Preventing Infection of Patients and Healthcare Workers Should Be the New Normal in the Era of Novel Coronavirus Epidemics: Comment

To the Editor:

We read with great interest the editorial by Bowdle *et al.*[1] We wish to describe what Spanish anesthesiologists and healthcare professionals are experiencing with the first pandemic of the twenty-first century, caused by a new coronavirus. The disease is highly contagious and has therefore spread faster than previous coronavirus infections. The disease has surpassed the capacity of even the most solvent healthcare systems. The natural tendency is to collapse, making it inevitable to ration health resources. The situation in our country, Spain, which currently presents the steepest infection curve, is particularly striking. All Spanish governments to date have boasted about the excellence of the national health service, considering it the "jewel in the crown." And rightly so, given the high standard of clinical results and quality of care, even in times of budget constraints. This has largely been achieved at the cost of substandard working conditions (understaffing, extended shifts, and poor pay) and cutbacks on resources to protect staff from occupational risks. Unfortunately, it has taken a coronavirus to reveal the extent of these shortcomings, and it comes as no surprise that 12,300 Spanish health professionals have so far been infected, with 2,000 infections registered today. This represents 15% of total infections, a far higher percentage than countries such as Italy (8.67%), China (4.12%), or the United States (1.42%). Our patients have been protected—a source of pride for all—but our healthcare professionals, the foundation of our system, have been sorely neglected. This has an enormous impact. Our colleagues are "falling like flies," reducing the number of healthcare workers on duty and our capacity to treat our patients, and producing further infections in patients and colleagues. Staff numbers are severely depleted, and we are now reduced to recalling retired doctors and recruiting trainees and even medical students. There are two reasons for this: (1) personal protective equipment, which was scarce even at the start of the outbreak, is now entirely lacking, and (2) symptomatic healthcare workers cannot be polymerase chain reaction–tested, so the authorities have to allow them to continue working.

At the start of the outbreak, hospital departments went to great lengths to draw up local protocols to ensure the highest quality of care for patients with coronavirus disease 2019 (COVID-19). However, many of these protocols are infeasible due to lack of material resources.

Anesthesiologists perform high-risk procedures such as endotracheal intubation, with the consequent risk of contamination from secretions, blood, droplets, and aerosols.[2,3] These procedures warrant special measures and should be performed using appropriate personal protective equipment for airborne precautions.[1,2] However, we have no appropriate masks, hazmat suits, goggles, or face shields. The safety of healthcare workers and the enforcement of stringent precautions to control infection should be our highest priority. But our day-to-day reality is far removed from these laudable principles.

Competing Interests

The authors declare no competing interests.

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