TESTEMUNHO

# COVID19 NIGHTMARE: THOUGHTS OF A SURGEON FROM THE CENTER OF THE STORM

## O PESADELO COVID 19: REFLEXÕES DE UM CIRURGIÃO NO CENTRO DA TEMPESTADE

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*"It is* necessary *that the heroic becomes daily and that the daily becomes heroic"*

(John Paul II, 23 March 1980,
Homily on San Benedetto da Norcia)

FIG. 1 – **The night view of Brescia Cathedral, 17th century AC.**

Brescia is a rich roman town in northern Italy with about 200,000 inhabitants (Fig. 1), capital of an industrialized and hardworking province of more than 1,000,000 people. At the beginning of 2020, the political and social attention was addressed to the redevelopment of the historic center, to the social integration of a non-EU citizens rate – amongst the highest in Europe – to the technological innovation required by international competition, to the difficulties of the football team, which was

Fig. 2 – **St. Faustino and Giovita annual Fair, February the 15th, 2020.**

Fig. 3 – **One of the 6 tents set up outside the hospital to accomodate patients waiting for an ordinary bed.**

struggling at the bottom of the national championship ranking, and to the contest between public and private healthcare institutions, which have long been similar in terms of quality of performance. On February 15th, the annual Saint Faustino and Giovita's Fair hosted about 230,000 people, packed like canned sardines in the centre streets, between stalls and artistic events (Fig. 2). On February 24, the General Manager of ASST Spedali Civili discloses to the press the first 4 SARS-Cov2 positive nasopharyngeal swabs, all harvested the day before. On February 29 the first patient died, and from that moment on, for 105 consecutive days, there were daily deaths – with up to about 80 deaths per day – for COVID19. Today, June 21th – the summer solstice – we cautiously celebrate the first day without deaths, grieving for 2714 people, 292% more than the expected mortality of the period (1, 2).

ASST Spedali Civili is a third-level academic hospital, affiliated with the University of Brescia, a university founded in the early 1980s and it has a total undergraduate enrolment of 15,000 students over 9 Departments, including 3 in medical area. With over 1500 beds, it is the largest hospital in Lombardy. From the sadly famous February 24, SARS-Cov2 cases rapidly rised, reaching 100 new hospitalizations per day in the hospital. On March 2, one of 2 General Surgery divisions was converted into "Covid Unit" (there will be 9 Covid Units at full capacity), and the hospitalized patients with SARS-Cov 2 infection reached more than 850 at the same time. The ICU places increased from 40 to 86. The external "Charlie" check point was set up, the Civil Protection assembled 6 large tents (Fig 3), hosting first 18, then 50, finally 70 beds to accommodate patients waiting up to 72

hours for receiving a hospital bed (the tents will host 1800 patients in 3 months). New hospitalizations and deaths followed one another at a fast pace, there were wards recording 10 deaths over 30 beds per day.

To us, general surgeons, it seemed that the earth was missing under the feet, like a chasm that opens more and more, day by day. First, hospital management forced us not to operate patients who might need intensive care, then they urged not to operate at all, owing to the lack of anesthesiologists and nurses, diverted to the Covid wards. We went from 15 to 2 operating rooms per week, and only really urgent cancer cases were considered for surgery. We got organized for more emergency interventions, by increasing the number of surgeons on call, because the hospital became a trauma surgery hub for Eastern Lombardy (4,000,000 inhabitants). Even in our wards, positive swabs were discovered in asymptomatic patients, but some of them subsequently developed pneumonia, they were not intubated because they had cancer and died in the postoperative period. Our morning briefing was a mixture of disbelief, pessimism, sensationalism, with more and more striking and restrictive rules, taken by the hospital management and by the regional health institutions. Outpatient clinics closed, digestive endoscopy closed, private activity closed, multidisciplinary groups closed, teaching closed. Scientific activity lost importance, and not to deal, from a scientific point of view, with Coronavirus, seemed to be insensitive, indifferent and cynical. Moreover, if you would like to publish on Coronavirus, you had to point out how everything had changed, everything had gotten worse (3, 4). Scientific journals, also top ranking, accepted papers without methodological peer-review (I remember with horror a survey among surgeons made via whatsapp that generated recommendations, accepted and published in a week). Even the Scientific Societies issued conflicting recommendations, especially on the topic of laparoscopy (5, 6). Our world had changed, nothing was like before.

I witnessed the first phase, the worst one, of this revolution, as a spectator/patient. On March 6th I had fever, swab immediately positive, on March 12th I was hospitalized for dyspnoea with moderate respiratory failure which responded well to oxygen in the mask, I took hydroxychloroquine and antiretrovirals (with side effects), and after 6 days I have been discharged with moderate respiratory and systemic residual symptoms. From home, I felt and followed more and more frightened, more and more depressed colleagues and friends, learning how to manage internal medicine cases, taking workshift in the emergency room, discharge room and extra-hospital triage. And I replied to many patients who asked to be treated for their non-Covid diseases by repeating like a mantra: "we can't do anything" and "we don't know, nobody knows". In short, a nightmare.

But the incredible thing, that in many moments you just can't even hope, is that everything passes. Everything. Week after week, the operating rooms have started to grow again, the Covid departments have been closed, the surgeons have started operating, with a process still in progress but that seems to be truly virtuous.

The trauma has been so severe at all levels that it also becomes a justification, real or presumed. Decrease in productivity, increase in morbi-mortality, work inertia of the categories not directly involved in the Covid patients care. It would be wrong not to admit that there have been differently effective responses in the different health systems of our country, and even in each hospital some problems have been tackled less adequately than others. But the extent of the event was such that mistakes are excused. The surge of respect and support for doctors and nurses by media and population has been sickly and delirious, taking on even ridiculous tones. The self-promotion of many doctors and groups of doctors, favoured by the social media, has diverted attention from the reality of multiple clinical and scientific failures. Not only. The trauma was so severe that the recovery is excessively slow. Today in Brescia, as in the rest of Italy, about 2 out of 100 swabs are positive, and the number can drop to 1 with a simple symptoms assessment. Therefore, all of our precautions in

managing patient access (to the operating room, to the ward, to the digestive endoscopy) are useless for 98 or 99 out of 100 patients, and harmful to many: for instance, I'm facing the difficulty of operating a young woman with achalasia who has lost 11 kg in 1 month, and an elderly woman with huge rectal prolapse that generates complete incontinence. Even in these choices, fear justifies everything.

In conclusion, what should we learn? Out of epidemiological considerations relating to the possibility of blocking the virus spread in the population, where should the surgeons improve the management of this and other emergencies? When I was hospitalized, after the first 72 hours in which I really desaturated without oxygen, I remained for another 3 days for simple observation, in much better clinical conditions than many patients waiting for a bed in ER or in the tents. Colleagues did not discharge me because it was not usual to discharge pneumonia until a complete resolution of the radiological picture. This was wrong. Just as it is wrong now not to quickly recede from the restrictive measures relating to the treatment of non-Covid pathology. The key word must be "elasticity", both on arrival and on the disappearance of a new wave of Covid19, or of another virus. Adaptation is the mechanism by which species survived and evolved, and major environmental changes were the engine that generated it. If we want – and we must do it – to see the SARS-Cov2 pandemic with constructive mind, let's consider it a great environmental change, and adapt!

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