Catastrophe and the cure: Looking beyond the COVID-19 pandemic

The COVID-19 pandemic has severely affected countries, forcing them to impose strict lockdowns with only essential services functioning. On 24 March 2020, India too, with a population of 1.3 billion went into a state of complete lockdown. This step of going into an early lockdown was based on the experiences of other countries which saw a sudden peak in the number of cases, thereby overwhelming the healthcare systems.

In response to the pandemic, most of the big public hospitals curtailed their outpatient services and deferred elective surgeries in order to optimize their resources. Private clinics/nursing homes which cater to nearly 70% of the population, are providing staggered services due to the fear of healthcare workers (HCW) contracting the illness and thereby becoming transmission hotspots. Surprisingly, the tertiary care hospitals which are always teeming with patients are now wearing a deserted look partly because of the lockdown and partly because of the fear of contracting COVID-19 among the people. The lockdown has severely affected the community life.

The sudden shift of focus from other communicable and non-communicable diseases to COVID-19 is nothing less than a catastrophe.

To put things into perspective, world over in 2020, about 2.5 million patients have died due to cancers, another 3,00,000 died due to malaria and 5,00,000 from human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) alone. Notwithstanding the fact that we are in the midst of this pandemic, ischaemic heart disease and stroke still continue to be the leading causes of death in our population.

Globally, deaths due to non-communicable diseases far outnumber those that are due to communicable disease, and inaccessibility to routine healthcare during such lockdowns will lead to escalation in our morbidity and mortality rates. Even with patients requiring acute care in the form of blood transfusions, the blood banks have dried up due to lack of donors due to the lockdown. In a country where most of healthcare is dependent on tertiary care hospitals, closing them down completely has affected millions.

1 | THE WAY FORWARD

With this pandemic as a template and anticipating such outbreaks in future, the public health systems have to develop a graded approach of resource allocation in order to cater the needs of everyone.

1.1 | Dedicated infectious disease hospitals in very district/province

Every district/province should earmark a dedicated hospital exclusively to handle highly contagious disease which need complete isolation. The hospital should have adequate specialized resources to treat specific highly contagious patients and adequate resources for managing a sudden, unexpected increase in patients requiring acute medical care. At least 25% of the doctors/nurses/paramedics in the district (both public and private) should be available at any point of time to run this hospital when need arises. This will ensure other hospitals can carry on with their routine services.
1.2 | Essential medical services

Apart from the routine emergencies, there are medical services which if interrupted can cause significant morbidity of the patient involved. These included routine dialysis centres, antenatal clinics, routine immunizations, HIV/AIDS clinics, chemotherapy/radiotherapy cycles and blood transfusions.

1.3 | Ensuring adequate food supplies

Sixty-eight percent of under-5 mortality in India is attributed to malnutrition and poor nutrition status of mother. India has around 200 million daily wage earners, and lockdown severely affects their livelihood and their means to feed themselves and their family. The schools are closed down, so the ‘mid-day’ meal received by children is also stopped. This impacts the nutrition of the family and their immunity, which makes them more susceptible to infections. The government has to ensure that this strata of society is adequately catered to in such severe cases of pandemic.

1.4 | De-addiction and mental health

Lockdown can affect people with substance use disorder. The fear and isolation can affect the mental health and lead to increased use of alcohol, tobacco and other drugs. With government banning sale of liquor and tobacco, those with addictions to them are experiencing withdrawal symptoms, leading to physical and psychological issues. Either the government should earmark de-addiction centres, which will help in tiding over the crisis or the Drug Enforcement Administration should facilitate controlled substance prescribing.

1.5 | Use of telemedicine

With rapid use of technology, virtual consultations have proven to be effective. Telemedicine can be used in training the HCW and also help in remote decision-making, where specialist are not available. This has an added advantage during lockdowns, where the follow up consultation of outpatient cases can be done at their home or a designated centres in their district. This spoke and hub model where a tertiary care centre connects to various secondary level and primary level hospitals can help in improving health delivery systems in long run and can help in decongesting the existing systems. In infectious disease setting, this helps in conserving personal protective equipment, as the need of HCW coming in contact with the patient is reduced.

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