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COVID-19 and the digestive system: implications for transforming care delivery

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The pandemic caused by SARS-CoV-2 has posed an unprecedented challenge to health systems, leading in many countries to the collapse of health care and a lack of preventive measures both for the most vulnerable sections of the population and among healthcare professionals (1-3).

Since the pandemic started in late December 2019 with [27 cases of an unidentified viral pneumonia](#) in the city of Wuhan (China) (3), a plethora of observational and prospective studies have been published, which has allowed the etiopathogenesis and most suitable therapeutic guidelines to be established, and even vaccines to be developed at record speed (six months) (4-8).

Scientific journals have played an incalculable role by promoting a rapid dissemination of clinical findings, pathogenic mechanisms, meta-analyses, and even clinical guidelines (9-12).

In the Revista Española de Enfermedades Digestivas (REED), as in other journals, priority has been given to studies related to SARS-CoV-2 and digestive disorders: clinical manifestations, criteria for treating patients at the highest risk (oncologic patients, transplant recipients, and subjects with inflammatory intestinal disorders), and safety guidelines for patients and healthcare professionals during the diagnostic and therapeutic procedures involving the highest risk (13-17).

For this reason, it seemed appropriate to include in this issue (which is almost monographic) articles related to COVID-19 and the digestive system. Ampuero J. et al. (18) report on the value of baseline liver function tests (AST, ALT, bilirubin) to predict

the severity of COVID-19. Tejedor et al. (19), Peña-Rey et al. (20), and Fernández et al. (21) report on the impact of the first wave of the pandemic on the treatment of colorectal cancer, screening programs, and the management of patients with inflammatory intestinal disorders, respectively.

This pandemic has led to rapid changes in the design and ways of administering patient care while guaranteeing the principles of safety, efficacy, and providing care that focuses on the needs of patients and is also timely (22-24).

The COVID-19 pandemic has provided the worst possible scenario and has shone the spotlight on the deficiencies of health care provision on a global scale. We are confident that we have learnt from these errors so that they will not be repeated in the future.

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