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## The Editor's note

### First taking the log out of our own eyes

The letter by Prof. Akkoc in this issue (1), as it plainly describes the initial stages of the hydroxychloroquine and the COVID-19 drama, once again emphasises the *unfortunate* unscience of our search for agents to manage this deadly disease. To expand his effort of *first taking the log out of our own eyes*, I want to emphasise three additional important issues where we, as physicians, failed to rise up to what is expected from us.

1. We have failed to remind ourselves first, and the rest of the public, the unfortunate relative inadequacy of the PCR test to diagnose COVID-19. This failing, unfortunately, expanded to the best and the brightest among us. In a case scenario in an audio interview about COVID-19 testing (2), a patient with complaints and a history most suggestive of a COVID-19 infection is reported as presumptively positive. Dr Rubin (an infectious disease specialist at Harvard and the Editor-in-Chief of *N Engl J Med*) states that the designation “presumptive” means pending confirmation, usually from CDC and is now “antiquated”. He continues that the high disease probability in this scenario gives more reason to call this test positive with no designations. This is certainly not so. A “simple pre-test probability” issue, as brought up later in the audio by Dr Bade, is sure true in this scenario, but it only concerns the probability of a diagnosis and not the positivity or the negativity of a test.

2. The paucity of randomised data collection about many aspects of COVID-19 continues to surprise me. Have we lost faith in this most powerful epidemiological tool? To shy away from such a properly randomised population data collection for cross sectional and prospective data, while various degrees of quarantine, which would surely expedite the collection of such data, still continue in many geographies, like in mine.

3. Finally, why are we waiting for randomised controlled and head-to-head trials with vaccines available and in use? Please do not refer me to Adam Smith for the answer.

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#### References

1. AKKOC N: Pseudoscience at the expense of rheumatic disease patients during the Coronavirus disease 2019 pandemic. *Clin Exp Rheumatol* 2021; 39 (Suppl. 128): S5-S7.
  2. RUBIN EJ, BADEN LINDSEY LR, MORRISSEY S: Audiointerview: Making decisions about Covid-19 testing and treatment for your patients. *N Engl J Med* 2020; 382: e25.
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