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Editorial
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Surgical Waiting Lists: Are they Inevitable?

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Editorial

Poor or developing countries always have emerging ethical problems regarding the allocation of available resources. One of the most common problems in countries with few resources is the large number of patients who wait on waiting lists for elective surgeries or organ transplants. Despite that stated by Black [1] that surgical waiting lists are inevitable, in most "of all countries with a publicly funded health system, such as Spain, Australia, New Zealand, Canada, The Netherlands, Ireland, and the UK", or Brazil, we think that surgeons must take some attitudes to solve the problem. As stated by Drake et al. [2] "although advocated by some, utilitarian philosophy is not an adequate ethical approach for planning; although maximizing positive outcomes must be considered, additional guidance based on respect for persons, non-maleficence (avoiding harm), and justice should be included. In July 2019, for example, Brazil had 35,519 thousand people waiting in line for an organ transplant. In July 2020, due to the COVID-19 pandemic and the suspension of surgeries such as transplants, that number had increased by about 30% (46,131 people waiting in the same queue). For the selection of people seeking scarce resources from health, there are several criteria to use [3]:

1) Medical and scientific objectivity;
2) The waiting list;
3) Screening;
4) Randomization; and
5) Social criteria.

While the waiting lists may seem fair in the context of community relations, they generate conflict in relations between doctors and their patients. The more serious the patient's situation, such as those affected particularly in their respiratory systems due to COVID-19 and who immediately need an ICU bed and mechanical ventilatory support, the more serious is the conflict between the doctor and patient. This type of patient cannot wait on an ICU waiting list. The medical decision needs to be immediate. And severity criteria are not always clearly chosen when two patients in similar conditions wait in the same queue for the same ICU bed. So, medical and scientific objectivity is not always respected or even not always is the best solution for the resulting conflict. The Brazilian health system (SUS), like the English health system and other countries, depends on a political decision, that is, which share of the budget will be allocated to health. For political reasons, the share of the health budget has been decreasing year by year. It should be 12% of the Gross Domestic Product, according to the Brazilian constitution, but this value has never been reached. Long-term solutions must undergo greater investment in the health system. However, the pressing question is how to solve the immediate problem of those waiting for an elective surgical procedure in the middle of a pandemic. Black proposed some ways to solve the problem (the use of priority scoring systems, staff substitution, better management of theatre time, pooled or shared waiting lists, greater use of day care, and shifting care from inpatient to outpatient settings and from hospitals to primary care, establishing elective-only surgery facilities, pre-admission assessment clinics, issuing reminders to reduce non-attendance rates and specialized). It may not be the best solution, but at least it is a solution.

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