Fallout of Covid-19: neglected care and plight of non-COVID patients.

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Commentary

During these times of Corona virus disease-2019 (COVID-19), most of us are talking about addressing the various dimensions of health like mental health, adolescent health, geriatric health, reproductive/sexual health, etc. [1,2]. Though these are also very important to focus upon, but first of all, we have to address the patient as a whole. Only if we attend to the patients, then only we can move on to the next step of addressing their various dimensions of health. Currently, most of the hospitals are not offering services for routine patients. Most of the Out Patient Departments (OPDs) are not running in the public sector. For example, PGI Chandigarh is still continuing with tele-consultations only. AIIMS New Delhi is also attending to a very limited number of patients. Only the emergencies or the referred patients are being catered and attended. Elective surgeries being performed are almost negligible. To address the demands of the current pandemic situation, many hospitals have been converted into dedicated COVID hospitals or dedicated COVID health centers.

Amidst all this, where will the ordinary patient/non-COVID patient seek a service? This million-dollar question rattles regularly. Since the clamping of lockdown in India, they have been looking for the pertinent answer for the past four months after March 24th, 2020. In spite of the guidance note and notification by the ministry of health and family welfare government of India for maintaining essential health services, non-COVID patients have gone out of the focus of healthcare fraternity, and they are feeling a harassed and neglected lot [3]. Interstate movement is restricted with strict monitoring of interstate travel with passes and there is also very limited availability of public transport. Due to this the appointments and visits of non-covid patients to secondary and tertiary care as well as national institutes like AIIMS and PGI Chandigarh, have been deferred and postponed. This has just led to a temporary decrease of patients. This will have a bearing on future hospitalizations with exacerbations, increased length of stay, more care and burden on the healthcare system [4]. Even after the start of the unlock process, when they have started visiting the hospitals (including a few tertiary care ones where OPDs are running) there, they are subjected to screening and have to stand in long queues for entry passes, for screening, then in the flu OPD or the respective specialist OPD catering to their ailment. The groups of patients with respiratory, cardiovascular diseases, cancers and chronic kidney disease are the biggest sufferers. Many cancer and renal disease patients have progressed to an incurable stage or last stage as they could not get the necessary treatment during this pandemic. Past pandemics had also failed in invoking the preparedness by all stakeholders for that subset of patients, as we had not learned the lessons. During the Ebola epidemic, it was observed that more vulnerable died due to Tuberculosis, Measles, Malaria, HIV/AIDS rather than Ebola, due to indirect failure of the health systems to deal with other patients during such epidemics [5]. Similarly, fate could also befall on those who are vulnerable in this current pandemic and they should not be paying the price of fighting with the novel coronavirus [6].

We need to have deep empathy with all patients. Just to cite an example, even a simple problem of a dark spot or melasma over the cheeks may be a big problem for an image-conscious teenaged girl, whereas we may laugh over the issue that: *What is the emergency here*? It is not an emergency for us, but it may be a severe condition for her; thereby, affecting her mental wellbeing. A message should not go out in general public that the health care workers do not want to work or are hiding behind the pretext of the COVID-19 pandemic. This will severely impact the trust and bond between doctor and patient, which is already thriving on a thin, fragile line of confidence.

We, as health care workers, were always, and will always be at risk of contracting an infection from the patients who come to us seeking care of their ailments. All of us opted to be in this profession by choice. Being a doctor/healthcare worker is a privilege and not a matter of right. It is our prime responsibility to give back to the society what we have learned and earned, and work for the society wholeheartedly. We have always been exposed and are prone to several existing/circulating infections. Recent pandemic, also indicates that 1.8% of health care providers in India have contracted the novel disease as early as in April 2020 [7]. Today COVID-19 is in the limelight, and tomorrow some other infection will emerge but the healthcare provider will remain exposed forever. There are multiple infections prevalent that have the same mechanism of transmission (droplet or airborne) but have even higher mortality e.g., Severe Acute Respiratory syndrome (SARS), Middle East respiratory synctial virus syndrome (MERS), Avian Flu, Ebola, etc. [8]. As we all know, Covid-19 is also a disease mainly transmitted by droplet (or maybe airborne as per new evidence by the World Health Organization) infection. However, still, the critical measures for its prevention and limiting the spread are the same, and we knew these measures since ancient times, even before the Spanish flu pandemic of 1918. The current pandemic has validated the need to ensure social distancing and practice hand hygiene diligently for containment of the spread of droplet and fomite borne infections.

At the same time, we would like to focus on the other side of the coin. Despite all this, all the healthcare professionals are entitled and as well as have the right to protect themselves. They must

be provided with good quality and adequate Personal Protective Equipment on regular basis, and on their part, they should also practice and follow universal work precautions. In the current, pandemic also such concerns have been raised umpteen times at various levels. Health administration needs to be proactive and sympathetic towards their genuine requirements, demands and grievances. Steps like these will ensure a proper, helpful, encouraging, and enabling environment amongst all healthcare providers to discharge their duties diligently, effectively, sincerely, honestly, and with minimal fear of contracting the infection, be it during this COVID or post COVID era.

Evidence points out that health care setting are the primary source of transmission in the community. Health care managers must devise mechanisms to provide the electronic (digital) platform of patient registration. These registrations can be for a fixed number and duration of the day, thereby ensuring social distance norms. Time-specific, electronic registrations for the outpatients could prove to be a progressive step not only for ease of the patient, but it would contribute hugely in allaying the fear of health care providers. Non-clinical stream doctors with adequate basic medical knowledge can be equally involved and held responsible. This will spare doctors to cater for routine non-COVID clientele.

The small state of Himachal Pradesh in India as an exception has shown the way and can be emulated by other states. In June 2020 it opened up its tertiary institutes and OPDs within the lockdown period itself. Even with staggered staff the OPDs were fully functional. Now further it has issued directions to start all routine surgeries in the state [9,10].

Conclusion

We are neglecting the patients with non-covid conditions. Majority of these ailments have set protocols for management and definitive treatments are available, whereas all stakeholders are focusing primarily on management/containment of Covid-19 cases which still has no definite proven drug/cure/ treatment protocol or vaccine for prevention, but thankfully has very less mortality. We just want to say that there should be equal focus and balance between covid and non-covid patients, and one should not be at the cost of the other. Unnecessary delay on the paet of service providers will lead to unexpected rush and an unwanted simmering in the mindset of patients. All stakeholders must co-ordinate to address the health care concern of these individuals.

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