The motivation to stay safe is undoubtedly present but, without understanding, it can be so easily misguided. We have recently read Greenhalgh and colleagues' 'call to arms' for the public to wear face masks as a precautionary principle.[3] Do we not also need to better address the other main means of transmission? We need safer surfaces. ■

## Acknowledgements

Many thanks to Prof Wendy J Graham (London School of Hygiene and Tropical Medicine) for her advice during preparation of this letter.

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## Prime time for handheld echocardiography in COVID-19 pandemic

**DOI:** 10.7861/clinmed.Let.20.4.3

Editor – We are in unprecedented times as the world tries to combat the 2019 novel coronavirus (COVID-19). It is imperative that innovative technologies limiting the spread of COVID-19 within healthcare settings are introduced as initial reports estimate that 3.5% of healthcare workers are becoming infected.

There is much evidence supporting the use of handheld echocardiography (HHE) techniques to augment physical findings during the cardiovascular examination. Now, is the prime time for clinical translation of HHE, mainly to reduce the number of transthoracic echocardiography (TTE) procedures. TTE remains the first-line imaging test for the assessment of cardiovascular disease. TTE systems tend to be bulky, wired for electrical supply and have huge non-sterile exposed areas (keyboard, screens, base-unit) where SARS-CoV-2 could survive for days. Alternatively, HHE devices are small, cheaper, lightweight and only require a single clinician at the bedside as images can be sent wirelessly. Disposable ultrasound probe covers can almost seal these devices limiting any cross-infection. Furthermore, HHE devices have evolved to not only provide B-mode but also include colour Doppler for valvular assessment. Paradoxically, the clinical need for HHE is even more relevant in the current pandemic, as COVID-19 has several cardiovascular clinical presentations. In suspected ST-elevation myocardial infarction, HHE can differentiate left ventricular regional wall motion abnormality versus global dysfunction, the latter favouring a diagnosis of COVID-19 myocarditis. These applications make HHE a far more appropriate option while echocardiography procedures are being rationalised due to high-risk of transmission.[1–3]

Operability of HHE by medical students and inexperienced clinicians can be obtained rapidly and provide more accurate diagnostic results compared with clinical examination.[4,5] Thus, there is an urgent need to address these training requirements through the British Society of Echocardiography.

We conclude that HHE can reduce the scanning time, possibly the risk of transmission and minimise costs, while providing reasonable diagnostic information. This will help achieve the goal of protecting patients and healthcare workers. Ultimately, this may lead to a change in standard practice following COVID-19 as the benefits of bedside HHE are realised. ■

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## COVID-19, hydroxychloroquine and the eighth alternative

**DOI:** 10.7861/clinmed.Let.20.4.4

Editor – The duty of a physician has been proposed as 'cure occasionally, relieve often, comfort always.'

'Comfort always' relates to the art of medicine. The scientific underpinnings of medicine evolved over centuries and is currently founded upon evidence-based medicine (EBM). EBM is data driven; stratified into a hierarchy with meta-analysis of randomised controlled trials at the top.[1] Seven 'alternatives' to EBM in the absence of evidence are eminence, vehemence, eloquence, providence, diffidence, nervousness and confidence-based medicine.[2] The eighth and the latest entrant to this august group is 'propaganda-based medicine' (PBM). The rise of PBM has been driven by the ubiquitous presence of social media platforms which influence popular opinion and the main vehicle for the dissemination of information in today's world. Healthcare and beliefs are very much an integral part of this social media driven information society. These platforms have far reaching influence, significantly more than the conventional peer-reviewed scientific publications and websites in shaping public opinion. Claims of efficacy of drugs