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Letter to the Editor

Ecuador and Covid-19: A pandemic we won't be able to run away from

Dear Editor,

Ecuador's response to the Covid-19 pandemic started on 26 February 2020 (Se registra el primer caso de coronavirus en Ecuador – Secretaría General de Comunicación de la Presidencia, 2021). Several policies were implemented to reduce the number of infections, which partially worked. However, as the virus moved through the country, the hospitals became overwhelmed (Se registra el primer caso de coronavirus en Ecuador – Secretaría General de Comunicación de la Presidencia, 2021; Deutsche Welle, 2020). Most of the medical staff was transferred to Covid-19 care to cope with the high number of cases. Medical personnel struggled around the lack of protective personnel equipment (PPE), multiple failed treatments (including hydroxychloroquine, antibiotic and antiviral therapies, and various ventilation regimes), and the lack of hospital beds (Mehta et al., 2021). Ecuador and Latin America already had severe healthcare limitations, even in the absence of a pandemic (Thompson et al., 2020). The country was not prepared for this disease, and it came with great cost. The world witnessed the human toll that Covid-19 caused in places like Italy, Spain, and New York (Adibe, 2021). It was only a matter of time before places like Brazil, Colombia, Guayaquil, and Quito had their turn (Se registra el primer caso de coronavirus en Ecuador – Secretaría General de Comunicación de la Presidencia, 2021). As the unprepared healthcare workforce tried to face this deadly and unknown disease, the remainder of the population fought against one another (How COVID-19, 2020; The Great Lockdown, 2021; Ontiveros, 2020). The lack of economic resources, job opportunities, and interruptions on schooling plunged the economy into one of the worst recessions the region has ever faced and will likely impact behavior for decades (Yo Me Cuido, 2020; Giusti et al., 2020).

In Ecuador, even though it was known that lifting restrictions could cause a rise in cases (as happened in places like Spain, Italy, and Germany), the government completely lifted travel restrictions and curfew restrictions on 12 September 2020 and implemented a new health policy, which was far from ideal (Waters, 2020). Social distancing, alcohol, and hygiene measures were implemented; nonetheless, the virus was and is still here. It spread again very quickly, causing a new spike in cases and more workload on the already exhausted medical personnel (Noonan, 2020; Hospitales enfrentan subida de casos con las UCI a tope, 2021). Surgeons, especially young ones, worked alongside gynecologists, traumatologists, anesthesiologists, and other surgical specialists, and assumed the roles of clinicians and continued to

treat Covid-19 patients (Thompson et al., 2020). They have relearned medical skills and put aside their surgical knowledge to help patients in their time of need (Adibe, 2021; How COVID-19, 2020). Due to the need for more hospital beds, temporary tents were erected; when they became insufficient, many non-traditional areas were transformed into clinics, including endoscopy units and even cafeterias. As a result, staff became increasingly exhausted. The long list of patients and the overwhelming days and nights during which many patients died due to the lack of ICU beds and ventilators have forever made us question our role in this critical scenario (Thompson et al., 2020; Adibe, 2021; Chughtai et al., 2020; Ministro de Salud habla de la ocupación de las UCI en Ecuador y dice que 86 000 dosis de vacunas se aplicarán en 43 000 personas de grupos prioritarios, 2021).

A year passed since the pandemic began, and the general population had to forget the fear of the virus, especially when there were many more immediate and deadly threats at hand (Balhareth et al., 2020; Coronavirus en Ecuador, 2021). We had to turn our sight on political and social issues, especially when the news about Covid-19 became dangerously tedious (Balhareth et al., 2020). Thus, more cases appeared and the number of patients requiring intensive care became greater than ever. (Ministro de Salud habla de la ocupación de las UCI en Ecuador y dice que 86 000 dosis de vacunas se aplicarán en 43 000 personas de grupos prioritarios, 2021) Hospitals were pushed to total ICU capacity, and ICU staff worked tirelessly with this high patient load, leading to a rise in the Covid-19 mortality rate (Funerarias registran un 50% más de servicios exequiales and Gremio dice que aparecieron negocios de "garaje", 2021; El Telégrafo, 2020).

What could have been done when there were no tools to help patients? Many professionals resigned due to this complex scenario. However, many continue to show resilience and keep working even in these extreme situations. Holidays and days off were and continue to be restricted; there are simply not enough personnel to handle this pandemic. This feeling of self-reproach, emotional and moral distress, risk of infection, fear of transmission to family members, death of friends and colleagues, and the loss of many patients, combined with long shifts and personal isolation have affected doctors' ability to cope with an already stressful profession (Ontiveros, 2020). Not only this, many professionals, especially the young, who were seeking additional training or looking for a fellowship program, the residents who were looking for more suitable job positions, and the interns and students who were expecting to learn more surgical skills before the pandemic have been affected (Renuncia el ministro de Salud de Ecuador tras el escándalo de vacunación - BBC News Mundo, 2021).

We were all denied these opportunities. Covid-19 demanded our full attention, and despite this, we failed. The number of deaths is so overwhelming that the official numbers have fallen short.

Many patients have died undiagnosed, without being able to access any testing or treatment. The Ecuadorian government acknowledges that the coronavirus crisis is more severe than reported, a fact that was recognized when the funeral system collapsed (*Funerarias registran un 50% más de servicios exequiales and Gremio dice que aparecieron negocios de "garaje"*, 2021; Renuncia el ministro de Salud de Ecuador tras el escándalo de vacunación - BBC News Mundo, 2021). The discovery of vaccines and the promise of job stability to the personnel who serve in this pandemic gave some hope. Yet, inadequate administration and delays have disturbed an already weakened medical staff; this feeling grew even worse when the wealthy and well-connected were given access to the vaccine even before the first responders, and long-term contracts were handed to personnel who had never seen or worked beside a Covid-19 patient (*El Telégrafo*, 2020; Renuncia el ministro de Salud de Ecuador tras el escándalo de vacunación - BBC News Mundo, 2021).

We want to say that things are going to improve. We want to feel that there is a light at the end of the tunnel and that everything will be better when we are all vaccinated; however, the Ecuadorian reality is worrying. Many of us have lost faith in our leaders and authorities. We fear the day when this feeling of helplessness will make us lose faith in our patients. We can only wait and show the same resilience we have shown since the beginning of this pandemic, not forgetting our calling. And above all remembering that we have a critical mission to serve our patients – not the system.

Contributions

GAM, concept, and drafting the manuscript; AVA, insight on the manuscript and help during writing; SAE, conceptualization of ideas; WGA, writing the manuscript and ideas around vaccines; CLR, writing the manuscript and ideas around Covid-19 task force; GEJ, conceptualization of ideas, in the hospital; MAM, insight on the manuscript and help during writing; FXM, insight on the manuscript and help during writing.

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