As the saying goes, “necessity is the mother of invention.” With the global covid-19 pandemic, we’re seeing scientific evidence evolve quickly, new technologies develop, and real time, ever changing plans for epidemiology, public protection, and ensuring that health services remain viable.1,2

When, hopefully, we’re through the pandemic and have time to reflect, no doubt some practices will see a step change for the better. Our planning, preparedness, and understanding of transmission, protection, and treatment will have to change. Arguably, it was learning from the SARS pandemic that meant some South East Asian nations were better prepared for covid-19 and tackled it sooner.3

But what of the things we stop doing? After the pandemic passes, will we return to our old ways or be grateful for what we’ve learnt?

In acute hospitals, we’re already moving to stop most non-urgent outpatient activities such as routine follow-ups and less urgent planned operations, tests, or procedures. We’re moving many more consultations to online or telephone. Clearly, we planned operations, tests, or procedures. We want this war footing to become the new norm. Patients in many places on frontline operational and clinical staff each time. Many will be cheering this amnesty. Although they really add and how much stress and admin burden this places on frontline operational and clinical staff each time. Many will be cheering this amnesty. Although they really add and how much stress and admin burden this places on frontline operational and clinical staff each time. Many will be cheering this amnesty. Although they really add and how much stress and admin burden this places on frontline operational and clinical staff each time. Many will be cheering this amnesty. 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