

## **Covid-19: drug shortage and surgery.**

### **Anticipating the threat**

Press release of the

French National Academy of Medicine and the National Academy of Surgery

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The pandemic disrupted surgical and intensive care activity in France. The assignment of resuscitating anaesthetists, caregivers, surgical blocks and beds to Covid-19 patients requiring resuscitation care required the deprogramming of surgical procedures. This, combined with sanitary measures, is causing overcrowding the operating tables and makes it difficult to resume a normal activity.

The pandemic has also highlighted a worrying problem: in addition to the shortage of equipment (gowns, masks, ventilators, consumables, etc.), many surgical centers and intensive care units, both public and private, have faced the unavailability of drugs common to intensive care units, anaesthetists and surgeons such as anaesthetic agents, analgesics (opiates...) and muscle relaxants (curares...). These supply shortages have sometimes required the transfer of patients in critical condition and disrupted the organization of services and operating schedules. International studies have shown that a shortage of anaesthesia-resuscitation drugs led to a mortality excess and infectious complications (hepatitis linked to the multi-puncture use of single-use infusion bottles, deregulation of the duration of the neuromuscular block linked to a substitute product, etc.).

Accentuated during the pandemic, the shortage of drugs essential for surgery and intensive care is not new, however. Numerous reports have highlighted the industrial, economic, administrative, environmental and commercial causes of this shortage and have put forward proposals: consultation between manufacturers, regulatory authorities, hospital or pharmacy distributors; harmonization of pharmaceutical formulas; search for alternative sources; and above all, national or European relocation of production sites for active ingredients or finished products. If they are followed, some of these recommendations may not be implemented for several years.

**Given the importance of the threat of a new drug shortage for surgeons, anesthetists and their patients, the National Academy of Medicine and the National Academy of Surgery recommend, in the event of a second wave of Covid-19, to anticipate a supply disruption of these essential molecules and that:**

- all surgical and intensive care departments assess their needs in anaesthesia-reanimation drugs, using the computer sites at their disposal;

- stocks of drugs essential to the activity of the intensive care and surgery departments are set up. These stocks could be national or, better still, regional to facilitate local supply;
- a structuring and efficient European policy be prepared for the production and storage of strategic products;
- French manufacturers and processors likely to ensure the production and packaging of active ingredients and finished products be identified, in coordination with the concerned manufacturers;
- a strategic investment policy be developed to allow, as soon as possible, the production necessary to reduce our country's dependence on foreign industries, and to proceed with the same approach at the European level;
- the administrative constraints preventing the implementation of pharmaceutical orders be lifted to ensure the fluidity of the supply chain between users and suppliers.