

## **Provision of Service During the Covid-19 Pandemic**

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These are unprecedented times for not only our health service but for humanity as a whole. Our population has been called upon to self isolate with the imperative to maintain physical distance. A difficult task but essential to flattening the curve against the virulent COVID-19 disease.

This pandemic has laid down huge challenges to our health service and our nation, but it seems we are rising to meet it. We watch tentatively the epidemiologic data and human cost flowing from our neighbours Italy and Spain countries ahead of us in this COVID era. The images coming from hospitals in Italy and most recently New York are frightening. Their hospitals are over-populated with patients on ventilators and more worryingly patients who need ventilators. The hastily repurposed buildings now serving as repositories for the dead are images we wish we could unsee. That in the era of modern, patient centred medicine we may be forced to introduce criteria for ventilatory support seems otherworldly. As the President of The Intensive Care Society of Ireland- Dr Catherine Motherway said, suppression and elimination of infection are the most important factors for Ireland. Pre COVID-19 we lacked vital capacity in the number of ventilators, ICU beds and appropriately trained staff. If this escalates to even close to the extent of our European cousins, which at the time of writing it has not, we could be in a dire predicament.

There are going to be at least three stages in this pandemic- preparation, escalation and aftermath. The preparation phase is well underway for the past number of weeks. If we closely mirror the epidemiological curves of other countries the escalation phase is imminent- we can only hope these efforts have been enough and pray our healthcare service copes. The longest phase will likely be the aftermath- a return to baseline is months away. Every service has been cut back- our waiting lists for elective outpatient appointments, surgeries and diagnostic imaging were already well documented as below par.

As we look ahead, the health service faces many more difficult days. Firstly, outside of the COVID-19 pandemic- the 'normal' presentations do not disappear, although we can postpone or defer elective diagnostic and procedural work, our health service was already overburdened with the needs of patients. With time elective becomes urgent, and urgent becomes emergent. Patients undergoing chemotherapy and radiation therapy as well as the hundreds of patients awaiting cancer surgeries-still remain and do so with heightened fear. Patients with surgical and medical emergencies are still presenting- patients still need coronary angioplasties, percutaneous nephrostomies, appendectomies and thrombectomies. Physicians are faced with impossible questions; can we continue these urgent services, what exactly qualifies as urgent, how do we triage urgent, are we exposing these vulnerable patients to even more risk?

Many organisations have suggested some alternative triage systems of which operations should continue and which can potentially be deferred.<sup>1-3</sup> Furthermore, issues surrounding the spread of aerosols during laparoscopy and robotic surgery have highlighted potential risk to theatre staff. This needs to be balanced against the increased morbidity of open surgery.<sup>2,4</sup> No one knows the natural history of COVID-19 so we cannot reassure these patients how long such deferrals will last. Given that this pandemic is likely to persist for months, at least- there will need to be further realistic consideration into how the urgent service can continue. The guidelines regarding COVID-19

testing are evolving- testing will need to be improved and a more rapid test made mainstream. Certain urgent and emergent procedures cannot be ignored- we may need to designate non-COVID-19 centres where the non-infected or recovered can be treated.

Furthermore, once this pandemic eventually abates and we fight to get back to normal- there will be an undoubted backlog. The after effects are unknown but figures being touted include- for every week of this pandemic- it will take at least a month to clear the resulting backlog. As we have seen already there is a new possible when it comes to thinking about the provision of health service in Ireland. We knew this capacity for change was there. The health service is changing by the day. Doctors and nurses are being redeployed. Surgical theatres are being prepared as ICUs. Private hospitals have been nationalised. Field hospitals are being built. We will need to bring this vigour to do what is best and right for our patients in order to return to what was an already stretched baseline. Will this involve out of hours scanning, weekend operating lists, a one tier health service, and the accelerated recruitment of appropriately trained and equally remunerated staff?

Watching from afar, the response of the Irish health service and population has been inspiring. All those involved should be proud. This “caretaker” government led by Simon Harris, Simon Coveney and Leo Varadkar made difficult decisions early- shuttering the economy and closing schools in an effort to cull and limit the near inevitable with minimal dissent. Each passing day brings a new strain to our people- lockdown has more or less arrived- incredible for a free and democratic nation.

Although a gesture that will bring little solace to our heroic countrymen and women at this time, we feel the need to reiterate our Taoiseach- ‘We are with you’.

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