

## Hospital El Salvador: broader questions remain

### Authors' reply

We thank Amaral Arevalo and Clare Wenham for their interest in our Comment.<sup>1</sup> Hospital El Salvador is part of the network of public sector hospitals of the Ministry of Health. In our role as physicians and scientists involved in the design and operation of Hospital El Salvador, we were not part of national public policy discussions. Despite this, by our training and by analysing pandemic behaviour,<sup>2,3</sup> we understand the importance of public health measures such as disease surveillance, prevention, containment, and mitigation in slowing outbreaks. Such measures are recommended by the Pan-American Health Organization and WHO, and El Salvador's national COVID-19 preparedness and response plan<sup>4</sup> follows these global health recommendations.<sup>5</sup> Although preventive public health measures are crucial to pandemic response, management of patients at the bedside is equally crucial. We do not view these as competing priorities but rather believe there is a complementary role for both.

Our role as clinicians is to treat patients affected by disease. As highlighted in our Comment,<sup>1</sup> the intensive care unit (ICU) bed capacity of public hospitals before the pandemic was dangerously low. Had trends in the growth of COVID-19 continued, the demand could have rapidly surpassed the supply. This situation necessitated urgent action. Multiple medical professional associations—including intensive care, internal medicine, and palliative care—were consulted during initial planning for Hospital El Salvador's development. Additionally, public policy experts, engineers, and architects provided input to the design. A hallmark of democracy is that citizens can agree or disagree

with a government's policies. As such, some scientists and clinicians agreed with the construction of Hospital El Salvador while others did not. Public discourse related to health care is ultimately beneficial to progress in society, and multiple voices were heard before and after the construction of Hospital El Salvador. As COVID-19 spread in El Salvador, many physicians who initially disagreed with the construction of the hospital now refer their patients to this hospital due to the shortage of ICU beds in the private sector.

We appreciate the opportunity to highlight the gender diversity of providers at Hospital El Salvador. Currently, 10 female and 13 male intensive care physicians work at the Hospital El Salvador monitoring centre, while six female and two male intensive care residents are part of the staff. More than half of the 297 general physicians working directly with COVID-19 patients at the ICU are female (166 [55%]). Most nurses in El Salvador are female, and consistent with this, of the 256 nursing staff currently working at ICU, 193 (75%) are female, and 63 (25%) are male (data as of Feb 8, 2021).

We are proud that Hospital El Salvador has expanded access to health care for patients suffering from COVID-19 in El Salvador and welcome further rigorous scientific analysis of our actions.

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