

Fear, Anger and Stress in Medical Decision-Making during the Covid-19 Outbreak

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Received: April 20, 2020; **Accepted:** April 30, 2020; **Published:** May 02, 2020

Citation: Fernandez AB (2020) Fear, Anger and Stress in Medical Decision-Making during the Covid-19 Outbreak. *Med Case Rep Ther Stud* 01(01): 8–9.

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“Ignorance more frequently begets confidence than does knowledge”

–Charles Darwin, 1871 [1]

Keywords: COVID-19 outbreak; Mental Health; Fear; Emotional Distress; Medical Decision-Making; Psychological Assessment.

Dear Editor,

The current COVID-19 outbreak in Wuhan (China) and its global spread is having a profound impact on mental health [2]. This outbreak, and other public health events, can cause important emotional distress and anxiety [3]. Stress and psychological problems among medical staff can be expected, but are not well-addressed [4].

The most influential factors include:

- a. Scant information exchange between department heads and supervisors, and their teams,
- b. A lack of clear, accurate information in hospitals,
- c. Abundant, erratic and contradictory information shared on social media by medical workers,
- d. A lack of protective equipment,
- e. Cumbersome protective equipment hindering communication with and attention to patients (including vasovagal syncope), particularly in the surgical area [5],
- f. Fear of the unknown, constant feeling of insecurity and uncertainty, g) work overload and
- g. concern about infecting colleagues, other patients and families, leading many medical workers to self-isolate and be more vulnerable to stress, anxiety, depression, insomnia, denial, anger and fear [6].

Such problems affect medical workers' attention, understanding and decision-making capacity, which could hinder the fight against COVID-19 and have a lasting effect on their overall well-being [7].

Emotion influences decision-making behaviour. Emotional responses to stimuli often precede conscious analysis and can affect decisions in nonmedical contexts. Despite few studies on emotion in medical decision-making, current evidence suggests that at least two emotions may significantly modify medical decisions: anger and regret. Angry or disruptive behaviour tends to influence decisions about the self or others. Abundant evidence links anger and disruptive behaviour among healthcare providers with ineffective communication.

Caregivers also associate disruptive behaviour with medical errors [8].

Recently I read with great interest the article by Qiongni Chen and colleagues, entitled *Mental Health Care for Medical Staff in China during the COVID-19 Outbreak* [9], in which the authors described in detail psychological support for medical staff treating cases or suspected cases of SARS CoV-2. Asking medical staff about their most urgent needs and how to help them work with a greater sense of well-being, fostering positive feelings of respect and protection towards them, is an intelligent strategy in a crisis situation. The negative effects of stress and exhaustion are thus reduced (an important point) and communication is made easier, resulting in fewer medical errors.

Hospital directors, heads of departments, medical-team supervisors and ultimately decision-makers people in critical situations represent the highest point of a pyramid, because their job demands great responsibility at this time. In my opinion, they should receive psychological assessment, as their decisions will profoundly affect all teams.

Considering the lack of medical equipment for the health personnel mentioned above, and therefore, the lack of protection against COVID-19 implying more (and unnecessary) risks of contagion, governments, must care from the last link in the great pyramid of their health systems, bringing them psychological and moral support. The top of the pyramid will dictate the order, however, only its last link will know how to execute it.

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