



## The resumption of surgical activities: a health emergency and a contribution to the economic recovery

Joint press release from the French National Academy of Medicine and the French National Academy of Surgery

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According to the President of the International Monetary Fund, the Covid-19 pandemic has led to a now less severe economic crisis "unlike any other because it is the combination of a health crisis and an economic crisis no less severe with an increase in debt and a major recession. "Since the implementation of the Plan Blanc ("White Plan") on March 13, 85% of the 7.2 million surgical operations scheduled each year in France have been postponed, i.e. nearly 1.1 million procedures (Employee National Health Insurance Fund (CNAMTS) and Technical Agency for Hospital Information (ATIH)). This results in risks of aggravation due to delayed treatment, not only in oncology [1] but also in other medical disciplines. It is therefore imperative, as stated by the Minister in charge of health, to quickly resume activity in public and private health facilities. Due to a significant drop-in activity outside Covid-19, some establishments, notably private ones, have asked to benefit from partial unemployment measures, in addition to the 800,000 health professionals helped by the Solidarity Fund.

If the measures taken to fight the pandemic were necessary, their economic impact is already considerable. Forecast recession for the second quarter is close to 20% and GDP fell by 9% on May 1, with a drop in household consumption by 35% on May 7.

The resumption of surgical activity, which is a real health requirement, will contribute in part to the return of growth and of economic recovery.

A study was carried out in 2004 on the economic weight of orthopaedic and trauma surgery. All sectors, public and private, and all locations combined, this surgery generated an annual turnover of 12.5 billion euros in France, with an added value of 6.7 billion euros, or 0.5 % of GDP before tax, and 133,000 Full Time Equivalents (FTEs) or 0.6% of assets [2]. Orthopedic and trauma surgery accounts for a guarter of surgical expenses according to the "Cour des comptes" in 2015 [3]. The economic weight of all surgical specialties can therefore be estimated at 4 or 5 times more, i.e. 2 to 2.5% of GDP and 500,000 to 650,000 FTEs.

Depending on the date of resumption of surgical activity and the availability of resuscitation pharmaceuticals, it is only in 2021 that the backlog will be made up, either after 14 months if the delayed surgical operations are rescheduled promptly, or after 21 months if the wait is extended. The resumption of surgical activities and regular care therefore meets a double and essential health and economic need.

## References

- 1) National Academy of Medicine. Press release "Oncology and Covid-19" of 04/12/20, www.academiemedecine.fr
- 2) S. Gadene, F. Saint-Cast, F. Fagniani, X. Colin. Contribution de la Chirurgie Orthopédique à l'économie française; valeur ajoutée et emplois. Étude de CEMKA EVAL pour la SOFCOT juin 2004 et J. Caton in Livre blanc de la chirurgie orthopédique et traumatologique 2005 p17-18. www.sofcot.fr
- 3) Cour des Comptes. Rapport pour la Sécurité Sociale 2017

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## The National Academies of Medicine and Surgery recommend:

- that the gradual resumption of surgical activity be carried out without delay, depending on the situation of each establishment, and in compliance with the Covid-19 recommendations;
- that the restart of the scheduled surgical activity respects, in each establishment, the separation between the Covid (+) and Covid (-) sectors in order to avoid any risk of contamination, by using single rooms as much as possible;
- that patients are treated according to the recommendations defined by the academic scientific authorities, in particular those issued by the National Professional Councils (CNP) of each specialty (Decree of January 2019) [4].

4) Ministère des Solidarités et de la Santé. Décret No2019 du 9/1/2019 sur les Conseils Nationaux Professionnels (CNP)