

The Hidden Cost of COVID-19!

The pandemic of COVID-19 has had devastating effects on the lives of people worldwide. Globally, as of December 2020, 220 countries have reported cases of COVID-19, where 69.5 million people have been infected and 1.5 million people have lost their lives.^[1] In India, more than 9.8 million people have been infected and more than 142 thousand people have lost their lives.^[2] These huge numbers have been overwhelming and have had an impact on patients as well as health-care resources. It has had disastrous effects on people's lives and economies as well. Since there is no cure for COVID-19 yet and considering the time it will take for the vaccine to reach every individual in the world, the number of people affected will only rise. The ultimate burden of this disease which can be foreseen is extremely worrisome. Perhaps, that is why COVID-19 has received undivided attention globally. However, is there any other hidden cost that we are missing?

During the initial stages of the pandemic, many of the hospitals and health-care facilities had to restrict services to the patients. They had to make a drastic change in the way they accommodated patients with all diseases. Only a few hospitals were equipped to test and care for patients with COVID-19. However, as the number of patients grew, the number of beds required along with hospital resources such as the ventilator also grew exponentially. Naturally, this led to a shift in the care of most of the patients who did not have COVID-19. Patients with the least acuity, who had nonemergent conditions including fractures and malignancies and who did not have COVID-19, have been virtually left in the fray. To prevent the spread of infection, these patients have been actively persuaded by the doctors or their relatives not to come to the hospitals or health-care centers, further leading to neglect. Patients themselves have had great reluctance in visiting the hospitals out of fear.

As the country opened up in phases, the non-COVID-19 patients have started visiting the hospitals and other health-care centers. However, there is a serious shortage of doctors and health-care professionals such as nurses and respiratory therapists to care for them.^[3,4] Patients who do not have COVID-19 may not get the deserved medical attention and may have health complications due to delays in treatment since a large proportion of the current medical personnel are more focused on managing COVID-19 patients. Perhaps, the only noncommunicable condition that may have decreased during the lockdown period, with less traffic and less people on the roads, is trauma.^[5] However, in case of its occurrence, the quality of care they receive would have suffered at every stage, including primary care and transport to a hospital due to nonavailability of ambulances and emergency responders. Availability of beds and acceptability of patients may have

been a problem in smaller hospitals. Although emergencies would have received attention, definitive care that they require such as fixation of fractures would have got delayed with its adverse consequences.

Patients of noncommunicable diseases are referred to as “the forgotten patients” by the authors in this article.^[6] There has been disruption in health-care delivery, delays in treatment, discontinuation of routine care, loss of human touch, and uncertain physical availability of specialists, in particular.^[7] In the process of protecting the non-COVID-19 patients by avoiding exposure to the pathogen in hospitals, more harm may have been caused to them. The toll on non-COVID-19 patients (the unseen numbers) is possibly much higher than on COVID-19 patients.

The management strategies of all conditions have been modified due to the threat of COVID-19, where the choice of treatment is no longer based on a disease outcome, but the one that would maximally reduce the exposure of the patient to COVID-19. Thus, telemedicine for online consultations and medical treatment has been favored the most.^[8] Technological advances have enabled visualization of the patient, remote auscultation, and viewing of investigation results including electrocardiograms. Patients and their attendants have been equipped with self-management techniques to self-monitor whenever possible and identification of any potential “red flags” in their disease process.

Chronic respiratory diseases such as chronic obstructive pulmonary disease (COPD), asthma, and cancer have some of the highest morbidity and mortality rates among all diseases.^[9] These patients who were otherwise susceptible to respiratory infections suffered due to lack of availability and challenges to care.^[10,11] What effect will COVID-19-appropriate behavior have on the other airborne diseases such as tuberculosis is yet to be seen. Cancer care most often involves tumor resection, chemotherapy, and immunosuppression. In view of COVID-19, procedures such as tumor resection were often deferred while the frequency of chemotherapy sessions and degree of immunosuppression was reduced.^[12] How this has affected the survival of these patients is yet to be evident.

Patients with acute coronary syndromes are another group of patients that have borne the brunt of the pandemic. A delay in seeking medical help due to hesitation contributes to damage to the myocardium precipitating cardiogenic shock, pulmonary edema, or sudden death.^[13] The potential to treat is lost. COVID-19 itself may be associated with coronary thrombosis due to its effect on coagulation, making it further difficult to treat.^[13] It is understandable that the treating physician would want to rule out COVID-19 and await test results, but this

approach takes its toll as well. Patients with severe valvular heart disease anticipating valve replacements and patients with heart failure awaiting ventricular assist devices have had similar problems.^[12] Similarly, hypertension and diabetes are two noncommunicable diseases that have received much less attention than needed.

The physician monitored care of patients of chronic conditions had to be deferred, while procedures such as joint replacements, corrective surgeries, hernias and hysterectomies also had to be postponed due to COVID-19 pandemic.^[14] For these patients, this has translated to prolonged suffering, reduced productivity, and lower quality of life.^[14]

Even though infertility treatment may have been postponed, pregnancies and deliveries have demanded continued attention being an integral part of nature. Due to a lack of evidence and proper guidelines, two scenarios were seen during the pandemic. With the risk of infection most likely, several hospitals reduced the number of elective surgeries which led to a reduction in access to care,^[15,16] while in some other setups, it led to obstetricians favoring cesarean delivery since it is quicker than vaginal delivery.^[17] This variation impacted the quality of care for pregnant women.

COVID-19 has had a serious impact on mental health.^[18,19] A fear of doom could be seen in the population in the early stages of the pandemic, with people confined to homes during lockdowns. Quarantined individuals have shown several emotional issues such as anxiety, depression, irritability, lack of sleep, and anger.^[19] With passing time, although many have continued to be careful, in a large proportion of the population, this has changed to defiance. The low mortality rate has instilled a false sense of security among people, especially the younger population. Although partly driven by the need to resume work for economic reasons, many activities happen because of a serious impatience to wait any longer.^[18] Religious congregations, even though slightly muted, still happen with considerable aplomb. Rules for wearing face masks and social distancing are violated with impunity resulting in “waves” of infection.^[20]

COVID-19 has not only affected health-care systems but also education and research.^[7] Like in other fields, medical and allied health education has been continued online. Although imparting theoretical knowledge has been possible through e-learning, the essential “hands-on” learning of medicine from patients has seriously suffered.^[21,22] This raises important questions on the quality of training received by the students in their clinical years of medical education and their level of skill to manage patients. Research has been disrupted first due to the lockdown stay at home order, followed by the risk of infection and financial issues.^[23] Clinical trials had to be altered to meet the desired outcomes while there was a lack of patient pool willing to participate in the trials.^[23] This affected not only the sample and data but also potentially delayed resultant therapy. On the contrary, research has been conducted on COVID-19 infection and pandemic on a large scale across the world.^[23]

Overall, the novelty of the COVID-19 disease has undoubtedly had a disastrous effect not only on people who got infected directly but also on the people around them. The mental and physical health of the entire population has been challenged along with overburdened health professionals and health-care systems. Although the vaccine is in near sight, it will be long till every individual is vaccinated and the disease, hopefully eradicated. The deleterious effects of what has been will be everlasting on all aspects of human life. The year 2020 will go down in history as a year unlike any other, with all its implications on every country of the world!

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