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among healthcare workers

Editorial

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Jonathan Fishman and Edward Fisher, Senior Editors

As we enter a second wave in this coronavirus disease 2019 (Covid-19) pandemic, several articles in this month's issue of The Journal of Laryngology & Otology are particularly

Coronavirus disease 2019: ethical implications,

facial nerve palsies and the effects of personal

protective equipment on speech perception

Leonard discusses the ethical implications of Covid-19 for ENT surgeons. For example, the author argues the case that the Covid-19 pandemic has led to a shift in duty of care from individual patients to public health centred ethics and decision-making. The manuscript goes on to discuss the difficult ethical dilemmas that are raised as a result of a reduction in capacity, due to the aerosol-generating nature of many ENT procedures. The author discusses the difficult choices that may arise from this both for providers and patients.

Masks (i.e. N95 and filtering facepiece code 3 (FFP3)) and face shields are being used as personal protective equipment (PPE) to protect from aerosol-related spread of infection. However, PPE, hampers communication, as a previous study in this journal has demonstrated.² In a separate study in this month's issue, Bandaru et al. assessed the effect of using an N95 mask and face shield on speech perception among healthcare workers with normal hearing.³ A statistically significant increase in speech reception threshold (mean of 12.4 dB) and decrease in speech discrimination score (mean of 7 per cent) was found while using the PPE. In keeping with the findings of the previous study, the authors conclude that use of PPE significantly impairs speech perception; they recommend development of alternative communication strategies for effective communication.

Finally, Zammit et al. conducted a retrospective review of VIIth cranial nerve palsies in the first half of 2020 compared to cases in 2019. The authors found that the VIIth cranial nerve palsy incidence in the 2020 period was 3.5 per cent and significantly higher than last year's rate of 1.3 per cent (p < 0.01). The authors hypothesise that severe acute respiratory syndrome coronavirus 2 may be responsible for an increased number of facial nerve palsies and advise clinicians to be aware of this as an initial presentation of the disease. Further work is needed to fully understand the neurological manifestations of Covid-19.

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