

Covid-19 and surgical activities

*Press release from the National Academy of Medicine and the National
Academy of Surgery*

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The Covid-19 pandemic has been exerting a very strong pressure on the public and private hospital system in recent weeks. The influx of severely affected patients has made it necessary to quickly make beds available for these patients, particularly in the intensive care and resuscitation sectors. In this context, in many health care institutions, the scheduling of surgical care has had to be postponed in order to make surgical beds available for patients with Covid-19, to avoid certain major surgical procedures requiring a post-operative stay in intensive care and to limit the risk of contamination of patients deemed non-urgent. This deprogramming required, from the very beginning of the crisis, close collaboration between the public and private sectors and, in each sector, between surgeons, anaesthetist-resuscitators and nursing teams. The National Academy of Medicine and the National Academy of Surgery underline the spirit of anticipation, mobilization and cooperation that has prevailed within the surgical community. They also salute the responsible behaviour of patients and their families who have been able to adapt to the forced postponement of many scheduled surgical procedures

In this unprecedented circumstance, the National Academy of Medicine and the National Academy of Surgery recommend:

- that, from now on, contacts be made with medical federations and associations, particularly of general practitioners, in order to ensure the best possible care for patients whose surgical treatment has had to be delayed, -
- that solutions be quickly found for patients whose pathology does not allow a long delay in treatment (cancer for example), if possible with specific Covid-negative circuits,
- that the learned societies establish as soon as possible, in their respective disciplines, in accordance with the guidelines that will be issued for the release from confinement and the return to normal operation of health care institutions, recommendations on practical modalities for reprogramming surgical care and patient information,
- that the learned societies draw lessons from this pandemic for the preparation of surgical structures for a new major health crisis,
- that a reflection be carried out within the surgical corps on the methodological and ethical aspects raised by the choices that had to be made concerning the care of patients and which, beyond the present crisis, will probably modify surgical practice,
- that a reflection also be carried out, within health institutions, on the role of surgeons in the essential coordination between surgical, administrative and technical teams in order to adapt these institutions to a critical situation.