

Informed surgical consent during the COVID-19 pandemic: Exploring the risk of unknown—Update of informed consent form

Dear Dr. Garg and colleagues.

Many thanks for your relevant and timely reply to our recent manuscript discussing the informed consent process for surgical patients during the COVID-9 pandemic.


As you indicated, there is the risk of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection transmission from the unsuspected infected members of the surgical team to the patient during the surgical procedure. In our informed consent form, we generalized the risk from the contact or approach with other health professionals and with medical and hospital materials that may be infected, without making any specifications regarding the surgical team. We understand that this contamination can be mitigated by following the Hospital Infection Commission guidelines, which are extremely strictly for health staff, including regular testing and isolation in case of suspicion or contact with the infected population. However, there is still some risk.

Besides the health care workers, the hospital administrative staff is also in direct contact with patients during the admission process. Asymptomatic staff members can be a source of transmission, even considering all the adequate precautions and following the hospital policies.

Another critical point is that in Brazil, currently, we have more than 3 000 000 of SARS-CoV-2 cases and one of the lowest prevalence of tests worldwide: 62, 201 of 1 000 000 population.¹

These data emphasize the need for a more detailed discussion of the informed consent form with the cancer patient and family before the surgery. Following your suggestion, in our consent form, we included the minimum risk of transmission for SARS-CoV-2 infection from the surgical and administrative teams to the patient.

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REFERENCE

1. <https://www.worldometers.info/coronavirus/country/brazil/>. Accessed August 10, 2020.