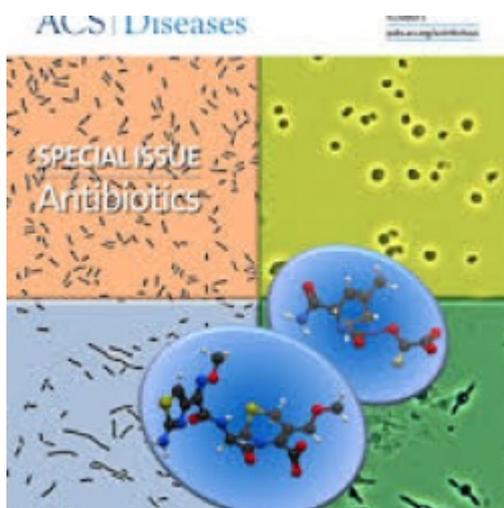


Reach Out: Leave the Echo Chamber



By David Shlaes — June 16, 2020

When we share our thoughts on science as well as our research efforts, the collective good is not well-served if we're speaking only to those who already share our perspective. And specifically, If we cannot convince our own colleagues that there's a serious and growing threat to their ability to continue to treat bacterial infections, then we cannot expect governments to believe us either. That has to change.



Last week, a special issue of the American Chemical Society Infectious Diseases journal focusing on antibiotics was [published](#) [1]. This issue is a great collection of science, research efforts and opinions that will be of interest to all. It was guest edited by Mark Blaskovich. The articles are all open access – I contributed two viewpoint papers. One drawback, once again, is that the special issue is laser-focused on those already interested in antibiotics, the pipeline of new drugs, and the crisis of emerging resistance. It does not, and probably cannot (given the journal's *raison d'être*) draw in those readers we need most – those in fields of medicine outside of infectious diseases. We need interest and action from internists, oncologists, pulmonologists, intensivists, transplant specialists, surgeons, emergency medicine docs and their respective professional societies. I have [blogged](#) [2] about our echo chamber in the past, and things seem not to be changing. If we cannot convince our colleagues that there is a serious and growing threat to their ability to continue to treat bacterial infections, then we cannot expect governments to believe us either.

Why is this so hard? In one of my viewpoint [articles](#) [3], I discuss some of my own experiences

caring for patients with various infections - from those that responded dramatically to penicillin to those completely refractory to everything in the toolbox. But these patient encounters are not isolated to infectious diseases physicians and microbiologists. They involved surgeons and intensivists. I can think of myriads of other patients with challenging bacterial infections that I did not discuss where I interacted with a host of other specialists and subspecialists. All of them will probably remember those very difficult cases whether the end was tragic or not. I certainly still remember them.

Of course, one reason it may be difficult to recruit those in other areas of medicine to our cause is the matter of patient numbers. Us infectious diseases specialists see these challenging patients all the time. It's our job. But surgeons, for example, only see those for which they consult us. And those numbers, hopefully, are small. Therefore, it is more difficult for them to see today's need and the looming threat of tomorrow. We must rise to the occasion to help them see that the rare difficult to treat patients they saw this year will become the one they see every month then every week in the coming years if we don't act now. They must unite with us in common cause.

Today, we are struggling with a pandemic viral infection. Those of us who are ID physicians will recognize the failure of all of the effort that went into pandemic planning at least at the beginning of the pandemic. Now that we are catching up (I hope), will we be able to recognize this failure? Will we learn that sometimes those with special expertise and knowledge can provide useful guidance in preventing catastrophes that threaten our future health and that of generations to come? Our failure to deal with the antibiotic market crisis and its inevitable consequence of a failing pipeline of new and useful products does not have to be the end. We can still alter the future by investing now as we should have done to prepare for a pandemic like COVID-19. This, however, is a lesson that I am not sure that we have learned. For short term thinkers, investment in the future is a severe challenge. But this is an argument that we must make and do so in the strongest terms. To do that, we need the help of colleagues outside of our infectious diseases bubble.



IDSA
Infectious Diseases Society of America

This is a job for the infectious-diseases professional

societies. In perusing the IDSA [website](#) [4], I find precious little in the vein of outreach to other professional societies. There are guidance documents established with other societies, but they are often years in the making and without the kind of outreach that we are discussing here today.

In the absence of sufficient efforts from our own professional society, I am going to ask that all of you in our echo chamber discuss the problem of the antibiotic pipeline, the market and emerging resistance with your non-ID colleagues. Explore with them the possibility of joining our cause. Reach out to IDSA as well – I can't be the only one preaching this line of argument.

If we are not successful soon, I'm we may be dealing with years of drought in the face of emerging resistance.

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[1] <https://pubs.acs.org/toc/aidcbc/6/6>

[2] <https://antibiotics-thepperfectstorm.blogspot.com/2019/10/the-echo-chamber.html>

[3] <https://pubs.acs.org/doi/10.1021/acsinfecdis.0c00060>

[4] <https://www.idsociety.org/>