EDITORIAL

# THE LANCET: COVID-19 IN BRAZIL: "SO WHAT?"

THE LANCET: COVID-19 NO BRASIL: "E DAÍ?"

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On May 9, 2020, I learned about The Lancet editorial COVID-19 in Brazil: "So what?" through social media<sup>(1)</sup>.

When I accessed the page, I realized it even had a Portuguese version<sup>(2)</sup>. Clearly, editors of The Lancet wanted to reach English readers without losing space among those who are more comfortable reading in Portuguese.

I evaluated (and continue to evaluate) the editorial of that prestigious scientific journal.

I noticed some quotes in the lay press, in general, including written and televised media. However, unfortunately, I have not received materials from scientific journals, especially from Brazil. I believe this is the environment in which we should also have comments.

Thus, we decided, after review by other editors of the Brazilian Journal of STD, to publish here a comment that I would like to reach the editors of The Lancet and our readers as well.

#### **DEAR EDITOR OF THE LANCET**

Regarding the editorial COVID-19 in Brazil: "So what?"

Published on: May 09, 2020. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31095-3/fulltext I hope the following finds you well.

I would like to expose the serious problems Brazilians are experiencing in coping with the COVID-19 pandemic. I hope the material published by The Lancet also reaches many Brazilians who insist on not taking this crisis seriously and refuse to change their behaviors.

At the age of 17, before starting medical school, I took a surgical instrumentation course at the Antonio Pedro University Hospital, in Niterói, for labor training.

During this course, I learned, among many things, the importance of working as a team and respecting each team member, from cleaning professionals to the chief surgeon. Any failure compromises the treatment success of the hospitalized patient. I also understood that when the team leader gets out of control with most of the team members, the quality of the service is compromised.

Participating in surgeries, I learned that questions have to be answered. To that end, preparation, planning, and humility are necessary to recognize the difficulties of the case and the one's own limitations. This process must be applied to all areas of knowledge.

Once, during a hysterectomy in a patient with many adhesions in pelvic organs, I could do nothing. I could not understand the surgical plans. The doctor assisting me was also having difficulties. I stopped for about 10 seconds. Then, I decided to place another three sponges to protect the abdomen. I removed gloves and the cap and left the operating room. In the doctors' area, I sat down and took two sips of coffee. I spent less than a minute there and went back to the operating room. After adjusting the pushers and the lighting focus, I removed the sponges and realized that the problems in that surgical field were not so bad. We finished the surgery a few minutes later.

On another occasion, while operating a patient with a preoperative diagnosis of tubo-ovarian abscess as a complication of pelvic inflammatory disease, the problem was quite different. An ovarian vein thrombosis was affecting the retroperitoneum. We stopped and asked for help from a more experienced surgeon. Thrombosis extended to the proximity of the vena cava. If we, the fellow assistant and I, insisted on performing the surgery alone, the worst would have happened.

I hope your (and our) words reach most Brazilians. That way, the population can understand that we are in a difficult and acute emergency, like a patient with an open abdomen, bleeding profusely, with a highly complex surgical field, something never experienced before. One of the team members says it is very little blood. Another, who is only there to please the surgeon, omits the problem. A third knows nothing. The other one helps blindly.

The chief surgeon, who cannot get nervous, scream, be rude to the staff, answers questions with other questions. They wonder, while the patient bleeds profusely, who will pay the bill.

They need discernment to reflect, talk to their peers, reorient surgical maneuvers, or admit that they do not know how to solve the issue and call someone, or even another team, to stop the bleeding, finish the surgery, and keep the patient alive and in good conditions for the infirmary. Who will pay for the surgery will be decided when the patient leaves the hospital or even after.

Dear Editor, your initiative of publishing this editorial in a scientific journal such as The Lancet expresses the true scientific spirit. This spirit is essential in the huge team working in this complex world. This team interacts more than we realize. From a live animal market in China to the London Eye, in London, Broadway, in New York, or Copacabana Beach, in Rio de Janeiro.

How can we relate to your restlessness? Your restlessness is the restlessness of the world; it is the same one we have in Brazil. It has to be addressed by listening to peers, listening to science. Science responds and finds solutions. It does not answer with: I have nothing to do with it, people really die, it is their destiny. And as Galileo Galilei (1564-1642) rightly spoke: the greater purpose of science is to relieve the fatigue of human existence.

We appreciate your strong attitude.

Maybe it will make many Brazilians stop being negligent, following personal superstition, and start acting based on science.

Please accept, fellow Editor, an apology from the Brazilians who demand that all their compatriots adopt behaviors supported

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by scientific results and successful actions taken elsewhere on the planet, especially in coping with the COVID-19 pandemic. After all, what is the role that hundreds of thousands of people infected with SARS-CoV-2 in Brazil play in a global context?

Best regards.

## FUNDING

The author declares that he has not received any grants or funding to produce this article.

### **CONFLICT OF INTERESTS**

The author declares no conflict of interests.

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