

# Editor's Corner

Magic and miracle might mean the same thing to some people, but there is a vast difference between the two terms. What is the difference between magic and miracle? To a large degree, the response depends on who is answering. A gambler would say perhaps it depends on the size of the booty. While a faith-based person might respond that a miracle is the extraordinary work of god or his/her disciple, while magic is the extraordinary act of a person. One would be considered a sage or miracle worker while the other would be considered a sorcerer or magician. Magic may also be used in a derogatory way, suggesting deception, particularly in discussions of spirituality and stewardship. Miracles on the other hand are used to describe things we do not understand and are related to various faith traditions as being perhaps the result of some powerful super being intervening in the world.

As someone who, over the past three decades, has helped create organizations whose purpose was to improve patient care outcomes by strengthening the communities of clinical engineers (CEs), I've pondered these very questions. Each time a new organization has been established I've wondered if I am witnessing a miracle or magic? This started over 30 years ago with the creation of the American College of Clinical Engineering (ACCE),<sup>1</sup> and continued with the formation of the Center for Telehealth & eHealth Law (CTeL),<sup>2</sup> 5 years later. This was followed about 18 years ago by the establishment of the Healthcare Technology Foundation (HTF).<sup>3</sup> All these organizations filled a specific gap, empowered professionalism, gave a voice, and became impactful over time as well as operationally effectively elevating the level of cooperation and knowledge sharing among peers.

In recognition of the growth in the number of aging persons around the world, the need for faster adoption of new technological tools, rising expectations of consumer's from health care programs, and the changing

regulations of healthcare products, the 2019 Global CE Summit, held during the 3<sup>rd</sup> ICEHTMC<sup>4</sup> Congress in Rome, Italy, focused on identifying paths that CEs can take to optimally address these issues. The top-ranking action path at the Congress was a vote to "increase the CE role in decision-making processes." But, a couple of months later the world was engulfed with the devastation of the COVID-19 pandemic. The world we were living in had changed forever and we're facing a new set of challenges. This challenge involved the need to urgently improve availability and access to need healthcare technological tools. This included personal protection equipment, mechanical ventilators, oxygen supplies, and safe spaces for caring for infected patients. Just as important was the need to manage the safety and quality of inventories and disinfecting processes. As the world keeps on changing, CEs are searching for valid guidance on how to optimally manage the lifecycle and scarcity of these technological tools. These tools are not only critical for healthcare providers but the public as a whole and populations have grown to depend upon their ability to help save lives. The role of CEs has increased significantly and has become more critical than ever within just the past few months (see the *Global CE Journal* issue on COVID-19<sup>5</sup>). With an aging vulnerable population, the inability of the supply chain to deliver life-critical technological products and adapt to a shifting focus on safety and quality has been apparent.<sup>6</sup>

In an article published in this issue of our Journal *"International Survey of Clinical Engineering Professionals,"* the authors concluded that "Patient care outcomes stand to improve when healthcare technology is optimally managed. Identifying the global challenges faced by the international community of CEs is the first step towards overcoming them and the shared goal of better healthcare outcomes can then be better guided. Establishment of global collaboration and structure to achieve partnerships will help to overcome barriers,

support professional development, and increase recognition, as well as addressing other challenges facing the CE profession.”<sup>7</sup>

The combination of evolution and COVID-19 as an inflection point has magnified the dependence of the future of healthcare outcomes on access to a pool of competent practitioners in each phase of the technology lifecycle. From ideation to commissioning and integration to servicing and program managing, we have no choice but to empower all national CE groups. This can be accomplished by joining a global alliance of clinical engineering that advances the field via cooperation, collaboration, increased visibility, and unique unified relevant representation that seeks to improve the delivery of safe, effective, and high-quality care and its outcomes and thus gain a seat at the decision-making table.

There is no miracle or magic here. Rather hard work, persistence, and the commitment to act as professional members of the healthcare team is what’s needed. And that is my colleagues, the purpose of the new Global Clinical Engineering Alliance (<http://globalcea.org>).

I am sure that you will join me in welcoming this new baby to a safer and better world (welcoming video: [https://youtu.be/Hz\\_y5l6eZP0](https://youtu.be/Hz_y5l6eZP0) )

## REFERENCES

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Dr. Yadin David

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