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Letter to the Editor Regarding “Two Perspectives on the COVID-19 Pandemic Nobody Is Talking About—and It’s Costing Lives” and “Emotional Health in the Midst of the Coronavirus Disease 2019 (COVID-19) Pandemic”



We read with great interest the article reported in your respected journal by Spiotta and Crosa,¹ “Letter to the Editor: Two Perspectives on the COVID-19 Pandemic Nobody Is Talking About—and It’s Costing Lives,” and that by Benzel,² “Emotional Health in the Midst of the Coronavirus Disease 2019 (COVID-19) Pandemic?” These authors reported their experience¹ and that of other investigators² in the face of the public health calamity they lived through a few months ago in their respective countries as a result of the COVID-19 pandemic. The enormous pressure under which these brave professionals worked can be observed, exceeding in their activities, all to mitigate the effects that this disastrous disease has caused in all sectors of the population. It is evident that critical care units and emergency departments in many parts of the world have been, and continue to be, overflowing with patients with COVID-19. This has forced those personnel, who would normally be working in medical fields not directly related to critical care and emergency care, to be trained quickly in the treatment of COVID-19 and to provide support for patients with COVID-19 to help their colleagues who have a colossal care burden. This panorama is very similar to that reported by Borsa et al.,³ who reported that the tension they had experienced during the treatment of patients with COVID-19 was rapidly progressive, because many of their colleagues had tested positive for COVID-19 and had had to isolate themselves, resulting in the sudden decrease of the number of available trained professionals. They also had had to leave their homes for a time to stay in hotels and apartments to maintain the safety of their families. Stress, fear, loneliness, anxiety, sadness, guilt, and tiredness are just some of the problems they had to endure for a long time.³

Mental health is a topic that has been highlighted with great intensity during these times, especially for healthcare workers, who have had to face an enemy for which they were not prepared. Spoorthy et al.⁴ performed a narrative review of the reported data, in which they emphasized that those professionals who constitute the first emergency line have a greater risk of developing psychological consequences. These can result from the excessive care burden or work hours, inadequate provision of personal protective equipment, lack of institutional and/or social support, the high infection rate among colleagues, and frustration from not having a definitive treatment available.⁴ The stigmatization and discrimination experienced by healthcare personnel resulting from the copious conspiracy theories and fake news are other important factors that have contributed to diminishing the emotional state of this particular group. In the same review, Spoorthy et al.⁴ collected data from several studies that had evaluated the mental health of doctors, nurses, and other staff. They found strong associations between variables such as those we have described, with resulting alterations in the quality of sleep and a greater incidence of distress, anxiety, and severe depression.⁴

Therefore, members of prestigious scientific societies have reported short reviews such as that by Walton et al.,⁵ in which they described some of the aspects one should consider during times

of a greater burden of care, not only on a personal level, but also in general.

We must be alert to the degree of the effects caused by acute stress reactions, including emotional, cognitive, social, and/or physical changes, which can occur at 4 levels of severity:

1. The first level is one that can be easily overcome through family or social support and, therefore, does not disrupt the professional’s activities.
2. The second level will generate a proportional degree of anguish in the individual, although not enough to limit their normal functions.
3. The third level will generate a disproportioned degree of anguish or distress, causing short- or medium-term dysfunction. Such individuals can rapidly recover if given specialized attention.
4. The fourth level will result in a noticeable mental disorder, for which the individual will require constant and effective specialized evaluations and treatment.⁵

The principal recommendations should arise from the organizational support team with which the professional is working and, generally, will be implemented by a leader. Some of these supports could include developing conversation points in a team, assuming and demonstrating responsibility, allowing one’s self and others to “be human,” promoting flexibility, being decisive, communicating constantly, prioritizing activities, calming the stressful reactions of colleagues, and staying connected.⁴ Remembering that many neurosurgeons are still working in the frontline of the emergency, it is necessary to consider these points during work hours, because these could reduce the effects of the distress experienced and prevent, or reduce, the probability of developing a severe issue that compromises the functional capacity of physicians.

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