

## Editorial – Patients’ decision-making process after one year from the outbreak of COVID-19

G. VANNI<sup>1</sup>, D. VINCI<sup>1</sup>, V. LOMBARDO<sup>2</sup>, M. MARCHETTI<sup>3</sup>,  
A. CAPACCI<sup>4</sup>, G. MERRA<sup>5</sup>

<sup>1</sup>Department of Surgical Science, Breast Unit, PTV Policlinico Tor Vergata University, Rome, Italy

<sup>2</sup>Department of General Surgery, Piemonte Hospital IRCCS, Messina, Italy

<sup>3</sup>School of Applied Medical-Surgical Sciences, University of Tor Vergata, Rome, Italy

<sup>4</sup>Department of Medical and Surgical Sciences, “A. Gemelli” General Hospital Foundation IRCCS, Rome, Italy

<sup>5</sup>Department of Biomedicine and Prevention, Section of Clinical Nutrition and Nutrigenomic, University of Tor Vergata, Rome, Italy

The World Health Organization (WHO) has declared COVID-19 a pandemic, rapidly spreading from human to human and thus becoming a global current and continuous threat to public health<sup>1</sup>.

Several clinical trials are currently ongoing with the purpose of finding a specific coronavirus treatment for clinical use, but unfortunately a substantial cure is yet to be found<sup>2</sup>. Clinical priority and resources have been directed in favor of patients with cancer in order to optimize their availability; patients who could need postoperative intensive care were addressed to specific centers defined by the government, to free resources elsewhere<sup>3</sup>. Specific measures, as the postponement of non-oncological elective procedures, have been adopted to preserve hospital capacity and create COVID-19 units simultaneously<sup>4</sup>.

Patients requiring a sudden clinical management, in the respect of adequate safety rules and times, have been prioritized; as a consequence, medical and surgical procedures have been delayed<sup>5,6</sup>. Patients are experiencing a COVID-19 related anxiety which represents a reasonable reaction after a year of pandemic, causing many delayed diagnoses or untreated patients that prefer a self-management approach to the medical expertise. In the following months, many non-COVID related deaths will be registered due to COVID-19 collateral effects. Several reasons could be investigated, from personal fear of infection to the absence of clear rules to attend to besides those related to the virus<sup>5</sup>. As a matter of fact, since the outbreak of COVID-19 pandemic in Europe, several guidelines and recommendations have been released supporting the decision-making process both in clinical and surgical fields<sup>7</sup>. Recommendations are based on experts’ opinion and case series dealt with during this year, but it is clear that the overall level of evidence is insufficient. Furthermore, a period of disagreement on some medical and surgical issues has been affecting the trust given to the entire healthcare system and feeding the uncertainty characterizing the patients’ decision-making process<sup>8</sup>. Many obstacles have been faced and will be dealt with in the coming months, along the continuous balance between patients’ well-being and both clinical and surgical safety, now with a great hope given by the vigorous vaccine campaign currently undergoing<sup>8,9</sup>. Hopeful results have been witnessed in countries that have vaccinated most of the population, providing confidence that the healthcare system not only can offer the same clinical and surgical efforts, but can improve their quality after a careful reflection on the flaws experienced under pressure. Therefore, we state that during this last year, it has been made clear that there is a constant need for prompt and joint global efforts in order to reduce the potentially catastrophic impact of a COVID-19 pandemic, even on non-COVID patients<sup>10</sup>.

### Conflict of Interest

The Authors declare that they have no conflict of interests.

## References

- 1) Yang CL, Qiu X, Zeng YK, Jiang M, Fan HR, Zhang ZM. Coronavirus disease 2019: a clinical review. *Eur Rev Med Pharmacol Sci* 2020; 20: 4585-4596.
- 2) Buonomo OC, Materazzo M, Pellicciaro M, Caspi J, Piccione E, Vanni G. Tor Vergata university-hospital in the beginning of COVID-19-era: experience and recommendation for breast cancer patients. *In Vivo* 2020; 34: 1661-1665.
- 3) Spinelli A, Pellino G. COVID-19 pandemic: perspectives on an unfolding crisis. *Br J Surg* 2020; 107: 785-787.
- 4) Ielpo B, Podda M, Pellino G, Pata F, Caruso R, Gravante G, Di Saverio S, ACIE Appy Study Collaborative. Global attitudes in the management of acute appendicitis during COVID-19 pandemic: ACIE Appy Study. *Br J Surg* 2020; 10.1002/bjs.11999.
- 5) Vanni G, Buonomo OC, Gualtieri P, Merra G. Editorial – Breast cancer: awake surgery as strategy during second COVID-19 lockdown? *Eur Rev Med Pharmacol Sci* 2020; 24: 13101-13113.
- 6) Buonomo O, Granai AV, Felici A, Piccirillo R, De Liguori Carino N, Guadagni F, Polzoni M, Mariotti S, Cipriani C, Simonetti G, Cossu E, Schiaroli S, Altomare V, Cabassi A, Pernazza E, Casciani CU, Roselli M. Day-surgical management of ductal carcinoma in situ (DCIS) of the breast using wide local excision with sentinel node biopsy. *Tumori* 2002; 88: S48-S49.
- 7) Di Daniele N, Condò S, Ferranini M, Bertoli M, Rovella V, Di Renzo L, De Lorenzo A. Brown tumor in a patient with secondary hyperparathyroidism resistant to medical therapy: case report on successful treatment after subtotal parathyroidectomy. *Int J Endocrinol* 2009; 2009: 827652.
- 8) Vanni G, Pellicciaro M, Materazzo M, Palombi L, Buonomo OC. Breast cancer diagnosis in coronavirus-era: alert from Italy. *Front Oncol* 2020; 22: 10: 938.
- 9) Bielli A, Bernardini R, Varvaras D, Rossi P, Di Blasi G, Petrella G, Buonomo OC, Mattei M, Orlandi A. Characterization of a new decellularized bovine pericardial biological mesh: structural and mechanical properties. *J Mech Behav Biomed Mater* 2018; 78: 420-426.
- 10) Vanni, G, Materazzo M, Pellicciaro M, Ingalinella S, Rho M, Santori F, Cotesta M, Caspi J, Makarova A, Pistolese CA, Buonomo OC. Breast cancer and COVID-19: the effect of fear on patients' decision-making process. *In Vivo* 2020; 34: 1651-1659.