often being the sole provider of emotional comfort, whilst also managing their medical needs. Even doctors who are not on the forefront of this 'war' are still affected, for example, financially, by an almost complete absence of fee-paying patients requiring elective surgery. This is likely to lead to long-term psychological and personal effects on the medical professionals. Being called a 'hero' and applauded in public is not going to put a salve on this wound. Doctors are humans too. They are entitled to their own fears and anxieties. If public and authorities don't support them, they would not be able to carry out their important role in serving people.

Amnesty International in its July, 2020 document 'Exposed, Silenced, Attacked: Failures to protect health and essential workers during the pandemic', report that over 3000 health care workers (HCWs) have lost their lives due to COVID-19 during the current pandemic.⁵ Besides physical harm, HCWs treating patients during a pandemic are at increased risk of psychological distress and post-traumatic stress, as shown a recent metaanalysis.⁶ Risk factors for psychological distress included being younger, being more junior,

being the parents of dependent children, or having an infected family member. Longer quarantine, lack of practical support, and stigma also contributed. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity.⁶ Surveys of HCWs from different nations have reported high levels of anxiety, depression and insomnia during this pandemic.⁷ There is an added risk of ‘moral injury’ where doctors have to take decision on the allocation of scarce resources to a large number of severely unwell patients. This ethical conflict adds to the psychological distress.⁸

Health care workers speaking about the working conditions have faced restrictions or reprisals. There have been reports in at least ten countries of health workers being evicted from where they live, there being attempts to evict them, them finding it hard to find a place to live or facing stigma where they reside. Amnesty International recorded instances in at least eleven countries, where health and essential workers have even been attacked or subjected to violence on the way to work, in their workplaces, as well as by their community or neighbours, and in their homes. Further, in May 2020, 13 medical and humanitarian organisations representing 30 million healthcare professionals issued a declaration condemning “over 200 incidents of COVID-19 related attacks [against health workers] – a trend that endangers these vital frontline responders and the communities they serve”.^{5,9} Recently, in a first case of its kind, a healthcare professional in United kingdom has been reported for a ‘fitness to practice’ investigation for allegedly delayed attendance to patient because of inadequate personal protective equipment.¹⁰

This Covid crisis has shone a light on inadequacies in health care systems in every country. Whilst doctors appreciate the clapping, it would be even better to have clarity on testing, isolation and proper availability of PPE. In the long term, it would be best to be able to work in healthcare systems which are adequately funded and where the staff is valued, both by the people and by the government. Doctors don’t want short term plaudits to suit the current media narrative. They want a society where they feel confident to be able to provide best possible care for their patients, irrespective of the health care system or patients’ financial situation. This is a job of the governments and for the societies which vote for these governments. Doctors and their patients deserve better !

References

1. Ipsos MORI. *Trust in Politicians Falls Sending Them Spiralling Back to the Bottom of Trust in Politicians Falls Sending Them Spiralling Back to the Bottom of Ipsos MORI Veracity Index*; 2019 [Online] [Accessed on 6th September 2020] <https://www.ipsos.com/ipsos-mori/en-uk/trust-politicians-falls-sending-them-spiralling-back-bottom-ipsos-mori-veracity-index>.
2. Today India. *Doctors like Soldiers, Can't Refuse to Work during Coronavirus Outbreak: Bihar Deputy CM Sushil Modi*; 2020 [Online] [Accessed on 6th September 2020] <https://www.indiatoday.in/india/story/doctors-like-soldiers-can-t-refuse-to-work-during-coronavirus-outbreak-bihar-deputy-cm-sushil-modi-1675176-2020-05-07>.
3. Cox CL. ‘Healthcare Heroes’: problems with media focus on heroism from healthcare workers during the COVID-19 pandemic. *J Med Ethics*. 2020;46: 510–513.
4. National Academy of Medicine. *Action Collaborative on Clinician Well-Being and Resilience*; 2020 [Online] [Accessed <https://nam.edu/initiatives/clinician-resilience-and-well-being>. Accessed July 28, 2020].
5. Amnesty International. *Exposed, Silenced, Attacked: failures to protect health and essential workers during the pandemic* [Online] [Accessed 6th September 2020] <https://www.amnesty.org/download/Documents/POL4025722020ENGLISH.PDF>; 2020.
6. Kisely S, Warren N, McMahon L, Dalais C, Henry I, Siskind D. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ*. 2020;369:m1642.
7. Gold JA. Covid-19: adverse mental health outcomes for healthcare workers. *BMJ*. 2020;369:m1815. <https://doi.org/10.1136/bmj.m1815>. Published 2020 May 5.
8. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ*. 2020;368:m1211. <https://doi.org/10.1136/bmj.m1211>. Published 2020 Mar 26.
9. Mail Daily. *NHS Surgeon, 43, Is ‘flung Out’ of His Rented Room by Landlady Who Feared He Would Give Her Coronavirus*; 2020 [Online] [Accessed on 6th Sep, 2020] <https://www.dailymail.co.uk/news/article-8151771/NHS-surgeon-flung-rented-room-landlady-feared-coronavirus.html>.
10. Dyer C. Covid-19: healthcare professional is referred to regulator for delaying seeing a patient because of lack of PPE. *BMJ*. 2020;370, m3201. <https://doi.org/10.1136/bmj.m3201>.

Sanjeev Anand
Leeds Teaching Hospitals, UK
E-mail address: Sanjeev.anand2@nhs.net.

7 September 2020
Available online 17 September 2020



To read all articles of this issue, you must be a member of ISKSAA.

**If you are already a member of
ISKSAA then please login to access the full issue.**





To read all articles of this issue, you must be a member of ISKSAA.

**If you are already a member of
ISKSAA then please login to access the full issue.**



Scopus®

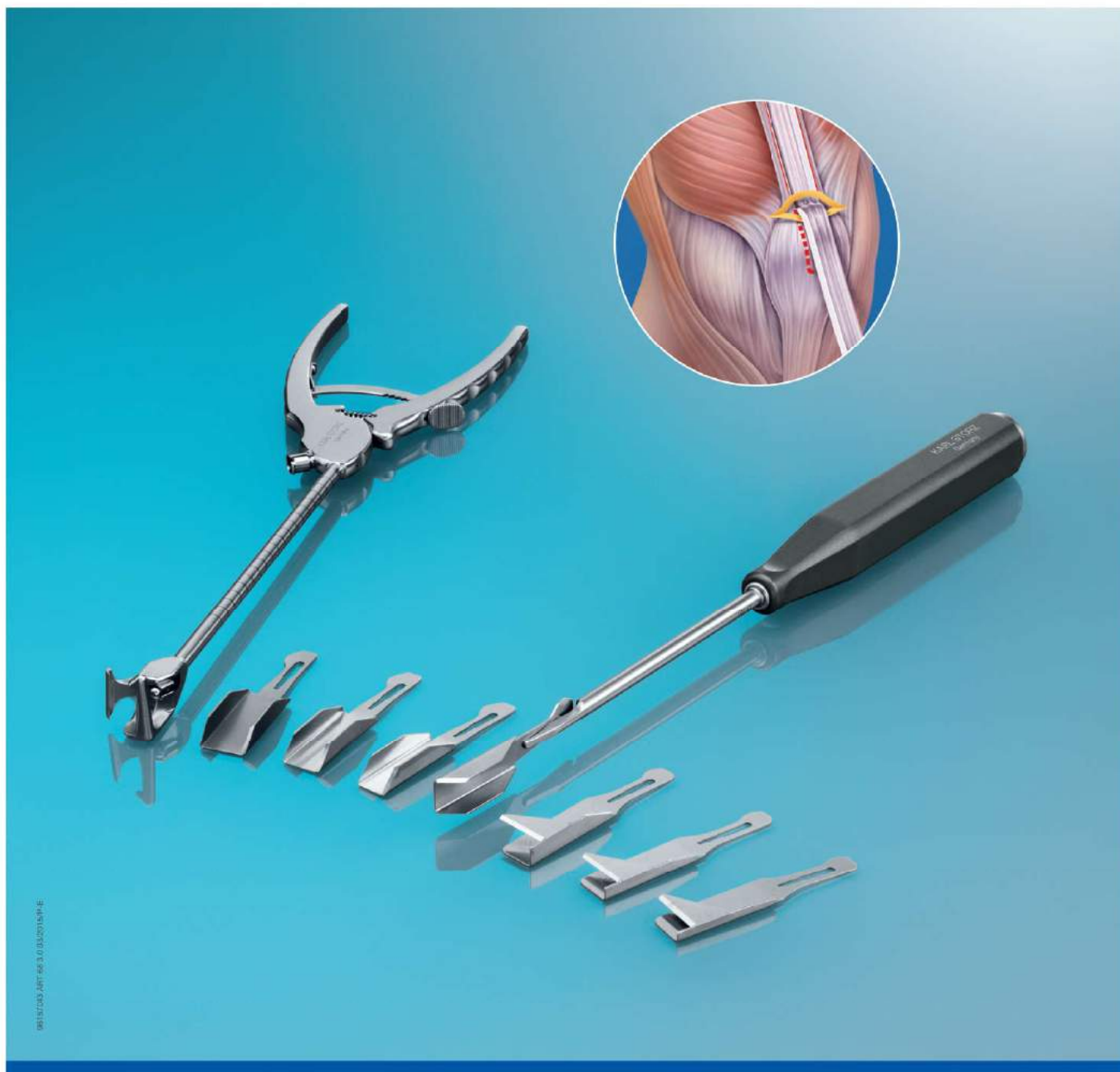
PEACE, LOVE AND HYPOTHESIS

The world needs your research.
You need Scopus.

With up to 230% more coverage of published research worldwide, 16 million author profiles, daily content updates and more – your next big discovery starts with Scopus.

For more information visit elsevier.com/Scopus





QuadCut

Minimally Invasive Quadriceps Tendon Harvesting

