



# How do we as a profession respond to the COVID-19 Pandemic?

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I will admit, when we first discussed the idea of doing a Vital Link edition on the COVID-19 pandemic back in early April of this year, I thought it was both something we simply had to do and, from an editorial standpoint, quite anxiety provoking. The essential part I think everyone will understand; this is a once in a lifetime pandemic that has greatly affected our professional as well as our family and community lives. Some of us have lost family members, friends or colleagues to this disease, or seen loved ones or colleagues suffer with acute or long-term courses of COVID. Our political and economic worlds have also been upended, in Canada and globally.

Many of us learned during training about the possibility of a pandemic occurring along the lines of the Spanish Flu of 1918, or remember the SARS, MERS or even the H1N1 flu outbreaks from earlier in this century. Few outside the epidemiology community, however, could foresee the scope and trajectory of a pandemic on the scale of COVID-19 when word first started spreading about a novel coronavirus back in early 2020. After all, the trajectory of previous coronavirus outbreaks (SARS in 2003 and MERS in 2012), while terrifying in their own way, were both mostly contained within a year of the identification of an outbreak. With COVID-19, the initial cases of this novel virus were declared to the World Health Organization from Wuhan City, China, in December 2019. On January 30th, 2020, only a month later, a 'public health emergency of international concern' was declared by the WHO. Subsequently, this was upgraded to a pandemic, or a 'worldwide spread of a new disease' on March 11th. Now, in mid-October 2020, we are eight months into the pandemic, that as of this writing has claimed approximately 9300 lives in Canada,<sup>1</sup> and over 1 million worldwide.<sup>2</sup>

Certainly, many of our members have felt powerless and frustrated by provincial or territorial government guidelines that have left naturopathic doctors sidelined from contributing to front line care.

Many practices closed for in person or 'non essential' care in March, then re-opened with new requirements for COVID screening and Personal Protective Equipment (PPE) for in person care, with preference given to telehealth consults. There is no question that this has been a year of overwhelming change, confusing and often rapidly changing provincial Public Health, Ministry of Health, or College directives. For so many of us, good self-care has taken a back seat to negotiating these new realities, which include the financial imperatives of keeping practices going with mandated closures and added costs and administrative burdens with PPE and COVID screening, in addition to juggling family and professional responsibilities. There is no question that burnout levels are rising as a result, even if NDs are not technically on the front lines.

As an editor, this is also where the anxiety-provoking part came in. Many high impact/well known conventional medical journals have had to either correct or retract hastily thrown together studies or epidemiology on COVID. The WHO has also decried the wide reach of misinformation about the virus and potential treatments, conventional or CAM. With all this going on, how could our authors and reviewers keep up with the state of what is known for *integrative naturopathic* care with the new and rapidly changing reality of COVID-19? There is still so much that we don't know about how to treat this virus or its complications. For example, there is still considerable controversy about which patients are most at risk for complications, or who is likely to have a more prolonged course of infection or long-term post-viral symptoms.

At the same time, there is no question that naturopathic care matters in this conversation about the long term health-care response to the pandemic in Canada. Now that we are facing a second wave of new cases in several provinces, and concerns about the mental health of many Canadians facing further disruptions or lockdowns, we will be increasingly called on to treat patients who have sidelined preventative care during this crisis, or who are apparently recovered from COVID but still suffering from post-viral symptoms. There is an opportunity now for the CAND and our members to contribute to a more public and productive discussion of the value of naturopathic doctors, and call attention to the evidence that NDs are already providing careful and kind care and have been for years.<sup>3</sup>

This issue leads off with our usual CAND Board update, as well as a guest editorial on the collaboration of naturopathic doctors into a community health clinic in a post-COVID practice setting. There are specific challenges, as well as benefits accruing to all sides in this new practice environment as pointed out by Gilbert and Chowdury.

We have two clinical practice reviews this edition that are COVID-19 themed. One, by Berninck et al, focuses on diagnostic criteria for the so-called 'long tail' or post-viral symptoms of COVID-19 infections, and discusses a preliminary framework for treatment in a primary care naturopathic setting. Similarly, Lloyd and Saunders review what is known to date about how to recognize patients at increased risk of complications or post-viral presentations, using laboratory and other diagnostic criteria. They also discuss appropriate screening protocols and introduce some of the evidence from the WHO sponsored 'rapid reviews' on T&CM therapies that could benefit these patients.

Our next two articles discuss the effects of the COVID-19 pandemic on specific populations of interest; pregnant and post-partum people, BIPOC, and Indigenous communities. These authors raise important concerns about working with these populations that will become increasingly relevant as we learn to adapt to the new clinical reality brought about by the pandemic.

Our research/commentary section contains a summary of the WNF 'rapid reviews' that are forthcoming for publication in a special edition of *Advances in Integrative Medicine* (Elsevier) and elsewhere. Here, our members get a first look at some of the completed reviews from their CAM research colleagues.

Finally, we have a thought-provoking piece by Solomonian et al, arguing for a systems perspective on COVID-19 as a manifestation of unsustainable economic, environmental and social organization. They outline a naturopathic critical theory that incorporates an Indigenous worldview with naturopathic philosophy in a way that they argue will ultimately help create a collaborative redesign on both the micro- and macro-societal levels.

I want to give special notice to our editorial review team for this edition, who have stepped up with careful reviews on a topic that is new to all of us. Reviewers are often the unsung heroes for journals like ours and I want to thank everyone who helped steer these articles to publication. We also welcome three new internationally based colleagues to our editorial board this edition; Paola Cubillos (Colombia), Matt Brignall (USA) and Lara Briden (NZ), as we continue to diversify our board and expertise in anticipation of moving to an indexed, open format in 2021/22.

Finally, I would like to introduce our new Associate Editor Cyndi Gilbert. Many of our members know her as senior clinical faculty at CCNM, or in one of her several other leadership roles in the profession. She joined me for this edition, and has already provided invaluable support for streamlining our editorial and review processes, including formulating more standardized peer review guidelines. We are also working on diversifying our editorial board, and continuing on our stated mission to focus on social determinants of health and health equity.

There are more exciting changes ahead for *Vital Link*, but for now, I hope everyone enjoys this very timely edition. My inbox, as always, is open at [drmtrevorrow@cand.ca](mailto:drmtrevorrow@cand.ca)



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## References

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