

COVID-19 Risk Management: a Survey among Italian physicians

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Abstract

The COVID-19 pandemic had a significant global impact on public health. The increasing demand for intensive care and the closure of several health facilities has led to a reduction in the assistance of non-COVID patients. In our study, we investigated what changes health professionals have experienced in their professional activities and how they coped with them.

A questionnaire was sent to 146 doctors, focused on three subjects: type of activity carried out during the pandemic; use of personal protective equipment (PPE) and recourse to vaccination; current medical liability profiles related to COVID-19.

The questionnaire was completed by 111 doctors. The study showed no significant differences in the questionnaire response as regards the demographic and work variables of the participants (gender, age, area of specialties). Most of doctors assisted potentially positive patients, which also imposed derogations on their safety. Most of the complaints were about the low adequacy of PPE provision and about the compromise of specialist medical care.

The interest in safety among participants was revealed by the high compliance to vaccination, with almost complete coverage. The questionnaires showed that most doctors (72.7%) believe that specialist medical care has been impaired during the COVID-19 pandemic. Secondly, a high percentage of participants (79.8%) expressed the need for both civil and criminal limitation of liability in connection with work in the management of SARS-Cov-2 patients.

In conclusion, this survey tried to contribute to the identification of the main problems presented by healthcare professionals. Their versatility was a crucial element for the management of the pandemic, but also highlighted the need for health institutions to prepare pandemic plans in the future, with adequate and constant updating. Concerns were raised regarding financial deficits and legal protection. Political decisions must be entrusted to enhance medical assistance and to avoid the increasing phenomenon of defensive medicine. *Clin Ter* 2023; 174 (2):167-179 doi: 10.7417/CT.2023.2515

Key words: COVID-19, emergency, survey, medical liability, defensive medicine, guidelines

Introduction

The first reports in Italy of an infectious disease of unknown etiology causing severe pneumonia came from Wuhan (China) in early 2020 (1).

Specifically, on 21 February 2020, the index case was identified in Italy. This case is defined as “the patient who, in a given epidemic outbreak, is identified as the first case in that area by the health authority.”

The term COVID-19 indicates the disease associated with the SARS-cov-2 virus (severe acute respiratory syndrome coronavirus 2) and can manifest with mild symptoms (fever, sore throat, fatigue, muscle pain, loss of taste and smell) or with more severe symptoms (pneumonia, respiratory failure). With regard to the prognosis, the patient can heal completely without sequelae or can develop respiratory complications that often lead to the need for intensive care hospitalization and eventually the death of the patient. In other cases, however, it is possible that the infected person does not manifest any symptoms, developing the disease asymptotically.

The spread of the COVID-19 epidemic in our country has led since March 9, 2020 to a state of national lockdown. Two days later, on 11 March 2020, the World Health Organization declared a state pandemic (2).

The scenario of the spread of the epidemic from SARS-CoV-2 in Italy was articulated in a first wave (from February to the end of May 2021), followed by a transition phase from June to late September. From late September 2020 to mid-November the second wave occurred, while the third wave took place from February to March 2021 and the fourth wave began in December 2021. The impact of the pandemic on health has been considered in many respects (3).

Although hospital health care has been implemented at the national level in order to increase the quality and effectiveness of care, the demand for intensive care during this pandemic crisis is exceptionally high (4), leading to a serious imbalance between demand and the availability of the necessary resources (5).

In parallel with the emergence of COVID-19 patient management, the management of other categories of patients quickly became a further emergency. Some categories of patients have been put in the background: hospital visits, outpatient activities on reservation, diagnostic screening (6,7), and non-emergency surgeries have been canceled or postponed (8).

The closure during the lockdown period of many outpatient facilities, whose activities have been diverted to the fight against the virus and the suspension of the provision of health services that can be postponed, has restricted access to necessary services (9), accumulating further delays and lengthening of waiting lists, with damage in terms of public health that is not yet fully measurable (10-12). These effects have particularly affected the elderly, the most fragile people, cancer, and psychiatric patients (13) while exacerbating the social inequalities that afflict our country, as evidenced by the social differentials found in the excess of mortality caused by COVID-19 (14-17).

A survey, carried out at the regional level by AGENAS (18), showed an overall reduction in hospital admissions both under election (19) and emergency (20,21). The latter, less compromised than the others, are often used as indicators of the quality of the structures (bone fracture surgery within 48 hours and cesarean sections).

With regard to the effects of the pandemic on heart disease (22,23), it is possible to note that in many hospitals, especially in Northern Italy, which had the highest percentage of patients suffering from COVID-19, cardiac assistance units were the first to be transformed into COVID-19 units. As a result, admissions for Coronary Acute Syndrome were reduced by 50% in one of the first weeks of the pandemic compared to the same period of the previous year (24-26).

In addition, the advent of the COVID-19 pandemic also saw a 57% reduction in coronary diagnostic procedures (27) and 81% in structural cardiac interventional procedures (28).

Regarding the effects on cancer patient care, more than one million fewer screening tests were estimated in the first five months of 2020, with a potential increase in cancer diagnoses by close to five thousand units (29,30). At the same time a study carried out in 7 Italian regions (Piedmont, Lombardy, Emilia-Romagna, Tuscany, Lazio, Puglia, and Sicily), showed that the total number of cancer interventions has decreased, especially since March 2020 (31).

The COVID-19 pandemic has had an extremely significant impact on chronic non-COVID patients (32) who have seen a decrease in disease monitoring and outpatient visits (33). This has led to a significant worsening of their clinical condition. Several reports suggest that chronic patients have postponed seeking healthcare, some of them due to fear of being infected with the coronavirus in healthcare settings (34).

Chronic care has mostly been postponed and this will have consequences that will extend and become tangible in the medium and long term (35,36). Among the most affected diseases were diabetes (38%), chronic obstructive pulmonary disease (9%), hypertension (8%), heart disease (7%), asthma (7%), cancer (6%), and depression (6%) (37).

While there is evidence to support the extent of the short-

comings in the quality of pandemic care, there are no studies showing how the work of health professionals has changed during the pandemic. Specifically, there is no evidence in the literature to show the extent to which doctors have found themselves having to change their work skills.

For this reason, in order to implement strategies for improving medical care, it could be useful to investigate the relationship between COVID-19 and healthcare professional working attitude changes. (38)

On the basis of this scientific evidence, we decided to set up a survey aimed at doctors to understand which aspects of the disease had been most affected in diagnosis and treatment, as well as other aspects related to the perception of the responsibility of healthcare and defensive medicine.

Materials and Methods

A digital questionnaire was created. Subsequently, a mailing list was built by contacting 146 physicians registered on the Sanità Informazione website (39). The specialists selected by the portal possessed the following requisites:

- both male and female;
- aged between 35 and 65 years;
- workers operating on the Italian territory and coming homogeneously from all geographical regions;
- workers employed in the public sector, in the private sector, as freelance practitioners or as non-employed health care professionals.

The questionnaire was developed using 11 questions. To allow higher response rates, a three-point answer scale (Yes/ No/ Do not know) was provided for questions 1 to 10. For question n. 11 a different three-point answer scale (civil law matter, criminal law matter, both) was provided. This kind of scale was chosen because it is quicker and easier to respond to rather than a five-point or seven-point scale. All questions concerned the following areas:

- type of medical work activity in which it was employed during the pandemic by COVID-19;
- coping with the pandemic emergency through the use of personal protective equipment or individual vaccination (40);
- current medical liability profiles of the COVID-19 pandemic (41,42).

All doctors involved received clear and complete information about the purpose of this study and about the organizations that received their answers (in the described case by Sanità Informazione).

The statistical analyses were performed as follows: i) Student's t-test was used to compare means between two gendered groups; ii) Kruskal-Wallis test was used to compare means between means of groups divided on the basis of age (35-45, 46-60, > 60) or by type of specialties (divided in three dimensions as Medical Specialties, Surgical Specialties or Clinical Service Specialties); iii) Chi-square test was used to compare the association between affirmative, negative, or doubtful responses to the questionnaire.

Results

The digital questionnaire was administered to 146 doctors of whom 111 completed the test (the response rate was 76 %). Data analysis was conducted based on the gender, age group, and working sector of all responders. Among all responders, 32,7% were 45 years of age or less, 31,6% were aged 46–60 years of whom 19,4% were aged 50–60 years, and 35,7 % were aged over 60 (see Table 3 in the appendix). Furthermore, 54 % of responders were female and 46 % were male (see Table 4 in the appendix). Among all the respondents, 66 physicians were working for public hospitals (59,4%), 43 for private hospitals (38,7%), 39 working in private practice (35,1%), 3 were unoccupied and 3 not answered the question (Table 1). The results of the answer to the questionnaire, divided on the basis of the macro-areas of interest, can be found in Table 5 (see the appendix).

The statistical analyses conducted on the means of groups divided for age, gender, and profession all found no significant values ($p > 0.05$).

Among all specialist who answered the digital questionnaires, 3 were Anesthesiologist (2,7%), 3 were General surgeons (2,7%), 3 were Maxillo-Facial surgeons (2,7%), 3 were thoracic surgeons (2,7%), 3 were palliative care physicians (2,7%), 6 were dermatologist (5,4%), 6 were Healthcare Manager (5,4%), 3 were Obstetrics and Gynecologist (2,7%), 6 were public health physician (5,4%), 6 were Occupational medicine physicians (5,4%), 3 were Sport Medicine doctors (2,7%), 3 were Emergency medicine Physicians (2,7%), 3 were Family Medicine doctors (2,7%), 6 were Internal Medicine Physicians (5,4%), 12 were Legal Medicine Doctors (10,8%), 3 were Transfusion Medicine doctors (2,7%), 3 were Neonatologist (2,7%), 6 were neurologist (5,4%), 3 were Primary health care doctor (2,7%), 3 Orthopedic surgeons (2,7%), 3 Clinical Pathology Physicians (2,7%), 6 Pediatricians (5,4%), 3 primary care pediatricians (2,7%), 6 psychiatrics (5,4%), 6 Dentists (5,4%).

Table 2 shows the questionnaire with the relative percentage of answers. Non-respondents affirmed that they did not participate voluntarily, due to lack of time or because

Table 1. Participants' working sector information

Participants	Type of working sector (%)				Not Answered
	Public hospitals	Private hospitals	Private practice	Unoccupied	
Respondents	59,4 %	38,7 %	35,1 %	2,7 %	2,7 %

Table 2. The questionnaire.

Questions	Yes	No	Do Not Know /
(1) During the SARS-Cov-2 pandemic, were you employed in activities other than your normal work duties?	27,9%	63%	9%
(2) If you answered "yes" to the previous question, please specify which activities were played out	Diagnostic Swab service	Vaccination Campaign	Medical Service over the phone
	31,5%	56,7%	11,7%
(3) During the SARS-Cov-2 pandemic, did you notice a reduction in the number of patients who came to your specialist care?	56,7%	27,5%	15,7%
(4) During the SARS-Cov-2 pandemic, were you able to perform surgery in the operating room?	35,1%	51,5%	13,3%
(5) Do you believe that the COVID-19 pandemic caused a reduction in treatment for specialistic diseases?	72,7%	19,6%	7,7%
(6) Did you happen to assist patients with suspected symptoms of SARS-Cov-2 infection?	87,3%	10,8%	1,8%
(7) If he answered "yes" to the previous question, he sent the patients to treatment of other specialists?	90,9%	6,4%	2,6%
(8) Has it been equipped with all the personal protective equipment necessary to deal with the pandemic by the appropriate health facilities?	56,7%	32,4%	10,8%
(9) Have you been vaccinated for SARS-Cov-2?	83,7%	16,2%	0%
(10) Do you consider it appropriate to limit medical professional liability in connection with work in the management of SARS-Cov-2 patients?	79,2%	16,2%	4,5%
(11) If the answer is yes, it considers it more important:	Civil Law	Criminal Law	Both
	17,9 %	13,5%	68,5 %

they thought the questionnaire was useless. The association between affirmative, negative, or doubtful responses did not appear to be significantly different in distribution (respectively $\chi^2=0.242$ for 'yes', $\chi^2=0.242$ 'no', $\chi^2=0.232$ for 'Do Not Know /Other'). This result shows how the responses were entered by the participants in a critical way.

Care of specialistic diseases

With regard to the treatment of specialist diseases, this study shows that a fair number of the doctors interviewed were employed in different activities during the pandemic (27,9%). Among these, 31,5% have performed diagnostic activities by means of swabs. A further 56,7% was employed in the course of the vaccination campaign; the remaining 11,7% found employment in the activities of local telephone consulting.

The question inherent in the reduction of the number of patients coming to specialist care (No.3) was associated with many positive responses (56,7%). As evidenced by questions on the operation room activity (No. 4) and on the treatment of specialist pathologies (No. 5), most doctors believe that the specialist medical care has been impaired during COVID-19 pandemic. This impairment affects both surgical and medical treatment of acute and chronic diseases.

Management of COVID-19 patients, use of PPE, and Sars-Cov2 Vaccination Compliance

Analysis of the data shows that the vast majority of respondents assisted potentially positive patients (87,3%). This acknowledgment testifies to the large deployment of resources imposed by the pandemic, which has also imposed derogations to respect the safety of the health professional.

In fact, with regard to the question of the provision of all the personal protective equipment (PPE) necessary to deal with the pandemic, it emerged that only just over half of doctors (56.7%) benefited from the use of suitable PPEs (43). Finally, a comforting figure comes from the high compliance with health care in terms of vaccination, with almost complete coverage (83.7%).

COVID-19 and professional liability

As regards the scope of professional responsibility in relation to COVID-19 respondents showed a high degree of awareness and concern about the risks associated with performing medical activities in an environment dominated by uncertainty and limited resources (44). In fact, 79.8% expressed a favorable opinion on the appropriateness of a limitation of liability in connection with work in the management of SARS-Cov-2 patients. At the same time, a percentage of 68,5% has been shown to be concerned about both the civil and criminal aspects of medical liability (45).

Discussion

The COVID-19 epidemic has caused unprecedented pressure on the national health system, bringing to light

structural weaknesses that have been exacerbated by years of severe containment of expenditure on staff and care (46). There was therefore a need for improvements both in systemic terms and in preparation for a prompt and effective response to crisis events. In fact, health professionals were called upon to face an emergency to which they had not actually been prepared (47), with important repercussions both on their individual psycho-physical sphere, in terms of the risk of infection (48) and mental stress (49,50) whether on their institutional activity, sometimes having to overshadow their work routine (51,52). Regarding this last point, despite the effectiveness of the measures taken by the institutions and the capillary welfare network (see the introduction of the Special Units of Continuity of Care, USCA, one per 50,000 inhabitants) the limited sealing capacity of a system at its limit has emerged, leading to serious delays in the diagnosis and treatment of both medical and surgical "non-COVID" diseases (53-55).

In other words, it has not been possible to cope with the emergency without sacrificing care for non-COVID patients, both in terms of monitoring chronic diseases and in terms of timeliness in the treatment of acuity (1,53,56,57).

With this work, we have tried to investigate and quantify the impact of the changes that occurred in the COVID era on the daily activity of doctors, through an agile tool consisting of a multiple-choice questionnaire. In fact, it seemed appropriate to know directly from the operators involved in the front-line assistance, what changes they had experienced and what were their proposals for the improvement of the organizational system.

Critically interpreted data can contribute to the development of care initiatives and plans based not only on the enhancement of economic objectives and the satisfaction of patients' needs, but that they take into due consideration the criticalities met by the professionals and the necessities of adaptation of the system from the same reported ones (58).

Starting from the first question, it was found that a not negligible percentage of doctors (13.5%) was diverted into activities directly related to the management of the epidemic. In fact, it should be noted that the execution of diagnostic, vaccine and management activities (telephone follow-up) directly related to the outbreak of the epidemic, has affected a considerable share of professionals belonging to different specialized branches.

As a result of these changes in the allocation of human and technical resources, access restriction to specialist care has been applied to a large proportion of patients. According to the data, 56,7% of the doctors surveyed found a reduction in access to treatment by their patients and 51,5% of surgeons found difficulties related to the performance of their activities. In addition, 72,7% of respondents reported that the epidemic led to a serious restriction in terms of access to treatment.

The great involvement of the respondents in the activities related to the epidemic is testified by the fact that almost 88% of them have declared that they have found themselves providing treatment to patients suffering from symptoms related to probable infection with Sars-Cov-2.

However, the high incidence of cases brought to the attention of health professionals was not without risk.

Indeed, the availability of PPE, especially at the beginning of the epidemic, was not sufficient to cover all the needs of health care, as evidenced by the fact that only a little more than half of the respondents considered that they had been adequately equipped with the reference health facilities.

The interest in their own safety can be seen, however, from the large coverage reached by health (>80%). A further element of interest emerged from the point of view of case law. The majority of the doctors interviewed believed that changes to the current regulations regarding professional responsibility, both in civil and criminal law, were necessary.

It is probable that this assessment was based on the perception of a lack of protection of one's own work, in a totally new and uncertain context. In fact, the health services have been subjected to a double risk. The first appears to be directly related to the administration of drugs or vaccines whose side effects and contraindications, at least initially, were not fully known. Moreover, as mentioned above, the healthcare sector itself has been restricted in its routine activities, with repercussions on the health of patients (59, 60).

In both cases, these conditions are not attributable to operators, but, given the emergency status of the phenomenon, there is not yet full legal integration (61). Moreover, this issue has been widely shared by jurists (62,63) who have acknowledged the inadequacy of the Italian legal system, in particular in the criminal field, in the face of an emergency situation. The most obvious points were the change in the role of doctors and the introduction into the care system of many trainees or new graduates, without adequate preparation in terms of professional experience.

Furthermore, with reference to the regulatory framework introduced by Law No. 24/2017, known as the Gelli-Bianco Act, doctors could not refer to precise accredited guidelines or established good practices, in view of the continuous evolution of the scientific references concerning the prevention and treatment of COVID-19.

Strengths and limitations

One strong point of strength of this study is that it had direct access to the point of view of health workers who faced the emergency covid-19. In addition, another strong point is that the study involved multiple specializations covering the entire clinical, surgical, and clinical service specialties.

The limitations of this study are represented by the voluntary nature of the adhesion to the survey and also by the schematic structuring of the study useful for quantitative but not qualitative analysis.

The study served to provide a photograph of working conditions during the pandemic by COVID-19. Due to the schematics with which the study was designed, it was not possible to deepen the aspect related to the proposals made by operators to improve the working situation of doctors and patient safety. It is considered useful to carry out further studies in the future to analyze these aspects.

Conclusions

Our study allowed to give voice to the doctors directly involved in the treatment in the era of COVID-19. It emerged the great versatility of the doctors involved, called to be ready to diversify their activities, also addressing emergency problems. This point, however, is critical because it highlights the need for health institutions to prepare pandemic plans in the future, responding to the need for adequacy and constant updating (the latest dating back to 2006 (64)) both to ensure the care of those affected by the infection and to alleviate the critical care in relation to all other patients. From this point of view, of course, it would be appropriate to reverse the constant tendency to put the NHS under stress. In fact, it appears constantly subject to measures of cost containment on the basis of economic analyses excessively point-wise and perspectiveless.

A further critical value is the lack of protection perceived by healthcare workers, both in terms of protection against occupational diseases, due to the lack of EPP, and in relation to medical-legal issues. A reply to several of the questions raised about financing decisions and legal protection, it is necessary to entrust the decision to the figures of reference in the political field. While some of the corrective measures have been implemented also thanks to the financial support of the Recovery Plan and the National Recovery and Resilience Plan (PNRR) (65) there are still those legislative changes aimed at preventing healthcare providers from rapidly switching from "heroes to defendants".

Conflicts of Interest: The authors declare no conflict of interest.

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Appendix

Table 3. The questionnaire divided by age.

Questions	Yes	No	Do Not Know /Other
(1) During the SARS-Cov-2 pandemic, were you employed in activities other than your normal work duties?	27,9%	63%	9%
35-45 years	10	20	3
46-60 years	11	22	4
Over 60 years	6,9	21	2
(2) During the SARS-Cov-2 pandemic, did you notice a reduction in the number of patients who came to your specialist care?	56,7%	27,5%	15,7%
35-45 years	18	9	5
46-60 years	22,7	11	7
Over 60 years	16	7,5	3,7
(3) During the SARS-Cov-2 pandemic, were you able to perform surgery in the operating room?	35,1%	51,5%	13,3%
35-45 years	12	16	4
46-60 years	13	18	6
Over 60 years	10,1	17,5	3,3
(4) Do you believe that the COVID-19 pandemic caused a reduction in treatment for specialistic diseases?	72,7%	19,6%	7,7%
35-45 years	20	7,6	2
46-60 years	30	7	3
Over 60 years	22,7	5	2,7
(5) Did you happen to assist patients with suspected symptoms of SARS-Cov-2 infection?	87,3%	10,8%	1,8%
35-45 years	30	3	0,5
46-60 years	33	4,8	1,3
Over 60 years	24,3	3	0
(6) If he answered "yes" to the previous question, he sent the patients to treatment of other specialists?	90,9%	6,4%	2,6%
35-45 years	29	2	1
46-60 years	33	2,4	1,6
Over 60 years	28,9	2	0
(7) Has it been equipped with all the personal protective equipment necessary to deal with the pandemic by the appropriate health facilities?	56,7%	32,4%	10,8%
35-45 years	17	10	3
46-60 years	20,7	12	5
Over 60 years	19	10,4	2,8
(8) Have you been vaccinated for SARS-Cov-2?	83,7%	16,2%	0%
35-45 years	25	5	0
46-60 years	30	7	0

Over 60 years	28,7	4,2	0
(9) Do you consider it appropriate to limit medical professional liability in connection with work in the management of SARS-Cov-2 patients?	79,2%	16,2%	4,5%
35-45 years	25	6	1
46-60 years	30	6	2
Over 60 years	24,2	4,2	1,5
(10) If the answer is yes, it considers it more important:	Civil Law	Criminal Law	Both
	17,9 %	13,5%	68,5 %
35-45 years	5,5	4	21
46-60 years	7,4	5,5	23,5
Over 60 years	5	4	24
(11) If you answered "yes" to the previous question, please specify which activities were played out	Diagnostic Swab service	Vaccination Campaign	Medical Service over the phone
	31,5%	56,7%	11,7%
35-45 years	11,5	20	4
40-60 years			
Over 60 years			
46-60 years	11	19	5
Over 60 years	9	17,7	2,7

Table 4. The questionnaire divided by gender.

Questions	Yes	No	Do Not Know /Other
(1) During the SARS-Cov-2 pandemic, were you employed in activities other than your normal work duties?	27,9%	63%	9%
Male	13,4	33	4
Female	14,5	30	5
(2) During the SARS-Cov-2 pandemic, did you notice a reduction in the number of patients who came to your specialist care?	56,7%	27,5%	15,7%
Male	14	24	5
Female	17,6	22,7	6,7
(3) During the SARS-Cov-2 pandemic, were you able to perform surgery in the operating room?	35,1%	51,5%	13,3%
Male	26	14	7
Female	30,7	13,5	8,7
(4) Do you believe that the COVID-19 pandemic caused a reduction in treatment for specialistic diseases?	72,7%	19,6%	7,7%
Male	18	26	7
Female	17,5	25,5	6
(5) Did you happen to assist patients with suspected symptoms of SARS-Cov-2 infection?	87,3%	10,8%	1,8%
Male	36	11	4
Female	36,7	8,6	3,7
(6) If he answered "yes" to the previous question, he sent the patients to treatment of other specialists?	90,9%	6,4%	2,6%
Male	43	5,3	0,9
Female	44,3	5,5	0,9
(7) Has it been equipped with all the personal protective equipment necessary to deal with the pandemic by the appropriate health facilities?	56,7%	32,4%	10,8%
Male	45	4	1
Female	45,9	2,4	1,6
(8) Have you been vaccinated for SARS-Cov-2?	83,7%	16,2%	0%
Male	28	15	5,4
Female	28,7	17,4	5,4
(9) Do you consider it appropriate to limit medical professional liability in connection with work in the management of SARS-Cov-2 patients?	79,2%	16,2%	4,5%
Male	43,7	8	0
Female	40	8,2	0

table follows 4

(10) If the answer is yes, it considers it more important:	Civil Law	Criminal Law	Both
	17,9 %	13,5%	68,5 %
Male	40	8	2
Female	39,2	8,2	2,5
(11) If you answered "yes" to the previous question, please specify which activities were played out	Diagnostic Swab service	Vaccination Campaign	Medical Service over the phone
	31,5%	56,7%	11,7%
Male	9,6	6	34
Female			
Over 60 years			
Female	8,3	7,5	34,5

Table 5. The questionnaire divided by type of specialty

Questions	Yes	No	Do Not Know / Other
(1) During the SARS-Cov-2 pandemic, were you employed in activities other than your normal work duties?	27,9%	63%	9%
Medical Specialties	9	22	4
Surgical Specialties	11	28	3
Clinical Service Specialties	7,9	13	2
(2) During the SARS-Cov-2 pandemic, did you notice a reduction in the number of patients who came to your specialist care?	56,7%	27,5%	15,7%
Medical Specialties	24	11,5	6,2
Surgical Specialties	26	10	6,5
Clinical Service Specialties	6,7	6	3
(3) During the SARS-Cov-2 pandemic, were you able to perform surgery in the operating room?	35,1%	51,5%	13,3%
Medical Specialties	14	20	5
Surgical Specialties	10	20	4
Clinical Service Specialties	11,1	11,5	4,3
(4) Do you believe that the COVID-19 pandemic caused a reduction in treatment for specialistic diseases?	72,7%	19,6%	7,7%
Medical Specialties	25	9	3
Surgical Specialties	24	7	2,7
Clinical Service Specialties	23,7	3,6	2
(5) Did you happen to assist patients with suspected symptoms of SARS-Cov-2 infection?	87,3%	10,8%	1,8%
Medical Specialties	36,3	4	1
Surgical Specialties	32,1	4,8	0,8
Clinical Service Specialties	18,9	2	0
(6) If he answered "yes" to the previous question, he sent the patients to treatment of other specialists?	90,9%	6,4%	2,6%
Medical Specialties	40	2,6	1
Surgical Specialties	35	2,6	1,6
Clinical Service Specialties	15,9	1	0
(7) Has it been equipped with all the personal protective equipment necessary to deal with the pandemic by the appropriate health facilities?	56,7%	32,4%	10,8%
Medical Specialties	23,7	15	4
Surgical Specialties	19	10	4
Clinical Service Specialties	14	7,4	2,8

table follows 5

(8) Have you been vaccinated for SARS-Cov-2?	83,7%	16,2%	0%
Medical Specialties	34	7	0
Surgical Specialties	29	7	0
Clinical Service Specialties	20,7	2,2	0
(9) Do you consider it appropriate to limit medical professional liability in connection with work in the management of SARS-Cov-2 patients?	79,2%	16,2%	4,5%
Medical Specialties	31	8	1,8
Surgical Specialties	32	6	1,7
Clinical Service Specialties	16,2	2,2	1
(10) If the answer is yes, it considers it more important:	Civil Law	Criminal Law	Both
	17,9 %	13,5%	68,5 %
Medical Specialties	7,9	5	24
Surgical Specialties	8	5	26
Clinical Service Specialties	2	3,5	18,5
(11) If you answered "yes" to the previous question, please specify which activities were played out	Diagnostic Swab service	Vaccination Campaign	Medical Service over the phone
	31,5%	56,7%	11,7%
Medical Specialties Surgical area	12	24	5,7
Clinical services			
Surgical Specialties	11,5	26	4
Clinical Service Specialties	8	6,7	2