

EDITORIAL

HEALTH CARE WITH AND AFTER COVID-19

It is said that, "All great changes are preceded by chaos" and "Change is inevitable".

As a native of the planet Earth, I can easily say that COVID-19 pandemic has de-structured and re-structured our lives and brought a 180 degree change in our perception towards it. Around 190 countries have been affected by coronavirus, leaving behind its horrors, with still no apparent signs of a vaccine to let earth take a break from this pandemic. Among the countries badly hit by COVID-19, Pakistan's healthcare system has stood exposed while tackling this deadly disease.

Taking Pakistan's healthcare for granted by policy makers has now come to haunt them. While only 1% of the total budget since decades has been allocated to healthcare. Around 80% of that budget was spent on health education. COVID-19 has revealed some of the major shortcomings of our healthcare system¹:

- a. The need to upgrade our overburdened hospitals.
- b. Safety of our medical staff and patients has, now more than ever, has become a hot topic for consideration.
- c. Lack of hospital capacity and capability for handling emergency, isolation and intensive care.
- d. Lack of life saving equipment and drugs in government hospitals.
- e. Unregulated prices for essential and lifesaving medicines, especially during the pandemic.
- f. Severe deficiency and lack of training in all tiers of health professionals.

Absence of quality health delivery in government hospitals and expensive services in private hospitals have created an overall mistrust among the public regarding the system. Restoration of that trust will require a huge commitment from the Government and public alike.

Despite the shortage of personal protective equipment (PPE), increased duty hours and little to no time in between for rest, doctors and paramedical staff, throughout the world, including Pakistan, have outperformed against this pandemic exceptionally well². Fighting at the frontlines, many health care workers and professionals are enduring extreme work conditions and sacrifices in order to help the infected. Increased burnouts and lack of PPE have made them vulnerable to this infectious disease and many have succumbed to it and have lost their lives in the fight against this deadly virus. These heroic acts have been a source of encouragement for many young people, who have witnessed this era and it has inspired them to pursue careers such as health care, medicine, pharmacy and nursing³. With a sense of mission and desire to solve society's biggest problems, many young doctors have decided to devote their careers to infectious diseases, similar to the era of HIV/AIDS.

From a consumer perspective, we have witnessed a dramatic paradigm shift from bricks and mortar health care to digital and online health systems. Historically, our health system required sick people to travel to clinics and hospitals, and congregate with other sick people, potentially exposing themselves to various infectious diseases. We have now observed the consumer preference to change dramatically, towards telemedicine⁴. To cope with this unusual shift, medical practitioners of all specialties and ages need to acquire required skills and attitude to give consultation online. Innovations in digital health care will be introduced. Devices like digital stethoscopes, blood pressure monitors, pulse oximeters, digital ECG machines, digital otoscopes and many new portable machines will be available at home and the results could be shared remotely with doctors. It is estimated that 40% of all patients are using telemedicine or tele-health, right now. It is a matter of months till these figures go up to 60% to 80%.

Education during this time has changed dramatically from class room teaching to e-learning. Teachers have been introduced to using digital platforms like Zoom, Skype and Google hangouts etc. Some Universities believe that the new hybrid model of education including classroom and e-learning will emerge. Medical schools and post graduate medical teaching will be slowly converted to virtual learning and there may be a major change in both formative and summative assessments in the future, with a major part online and on virtual patients⁵.

However humans being social creatures can't live without interaction. Lockdowns and quarantines have had a huge impact on public. Hence the single and most important thing, the people will miss in the future is social connection with others. Social life has a huge impact on the quality of life and wellbeing of the people. This isolation has increased the number of psychological issues in the general population. Working in anxiety and stress is indeed very challenging for health care workers as well. The long and tense duty hours in the current situation have been "physically and mentally draining." This has led to an inevitable increase in burnouts among the healthcare professionals and rise in incidence of post trauma stress disorder, anxiety, stress and depression. There has to be government level response to reduce the psychological burden on health professionals⁶.

The number of questions that people have about COVID, the investigations, treatments, drugs, oxygen, ventilators, organization and delivery of health care and the discovery of an effective vaccine, cannot be overemphasized. There's a much greater realization that there is much more to be discovered, much more to be learned, much more to be understood. Medical research holds a very bright future⁷.

Without doubt, the COVID-19 will come to an end. Our lives will get back to normal and we

will visit the great outdoors. But life will be significantly different, especially for medical professionals. Adapting to this new world will become crucial for us both professionally and academically

Moreover, our current actions will define how quickly we reach that point. We must respect social distancing measures and reduce the spread of the disease. Only then will we experience the post-pandemic world.

REFERENCES

1. Noreen N, Dil S, Niazi SUK, Naveed I, Khan NU, Khan FK, et al. COVID 19 Pandemic & Pakistan; Limitations and Gaps. *Global Biosecurity* 2020; 1(4): 1-11.
2. Jafarey A, Shekhani S. With COVID-19, health care workers are having to choose who gets a chance to live and who will be left to die (2020, April 14). *Dawn Prism* Available from <https://www.dawn.com/news/1543602>
3. Cox CL. 'Healthcare Heroes': problems with media focus on heroism from healthcare workers during the COVID-19 pandemic. *J Med Ethics* 2020. Published online: 10.1136/medethics-2020-106398
4. Mann DM, Chen J, Chunara R, Testa PA, Nov O. COVID-19 transforms health care through telemedicine: evidence from the field. *Am Med Inform Assoc* 2020 Apr 23; ocaa 072. doi: 10.1093/jamia/ocaa072. Online ahead of print.
5. Ferrel MN, John J Ryan. The Impact of COVID-19 on medical education. *Cureus* 2020; 12(3): e7492-99.
6. Zhang SX, Liu J, Afshar A, Jahanshahi, Nawaser K. At the height of the storm: Healthcare staff's health conditions and job satisfaction and their associated predictors during the epidemic peak of COVID-19. *Brain, Behavior, and Immunity* July 2020; 87(1): 144-46.
7. Monica Di Luca. Lessons learned from COVID-19: the importance of putting health and research first. *European Brain Council* (2020. April 27). Retrieved from <https://www.braincouncil.eu/lessons-learned-from-covid-19-the-importance-of-putting-health-and-research-first/>

Dr Asher Ahmed Mashhood

Head of Dermatology
Combined Military Hospital/
National University of Medical Sciences,
Rawalpindi Pakistan