

Abstract

During public health crises, various needs and priorities overlap, resulting in difficult ethical trade-offs when balancing individual, institutional, and social interests. For the COVID-19 outbreak, this clash of needs led to the cancellation of elective surgeries to increase healthcare access, protect frontline workers, and conserve resources. However, that decision may not necessarily align with patients' priorities and may result in unintended clinical, psychological, and quality-of-life consequences. Integrating institutional data, patient experiences, and normative ethical analysis, this study uses a mixed methods design to investigate the impact of elective otolaryngologic surgery cancellations during the pandemic. Specifically, it investigates disruptions to patient-centered care, associated harms, and the ethical challenges arising from these decisions. Although our results show that most patients did not experience poor clinical outcomes, there were cases of negative clinical and psychological effects, persistent symptom burden, communication and trust-related concerns, instances of loss to follow-up, and some preferences against cancellation. These findings underscore the need to shift from blanket cancellation strategies to risk-stratified, patient-centered approaches. To forestall disruptions of elective care in future public health emergencies, healthcare systems need to establish resilient, surgical options to enable safe continuity of care, proactive communication, and reliable follow-up mechanisms.