The Family Caregiving Crisis Meets an Actual Pandemic

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INTRODUCTION

The COVID-19 pandemic presents distinctive challenges to those who work with the seriously ill patients, including both health care providers and the family members providing unpaid care. We depend on this set workforce as health care routinely transitions care to the home, and now more than ever, we are depending on them in the current pandemic. As palliative care and other health care providers become overwhelmed with patients critically ill with COVID-19, and regular care becomes delayed, we have a chance to be aware of and work with family caregivers. Our commentary provides rationale for the need to focus on family members and key considerations for how to include them in pandemic clinical decision making. The speedy pace of development throughout the coronavirus malady 2019 (COVID-19) pandemic presents distinctive challenges to palliative care and alternative clinicians United Nations agency work with the seriously sick, as well as our largest hidden palliative care workforce: the scores of relations across the globe. We've got relied on this lay hands as our international population ages with serious unwellness and as complicated care continues to transition to the house [1]. The skilled health care employees is quickly changing into consumed with the flood of inpatients critically sick with COVID-19. Hence, we tend to ar counting on relations currently quite ever, as their usual lifelines of treatment and support are altered or placed on hold. Relations still deliver compound care to patients with serious diseases, as well as advanced cancer, failure, and respiratory organ malady, United Nations agency conjointly happen to be the terribly people most in danger of dying from COVID-19. Social isolation measures to stem virus transmission, like shelter-in-place orders and family visitation restrictions, gift fully new and nerve-racking probably traumatic things for caregivers.

Three major stressors encapsulate the new challenges COVID-19 has obligatory on serious unwellness family caregivers. The primary is that the unwitting consequences of social distancing, that though necessary for mitigating this crisis, will increase the isolation, loneliness, and coupled adverse health consequences [2] already practised by several caregivers and their care recipients [3]. Caregivers and their care recipients with restricted technological capability might expertise in important health care services throughout the approaching months that greatly limits access to quality care.

REFERENCES

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