

## COVID-19 PANDEMIC: LESSONS LEARNT AND THE NEW NORMAL AS I SEE IT

### Introduction

Since the WHO declared the SARS-CoV with pandemic potential, the countries of the world are facing their worst fears. The fear had started even before and the WHO just ascertained it. The fear is multifaceted with political, economic and livelihood aspects apart from that of health. The fear is justifiable, for this is not the first pandemic in the era of modern medicine. Perhaps it's the experience from previous pandemics that has orchestrated the course of the current one. Though the current pandemic did teach us many things it doesn't imply that the management of the same was a failure. It's the difference in knowing, facing and doing which is the one important lesson we learnt.

If one asks, are we prepared for a pandemic?

It's a nonspecific question, still the answer is yes, we are definitely prepared to deal with a lot of pandemics. We do have a thorough knowledge of mechanism of transmission and the preventive measures required for breaking the chain of transmission of any micro-organism. Even the current one is not very different in terms of viral genetics, communicability, virulence and mortality. SARS-CoV is less communicable and less fatal than the small pox virus. The remarkable difference lies in the number of asymptomatic cases, varied type of presentation and length of illness. This in turn is a proof of the virus being not so novel and there exists some innate immune response to the virus in different populations. The success of containing a highly communicable disease lies in the early detection of a pandemic potentiality and measures of controlling the communicability.

### World health organisation and China

WHO- did it fail? "Yes". The success is measured in the containment of a pandemic, so it has failed in doing the job. But if the question is, can it be held responsible for the current damage? Then the answer would be "no". The failure does not always depend on the incapacities of an organisation alone. It doesn't matter if the organisation is claiming responsibility or not, the credibility of the organisation depends on the success. Notification of a disease is not to be interfered by the local government. The decision of declaration of the pandemic and initiating measures of retreatation is unfortunately not based on protocols and there are no set standards. In such a condition the decisions can be biased or influenced by many factors and the analysis of the cause of failure is difficult. Transparency, decisive leadership, solidarity and accountability are evidently lacking and are to be immediately addressed.

What did social/physical distancing teach us?

"Communicable disease" it is quite obvious from the name that the disease is transmitted in communities where there are people living in close association with each other and has some form of contact. The world has become a community with the technological advancements. But we are fortunate that the same technological advancement has led us to follow the physical distancing measures while maintaining a social life. Digitalisation has even allowed remote access and outsourced form of labour to continue in spite of the pandemic. But physical distancing has its disadvantages especially for the most vulnerable older population. It is during these times of existential danger Covid-19 demonstrated to us the value of freedom, especially the freedom to move and be with our loved ones, in their difficult times, freedom to live and die in dignity. It has also given us the insight that individual freedom comes with a cost for the society. We should stop relying on others for our happiness.

How personal hygiene has helped?

We know from time immemorial that personal hygiene is the definitive way for prevention of many diseases but the importance of which is not substantially enforced in the community. Personal hygiene was implied as one of the causes of untouchability and social restrictions of the downtrodden in the medieval India and yet facilities for sanitation and hygiene education has not yet reached many communities until recently. There were many respiratory and contact transmitted diseases in the past but none has brought such a widespread impact and community sensitisation as caused by corona virus. Thanks to the media for considering it worthy to advertise age old techniques of hand washing and cough etiquettes eventually.

Are we living beyond the planet's boundaries?

The one lesson staring at our face is how human beings have abused the nature in the name of development. The decrease in pollution levels with clear blue skies and breathtakingly fresh air, sighting of wild animals in urban areas, arrival of dolphins in coastal regions and even rapid healing of the ozone layer are clear indications of the mess created by us. Nature sometimes finds its own ways to rejuvenate. It is imperative that we urgently seek solutions for the simultaneous well-being of the economy and ecology. We realise that life is possible without many things. The overarching societal goals which has articulated in our aspirations have complicated life.

Research in the time of corona

The world witnessed historical events in research with retraction of articles in two reputed journals. It appears that the pandemic is a planetary cleanse and a realisation of evils that have percolated all aspects of our living. It makes us wonder whether anything that comes with a price are worthy of it. Moreover all that are cheap shouldn't be overlooked as being useless. At times of crisis ,which can shake our existence, one starts turning towards spirituality and metaphysical possibilities for finding solace. These can sometimes lead to disobedient and incorrigibly reckless attitude and antagonistic actions among the public and prevent implementation of community wide measures to control and mitigate the crisis. We who see beyond the veil of the material illusion must hold tight to our expanded view of reality, and not be pulled down by the fear and confusion of the masses.

The new normal.

SARs-CoV testing

The routine testing for SARS-CoV in all patients getting admitted in a hospital is going to be a new normal, once the costs of testing have improved. Moreover less invasive and more accurate testing procedures are the need of the hour. Unlike other routine screening, like the HIV, HBsAg and HCV, which are practiced before invasive procedures, corona testing should be followed in all patients as the mode of spread is respiratory. It is a notifiable disease with strict recommendations for isolation right from the entry in to the hospital and hence, the SARI/fever/Corona clinic should be the new normal with measures to control exposure of negative suspects from acquiring the disease, when subjected to group isolation and testing.

Mask

All medical staff should start wearing valve-less N95 as routine. Aerosol generating procedures are being routinely performed in the hospital environment. Hospitals have the most vulnerable at risk population who can contract the infection from asymptomatic health care providers. Social distancing at the workplace and following proper hand washing techniques have been increasingly followed in view of the pandemic. Dining areas are closed spaces where one is off guard and the etiquettes have changed. Speaking is shown to produce micro aerosols and deciphering speech behind the mask is the new challenge. Shortage of PPE kits is the current devastating scenario in many countries and good Samaritan nations have always helped to equip them in combating the pandemic.

#### Regional anaesthesia and TIVA

Anaesthetists and intensivists are prone for COVID due to the involvement with the airway. Nevertheless airway management can be avoided by choosing regional anaesthesia with minimal sedation and low oxygen flows for most of the procedures including laparoscopic procedures. Avoidance of face mask or laryngeal mask techniques and use of TIVA is advised for many surgical procedures which don't require endotracheal intubation or muscle relaxation. Smooth extubation and avoidance of coughing is stressed upon and routine use of glycopyrrolate is re-emerging.

#### Vaccine trials

Development of vaccine for RNA viruses has been a challenge. With the possibilities of mutation and doubts regarding long lasting immunity, we must learn to live with the microbe and its kiss of distress. The vaccine trials during emergency are fast-tracked but safety and efficacy in different age groups of different population is still unknown. Herd immunity is acquired in many places even before the vaccine can be tested and in the process it has claimed numerous lives.

#### Economy, Education and Life

The COVID-19 disease has shattered the livelihood of many. But life matters more than economy and now its each and every citizen's responsibility to protect themselves. Work from home is the new norm. Online school education has its disadvantages and limitations and not at reach to many. One should start living the life of moderation at the same time accepting the value of it.

#### Conclusion

This pandemic has taught us that healthcare system is formidable and research is biased. Age old techniques still stand good in prevention and control. Anaesthetists' diverse role in the hospital is being recognised and has multiplied in this pandemic times. The new set of rules currently followed is to be continued forever as the new normal.