



## The Mental Health of Surgeons during the COVID-19 Pandemic

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### Editorial

The SARS-CoV-2 epidemic that began towards the end of 2019 in Wuhan, China, later declared a pandemic by the WHO on March 11<sup>th</sup>, 2020 [1], has impacted all areas of our lives. In this context, mental health problems constitute a secondary pandemic that unfortunately is beginning to show its results [2]. Among those affected is health personnel, of course. Surgeons are not exceptional in this regard, even though their characteristics might seem otherwise. They constitute a very particular group within health professionals. I begin by simply pointing out two isolated features. On the one hand, they represent a minority percentage within medical specialties [3]. For example, in Argentina, according to data from 2015, the percentage of specialists enrolled in general surgery ranges between 3.83% if we take into account a total N that brings together specialists and non-specialists, and 8.95% if we take as a universe only doctors who they have some specialization [4]. On the other hand, perhaps they belong to the most prestigious discipline within all specialties, the "most medical" among physicians. So much so that regarding the strength and stability of the ties of identification with the professional role, Gerada & Jones have come to say that surgeons are the doctors who have the strongest "medical self" [5]. Well, we have reason to suppose that these two traits that can be commendable and a source of pride for medical surgeons paradoxically represent two preponderant vulner abilities as far as their mental health is concerned. In these two weaknesses nests the germ of other problems that impact on their psychological security and emotional stability [6]. I propose here to deploy a broad look at the complexity of this pluri-causal and multifactorial problem, to articulate it with the threats, challenges and enormous changes imposed by the current context of pandemic [7]. The fact that it is a minority specialty in relation to the others fosters a situation that is also twofold: on the one hand, the minority increases prestige, since it favors the idea of the elite; on the other, that same situation tends to conceal the problems that they share with the rest of the group as health professionals and as individuals [8]. Either because of fear of stigma that damages professional reputation, or because of the wound inflicted on sustained narcissism in identifying with the professional role, the possibility of a consultation with a mental health professional when necessary is difficult. While several studies pay special attention to these problems that we point out [7-10], another carried out by researchers from Wuhan appeals to the special qualities of surgeons to treat patients with COVID-19 [9]. The aforementioned study encourages surgeons to face the battle against the pandemic by appealing to their patriotic sense and their courage as "soldiers" at such a crucial moment. In this sense, such a call to take part in resistance to the advance of SARS-CoV-2 infection appeals to their strengths as doctors: Their special, differential value, their know-how better than others regarding asepsis, in terms of that concerns the hand-to-hand fight with the proximity of the disease and knowing how to survive at such a crossroads [7]. Logically, it is a call that appeals to touch the intimate chord at a critical moment, almost like a harangue given to soldiers the battlefield. However, we cannot fail to notice what aspect of surgeons is called upon to summon them to take their positions in the firing line: Their heroism, their ability to expose themselves to disease and emerge unscathed. I understand that it is an attempt to seduce those "super-doctors" nothing more and nothing less than by making use of the identifying signifier: The hypertrophic "medical self" already mentioned. In parallel, let's observe some of the most frequent psychological effects of the pandemic, both in the general population and in health professionals. On May 14<sup>th</sup>, 2020, Devora Kestel, director of the WHO Department of Mental Health, announced that isolation, fear, uncertainty and the economic crisis caused by the pandemic could cause psychological disorders in the population. In this context, researchers in the mental health area, consistently, with some differential characteristics according to the regions, we have found that the double context determined by a primary fear of getting infected and infecting others; and a secondary one, referring to the adverse effect of health measures aimed at mitigating the damage of the pandemic (isolation, distancing, reduction in labor productivity, etc.), have shown as more

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Received Date: 29 Jul 2021

Accepted Date: 12 Aug 2021

Published Date: 16 Aug 2021

#### Citation:

Alomo M. The Mental Health of Surgeons during the COVID-19 Pandemic. *Clin Surg*. 2021; 6: 3289.

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frequent symptoms insomnia, discouragement, anxiety, depression, increase of problem at substance use, etc [10,11]. To this we must add the related problems correlative to forced coexistence or compulsory distancing. In this context, with regard to the professional aspect, in the case of surgeons, the most frequent anxiety problems are usually associated with the availability- or the eventual lack- and use of personal protective equipment, although mainly with the annoyance caused by the postponement and rescheduling of shifts due to the pandemic. Regarding other mental health problems, as observed in the studies by Gerada & Jones [7] and Al-Ghunaim et al. [10] about the reluctance to carry out a mental health consultation on the part of surgeons, given in the current context, such consultations are carried out through remote assistance, it remains to be seen if this is a major obstacle. I express here a fervent wish for the exact opposite to be the case: That telecare minimizes reluctance and favors mental health consultation for all surgeons who need it, taking advantage of facilitated accessibility, also correlating with greater privacy. In this sense, I once again emphasize the importance of surgeons resorting to consultation with specialists in the mental health area if they need it, since the current demanding conditions multiply the risks and stressors that are added to a professional personality profile structured according to of a maximum competitiveness - what some pioneering investigations of the decade of the '50 of the last century have called type A personality [12,13]. This scenario favors the worsening often tendencies to isolation and not to seek professional help even when it is necessary. Certainly in the near future we will have new results from ongoing studies regarding the situation of surgeons in the present context. In the meantime, based on reading the literature mentioned in this article, let me point out to surgeons the inconvenience of delaying a consultation with a mental health specialist. I even suggest that in the current context, in the case of self-detection of a tendency to avoid a mental health consultation that they would consider necessary, it would be convenient for them to oppose aid tendency by an overcoming force that does not deprive them of said consultation, confining them to loneliness. The latter, when it comes to psychological and/or emotional problems, is the worst counselor. On the other hand, in case of not self-perceiving a mental health problem, it would not hurt to ask their loved ones about it, those people in whom they place their trust, what they think about their emotional stability and their psychological aspects, even in the case of non-specialists. Finally, dear surgeon, when in doubt it is always advisable to consult a specialist.

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