

## Correspondence

# Requirement of a prompt solution to address infection and mortality due to COVID-19 among Peruvian physicians

Dear Editor,

We have carefully read the manuscript published by Biana H,<sup>1</sup> which highlights the medical and social problems that the medical staff suffered in the Philippines during the COVID-19 pandemic, including the increase in the number of infections, besiegement in health services, insufficient personal-protection equipment and inadequate salary being provided to healthcare workers. This is also being observed in developing countries such as Peru, where to date, 4036 doctors have been infected by COVID-19, 76 are hospitalized in the intensive care unit and 199 have died because of it.<sup>2</sup>

Peru was one of the first countries to start the quarantine early, on 15 March 2020, to avoid a surge in the number of patients infected by COVID-19 and the collapse of the health system. Despite this, multiple factors have explained why this confinement measure was ineffective, resulting in the country having the highest mortality rate of COVID-19 in the world.<sup>3</sup> These include the informal sector representing the majority of employment (around 75%), indicating that the people need to work daily to obtain money for their families. Therefore, several people had to disobey the quarantine imposed by the government; other factors are the inadequate management and distribution of monetary bonus to the more economically vulnerable families, agglomeration in banks and markets and overcrowding at home.

Among the groups at greatest risk for acquiring COVID-19 infection are the health personnel, particularly doctors,<sup>4,5</sup> whose work in a precarious and fragmented health system puts them at a risk to fall ill and even lose their lives.<sup>5</sup> The best way for healthcare workers to prevent this infection is through the appropriate personal protective-equipment supply.<sup>5</sup> Furthermore, they can have an adequate competence in donning and doffing such equipment<sup>6</sup> through training.

In our country, from the beginning of the pandemic to the present, adequate priority and budget have not been properly assigned to fight COVID-19<sup>7</sup>; this results in the suboptimal use of human resources,<sup>8</sup> inadequate provision of salary and the exhaustion of medical staff.<sup>1</sup> Moreover, the inappropriate

management of social-distancing measures has led to the saturation of hospital services, which together with the lack of medicines, supplies and personal protective-equipment,<sup>5,7</sup> has contributed to a significant number of doctors being infected with COVID-19 and consequently causing a higher mortality in them.

In conclusion, it is essential to provide adequate training and use protection materials, as well as adopting effective politics measures to safeguard the lives of all doctors who are part of the first line of defense against the COVID-19 pandemic.

### Declaration of Interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of this letter.

### References

- Biana H, Joaquin J. COVID-19: the need to heed distress calls of healthcare workers. *J Public Health* 2020;**42**(3):1–2.
- Colegio Médico del Perú. *Médicos con Covid-19 (autoreporte)*. cited 28 September 2020 <https://www.cmp.org.pe/medicos-con-covid-19-positivo-autoreporte/>.
- Berrocal Huamani N, Nuñez Arotoma ME, Orosco Gavilán JC *et al*. Casos confirmados y mortalidad por COVID-19 en Sudamérica: un análisis comparativo por millón de habitantes. *PURIQ* 2020;**2**(3): 322–4.
- Siddiqui MK, Parcell B, Allstaff S *et al*. Characteristics and outcomes of health and social care workers testing positive for SARS-CoV-2 in the Tayside region of Scotland. *Eur Respir J* 2020;**56**(3)2002568 [published online ahead of print, 16 July 2020]. doi: 10.1183/13993003.02568-2020.
- Galán-Rodas E, Tarazona-Fernández A, Palacios-Celi M. Riesgo y muerte de los médicos a 100 días del estado de emergencia por el COVID-19 en Perú. *Acta Med Peru* 2020;**37**(2):119–21.
- Ortega R, Gonzalez M, Nozari A *et al*. Personal protective equipment and Covid-19. *N Engl J Med* 2020;**382**(26):e105.
- Maguiña Vargas C. Reflexiones sobre el COVID-19, el Colegio Médico del Perú y la Salud Pública. *Acta Med Peru* 2020;**37**(1):8–10.

8 Soto A. Barreras Para una atención eficaz en los hospitales de referencia del Ministerio de Salud del Perú: atendiendo pacientes en el siglo XXI con recursos del siglo XX. *Rev Peru Med Exp Salud Publica* 2019;**36**(2):304–11.

Marcio José Concepción-Zavaleta<sup>1</sup>, Diego Moreno Marreros<sup>2</sup>,  
Julia Cristina Coronado Arroyo<sup>3</sup>, Luis Alberto Concepción  
Urteaga<sup>4</sup>, Francisca Elena Zavaleta Gutiérrez<sup>5</sup>  
<sup>1</sup>Hospital Nivel IV Guillermo Almenara Irigoyen,  
Division of Endocrinology, Lima, Peru  
<sup>2</sup>Universidad Nacional de Trujillo Facultad de Medicina,  
Medicina, Trujillo, La Libertad, Peru

<sup>3</sup>Clinica Vesalio, Division of Obstetrics and Gynaecology,  
Lima, Peru

<sup>4</sup>Luis Alberto Concepción Urteaga: Universidad Nacional de  
Trujillo Facultad de Medicina, Division of Neomology,  
Trujillo, La Libertad, Peru

<sup>5</sup>Hospital Belen De Trujillo, Division of Neonatology,  
Trujillo, La Libertad, Peru

Address correspondence to Dr. Diego Moreno Marreros,  
National University of Trujillo, Faculty of Medicine, Fco  
Adrianzen 312, Santa Maria, Trujillo, Peru.  
E-mail: diegomorenosud@hotmail.com

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