THE MEDICAL PROFESSION IN THE SECOND YEAR OF THE COVID-19 PANDEMIC

Report 5/05/2021 of the COVID Advisory committee to the Local Medical Associations (OMC)

Executive summary and key proposals:

The medical profession lives in hope for this second year of the pandemic, but also with worry. Because a lot of disease burden from COVID-19 will be avoidable depending on how we act, and because we see with despair that many necessary reforms to strengthen the National Health System are on hold. We cannot get used to and tolerate any level of avoidable morbidity and mortality. Therefore, we must unite to implement a joint and supportive response to all institutions and territories in this second year. That is why we appeal to all political and institutional parties to abandon or mitigate partisan political rivalry and focus on governing the way out of this crisis, and to provide initiatives for more global and integrated actions.

*From medical and health professionalism, we can synthesize **ten strategic lines** that should preside over actions in this second year.*

1. ***Vaccinate** decisively and place collective trust in the **Public Health authorities**.*
2. *Accept, comply with, and enforce **coordinated response agreements to control transmission** to minimize incidence, hospitalization and deaths, always prioritizing prevention.*
3. *Commit to and schedule an **evaluation of the Spanish response to the pandemic** at an appropriate time to learn and prevent future crises.*
4. *Focus the task on the most significant and best application of **European funds** for the reconstruction to refinance and make the National Health System competent and sustainable.*
5. *The National Health System requires a **plan to strengthen its human capital**, which, in addition to being necessary for its viability, is a fair match for the enormous effort made by health workers.*
6. *The reconstruction must include reversing the **decapitalization of infrastructure** and installations, such as an **innovative organizational and technological approach** so that information generates knowledge, professional work is enhanced, and safe and friendly mechanisms are created to improve communication between professionals with patients.*
7. *We demand a **vigorous ethical approach** in this second year: **no one should be left behind**, neither in care for COVID, nor in the recovery of attention to all health problems. Other challenges with ethical implications to address will be the immune "**passport**" and the management of citizens' health information.*
8. *The National Health System needs resources and actions to **recover its adequacy and solvency of medical care**, and also provide support and attention to the health workers themselves, as the first and second victims, damaged by this long and intense pandemic.*
9. *We need to pursue **the promotion of good science** through research and the generation of evidence; **and also of good and prudent medicine**, reversing the trivialization and vulgarization experienced with so many unexpected experts and commentators, as well as counteracting the tendency to communicate immature research that creates noise and false expectations.*
10. *We must put on the public and political agenda the implementation of the lines of the **Commission for Social and Economic Reconstruction, and activate the reform process** that today is essential for the survival of a National Health System that deserves its name.*

The COVID-19 Advisory Committee to the Local Medical Associations is an expert panel including diverse professions, sectors, and specializations, that was created on 21 April 2020 to advise the General Spanish Medical Council regarding various scientific, technical, and organization aspects arising due to the pandemic, in order to propose action and generate technical reports that underlie the public position of the General Spanish Medical Council.

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The anniversary of pandemic's beginning has coincided with a rebound in COVID-19 cases. This fourth wave, which has a more moderate profile, has occurred while the vaccination program is advancing with greater speed. The greatest hopes for this second year lie in completing the protection of the most vulnerable and achieving population immunity as soon as possible. But along with this positive outlook, there are several concerns and uncertainties.

The long duration and four epidemic waves have not only generated pandemic fatigue and despair, but there is now **political fatigue** that manifests itself in five explainable but unacceptable attitudes and behaviors:

1. **The adjustment and tolerance to a high and also avoidable rate of death**, admissions, and illnesses. This leads to relaxing the containment measures that, according to Public Health, would contain morbidity and mortality at much lower figures. The current regulatory weakness to deal with measures that restrict mobility and limit fundamental rights would suggest keeping the state of alarm active as an immediate measure, so that the other measures have greater legal certainty and homogeneity.
2. **The loss of territorial cohesion**: the average figures are hiding the large heterogeneity of the incidence in the Autonomous Communities. For this reason, the control of the pandemic implies that those with a high or extreme risk level collaborate by containing the spread of the disease to neighboring areas with low risk. Overcoming this pandemic requires **suppressing local outbreaks** ("perimetering" areas, testing, isolating cases, and tracing and quarantining contacts) to avoid perpetuating a medium-high intensity "fire". **Institutional loyalty** is more than a wish, it is an obligation. Collaboration in healthcare provision, both for COVID and non-COVID patients, is another needed practice for interterritorial solidarity, which should be supported financially by the National Health System Cohesion Fund.
3. The **weakening of the commitment to reform**: the contents of the revitalization of the National Health System, clearly expressed in the Opinion of the **Commission for Social and Economic Reconstruction** of the Congress of Deputies, are blurred. **European aid** is channeled toward economic and social reactivation, modernization, and sustainability, which is why it is essential that this financing addresses the needs of health policy and the National Health System to guarantee its well-being and long-term sustainability. Without it, the future will be uncertain due to the risk of outbreaks, be inequitable because we will leave behind our patients with fewer resources, and be unfair because Spanish society will have disappointed those health professionals and workers who they previously applauded from the balconies.
4. The **maintenance of a high level of political and institutional rivalry**, which blocks cooperation, confuses citizens, avoids the temptation to use information according to the convenience of the moment, and hinders collective learning of good practices (using collective experience to improve the fight against COVID-19). The desired **co-governance** does not come to fruition in a virtuous way. Instead of institutions becoming "co-owners" of the problems and solutions (for better or for worse), any risk of unpopularity detracts from collaboration, and any failure or adverse effect is used as a political football. One example has been the disproportionate and irrational application of the precautionary principle in the face of adverse effects of vaccines, which in this case was on an international scale. Sensational journalism reinforces this pattern of political and institutional disagreement.

5. **And the dominance of a myopic and local vision regarding problems that require global and intersectoral approaches**. We will give five examples: **vaccination** needs to be done on a global scale and should not be hindered by patents or other barriers; reform of the **standards of care in nursing homes**, and the guarantee that the National Health System guarantees direct and daily medical care to residents; **relocation and globalization** of logistics chains need to be modulated to guarantee the sovereignty of goods; **climate change** is also a health problem (heat waves, cold waves, catastrophes, and epidemics); and public health institutions must have a framework of financial sufficiency and autonomy and competence to exercise **responsible self-government**.

Within the long list of challenges for the second year of the pandemic, we wanted to summarize ten priority tasks:

Ten priority tasks

1- **Support vaccination and reinforce the role of Public Health authorities**: although there may be new scientific information that generates uncertainty, we need a robust collective decision-maker. Mechanisms for participation in decision-making must be sought that do not entail fueling mistrust and eroding the credibility of the technical bodies that should establish the measures to be taken, usually with many uncertainties and variables to consider. And do not forget that to control this pandemic, **vaccination must be supported in all countries and within a short time** to ensure collective immunity. As vaccination progresses, it will be more important to reinforce resources **to investigate outbreaks, carry out systematic tracing, and ensure that isolations and quarantines are complied with**. Only in this way can we extinguish embers and prevent avoidable morbidity and mortality. The medical profession's public argument against **negationists, rejection of vaccination, pseudoscientific approaches, or proposals for pseudo therapies** must be energetic and systematic, especially if these positions come from licensed physicians, in which case ethical responsibility must be assessed.

2- We must demand that the central and regional health authorities **respect and enforce the agreement of 22 October of the Interterritorial Council** of the National Health System on "Coordinated Response Actions for the control of transmission"[1], which establishes in great detail the **alert levels and the indicators** that will determine risk assessment and public health actions. A **modification of indicators** (reduction of thresholds) will likely be necessary to control the pandemic as we move into a scenario of more advanced immunization. In any case, there must be norms that are commonly accepted and respected, with monitoring and sanctions that reinforce compliance. The legal certainty of actions for health protections that may restrict the fundamental rights of citizens indicates that the immediate maintenance of the **state of alarm**, in the absence of other effective instruments, also guarantees the homogeneity of the response in all the autonomous communities. There are credible opinions in favor of a specific regulation in the Organic Law 3/1986 of Special Measures in the Matter of Public Health on health emergencies and pandemics that categorizes and develops the measures that may be adopted: confinement, quarantines, curfews, etc. Along these lines, it would be convenient to revise the Organic Law 4/1981 of states of alarm, exceptions, and place.

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1 Actuaciones de Respuesta Coordinada para el control de la trasmisión. [Coordinated response measures for transmission control] Ministry of Health, 22 October 2020, available at: http://www.mscbs.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actuaciones_respuesta_COVID_22.10.2020.pdf

3- **Accountability and evaluation must be promoted**, as it is the only way to learn and draw lessons from experience, although the appropriate time and method must be found. The scientific-technical difficulty of evaluating the response to a pandemic should not be ignored, as well as the complications it can generate, which lead to a litigation culture of said accountability, or a political rivalry that seeks to wear down or transfer blame. However, **an objective and knowledge-based evaluation of Spain's response to the COVID-19 pandemic** must be included in the institutional agenda, which should be carried out at the appropriate time.

4- **Spain needs to effectively prioritize obtaining and managing European funds**, to allow the **refinancing of the National Health System**: This comprises recovering assets and also stabilizing the improvements in the financing achieved to revitalize the National Health System. The transformations needed are not only quantitative but also involve the **autonomous and efficient health governance capacity**. It would be inexcusable if political and institutional rivalries hindered this process.

5- **In terms of justice and convenience, the National Health System must develop a Plan to strengthen its human capital**, which includes both the planning of resources in professions and specialties, as well as the development of professional, remuneration, and clinical management policies that improve quality of employment and attractiveness for young people. The deadline has already expired to achieve a generational change that is not traumatic or dysfunctional. Let's minimize the damage with a determined and generous process. In the epicrisis of the pandemic, we must provide support for the **mental health of the professionals** and ensure managerial and cultural change so that organizations improve both well-being and their work environment. Moreover, for justice and the fostering of a climate of mutual trust, there must be clear and firm **legal support from the National Health System for its doctors in the event of possible legal demands** for problems arising in the exceptional situations arising due to the pandemic.

6- We must take advantage of the reconstruction of the health system to **overcome the obsolete facilities and equipment** caused by chronic disinvestment, and also to launch **new intelligent organizational and technological architectures** that provide **e**ffectiveness without diminishing **a**ffectivity and personalized relationships:

a) Infrastructures for communication and interaction between professionals, levels, and the patient, including logical and effective applications that help control chronic disorders.

b) Development of intelligent systems to generate new knowledge from massive real-world information, which are also used to evaluate results and enhance patient safety.

c) Facilitate the regular use of the best evidence and knowledge by embedding it in the medical record, supporting doctors to interact and exploit the information they generate.

d) Use those artificial intelligence systems that demonstrate their ability to recognize patterns to support diagnostic procedures.

e) Integrated use of information systems to monitor patients' health problems and adherence to treatment, to carry out population studies of health problems, to detect opportunities for intervention in patients outside the in-person care circuits, and for epidemiological surveillance, alerts, tracking, and intervention early.

f) Technological support for advanced teleconsultation models to allow personalized, safe, and effective contact, which entails proven improvements in medical care, nursing care and telemonitoring, and self-care at the patient's home, and which do not replace but rather complement the doctor-patient relationship.

7- Considering medical ethics and deontology, we must **assert the application of the bioethical principle of Justice**: fight to leave no one behind, both in terms of COVID and the non-COVID patients postponed due to the saturation of medical care. Therefore, it would be very convenient to promote a report on **social inequalities in health and health care in the second year of the pandemic**. Furthermore, it would also be advisable that in situations requiring severe rationing of diagnostic and therapeutic resources, which could occur in the future (pandemics or catastrophes), doctors **would be equipped with new bioethical capacities** to develop agreed criteria and take responsibility for the difficult prioritization of severely limited resources.

8- **The National Health System must program actions and allocate specific resources so that the National Health System recovers its sufficiency and solvency in medical care**: address accumulated non-COVID morbidity, correct as far as possible the consequences of delays in medical care, and address the new **post-COVID morbidity** that is emerging. **Patient safety** activities should also be reactivated (as many adverse events are not being sufficiently reported or analyzed) and also give a clear boost to the collective approach on risk prevention throughout the patient's journey. Finally, include the health problems of the health workers themselves as an objective. **Caregivers must be cared for** as the first victims of COVID and as second victims due to the psychological and moral damage resulting from having dedicated more than a year to a fight against disease in very adverse conditions, compensating with professionalism and humanity for the loneliness of patients during their most difficult moments.

9- **Spanish medical care must reflect on this era of clinical work with weak or no evidence, which has resulted from the pandemic**: it is time to be accountable, but also to demand from public authorities the creation of knowledge management structures that support the evaluation of interventions and the consolidation of guidelines and recommendations (the so often requested **Hispa-NICE**).

The **participation of medical experts in the media** has been important, valuable, and positive. The fact that journalism has so extensively sought expert opinion must be highlighted. However, the danger of hyper-exposure to the media is the risk of popularization and devaluation of scientific knowledge. Hence, **we must strongly recommend that doctors only talk about what they know**, that they collaborate in educating citizens about good science and critical thinking, and prevent them from entering into a fruitless and dangerous cycle of statements outside of their areas of competence, or of the evidence, dragged by the logic of the press and radio or television programs.

Likewise, **researchers must moderate their desire for recognition, work cooperatively, and avoid recklessly precipitating announcements to the press** about immature discoveries that generate unjustified social expectations, even though they may result in work, economic, or company share values advantages.

10- And, finally, we must reactivate the pending reforms, placing on the public and political agenda the application of the lines of the **Commission for Social and Economic Reconstruction**. The reforms are already inexorable if we want to build a future that does not involve the decline in medicine and Spanish public health.