

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/collateral-damage-non-essential-procedure-designations/11377/>

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The Collateral Damage of “Non-Essential” Procedure Designations

Dr. Birnholz:

Coming to you from the ReachMD Studios, this is *COVID-19: On the Frontlines*. I’m Dr. Matt Birnholz.

Daily updates about the toll of COVID-19 often focus on quantifiable numbers: how many patients infected, how many critical, how many deceased. But with the widespread cancellation of elective procedures, a different toll is coming into view—with ramifications for patient health that may be felt for years.

Medical centers across the country responded to recent calls by the American College of Surgeons and the Surgeon General by suspending non-emergent surgeries and procedures. But the scope of what is deemed non-essential has left many patients surprised, dismayed, and even fearful.

In a discussion group for women with pathogenic BRCA mutations, users commiserated over cancelled mammograms and MRIs, vital screening procedures recommended annually to detect early-stage cancers in high-risk groups.

Others, including early-stage cancer patients, have been frightened by the abrupt alteration of treatment plans. One woman with colon cancer, whose surgery was postponed, told K5 news in West Seattle:

“I understood that there were a lot of very, very sick people and I understood that medical staff, beds and masks needed to be available to those people. But as the days go on, you’re still sitting with cancer in your body... so I’ve continued to get more and more scared.”

The American College of Surgeons has published guidelines to aid doctors in determining which procedures should be deemed essential. These guidelines, which can be found at www.facs.org, advise that surgeries be reserved for hospitalized patients who are in poor condition, or who are highly symptomatic or suffering from non-low-risk cancers.

But in the absence of any framework that would impose such guidelines nationally, elective procedures continue for select patients. On March 20, the governor of Florida issued Executive Order 20-72, prohibiting “any medically unnecessary, non-urgent or non-emergency procedure or surgery which, if delayed, does not place a patient’s immediate health, safety or well-being at risk, or will, if delayed, not contribute to the worsening of a serious or life-threatening medical condition.” But later that same week, a Major League Baseball player underwent surgery for a torn arm ligament in a hospital in West Palm Beach, near the heart of Florida’s COVID-19 outbreak, causing one *Sports Illustrated* journalist to wonder: “Is [the MLB] crossing ethical boundaries?”

Guidelines for triage of surgical procedures are not legally enforceable. But their aim is trifold: to limit the spread of COVID-19; to conserve much-needed equipment in short supply, like ventilators; and also, just as importantly, to manage staff resources judiciously.

Obviously even essential procedures cannot proceed if there are no doctors to staff them. And as emergency rooms and ICUs stretch capacities to the limit, staff shortages quickly follow.

One Connecticut woman, whose son is battling Stage 3 Embryonal Rhabdomyosarcoma, highlighted the repercussions of this shortage in a recent social media post. She writes:

“My son, who had just finished his chemotherapy treatments, had his end of treatment scans canceled today due to COVID-19. Our doctor told us there will not be an anesthesiologist to service my son. They will *all* be called off in various ICUs performing intubation procedures.

She concludes: "Please stay home. It's so much worse than we realize."

For ReachMD, this is *COVID-19: On the Frontlines*. For continuing access to this and other episodes, and to add *your* perspectives toward the fight against this global pandemic, visit us at ReachMD.com and become Part of the Knowledge. Thank you for listening.