Original Research Paper



Obstetrics and Gynecology

THE INVISIBLE CRY OF NON-COVID-19 PATIENTS DURING COVID-19 PANDEMIC: THE NEGLECTED MANY

Anju Singh

MS, Assistant Professor, Department of Obstetrics and Gynecology, PGIMER, Chandigarh, India.

Avir Sarkar*

MBBS, Junior Resident, Department of Obstetrics and Gynecology, PGIMER, Chandigarh, India. *Corresponding Author

While the novel coronavirus has changed the face of the society and affected healthcare system immensely, non-COVID-**ABSTRACT** 19 patients tend to suffer the most. After 6 months of different phases of lockdown, patients are finding it very difficult to make their way to the hospitals and out-patient departments. Routine procedures including elective surgeries are completely withheld in the public sector. Hence, an obvious upgrading of their ailments are likely to occur in the near future. The pandemic has posed great challenges to those who used to travel miles to receive health care services in distant cities. It has also reduced the admission rate of patients to emergency departments. India, experiencing the highest surge of cases in the present time, is likely to suffer the brunt of this deadly war. With fast depletion of resources, non-COVID-19 patients are left with nothing but a blind fate that will leave them ruined by the time corona gets cured from the society.

KEYWORDS:

As the emaciated healthcare system is attempting to break the tide of the novel coronavirus pandemic across the globe, the highest cost of this fight is being borne by the non-COVID-19 patients everywhere. For about 6 months, non-emergency services including OPDs have been suspended in majority of the hospitals in order to divert resources for combatting emergency medical care during this deadly pandemic. This temporary pause and containment could be detrimental to many non-COVID-19 patients. Fate of thousands of patients who used to travel to metropolitan cities to receive advanced medical care seems to hang by a fine thread now.

While fighting against the novel coronavirus, we must ensure that the price to be paid is not at the sake of lives of non-COVID-19 patients. In developing countries like India with around 5.5 beds for every 10,000 population, even a marginal rise in hospitalization tends to increase pressure on the system exponentially [1]. Thus scheduled surgical procedures and follow-up visits are suffering an unimaginable crisis.

According to WHO data, more than 2000 cancer patients die in India everyday! [2] Imagine the perilous state in which they are forced to return back from the surgical, gynecological and radiotherapy OPDs after this sudden call for social "lock-down". More than 2 lakh new cases of end stage renal disease are added to our national medical record every year, which in turn incrementally adds to more than three core dialysis sittings per year! According to a recent study, more than 60% of Indians travel more than 50 kilometers from their home to centers for dialysis that might require upto 5 episodes per week [3]. More than 7000 people died of cardiovascular disease every day in India in 2016. With the lack of public transports and non-availability of health care workers, deaths are increasing day by day which largely remain uncounted. India has the largest number of deaths from tuberculosis (TB) in the world. More than 1200 people die from TB everyday across the country [4]. The health status of these patients, particularly those with concomitant HIV coinfection, is more lethal and capricious in this hour of doom.

How can we forget the 3.3 lakh malaria cases reported in 2019 from India? [WHO] They could arguably be the worst affected patients as hydroxychloroquine is being rampantly used to treat COVID-19 patients today. Similar is the situation of HIV/AIDS patients. Whereas 21 lakh Indians were living with full-blown AIDS in the country, antiretrovirals have found their way to the medicine boxes of COVID-19 patients! Mental health is an inalienable aspect of a person's health and well-being. According to WHO, India is one of the worst countries in terms of the burden of mental health disorders like depression, with its prevalence being as high as 39.6% [5]. Suicide has become the leading cause of death in age groups 15-29 years.

National health budget has always remained the bare minimum. Excessive use of vertical health programmes and unregulated reliance on market forces to provide healthcare has not only weakened its health system but has also left us helpless during this hour of crisis. Not only are doctors and nurses but beds and ventilators are also facing scarcity; more and more operation theatres are converted into ICUs; Despite having additional beds, hospitals hesitate to bring them for the fear of getting infected. Patients themselves are afraid to set foot in the hospitals even if they are really sick. Elective surgeries were instantly halted as the pandemic loomed. Although knee replacements, hernioplasties and prolapse surgeries can wait, but what about debulking surgeries for cancer patients? They fall into the gray zone of medical risk. While they are still not an emergency, many of them can become life-threatening if not quickly treated leaving patients with lifelong devastating morbidity. According to a recent survey by the American Cancer Society, as many as 25% of cancer patients reported delays in access to imaging modalities, in-person appointments and surgery [6].

Neglect of non-COVID diseases now haunts the Indian healthcare sector. Gradual dwindling of essential and simple medical care has crippled patients with hypertension and diabetes who need regular blood investigations to adjust their drugs. They are deprived of their usual care. What has also suffered the most is the availability of organ transplant donors. After the pandemic outbreak, the numbers have dwindled to mere 25% of previous rates of organ donation [7]. It is high time that government formulates new strategies to utilize hospitals from the private sectors for adding beds to counter to the needs of non-COVID patients. Semi-essential health services like surgeries for cancer patients, hemodialysis and selective organ transplants must be commenced as soon as possible. Teleconsultation is the need of the hour. It is mandatory to think for our fellow patients empathetically in this time of crisis. Love and compassion shall be the only thread tying the medical fraternity to the ailing population during this difficult situation. Let us hope that India soon finds her way to a rejuvenating sunshine after the darkest hours of COVID-19 pandemic.

REFERENCES

- Samir KC, Marcus Wurzer, Markus Speringer, Wolfgang Lutz. Future population and
- human capital in heterogeneous India. PNAS. 2018; 115:8328-8333 Rebecca L, Siegel MPH, Kimberly D, Miller MPH, Ahmedin Jemal DVM. Cancer
- Statistics, 2020; 70:1-5
 Santosh Varughese, George Abraham. Chronic Kidney Disease in India. CJASN. 2018;
- Sougat Ray, Kavita Anand. Reduce the delay in tuberculosis diagnosis in India. Lancet.
- World Health Organization. The burden of mental disorders across the states of India: the global burden of disease study 1990-2017. Lancet psychiatry. 2020; 7:148-161 Bhatla N, Singha S. The COVID-19 pandemic and implications for gynecologic cancer care. Indian J Gynecol Oncol. 2020;18-48
- Hedong Zhang, Helong Dai, Xubiao Xie. Solid organ transplantation during the COVID-19 pandemic. Front Immunol. 2020;2:75-79