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COVID-19, the high-risk factor for cancer patients, doctors

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Dr Ashwin Oommen Philips, Associate Professor & Head, Department Of Medical Oncology, Christian Medical College, Ludhiana talks about the health risks associated with cancer patients due to COVID-19



Since March 2020, when the COVID-19 pandemic hit millions of lives, there has been a consistent concern about its impact on essential health services including management of cancer. Cancer patients are considered to be at higher risk of complications and worst outcomes from COVID-19. The weakened immune system is due to many factors including underlying malignancy burden and active cancer treatments like cytotoxic chemotherapy, radiotherapy, or even due to patients undergoing transplants and the use of immunosuppressants to avoid rejection.
Cancer patients have experienced disruptions or delays in services because of stressed healthcare systems as well as increased susceptibility to the physical and psychological effects due to isolation and financial restrictions. All these have affected screening, early diagnosis, treatment, palliative care, and rehabilitation of patients with cancer.

As per a recent study done by the Indian Cancer Centre under the National Cancer Grid of India, cancer screening has completely stopped or was operational for less than 25 per cent in 70 per cent of centres. New patient registrations fell by 54 per cent and outpatient clinic visits by 46 per cent. This was not just restricted to diagnosis.

A drastic reduction has been observed in surgeries by 49 per cent to 52 per cent, chemotherapy by 37 per cent, radiation by 23 per cent and palliative care by 29 per cent. This reduction in numbers reflects the huge number of patients who have dropped off the system and may result in hundreds of deaths in the next few years. We should continue fighting COVID without loss to cancer.

War against cancer cannot be won without our front-line warriors and the support of technological advancements. But the ability to provide cancer care has been affected in several ways. Many oncology centres were transformed into covid units. Reduction of hospital staff, long duty hours, shortage of medicines, beds, a sudden increase in patient flow due to the pandemic pushed many hospitals beyond their limits. Increased hygiene measures, complicated procedures aggravated by facial masks and personal protection equipment became daily routine concerns for the medical fraternity. There were many incidents when medical staff itself became casualties during the pandemic. As per Indian Medical Association (IMA) data, more than 270 doctors have died due to covid in the second wave.

Oncologists encounter critical life-and-death decision making and sacrifices to bridge gaps in the healthcare system. Before COVID-19, burnout in oncology was a significant crisis. The realities of the COVID-19 cancer care era resulted in a multi-fold increase in oncologist distress because of numerous practice changes, intensified burnout, heightened moral distress, and personal challenges (eg, family stressors) produced by the pandemic. Many cancer centres took this condition seriously and initiated organisational intervention programmes that fostered peer to peer relationships. This helped reduce the moral distress among clinicians. Virtual peer meetings, physician-driven meditation groups helped in limiting burnout and psychological distress.

To maintain a safe and healthy environment for patients and clinicians, many hospitals like Apollo, Fortis and Manipal accelerated the use of technology during the COVID-19 outbreak. Not only virtual consultations but online access to pharmacy and diagnostics were also kept in focus by a majority of such hospitals. More and more emphasis was made on maintaining patient data digitally, right from booking teleconsultation, generating prescriptions online, sending reports via emails to even arranging transport facilities for patients in case of unavoidable circumstances. There was a significant shift from paper-based processes to digital mode.

The COVID-19 health crisis has hit every family in our country either directly or indirectly. Whether it is a cancer patient, oncology expert, staff member or any other paramedic staff, all of them have adapted themselves according to the need of the hour. Methods of managing patients, clinicians and other medical support in hospitals have changed drastically compared to the pre-COVID era. Covid pandemic has challenged our medical infrastructure, our strategies, priorities and ways of treatment. We might have managed not to surrender against COVID-19 but we have also learnt that change is the only constant to learn, adapt and grow.