

Role of medical societies in the SARS-CoV-2 health contingency

Papel de las sociedades médicas en la contingencia sanitaria SARS-CoV-2

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ABSTRACT

The SARS-CoV-2 virus contingency represents a challenge for society in all countries, and Mexico is no exception to this problem. The country has medical societies at the forefront with the academic capacity to prepare for the care of the population. Medical societies play an important role in the preparation and updating of their members. It is recommended that a committee be formed in each one of them that can follow up on the pandemic and the needs that they may have according to their specialty or branch of medicine. It is important to have a program to support members, especially in the acquisition and use of protective equipment (respirators, protective eyewear, face shields, among others). And to establish protocols and recommendations that can be evaluated to plan future actions aimed at providing better care to the population and reducing the possibility of contagion.

RESUMEN

La contingencia por el virus SARS-CoV-2 representa un reto para la sociedad en todos los países, México no es la excepción a este problema. El país cuenta con sociedades médicas a la vanguardia y con la capacidad académica para poder preparar la atención de la población. Las sociedades médicas desempeñan un papel importante en la preparación y actualización de sus agremiados. Se recomienda la formación de un comité en cada una de ellas que sea capaz de dar seguimiento a la pandemia y a las necesidades que puedan tener en particular según la especialidad o rama de la medicina. Contar con un programa de apoyo a miembros, sobre todo en la adquisición de equipos de protección (respiradores, lentes de protección, caretas, entre otros). Establecer protocolos y recomendaciones que puedan evaluarse para establecer a futuro acciones dirigidas a dar una mejor atención a la población disminuyendo la posibilidad de contagios.

Mexican medicine is going through an unprecedented stage in the last 100 years. The new SARS-CoV-2 virus belongs to the subfamily of coronaviruses (CoV) of the *Coronaviridae* family, and specifically to the beta genus (betacoronavirus), whose outbreak began in China and spread rapidly throughout the world.¹ As we have seen in recent weeks, it represents a challenge for humanity. Health services are overwhelmed with little capacity to respond. Medical, nursing, and all health personnel are on the front line, often without adequate equipment, worried about catching the disease and infecting their families, lacking protocols to provide adequate care to patients,

and exposing staff to outbreaks of the disease within health units.

Therefore, the pandemic represents a challenge in every sense. The medical profession in Mexico is grouped in different medical societies. It is a duty to belong to them to continue with medical training, collaborate in the discussion of clinical cases, expertise in complicated cases, safety in procedures by promoting seminars, congresses and medical practice guidelines.

According to the National Regulatory Committee of Medical Specialties Councils (CONACEM) there are 47 medical specialties in our country, which have societies, colleges and/or associations at both national and state level.

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At the beginning of the contingency in the case of the association that gathers the plastic surgeons of the country, it was proposed to make a survey to know the diagnosis of the 18 plastic surgery schools that offer training in the country.

The purpose was to find out if they were working in a converted hospital, if they had already cared for patients with respiratory problems, and if they had enough equipment to carry out their activities. At that time, we observed that most of the hospitals were reconverted into COVID hospitals or were in the process of reconversion. Most of the members in training were supporting the care of patients with respiratory problems. They expressed that needed support for having more protective equipment to be able to carry out their activities.

As a medical association we planned to collaborate with the help of a foundation, so we launched a campaign to raise resources and thus obtain protective equipment. To date, we have been able to support more than 900 frontline physicians and their nursing staff (Figures 1A-C and 2).

Medical societies are fundamental, as is knowing the needs that their members may have. The contingency represents a challenge

in terms of logistics, planning, and organization. Each country, state and city will experience this problem differently.² In the case of our country, the biggest challenge we faced was to send the equipment and guarantee that it would arrive where it was needed, so we decided to send it to a place other than the hospital, understanding the lack of equipment and the possibility that it might be stolen or lost.

Another challenge we faced was that residents or physicians in training changed or reassigned their usual activities to their training to attend the pandemic, being relocated to facilities other than their usual ones. The decision was made to have contact with the chief residents of the 18 programs through message groups (chats) to know in real time what they might need to support the population during the contingency.

Surveys have also been conducted periodically to learn about any needs that might arise, as well as mental health questionnaires to offer support with respect to the physical or mental tension (stress) that had been generated.³ The responses to the questionnaire are linked to support pages that use social networks to guide health personnel towards deactivation activities after the workday, especially in those centers that treat patients



Figure 1: A-C. Program of the Mexican Association of Plastic, Aesthetic and Reconstructive Surgery with the GIN Foundation to send protective equipment to teaching hospitals around the country.



Figure 2: Academic event organized to raise funds to support the shipment of protective equipment to health personnel.

with COVID, and especially intubated patients. Health personnel are at risk not only physically, but also mentally when faced with difficult situations in all aspects, especially when they are overwhelmed in the number of beds, special care, and deaths.⁴

A relevant role in the contingency has been the scheduling of extraordinary sessions to provide information and updates on the subject. The main objective has been to provide information on how we should work during the contingency, as well as guidelines for the proper use of protective equipment when care for a patient in and out of the operating room.^{5,6} It is undoubtedly difficult to have guidelines that can be molded to the letter for every medical or surgical team.

An important limitation is access to diagnostic tests, so it is suggested to think that every patient is infected until proven otherwise.

Each specialty will have to develop its own protocols and recommendations for both COVID and non-COVID patient care.⁷ Likewise, the correct use of protective equipment is undoubtedly essential to protect the healthcare team and avoid contagion to, if not within, the equipment (*Figures 3A-C*).

As a medical society, we observed that the most requested material was respirators, especially for emergency care in the specialty, since not knowing the patient's condition, caution should be taken with procedures that may generate aerosols. As a medical society,

we must reinforce proper hand washing and the constant use of 70% alcohol-based gels.⁸

One of the most important measures to control the spread of the pandemic is social isolation.⁹ The correct implementation of these measures in medical offices, clinics, and operating rooms is essential to control a possible outbreak within our teams. We must not forget to avoid shaking hands, kissing, or hugging, to promote hand hygiene in the office and the proper use of masks.

Until proven otherwise, every patient can be a carrier of the virus, so we must be aware of it. When providing health services, it is essential the continuous use of masks, gloves and promoting a healthy distance with the patient.

The operating room represents a risk, so all medical societies should promote sessions to learn the proper use of protective equipment and identify the risk involved in performing a procedure in terms of its location, type of anesthesia and the risk that the patient carries of acquiring the disease before or after the surgical event.

As we all know, patients over 60 years of age with comorbidities such as obesity, hypertension, diabetes, immunocompromised, or pregnant women represent a higher risk in case of performing a surgical procedure.¹⁰ The type of procedure, approach and duration of the procedure should be considered in each treatment. We must not forget that there is a risk of infection. It has been observed that mortality increases when surgery is performed during the pandemic, so the initial recommendation is to perform only emergency surgeries, especially at the time of highest virus transmission.

We know that this will delay the care of patients with less urgent problems,¹¹ so it is essential to know the transmission of the virus in the locality, the possibility of postponing the procedure by evaluating it, the isolation that the patient may have before or after surgery, the availability of tests or imaging studies prior to the procedure, especially the protocols in the operating room where the proper use of protective equipment is valuable to maintain the safety of the team and avoid a possible contagion.

Every association, society or medical school is suggested to consider the following points to



Figure 3: A-C. Sending protective equipment by the surgeons for Mexico work force to the hospitals that are providing care to the population during the contingency.

be able to work during the contingency, since at this moment we do not know how it will manifest itself in our population:

- Organize a group or committee capable of preparing the society's activities during the contingency, which may be of an assistance nature, for example, to help with the purchase of protective equipment.
- Have academic sessions and activities to train members to attend to emergencies and consultations that may arise during the contingency. The proper use of protective equipment is essential to prevent possible contagion. Remember that the use of masks and hand hygiene are essential since it is not possible to know the status of each patient.
- Develop protocols for medical and surgical care at the time the health authority indicates to be able to return to work avoiding the possibility of any contagion.
- Encourage the use of telemedicine, virtual sessions, all electronic means of communication that could avoid physical contact. Taking advantage of these tools is useful to maintain contact with colleagues, since isolation and/or social distancing can often affect assertive communication.

Undoubtedly, we are living a unique moment in society and in medicine. It is a tragic and difficult event for everyone, especially for the first line of care. We will have new protocols and guidelines that will invite a deep analysis of the situation with a possibility of change and improvement in our society and healthcare system.

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