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

COVID – 19 has brought about two distinct subsets of characters. First asks, “How do I get out of here?” .The second says, “How can I be the light in this situation” These two contrasting phenotypes of fear and confidence clearly define the extreme effect of Covid-19 on the medical community today.

The coronavirus (SARS-CoV-2) has infected more than 10 million people since it appeared in China last November. The virus has brought the world to a standstill, forcing millions of people to isolate while the death toll steadily climbs.

Drastic actions like mass quarantine, Flying bans, school closures and suspension of all social activities have been taken by nations all over the world.

Knowing the enemy goes a long way in understanding the restrictions, which have been placed. The three main concerns for medical professionals are the uncertainty, the severity and the rapidity of the virus.

Uncertainty has been there ever since the virus was discovered on 31st December 2019 in Wuhan, China, but what remains a major concern for the medical professionals is the severity of infections along with lack of treatments. The only mainstay of treatment is oxygen and ventilators for those in septic shock or multi-organ dysfunction. However, the most catastrophic is the ‘Tsunami’s effect of Covid-19. The exponential rapidity of spread resulting in drastic public health interventions. So, what does this mean for Covid-19 and us? As we work together to deal with this pandemic it’s without question that our lives are forever changed. Covid-19 has successfully upended our economy, supply chains, public safety nets and healthcare system.

From the ‘battered’ Indian doctor, we have metamorphosed into ‘Corona Warriors’, Soldiers in white, risking our lives to save others.
Gone are the days when you donned your scrubs, wore a simple surgical mask and happily waltzed into the operation theatre to anaesthetize your patients after greeting them. With Covid-19 taking control of our lives, we look at the high resolution computed tomography (HRCT)of the chest and ReverseTranscriptase-Polymerase Chain Reaction (RT-PCR)reports for corona virus before even looking at the patients. Personal Protective Equipment (anonymous till February) has become synonymous with our existence. Wearing an N-95 mask or respirators is comparable to taking high altitude training.
Late Thurgood-Marshall once said,
“The measure of a country’s greatness is its ability to retain compassion in a time of crisis”.
Most of us will agree when I say that the novel Coronavirus has disrupted healthcare delivery like no other force in living memory. With many hospitals cancelling elective surgeries and procedures, anesthesiologists have had a role reversal from background actors to frontline warriors. Such was the impact of Covid-19, that for the first time in the history of Time magazine, an Italian Anesthesiologist, Dr Francesco Menchise was featured on the cover page. With personal protective equipment and Powered Air Purifying Respirator (PAPR) being the new normal, the role of regional anaesthesia and anesthesiologist can not be overstated considering the risk associated with general anaesthesia. As community spread of Covid has become apparent, the American Society of Regional Anesthesia and RAPM (Regional Anesthesia and Pain Medicine) have also recommended local blocks over general anaesthesia wherever feasible to avoid airway manipulation which is

an aerosol-generating procedure. Anaesthesiologists certified and experienced in regional anaesthesia will be in high demand and will command high salaries. Regional anaesthesia will dominate the surgical practice of the hospital and a lot of the infrastructure in the pre-operative holding areas and operation theatres will be based on this concept.

Many changes have also taken place in other aspects of our practice. As supplies of personal protective equipment dwindled, technology in the form of telemedicine emerges as a solution to reduce unnecessary face to face contact with the patients. Virtual pre–anaesthesia checkups have become a reality with the patients walking in just before the scheduled procedure. This will vary from case to case basis. We must accept that there is no 'post covid world', the virus is likely to be with us for years to come, if not forever. With the advent of the vaccine, the operation theatres will reopen with a huge backlog of cases. We need to adopt a more encompassing and creative definition of the operating theatre to respond effectively to this crisis.

We can already witness this transformation in the emergency department. The emergency footfalls have dropped in response to the coronavirus threat. Thinking ahead, the emergency department will use technology (video conferencing or artificial intelligence) to triage patients according to the requirement. This implies that the hospital of the future will shift from a four-walled physical location to a virtual one which connects patients and providers. This will be an enormous relief to many clinicians as it avoids putting their health and that of their families at risk. The emergency department will have a clear differentiator of Covid vs non-Covid cases and will be partitioned to accommodate these patients and also to

prevent contamination of healthcare workers and patients alike.

Nurses who are skilled in emergency care and ICU care are now in high demand after the Covid influx. This was a group that was underpaid and not given good facilities as there was a supply-demand mismatch. After Covid and the subsequent exit of a large number of nurses to their hometowns due to family pressure, the number of skilled personnel has dwindled to an extent that there are huge salary increments and better facilities to accommodate this group which many will argue are the true frontline Covid warriors. Without the presence of a skilled nurse, no ICU or facility will survive the repeated onslaught of the Covid epidemic.

The radiology and imaging community long thought to be the support, the non-glamourous arm of medicine have suddenly been thrown into the spotlight. The corona virus primarily attacks the lung and the high-resolution computed tomography scan is the first step in the diagnosis, treatment and prognosis of these patients especially since the swab test (RT- PCR) has only a 65% sensitivity rate and if not taken properly can lead to even lower sensitivity. The radiologists are now in high demand and are receiving salary bonuses to make sure they are well motivated to screen the hundreds of lung CTs that pass through them in a rapid efficient and accurate manner that will enable hospitals to tackle the rush of patients and allocate infrastructure.

The hospital administrator once a commoner and a much-derided figure has also shot into the limelight after Covid due to the extreme demands of containment and sterility, the administrator has a vital job to ensure only the sickest and most affordable patient is admitted to prevent choking of the hospital infrastructure. Engaging physicians,

patients and heckling relatives in this pandemic time is no mean feat and only the seasoned well trained and experienced lot will handle this pressure with aplomb. As the “cost per bed “ skyrockets there is enormous pressure on the administrator to deliver both to ensure adequate profits as well as to preserve the humane face of the hospital.

Daycare surgeries will be back in vogue. Patients not requiring acute care will be back at home on the same day. Remote monitoring with vital signs and pulse oximetry will be the new normal. In case a patient experiences a crisis or starts to deteriorate, the rapid response team will be deployed to take care. Research has shown that such virtual hospital programmes can reduce cost while boosting outcomes and patient satisfaction.

As we redefine hospitals, we also must think about what it means to the health care providers. Covid -19 has resulted in a paradigm shift in clinical knowledge and best practices. Doctors no longer have the luxury of attending conferences or perusing lengthy journals. Live and recorded webinar sessions have become the main tool for knowledge transfer for health care professionals. In addition to training and webinars, the clinicians connect and enhance best practices on online platforms. These enhancements to traditional ways of disseminating clinical information demonstrate the importance of access to real-time knowledge sharing and are a big part of physician empowerment and resilience.

To conclude, Covid-19 is the most significant disrupter of our lifetime. It has transformed the healthcare business overnight. A quick run to cafeteria for a bite and gossip are not going to come back any soon. The pandemic has resulted in a lot of heroes being unveiled albeit unwillingly, it has exposed many a chink in the health care armour and

it has opened the commercial face of the health care industry but most importantly it has changed the health landscape probably for a long time to come.