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Surgeon and COVID times

Jignesh Gandhi*

Department of General Surgery, Seth GS Medical College & KEM Hospital, Acharya Donde Marg, Parel, Mumbai-400012, Maharashtra, India

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Introduction

"Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less" -Madam Curie

Who would have wondered that these words would prove to be more applicable at a time when the world is overcome with gloom and the fear of the corona virus disease now known as COVID-19. This is the worst crisis faced by mankind since the Spanish Flu of 1918 [1]. Surgeons have shifted base from patient centric ethics to public health centric ethics [1]. There is an inevitable stress to surgeons worldwide as they are forced to stop elective surgical work and shift their priority towards other aspects of patient care. This changing scenario of ethics is purely due to the scarcity of health care resources compared to the escalating number of COVID positive loads of COVID positive patients seeking medical care.

Surgeons are used to rigorous operating room schedules, working at odd hours, managing complex patients, devoting long hours in the clinic and have never been accustomed to waiting at home & doing odd non operative work. This paradigm shift may not be surgeon friendly but it will be helpful to preserve the scarce medical human resource considering the magnitude of this pandemic and the unforeseeable shortage of doctors in future. Surgeons managing COVID positive surgical patients have shifted to a greater level of paternalism compared to the shared decision making with patients, which was a common ritual before COVID times. We are now moving towards the surgeon's veto decision making and not respecting our patient's wishes, due to the inherent unknown nature of this illness. Surgeons have taken up professional and ethical responsibility to render the best care as a part of the treatment for COVID patients. In order to help the public health system, they have compromised their own personal safety and have sacrificed their personal and family life for the same.

It looks like there are lots of stumbling blocks and challenges ahead for the surgical fraternity as we sail past this tsunami of the current pandemic. We need to look at various problems and offer apt solution to mitigate these within our own capacity at various levels of institutions.

Multidisciplinary Training

There is a need to cohort and centralise the care of COVID -19 patients specially those requiring intensive care system and deploy specialist core groups from various tertiary care hospitals to manage those group of patients. There is constant pressure of the increasing workload on our physician colleagues and as a surgeon, we will have to step out of our comfort zone to get trained along with these specialists to shoulder the combined responsibility in managing these critically ill patients [2]. Surgeons have also been instrumental in performing administrative and front line roles as and when required by the institutions.

Building up Team Morale

It is a commendable gesture to roster a senior surgeon for COVID duties and breaking the

hierarchy system, but there would be a potential risk to expose them to the disease earlier on in this pandemic and later finding difficulty to obtain a suitable replacement. However, the contribution of senior leadership in administrative roles and decision making is equally vital, especially when the burden of decisions affects the lives of countless fellow colleagues, healthcare workers, and their family members. Senior surgeons can boost the morale of the junior fraternity by proper manpower planning, to ensure adequate work rest cycle so that the junior colleagues get adequate personal and family time.

Together yet isolated

In the larger interest of the department and institution, its time that the faculty come together to have an open discussion, suggest different view points and work together in this world of social distancing to ensure smooth working and implementation of institutional and government protocols. It's time that in this context we flatten the hierarchy because its been proved that some of the brilliant suggestions come from the junior most members in the team. Internal conflicts would only led to chaotic situations and may worsen the already disastrous existing scenario of managing this dreadful disease.

Improper decisions may impact the clinical care and health of our front line workers. We will have to develop unconditional trust towards policy makers and governing council members who are safe guarding the larger interest in the healthcare system. It is also important that each one of us should render support to the established protocol so as to ensure a safe working environment, like doing an HRCT chest in defined group of patients preoperatively to help our anaesthesiology colleagues better plan intubation procedures and post-operative ventilator support.

Every cloud has a silver lining

This pandemic era has led to an avalanche of drastic changes in our surgical practise. Change is a consequence of innovation and it is during this extraordinary times that innovative solutions to manage healthcare and medical education are born. Leaner manpower in the surgical department has shown that we can efficiently manage our non COVID patients with telemedicine and teleconferencing. Surgical education has been revived by means of web based meetings reaching out to the surgical fraternity with evidence based guidelines and establishing standard protocols to manage COVID and non COVID surgical patients. Internet based knowledge has led to a new problem of multiple sources of information from anecdotal case reports to institutional trials to media based information leading to a mental fatigue over a period of time to absorb the real substance of this information [3-4].

Surgeons also have to find the silver lining to start elective surgical work and one of the strong reason being the breaking of their personal financial ecosystem cycle and the mounting pressure at the end of the moratorium period. It is sad to see any surgical fraternity succumbing to this disease and it would take a retrospective analysis in the long term to evaluate the non COVID reasons for the premature deaths of these surgical heroes across the globe. Elective surgical work needs to start as the pressure which will build up on the institutions after flattening the curve would be enormous and it's time we strike a balance between rushing to start elective works versus a gradual transition, working as a team and dividing responsibilities.

As we rise to the challenges ahead of us, the traditional role of the surgeon remains crucial, and delivery of quality emergency and urgent surgical care must continue. The road ahead may be long and cobblestoned, but with resilience, we will eventually emerge from this crisis triumphant and will redefine our roles as surgeons for many generations to come.

Learning the new armamentarium

Personal Protective equipment (PPE), rational use of the right mask or a respirator, donning and doffing techniques are the new variables in the learning curve for a surgeon. Respirator and mask represent a different identity and the surgeon needs to understand the transit from rationale use of the right respiratory protective equipment (RPE) since this being a predominantly aerosol transmitted disease the respiratory protection seems to be of paramount significance [5].

Surgeon should pay gratitude to the great invention of the surgical mask by Jan Miculicz and Carl Flugge almost a century back around the time of Spanish flu and that is now the most important saviour for the human mankind. Adaptation of the mask to respirator is now the need of the hour and understanding certain basics like use of proper fitting N95 mask, not to use mask with an exhale valve, use of breathing apparatus system for surgeon during surgical procedures has become inevitable [2].

PPE is now the accepted shield for the surgeon and it looks like in spite of all the problems associated with donning and doffing of PPE, impaired ergonomically performance of the surgeon wearing the PPE, its long term association with surgeon would continue and we will need to adapt and get over the learning curve of this new protective shield [6]. There have been various discussions on intellectual forums about the rationale adaptation to the usage of PPE, but not to forget the amount of potential harmful new chemicals generated through disposing them and the additional human resource required to dispose them adapting a standard protocol method. While personal protection remains of paramount importance, patient care cannot be compromised. A cool head in the operating room and a correct temperament can strike a balance between the minimal resources available and achieving quality surgical care [7].

Support system for Healthcare workers

Initially there was stigmatization of Health care workers (HCWs) by the public in the initial stages of the outbreak, but now there has been an even bigger movement to show support to the HCWs.

This metamorphosis has included generous donations of unconditional food supply chain through the day by many philanthropic associations , donations for PPE by many corporates through the corporate social responsibility (CSR) funding, donations by religious trusts, public personality personalities, National Medical and Surgical association which has not shared the financial burden on the government but also boosted the morale of every HCWs by showing a joint solidarity in these times of despair. The social media has done a good collaborative work by and large but in some select instances demeaned the surgical fraternity purely based on sharing incomplete information, which has not hit a right chord with doctors. I think it is time that we embrace it as constructive criticism and move ahead with optimism.

Resources

Never in the history of mankind has there been so much focus on the preservation of human resources, critical care medicines, invasive ventilation machines, food supply chains, non-essential commodities and many more. Surgeons have played an important role by adapting to minimal invasive surgical techniques with safety precautions thereby reducing the hospital resources, shorter hospital stay, minimum morbidity and thereby significantly improving the health economics.
The medical industry has collaborated with government bodies to ensure a continuous supply of the critical care medicines ignoring their profit incentives for the COVID patients nation-wide. Generous donations of invasive ventilation equipment by the leaders of the developed countries have proved how the human race joins hand together in times of natural calamity and proving that world is one family.

Psychological Support

Not long ago was there a need to have counselling for our patients coming to the hospital. However with fear mongering due to the COVID disease this has now become customary. HCWs have suffered a huge psychological impact while dealing with situation of life and death as front line warriors. Lot of brain storming sessions with junior surgical colleagues have helped surgical department scope up with the crisis situation by managing both COVID and non COVID surgical work. Administrative heads should and have led an example of true leadership qualities and this has helped the entire medical fraternity unite against the menace of this disease.

When do we start afresh

This is the most challenging part for the surgical community on how to get back to elective surgical work. We all have done

watchful waiting over last few months and its time now to act correctly to get back to resumption of work. The Surgical community stands divided on this prospect and as of now world-wide and we have two categories of surgeons , one who wants to go for full immersion and the second who want to go as per the intensity of the pandemic. The key factor to decide early resumption would be purely based on how fast we get an antibody driven test in the market and rapid diagnostics to pick up the viral antigen. Quality score indices are in place which can be helpful to decide how to prioritise elective patients. It will be important that a core group in every hospital decides criteria based on which patients would be selected for elective surgical work [2,5-6]. If proper process is not established earlier on, it would lead to selection bias and lot of chaos and overcrowding in the hospital, which in itself will defeat the purpose of social distancing.

Future ahead

The rapid development of diagnostic modalities to isolate patients of COVID has helped us globally to improve our survival rates, reducing the spread of this contagion and identifying the asymptomatic carriers [8].

Science has progressed in a way never seen before and globally there have been partnerships between countries to share knowledge and develop an effective vaccine which will help prevent the apocalypse which may eventually destroy the human race. Social distancing, hand hygiene, adapting moral science and community living will remain the standard of care for years to come, it is imperative that we follow these guru mantras forever in our life passing it on to the future generations to come. It is time that humans decide to strike the ecology balance between mother nature and animals in our planet as the current situation we are facing looks like an undesired outcome of the devastating handling of this balance primed with unscientific intentions of the few leading to this pandemic.

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[*]**About the author:** Dr. Jignesh Gandhi is a noted expert in General Surgery at Seth GS Medical College & KEM Hospital, Acharya Dondhe Marg, Parel, Mumbai-400012, Maharashtra, India. He can be accessible by E-mail: jigneshkem@gmail.com