

# Medical research during a pandemic

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The last Canadian Institutes of Health Research (CIHR) call for granting applications represents a massive jolt of reality. The direction of research in Canada is changing. By report, more than 3000 applications were opened on ResearchNet, as many people contemplated submitting a coronavirus disease 2019 (COVID-19)-related topic. In the end, about 1500 proposals were finalized and submitted for review. Certainly, more virus-related research is being contemplated in laboratories that had previously been engaged in other “suddenly less desirable” research projects. This prodigious proliferation of knowledge has resulted in 3315 COVID-19-related publications indexed in PubMed between Jan. 1, 2020, and the first week of May. There has been a seismic repurposing and reorientation of the research machinery with the CIHR, the Natural Sciences and Engineering Research Council of Canada, the Department of Defense and others giving priority to COVID-19-related projects. Researchers will go wherever the money resides. The reality is that we are witnessing a realignment of scientists, including established researchers in multiple fields, who are targeting COVID-19-related topics.

How this reality will alter the long-term research landscape in Canada and other countries remains unclear. Will it be a short blip in the typically predictable pathway, or does it represent a significant changing of the guard? Those who rapidly adapt will survive, and many will drift away from a wide range of important subjects. If this new environment persists for too long, the homogenization of research priorities and funding targets will certainly hurt Canadian researchers and innovation in a broader context.

At the *Canadian Journal of Surgery*, we recognize this new reality, however, and we too will try to help going

forward. *CJS* will continue to facilitate fast-tracking of information about COVID-19. We realize that this fight will not be won without better epidemiological information in particular, but also basic science breakthroughs. We have attempted to streamline the submission process with expedited review and early publication. Our first 3 papers on COVID-19 were published in the May-June issue,<sup>1-3</sup> a supplement guiding the management of cancer surgery during this pandemic was published in the March-April issue,<sup>4</sup> and we will continue to fast-track these papers as the pandemic endures and most of our attention is riveted on the outcome of COVID-19. Clearly this unprecedented time will bring significant societal and research procedural change.

**Chad G. Ball, MD, MSc; Edward J. Harvey, MD**

**Affiliations:** Co-editors-in-chief, *Canadian Journal of Surgery*

**Competing interests:** E.J. Harvey is the chief medical officer of Greybox Solutions, the co-founder and head of medical innovation of NXT-Sens Inc., the co-founder and chief medical officer of MY01 Inc., and the co-founder and director of Strathera Inc. He receives institutional support from J & J DePuy Synthes, Stryker and Zimmer, and he is a board member of the Orthopedic Trauma Association and the Canadian Orthopaedic Association. No other competing interests were declared.

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## References

1. Wiseman SM, Crump RT, Sutherland JM. Surgical wait list management in Canada during a pandemic: many challenges ahead. *Can J Surg* 2020;63:E226-8.
2. Hirpara DH, Taylor B. Leadership proficiency in surgery: lessons from the COVID-19 pandemic. *Can J Surg* 2020;63:E229-30.
3. Bourget-Murray J, Heard BJ, Bansal R, et al. Postoperative fever in the time of COVID-19. *Can J Surg* 2020;63:E231-2.
4. Finley C, Prashad A, Camuso N, et al. Supplement – COVID-19: Guidance for management of cancer surgery. *Can J Surg* 2020;63:Suppl1.