The coronavirus pandemic impact: Perceptions and actions of the members of the Mexican Society of Ophthalmology

El impacto de la pandemia por coronavirus: percepciones y acciones de los miembros de la Sociedad Mexicana de Oftalmología

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Abstract

Purpose: The purpose of the study was to report the perceptions and actions undertaken by members of the Mexican Society of Ophthalmology (SMO) during the first months of the COVID-19 pandemic. The paper focuses on the association between professional characteristics and the extent of implementation of the recommendations published by the SMO. **Methods:** An online survey at Google® Forms was sent through email to ophthalmologists registered with the SMO. A total of 3296 questionnaires were sent. Two principal variables were selected for the purpose of analyzing the exploratory hypotheses: seniority of the respondents and type of practice. **Results:** A total of 363 replies were obtained (11.01%). At the time of the survey, 223 ophthalmologists (61.3%) were continuing to see patients in their clinics, while 140 participants (38.5%) had ceased all activities. The main reason for stopping clinical work was the fear that the practices would become transmission hubs. There was a statistical association between higher seniority and discontinuing patient care ($p = 0.002$). A total of 107 (29.7%) participants continued performing surgical procedures. Participants with < 10 years of experience had a higher probability of engaging in emergency surgical procedures ($p = 0.04$). The most commonly employed preventive measure was the use of face masks for patients followed by the use of N95 respirators by doctors. **Conclusion:** The majority of the participants maintained their clinical work; in contrast, less than a third continued surgical activities. There was great diversity in the actions taken and in the adoption of SMO recommendations. The use of personal protective equipment was the most employed security measure.

Key words: Survey. Ophthalmologist. Health care workers. Perception. COVID-19. SARS-CoV-2.

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Resumen

Objetivo: Analizar el impacto de la emergencia sanitaria por COVID-19 en las percepciones y acciones de los miembros de la Sociedad Mexicana de Oftalmología (SMO) durante los primeros meses. Se describe la asociación entre las características profesionales y la implementación de medidas de bioseguridad publicadas por la SMO. **Método:** Encuesta en línea, mediante Google® Forms, enviada por correo electrónico a oftalmólogos registrados en la SMO. Se enviaron en total 3296 cuestionarios. Se codificaron dos variables principales para analizar las hipótesis exploratorias: experiencia de los encuestados y tipo de práctica. **Resultados:** Se obtuvieron 363 respuestas (11.01%). Al momento de la encuesta, 223 (61.3%) oftalmólogos continuaban la atención clínica y 140 (38.5%) habían cesado toda actividad. La principal razón para detener el trabajo clínico fue el temor a convertirse en centros de transmisión. Hubo una asociación entre la mayor experiencia y la interrupción de la atención al paciente ($p = 0.002$). Continuaron realizando cirugías 107 (29.7%) oftalmólogos. Los participantes con menos de 10 años de experiencia tenían mayor probabilidad de realizar cirugías de emergencia ($p = 0.04$). La medida de seguridad más empleada fue el uso de cubrebocas en los pacientes, seguido del uso de mascarillas N95 por parte de los médicos. **Conclusiones:** La mayoría de los participantes mantuvieron su trabajo clínico, pero menos de un tercio continuaron las actividades quirúrgicas. Hubo una gran diversidad en las acciones emprendidas y en la adopción de las recomendaciones de la SMO. El uso de equipo de protección personal fue la acción más frecuente entre los participantes.

Palabras clave: Encuesta. Oftalmólogo. Personal de salud. Percepción. COVID-19. SARS-CoV-2.

Introduction

The severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2) was first identified in Wuhan, China, in early January 2020¹. On March 11, with cases reported in more than 110 countries or territories, the World Health Organization declared coronavirus disease 19 (COVID-19) a pandemic². Countries have implemented several public health measures to limit the spread of the virus, most importantly social distancing, control of respiratory spread, and hand hygiene³. On the other hand, measures such as lockdowns, curfews, and case identification efforts have varied widely on the global level^{4,5}.

In Mexico, the Ministry of Health outlined a three-phase approach to escalate the measures taken. Phases were defined according to the origin and number of cases. In Phase 1, cases originated abroad and were imported into the country; Phase 2 referred to sporadic local transmission; and Phase 3 involved the detection of outbreaks in different locations within the country⁶. On March 24, Phase 2 was announced, and 1 week later, a state of public health emergency was declared⁷. Phase 3 was subsequently entered on April 21⁶. Despite the dire situation in Europe and Asia, the Mexican government did not impose strict curfews or lockdowns as did other Latin American countries⁸⁻¹¹. As part of its efforts to limit the spread of the virus, the government imposed restrictions on the economic activities of most industries, while at the same time allowing the free movement and transportation of persons⁷. As of this day, it remains to be seen how these actions will impact the trajectory of the pandemic.

In contrast to the situation in other countries, there were no official instructions from the Mexican government regarding the recommended actions for physicians and health care workers¹¹. Numerous international ophthalmological societies have issued guidelines and recommendations on the measures to be taken during this crisis¹²⁻¹⁴. The Mexican Center of Preventive Visual Health (*Centro Mexicano de Salud Visual Preventiva*; CMSVP) has worked in collaboration with the Mexican Society of Ophthalmology (SMO) to provide specific suggestions for clinicians on how to proceed¹⁵. The national preventive recommendations for ophthalmologists were first published on March 23 and are continually revised and updated. However, issuing guidelines and recommendations do not necessarily translate into implementation. Several reasons have been proposed to explain this phenomenon: disagreement with the recommendations, organizational constraints, lack of knowledge about the availability of the guidelines, and unclear course of action¹⁶.

As part of the CMSVP's efforts to provide assistance during this crisis, a survey was circulated to better understand the measures adopted by Mexican ophthalmologists during the state of public health emergency declared by the government. The aim of the study was to report the perceptions and actions of active members of the SMO during the first 3 months of the COVID-19 pandemic. The present paper focuses on the impact of COVID-19 on ophthalmic practices, the extent to which the recommendations issued by the SMO were implemented, and the association between such measures and the professional characteristics of the participants.

Methods

A confidential, non-validated, 21-item online survey was developed and distributed through the Google® Forms platform. The survey was sent through email to ophthalmologists registered with the SMO. Respondents were notified of the intent to publish the work, and completion of the survey served as informed consent to the study. All procedures conformed to the principles of the Declaration of Helsinki. The study followed the guidelines for reporting survey-based research from the Association of American Medical Colleges¹⁷.

Survey development

A literature review provided background information for defining five main topics of interest: (1) the pandemic's impact on eye care in ophthalmic practices, (2) perceptions of ophthalmologists regarding coronavirus risks and their own practices, (3) preventive measures implemented, (4) attitudes toward the use of telemedicine, and (5) financial repercussions for ophthalmic practices. The current document reports on the first three topics, while the latter two will be covered in an additional publication.

Question and answer items were either adapted from previous published work or developed specifically for the purpose of the study by two researchers. As validation mechanisms, the next steps were followed: (1) the survey was reviewed and approved by three senior experts from the CMSVP, (2) a pilot survey was performed previous to the launch of the online survey, (3) the survey was revised by the members of the Ethics Committee from IMO, and (4) the president of SMO, as representative of the society, reviewed and approved the survey. The checklist for survey development provided by the American Association of Medical Colleges was used throughout these stages¹⁸. The survey was loosely based on a similar survey performed by Nair in India, which aimed to measure the effect of the COVID-19 lockdown on ophthalmic practices in India¹⁹.

Main variables

The purpose of the study was to analyze the behavior of members of the SMO and find associations with their professional characteristics. As such, two principal variables were selected for the purpose of analyzing the exploratory hypotheses: seniority of the respondents and type of practice. *Seniority* referred to the number of years practicing ophthalmology after the completion of formal training. *Type of practice* indicates whether the principal

Table 1. Outline of the online survey to Mexican ophthalmologists during the COVID-19 epidemic

Type of practice and seniority of the respondent (questions 1 and 2)
Impact on patient care in Mexican ophthalmic practices (questions 3, 4, 6, 7, 8, 12, and 13)
Perceptions of ophthalmologists regarding coronavirus and their own practice (questions 5 and 14)
Preventive measures implemented (questions 9, 10, 11, 15, and 18)
Attitudes toward telemedicine under the current scenario (questions 16 and 17)
Financial repercussions for ophthalmic practices (questions 19, 20, and 21)

activities of the respondent were carried out in the public or private sector. The private sector category was further divided into those working in standalone physician-owned practices or specialty private assistance centers (SPACs) – a common entity in Mexico, where a private not-for-profit institution provides affordable services to patients, who pay for them as out-of-pocket expenses. Participants working in more than 1 sector were categorized as mixed practices. Other variables pertaining to demographic characteristics were purposely omitted, to focus on the professional environment of the participants.

Final survey

The final instrument comprised 21 items; two concerned the main variables, while 19 collected information related to the five areas of interest defined above. The final questionnaire is outlined in [table 1](#) and can be accessed as a complementary document to the present manuscript. The questionnaire was distributed on May 8, 2020, 2 weeks after the country's declaration of Phase 3. The survey remained open for responses for 3 weeks. All replies were kept confidential. Based on participants' responses, only relevant items were subsequently displayed.

Sample size

Members of the SMO whose email addresses were listed in an official registry were invited to participate. A total of 3296 questionnaires were sent out. A sample calculation for finite populations and categorical variables was used to determine the responses needed to achieve a 5% margin of error at the 95% confidence level. An

Figure 1. Preventive measures taken during the pandemic contrasted with those which participants hoped to adopt in the near future. Bars are colored proportionally to the number of positive responses for each intervention. Light gray areas represent all participants; colors represent measures currently being taken, and dark gray areas represent planned implementations. Items marked with an asterisk (*) were not listed in the published recommendations of the Mexican Society of Ophthalmology. Measures are grouped into three categories: administrative recommendations (red), environmental adaptations (green), and personal protective equipment (blue).

Table 2. Association between seniority and type of practice among respondents

Association between seniority and type of practice					
	< 10 years (n = 81)	11-20 years (n = 106)	21-30 years (n = 86)	> 30 years (n = 87)	p value
SPOP	21 (25.9%)	46 (43.4%)	37 (41.6%)	61 (70.1%)	<0.001
Mixed	48 (59.3%)	53 (50.0%)	40 (44.9%)	26 (29.9%)	
Public sector/SPAC	12 (14.8%)	7 (6.6%)	12 (13.5%)	0 (0%)	

SPOP: standalone physician-owned practices; SPACs: specialty private assistance centers

Table 3. Association between the reasons for suspension of clinical activities and the contingency phase in Mexico

	Phase I (n = 38)	Phase II (n = 69)	Phase III (n = 9)	Intermittently (n = 13)	p value
Concerns of becoming a transmission hub	24 (63.2%)	28 (40.6%)	2 (22.2%)	0	0.001
Fear of contagion	9 (23.7%)	31 (44.9%)	4 (44.4%)	4 (30.7%)	
Fall in demand for services	3 (7.9%)	5 (7.2%)	2 (22.2%)	9 (69.3%)	
Closure by local authorities	2 (5.3%)	5 (7.2%)	1 (11.1%)	0	

online calculator available at www.surveysystem.com/ss-calc.htm served for this purpose. A minimum of 344 responses was required. The number of responses obtained per question (n) varied, as some of them could only be included based on the participant's previous selections, as stated above.

The objective of the study was to understand the patterns and behavioral trends adopted by members of the SMO during the pandemic, as well as the influence of their professional characteristics on the implementation of biosecurity standards. As such, a sample by convenience was found to be adequate. This decision was based on a response rate of 10% for online surveys, an existing database of 3000 ophthalmologists, and a sample calculation of 300 participants.

Statistical analysis

Data were processed using a Microsoft® Excel spreadsheet. The *type of practice* variable was coded as previously described. For items in which multiple response selection was available, each answer option was tallied, and its percentage was obtained over the total number of answers. For descriptive statistics, frequencies and proportions were reported and exploratory analysis was conducted using Chi-square, Fisher's, and Kruskal-Wallis tests, as appropriate. The SPSS® software (Statistical Package for the Social Sciences),

version 21 (IBM, USA) was used to perform the statistical analyses. Statistical significance was registered with a $p < 0.05$ using a two-tailed analysis. R Studio, version 4.01, DataGraph, version 4.6, and Wizard Stats 1.9.41 were used for the creation of [figure 1](#).

Results

The questionnaire was sent to 3296 ophthalmologists with valid registered email addresses in the SMO database. A total of 363 (response rate 11.01%) replies had been obtained at the end of 3 weeks (June 1).

With regard to the type of practice, 165 (45.3%) respondents worked only in private practice; 31 (8.5%) worked either in the public sector or in a SPAC, while 167 (45.9%) worked in both. According to the survey, 81 (22.3%) had 1-10 years of seniority, 106 (29.2%) had 10-20 years, 89 (24.5%) had 20-23 years, and 87 (24%) more than 30 years. A significant association was observed between higher seniority and working in private practice ($p < 0.001$). [Table 2](#) shows the type of practice and the seniority of the respondents.

At the time of the survey, most ophthalmologists (223, 61.3%) were continuing with their clinical visits, while 140 participants (38.5%) had ceased activities because of the pandemic. Among the latter, 42 (30%) stopped visits when Phase I was declared; 71 (50.7%) during Phase 2; and 9 (6.4%) at the start of Phase 3.

Table 4. Clinical and surgical activities during the COVID-19 pandemic by Mexican ophthalmologists

Type of clinical activities					
	Seniority				p value
	<10 years (n = 63)	11-20 years (n = 67)	21-30 years (n = 47)	>30 years (n = 46)	
Emergencies and follow-ups with risk of vision loss	46 (73.0%)	49 (73.1%)	35 (74.5%)	32 (69.6%)	0.07
Follow-up for known patients	2 (3.2%)	2 (3.0%)	6 (12.8%)	7 (15.2%)	
All types of patients	15 (23.8%)	16 (23.9%)	6 (12.8%)	7 (15.2%)	
Type of surgical procedures					
	<10 years (n = 30)	11-20 years (n = 45)	21-30 years (n = 20)	>30 years (n = 12)	P value
Emergency procedures	28 (93.3%)	34 (75.6%)	14 (70.0%)	7 (58.3%)	0.04
Glaucoma filtering surgeries	6 (20.0%)	4 (8.9%)	3 (15.0%)	1 (8.3%)	0.54
Elective cataract surgeries	2 (6.7%)	3 (6.7%)	4 (20.0%)	1 (8.3%)	0.37
Refractive surgery	1 (3.3%)	1 (2.2%)	1 (5.0%)	1 (8.3%)	0.57
Priority cataract surgery (congenital, traumatic, lens-induced glaucoma)	3 (10.0%)	5 (11.1%)	4 (20.0%)	3 (25.0%)	0.43
Eyelid and lacrimal ducts	2 (6.7%)	1 (2.2%)	0	0	0.62
Tumors and oncology patients	0	5 (11.1%)	0	0	0.11
All types of surgery	0	2 (4.4%)	0	1 (8.3%)	0.36
Intravitreal anti-VEGF injections					
	<10 years (n = 59)	11-20 years (n = 61)	21-30 years (n = 42)	>30 years (n = 40)	P value
Stopped all intravitreal injections	28 (48.3%)	24 (39.3%)	23 (54.8%)	23 (57.5%)	0.37
Continued only for patients with wet AMD	26 (43.3%)	30 (49.2%)	14 (33.3%)	11 (27.5%)	
Continued all intravitreal injections	5 (8.3%)	7 (11.5%)	5 (11.9%)	6 (15.0%)	

Eighteen participants (12.9%) intermittently closed their practices, independently from the national declarations. There was no significant association between the type of practice and discontinuing clinical visits ($p = 0.7$). In contrast, when compared with younger ones, participants with higher seniority were more likely to cease activities ($p = 0.002$).

With regard to the pandemic's impact on their daily practice, among the 223 participants who continued working, 157 (70.4%) reported a decrease of 80% in the number of patients seen per month, as compared to pre-pandemic numbers. Forty-seven (21.1%) reported a decrease of 50%, and 17 (7.6%) reported a drop of 20%. Only 2 participants (0.9%) reported no change in patient numbers.

Regarding the reasons for suspending activities ($n = 129$), 54 (41.8%) stated that their main concern was becoming a transmission hub; 48 (37.2%) feared contagion; 19 (14.7%) were forced to close due to the plunge in demand for services; and 8 (6.2%) were asked by local authorities to cease activities. Eleven participants did not answer this question. A significant difference was found among the reasons for ceasing clinical activities according to the phases of the pandemic ($p = 0.001$). Table 3 summarizes these findings.

Out of the 223 participants who continued with their activities, most provided services only to patients who presented with emergencies, along with follow-ups for those with a risk of vision loss (162, 72.6%). There was no statistical difference between the types of patients

received and the type of practice ($p = 0.12$). Although not statistically significant, the analysis showed a tendency for younger participants to receive all types of patients ($p = 0.07$). A total of 107 (29.7%) participants continued performing surgical procedures. These doctors were asked what types of surgeries they continued practicing. Our analysis showed that participants with < 10 years of experience had a higher probability of engaging in emergency procedures ($p = 0.04$). Analysis also showed that those working in private practice were more likely to administer intravitreal anti-vascular endothelial growth factor treatments to all cases when compared to participants who worked in the public sector or in SPACs ($p = 0.04$). [Table 4](#) summarizes these findings.

When asked about the perceived risk of contagion for ophthalmologists compared to other specialties, 241 (66.6%) participants answered that it was higher; 103 (28.5%) believed that the risk was similar, and 18 (5%) answered that it was lower. Our analysis did not show an association between seniority and perceived risk of contagion. Likewise, there was no association between such perceived risk and the probability of suspending surgical procedures. In contrast, there was a statistical association with the suspension of clinical visits ($p = 0.05$).

The survey asked about preventive measures currently employed as well as those which participants expected to adopt soon. Among participants who continued their clinical practice (223), the most commonly employed preventive measure at the time of the survey was the universal use of face masks for all patients, with 214 (96%) respondents reporting their use. The second most adopted measure was the donning of N95 respirators by doctors during their interactions with all patients (149, 66.8%). Regarding the measures which participants would adopt in the future, 332 (92.2%) participants answered that they would limit patient companions, while 321 (89.2%) would employ slit lamp shields. The commitment to implement surgical mask use by patients declined from 96% to 82.2%. [Figure 1](#) summarizes these findings.

Discussion

The coronavirus pandemic has had significant repercussions for societies across the globe, with Mexico being no exception. In the field of health care, its impact on the way ophthalmology is being practiced has been decisive. The objective of this survey, conducted during the COVID-19 public health emergency, was to evaluate

the attitude of members of the SMO during this exceptional period. From the results obtained, it is noteworthy that even though 72.6% of the ophthalmologists surveyed continued working during the pandemic, most participants reported a decrease of approximately 80% in patient flow. Although the limitations on economic activities in the country were not as restrictive as the lockdowns in some other nations, the restrictions and the overall mood of the public led to an unprecedented situation and a considerable decrease in demand for eye care. It is probable that the measures taken during these months will continue to be implemented in the foreseeable future.

The survey respondents adopted varied approaches to the outbreak, and a purpose of this study was to associate such approaches with their professional characteristics. A significant number had ceased clinical activities at the time of the survey (38.5%). We found no association between the nature or type of practice and these actions ($p = 0.7$), but we did find that participants with higher seniority were more likely to halt activities compared with younger ones ($p = 0.002$). To complement our analysis, we wanted to find out if the perception of risk might have influenced these decisions. We found an association between the perception of risk and the suspension of clinical visits ($p = 0.047$). Similar to our results, Nair et al.¹⁹ found that most ophthalmologists fear a higher risk of contagion when compared to other specialties. It would be logical to assume that with increased age, physicians would perceive their own risk of contagion as higher and therefore cease clinical activities. However, this does not seem to hold true when analyzing the answers to the survey. This perception of risk might be unfounded, as a recent study carried out in Wuhan reported that the overall incidence of COVID-19 among eye professionals was 2.52%²⁰. It is important to point out that there were no inquiries about comorbidities in our survey, which could have an impact on the decision to suspend clinical work.

When studying the factors that determined the suspension of activities, it became evident that doctors closed their practices for different reasons according to the timing of their decision. A significant association between these reasons and the phases of the pandemic was found ($p = 0.001$). Participants were more concerned about their practices becoming transmission hubs during the initial stages of the pandemic. As the situation worsened, the main reason for suspending visits shifted to the fear of contagion. Meanwhile, a majority of those who reported having discontinued

their activities intermittently stated that they did so because of a drop in demand for eye care.

At the time of the survey, among those doctors who maintained their clinical activities, 72.6% provided services only to patients with emergencies and follow-ups for those with a risk of vision loss. Even as demand for services faltered, survey participants were reluctant to receive patients whose needs were not critical. This mirrors the findings in a study by Nair et al.¹⁹ in which up to 82% of the participants would still see emergency cases. We found an association in our data with the seniority of the clinicians, as younger participants, particularly those with < 20 years of experience, had an increased probability of receiving patients with any sort of complaint.

In comparison to clinical visits, surgical activities were more profoundly affected, with 70% of participants in our survey suspending all surgical procedures. Those who continued operating decreased their output considerably. Active surgeons predominately operated on emergency cases. Similar findings were observed by Wasser et al.²¹, where most Israeli ophthalmologists (72.7%) believed that surgical activity should be limited to emergencies. We observed a clear relationship between the age of the surgeons and their reluctance to engage in surgeries, as participants with < 10 years of experience had a higher probability of performing all types of surgery ($p < 0.001$). This may be indicative of surgeons abstaining from elective surgeries as indicated by the official guidelines published by the SMO.

As for preventive measures, we found that the two most commonly employed were the use of face masks on all patients as well as N95 respirators by doctors. The measures considered most likely to be implemented in the near future were limiting the number of companions during clinical visits and acquiring slit-lamp shields. Interestingly, the focus of the measures shifted from personal protective equipment (PPE) to environmental adaptations. This shift might reflect some measures being considered as low effort and high value: the “low-hanging fruit,” so to speak. Environmental adaptations may require a higher initial investment, and thus, they might not be so readily adopted during the earlier stages of the pandemic. It is noteworthy that the percentage of participants who would require all patients to use face masks in the future decreased by 14% when compared to the measures currently employed. It is possible that this change may relate to the envisioned environmental adaptations.

Figure 1 summarizes the measures adopted by the members of the SMO who participated in the survey. Preventive measures are grouped into three categories: PPE, environmental adaptations, and administrative

recommendations. This classification follows international guidelines set forth by Asian countries, as discussed in a previous article published by the CONQUER Group²². Categorization of the measures into discrete realms allows a systematic approach to the security adaptations needed during this crisis. Such an approach has been implemented by Hong Kong and China during the current outbreak, as well as during the SARS-CoV outbreak in 2002²³.

By the time of the survey, the SMO had published the official recommendations for ophthalmological practices during the COVID-19 pandemic. Although guidance regarding PPE and facility adaptations was presented in the SMO document, none of the recommendations was implemented by the totality of the survey participants. Although illustrative, the results of our survey cannot be taken as representative of the extent of implementation of the SMO guidelines, as there was no specific question pertaining to respondents' awareness of their content.

Using the official SMO email registry, a response rate of 11% was achieved. Although a representative sample was obtained, we understand that the results cannot be extrapolated to the entire population of ophthalmologists in the country. Although conclusions regarding this sample cannot be attained, patterns and trends can be appreciated. Such trends could allow a deeper understanding of the rationale for the implementation or disregard of particular biosecurity measures. This study looked for patterns of behavior among the members of the SMO and their association with specific professional characteristics. Statistically significant associations between such characteristics and the implementation of certain biosafety measures were found. With 10% response rates among this defined universe, it is adequate to perceive overarching themes. International literature recognizes the validity of studies with a response rate lower than 20%, particularly with online surveys^{24,25}. A recent survey undertaken by the American Academy of Ophthalmology during the global pandemic reported a response rate of 18%, despite its considerable resources and organizational power.

A further limitation of our study was the lack of information about the decision-making capabilities of the respondents. In such a dynamic situation, the response time of the survey was necessarily limited. Furthermore, the data presented in this study are self-reported and depend in part on the honesty and memory of the participants, and thus, they may be subject to recall bias.

Despite these limitations, the results obtained provide valuable information about the perceptions and actions

of SMO members during the COVID-19 pandemic containment period. Considering the extraordinary nature of this moment in global health and the importance of generating national data to guide future policies, we consider that this study is valid in generating hypotheses about the conducts and implementation of security measures by ophthalmologists in times of pandemic.

While this was not a thorough cross-sectional study, these types of surveys can yield useful data for future research and for the creation of national policies and guidelines. It is possible to use similar instruments in a periodic manner to increase the yield of data and support the formulation of an overall strategy for the practice of ophthalmology on the national level. The pandemic is not yet waning, and everything seems to point to a protracted situation which will require significant changes in our practices.

Conclusion

Despite a significant decrease in patient flow and the prevailing fears associated with the COVID-19 pandemic, most survey participants did not cease their clinical and surgical activities and continued to see patients, especially those in emergency situations. Preventive measures listed in the SMO guidelines had not been fully adopted; however, recommendation uptake is expected to increase significantly in future. Seniority and type of practice could be associated with actions taken during this extraordinary period. We recommend prioritizing security measures regardless of the current perception of risk.

Conflicts of interest

The authors declare not to have any conflicts of interest.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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