The Surgical Healthcare Teams Fights against nCOVID-19

Hazim Abdul Rahman Alhiti*

Department of Surgery, Hit General Hospital, Hit, Iraq

Corresponding Author*

Hazim Abdul Rahman Alhiti Department of Surgery, Hit General Hospital, Hit, Iraq, E-mail: hazim.alhiti@uoanbar.edu.iq

Copyright: © 2021 Alhiti HAR. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received date: July 30, 2021; Accepted date: August 13, 2021; Published date: August 20, 2021

Introduction

In medicine, the surgeon is the doctor who does surgery. Therefore, there are diverse varieties of surgeons who carried surgery in different and growing surgical branches. The surgical team is a group of experienced medical healthcare staff who assist the surgeon throughout the surgery [1].

Coronaviruses provoke a spectrum of complaints; the recent one is COVID-19. Moreover, these viruses attack the respiratory system and other body systems. Furthermore, the investigators recognized a new coronavirus sickness in Wuhan, China, in the winter of 2019. Accordingly, there were strange cases of critical acute and rapidly progressive respiratory symptoms that terminate in death. Further, the laboratory, histological and radiological investigations expressed coronavirus-2 (SARS-COV-2) [2].

Argument

There was a quarrel among healthcare specialists about the exact role of the surgical healthcare team against the COVID-19 pandemic despite the presence of first-line healthcare staff, who are mainly medical staff.

Evidence

Through the surgical residency in the world, the surgical trainees acquire the basic concepts of all medical and surgical disorders, perioperative case supervision, technical surgical experiences, and the disease sequences on patients' life. The development of surgical management depends on the perception and awareness of these obstacles, with the surgical trainee's response to these challenges [3].

The surgeons share in the discovery and development of new drug modalities against COVID-19. Moreover, some surgeons applied the newly discovered drugs to their patients [4].

Furthermore, the surgical healthcare team carried some necessary procedures for patients who had COVID-19. Further, the surgical healthcare team was in the first-line position like their accompanying medical healthcare staff [5].

COVID-19 had many impacts on the work of the surgeons. Accordingly, the COVID-19 affects the surgical waiting list, preoperative checking investigations, more preventive tasks, and operative room preparations. Moreover, COVID-19 attacks the surgical healthcare staff; some of them died while some of them were disabled [6]. The surgical experiences and training had many new additional challenges in the COVID-19 pandemic. Accordingly, the surgical healthcare team faced the COVID-19 complaints the highest suspicion, the precise decision, the right task, the knowledge transmission to the patients concerning the patient decision. Besides, medical ethics and patient health state had many new hurdles affect the surgical healthcare staff decision during the COVID-19 pandemic [7].

Counterargument

On the other hand, some surgical health care antagonizes the medical health specialists, sometimes with inter-professional conflicts. Moreover, the surgical views differ in the decision, action, and interference. Accordingly, these opinions differences affect patient respect and health management [8].

Refutation

COVID-19 attacks the human body as a whole in different organ degrees. Moreover, some patients were already in disturbed health status, and they were in chronic regular drug prescription or operated for a particular reason. Hence, the surgical healthcare staff involvement is an essential part of the patient COVID-19 attack [9].

References

- Kumar, H., & Morad, R. "Surgical team: Improving teamwork, a review." PMJ 95(2019): 334-339.
- Shereen, M.A., & Khan, S. "COVID-19 infection: Origin, transmission, and characteristics of human coronaviruses." J Adv Res 24(2020): 91-98.
- Shweikeh, F., & Schwed, A.C. "Status of resident attrition from surgical residency in the past, present, and future outlook." *J Surg Edu* 75.2(2018): 254-262.
- Hamad, A., & Alhiti H. "Inhalational bacteriophage and nanosilver effectiveness on nCOVID 19: A case report." J Med Res Surg 2.3(2021): 1-5.
- Wady, H. & Restle, D. "The role of surgeons during the COVID-19 pandemic: Impact on training and lessons learned from a surgical resident's perspective." Surg Endosc 35(2021): 3430-3436.
- Mori, M., & Ikeda, N. "COVID-19: Clinical issues from the japan surgical society." Surg Today 50(2020): 794–808.
- Louie, P.K., & Harada, G.K. "The impact of covid-19 pandemic on spine surgeons worldwide." *Glo Spine J* 10.5(2020): 534-552.
- 8. Harkin, D.W. "Ethics for surgeons during the COVID-19 pandemic, review article." AMS 55(2020): 316-319.
- Balasubramanian, A., & Vigneshwar, P. "Impact of COVID-19 on the mental health of surgeons and coping strategies." *Head Neck* 42.7(2020): 1638-1644.