

Correspondence on “Clinical practice of gastrointestinal endoscopy in COVID-19 patients: an experience from Indonesia”

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To the Editor

We would like to share ideas on the publication of Pribadi et al.¹ We agree that adaptation to the coronavirus disease 2019 (COVID-19) pandemic is required. According to Pribadi et al.,¹ gastrointestinal endoscopy can be safely performed in COVID-19 patients if there is good management. Therefore, the application of specific protocols to prevent COVID-19 is recommended. Undoubtedly, COVID-19 prevention is required in any medical procedure for COVID-19 cases. Infection control has proven to be useful in this scenario.

However, it is necessary to recognize the possibility of asymptomatic COVID-19 cases.² Recommendations for different degrees of preventative measures for specific cases with known COVID-19 status should be reconsidered. This practice may result in discrimination when performing a medical procedure. There will be more preventive actions if the patient is infected with severe acute respiratory syndrome coronavirus 2. Consequently, this might easily result in neglect or under-standardized prevention for a case not labeled as a COVID-19 positive. If an asymptomatic COVID-19 case is not diagnosed, a silent spread of the disease can easily occur. During the pandemic,

there was no discrimination. The management of any patient should be based on a single standard with universal prevention regardless of COVID-19 status. Specific strategies to execute the recommendation of “no discrimination” include producing updated specific clinical guidelines to match the current rapidly changing scenario of the COVID-19 epidemic. In every practice, all workers must follow the usual universal preventative methods.

Conflicts of Interest

The authors have no potential conflicts of interest.

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