

The price of being a doctor during the COVID-19 outbreak

The last 4 months have radically changed the world: the novel coronavirus, named severe acute respiratory syndrome coronavirus 2 or SARS-CoV-2,¹ is determining probably the most dramatic health and human crisis that every human being can remember: collapsed hospitals, arrested economy, and above all broken lives. But some of these lives have been destroyed

by a passion, a mission: being a doctor, even in the time of COVID-19. Thousands of doctors have been infected during the outbreak, and many of them died attempting to save others. Every where men, women, more or less young, each of them honoured being a doctor until their last breath. Until the end of March, China, the first country affected by SARS-CoV-2, experienced 23 healthcare workers' death.² In Italy, 127 doctors died in less than 2 months.³ How many doctors do we still have to lose?

As the world comes to a halt, doctors continue to risk their lives to save others. Unfortunately we have not succeeded too many times, but that life, even that one saved life, gave us the strength and hope to go on. Despite economic cuts to healthcare, despite protectionist policies and logistical unpreparedness, demand for more intensive care unit beds, criticism of governments for their attitude towards university hospitals as enterprises and particular concerns regarding gastroenterology, we are serving our profession like never before. But at what price? With our lives. We lost colleagues, friends and mentors, our second family members. Yes, because we spend most of our lives at hospital, and finally we create experiences of joy, pain and sharing that we can fully comprehend just among ourselves.

Among several medical specialties impacted by the current situation, the burden of COVID-19 outbreak on gastroenterology and endoscopy units appears relevant^{4,5}: gastroenterologists, equated to internal doctors, may be directly involved in the medical management of patients with COVID-19, performing high-risk procedures such as endoscopy and often managing immunocompromised patients (IBD, liver transplanted patients, neoplastic subjects) which never could be postponed.⁵

During this experience, we are becoming aware of a phenomenon we see in those who have escaped a potentially fatal danger: the experience of opening our eyes and realising that nothing is more obvious. Life, health and daily gestures are all precious gifts to treasure. And we have the duty, but above all the privilege, to preserve them. For this reason, and out of respect for our colleagues who are no longer there, we must fight for all doctors to be protected and carry out their work in absolute safety.

To all of our deceased colleagues and friends, because their valour and passion always remain an example in our

profession. To all the doctors, because no one else succumbs during this battle.

What will remain? We, broken doctors, but stronger than before.

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