




**Environment of malpractice due to lack of medical supplies throughout Covid-19 pandemic in Latin America****Ambiente malpraxógeno por falta de insumos durante la pandemia por COVID-19 en América Latina**Miguel Angel Montiel-Alfonso<sup>1,3</sup>  , Humberto Alejandro Nati-Castillo<sup>2,3</sup> <sup>1</sup>Universidad Católica Nuestra Señora de la Asunción. Facultad de Ciencias de la Salud. Asunción, Paraguay.<sup>2</sup>Universidad del Quindío. Facultad de Ciencias de la Salud. Armenia, Colombia.<sup>3</sup>Federación Latinoamericana de Sociedades Científicas de Estudiantes de Medicina.**Received:** October 18, 2020 | **Accepted:** October 26, 2020 | **Published:** November 10, 2020

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**Mr. Director:**

After the beginning of the Covid-19 pandemic, a drastic change has been generated in hospital centers worldwide. This, not only in relation to the new protocols established for patient care, but also due to the fear generated in health care personnel of being victims of a environment of malpractice. It should be pointed out that the environment of malpractice refers to a situation usually generated in hospitals where the physician is subjected to the risk of a malpractice lawsuit, not necessarily because of the malpractice itself, but because of the shortage of medical supplies or lack of infrastructure, which does not allow a good medical performance.<sup>(1)</sup>

In the Americas region, the average public expenditure on health care represents barely 4 % of the gross domestic product (GDP).<sup>(2)</sup> The advent of Covid-19 has revealed the shortages of healthcare institutions and has placed the work of physicians on the rack, since they can be accused of medical malpractice under any circumstances, when in fact the cause lies in the collapse of the health care system and the impoverishment of their working conditions.

It is known that, worldwide, high infection rates have been recorded in healthcare professionals,<sup>(3)</sup> due to prolonged exposure to a large number of infected patients.<sup>(4)</sup> Dealing with a public health care problem of such magnitude, in a scenario of limited economic resources as is the case of the Americas, compromises the appropriate performance of doctors and nurses. This is evidenced by the fact that the American continent is the one with the highest number of infected healthcare workers, where up to September, nearly 570000 healthcare workers had already been infected and 2500 had died from this cause.<sup>(5)</sup>

As a result, it is worth analyzing at this point: What is the extent of the physician's obligation to treat patients during a pandemic where there is not even a guarantee of biosafety? This question could perhaps be answered without further discussion based on the argument that medicine is a humanitarian profession and that healthcare professionals have a moral obligation to assist the sick even in "disaster" situations, and it is emphasized that they should persist in this work even in the countenance of greater than usual risks to their safety, health and lives. However, it is not simple for white-coat personnel to cope with SARS CoV-2.

It is not possible to play a game of chance by sending physicians to the "battlefield" without the most minimal conditions, because there is nothing more destabilizing than the illness of the physicians themselves; for, as they have to abandon their functions due to illness, the shortage of trained human resources increases at the times when they are most needed.

Practicing the profession during this time is undoubtedly a great challenge, and even more so, coping with the conditions of scarcity that entail the risk of being sued at any time for medical malpractice or infection of the personnel themselves. It should be kept in mind that all healthcare professionals may be heroes of this pandemic, but they should not be martyrs under any circumstances.

### CONFLICT OF INTERESTS

Both authors declare there is no conflict of interests.

### AUTHORSHIP CONTRIBUTION

Both authors participated in the conceptualization, writing and drafting of the original and the writing-revision and edition. Both authors revised and approved the final version of this letter.

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