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Letter to the Editor: "Role of the Neurosurgeon in Times of Coronavirus Disease 2019 (COVID-19): The Importance of Focus in Critical Care"



LETTER:

We read with great interest the articles published in your distinguished journal by Legaspi et al.,¹ "Letter to the Editor 'Service and Training During the COVID-19 Pandemic: Perspectives from a Neurosurgical Center in the Philippines'," and Molliqaj et al.,² "How Neurosurgeons Are Coping with COVID-19 and How It Impacts Our Neurosurgical Practice: Report from Geneva University Medical Center," where organizational modifications made in the health institutions where authors work to redistribute functional personnel that can contribute in the management of patients with coronavirus disease 2019 (COVID-19) are described.

These modifications caused the neurosurgeons to exceed within their activities, having as the main objective to help their colleagues in the emergency and the critical care departments to mitigate the impact of this disease on local and regional health systems. Some authors who have reported the execution of similar changes point out that these transformations have implied real challenges, since they have needed to be rapidly trained in critical care to be able to establish and provide quality support treatment.³ Relocation of neurosurgery personnel, priority in the implementation of treatment, decision-making within the matter of ethics, risk of generating moral damage, medicolegal risks, financial difficulties, complications in carrying out the training within short periods, barriers to complete research work, and limits to carry out selective surgeries are some of the drawbacks of this major challenge.³

In response to these types of issues, experts have published various consensus, such as that of Wang et al.,⁴ where the main emphasis is on the critical neurologic care of patients with COVID-19. This consensus in particular sets a road map for the diagnosis and treatment of patients with COVID-19 in a didactic way, as well as a protocol to be followed in intensive care units to facilitate the patient admission process, triage establishment, isolation management, disinfection of the medical equipment and the environment, waste disposal, highly specialized personal protective equipment use, airway management, and ventilatory support, and finally evaluation of neurologic diseases such as stroke, epileptic status, and neuroimmune and neuromuscular diseases, among others.⁴

These events indicate the need for the neurosurgeon to focus on critical care, not only from the neurologic sphere but also at the systemic level. A remarkable experience in which the participation and benefit that has resulted from integrating into the management of critical patients may be observed was published by Caridi et al.,⁵ where they manifest their role played linked with other services such as infectiology and nephrology, which have also remained in distinct performing areas during this pandemic. An important aspect mentioned is their role played as communicators with the patient's relatives, since relatives are not allowed to visit any patient as a preventive measure.⁵

Finally, it shall be emphasized that this initiative should be taught from the academy starting with the undergraduate students. Even when their focus is on primary health care, it is not out of place to train them in topics that are vital when covering the frontline in emergencies under circumstances similar to the ones in which we currently live.

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