

## Pandemic ignites chaos for patients seeking palliative care

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### The situation has worsened for patients suffering from chronic diseases



With over 12000 deaths and 3.6 lakh cases, Indian healthcare system is crippling due to COVID-19 outbreak and the resilience of the system will become even more pressing in the coming weeks as experts anticipate the worst phase to arrive in the upcoming months.

As the country is focussing excessively on COVID positive patients, non-COVID patients are bearing the brunt of the entire situation. Nation-wide lockdown imposed as one of the measures to contain the spread of COVID-19 gave a harrowing time to these patients and also to the ones who needed emergency treatment for other diseases but contracted the virus by their hospital visits.

The situation has worsened for patients suffering from chronic diseases such as renal failure, cancer, and tuberculosis (TB) as they require frequent in person doctor appointments. All over the country certain hospitals have been marked as designated COVID-19 facility centres. The step is laudable as COVID patients should not be mixed with non-COVID ones due to the latter's compromised immuno-system owing to underlying conditions, hence they are at increased risk of fatality. But this has left the patients with other ailments who were earlier availing treatment from these hospitals in a lurch.

According to a recent study by CovidSurg Collaborative, the global modelling study projected the impact of the COVID-19 pandemic on surgeries, 59.7 percent of cancer surgeries were postponed in India during the peak 12 weeks of disruption, translating to 51,100 postponed cancer surgeries.<sup>[1]</sup> This is alarming considering that delayed or postponed surgeries might result in tumour being upstaged which might move a lot of patients from curative to palliative stage. Similar is the story with people suffering from Tuberculosis (TB). India accounts for 26 lakh out of a crore TB cases worldwide and the disease killed 4.49 lakh people in the country in 2018.<sup>[2]</sup>

With several labs being shut and many being used for COVID-19 testing, diagnosis of diseases like TB has become difficult. While focussing on the COVID-19 pandemic, let us not forget that TB kills 1,000 Indians every day<sup>[3]</sup> Hence, consequences can be grave if TB patients are not tested or do not get treated in time. This is largely because the disease is infectious, and

TB patients have destroyed lungs which makes them more vulnerable to contracting the virus. Experts worry that the number of TB cases might suddenly increase now with the easing of lockdown, considering the backlog.

### **Post lockdown scenario**

Another critical crisis that we cannot ignore is the lack of availability of safe blood for patients with diseases like Thalassemia specially at a time when blood banks across some cities in India are running dry owing to the status quo. This is majorly happening because people fear contracting the virus while going out to donate blood. Hence, there is a dire need to reassess and ensure implementation of best practices and technologies related to quality and safety of blood collection and transfusions.

People who had earlier delayed their tests and treatments are now coming forward to seek medical attention. With relaxations in lockdown, OPDs at hospitals have started seeing a rise in footfalls, according to reports. In this situation, we should look at patient safety alternatives such as home collection of blood samples and using different syringes or needles for testing of more than one patient. Patients with different ailments, will have an injection at some point in their lives to restore good health. But sometimes when injections are given in an unsafe and inappropriate way that is by using the same needle or syringe to give injections to different people, it can have adverse effects as they can lead to the transmission of life-threatening infections. This becomes crucial now as we are battling a deadly virus. Incorporating safe insulin practices and using auto-disable syringes can help. Hence, doctors and hospitals need to take certain precautions while treating non-COVID patients.[4]

Hospitals have taken several precautional measures as they opened their doors to non-COVID-19 patients. To follow social distancing rosters are maintained for the staff, screening of all visitors is done at the entrance, people are not allowed to enter hospital premises without a proper mask and a distance of at least one metre is ensured between people at the OPD waiting area or at the billing counter.

Hospitals and doctors are doing their bit, but self-vigilance is equally important. Following are a few things to keep in mind before visiting a hospital.

- As lockdown has eased-up, you are bound to find a queue at the OPD waiting area or at the billing counter. Before rushing to be first, ensure to keep a distance and your safety in mind.
- Make sure you sanitise your hands at the hospital entrance and wear your face mask.
- Some of the hospitals are only dealing with COVID-19 cases. Therefore, identify whether the hospital is a COVID-19 or non-COVID-19 and leave your house accordingly.
- To avoid standing in the queue, confirm your appointment online. Avoid moving out in cases where, telemedicine will suffice.

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[1] <https://bjssjournals.onlinelibrary.wiley.com/doi/full/10.1002/bjs.11746>

[2] <https://www.who.int/tb/data/GTBreportCountryProfiles.pdf?ua=1>

[3] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1891128/>

[4] <https://www.who.int/infection-prevention/campaigns/injections/global-campaign/en/>