

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

Introduction

Disease outbreaks in the historical times have ravaged humanity to a great extent changing the course of history. Everyday teaches us a new lesson. And every experience is a learning platform. The natural disasters like pandemics, wars have taught us a lot for improving the existing facilities and also developing and reaching the new horizons. COVID-19 Pandemic is one such disaster, which has come to our lives and has changed the living altogether in the past 8 months. The first case of Coronavirus disease (COVID-19) was reported on 30 January 2020 in India. The World Health Organization declared COVID-19 to be a pandemic on March 11, 2020.

Health care System

As soon as the scare began, it revealed the loopholes we had in our health systems. The jolt to handle the large number of patients requiring ventilators created a panic in the whole medical fraternity with the fear of not able to handle such a load physically and financially. We realized the fact that the equipment was not that costly as they were being bought and projected till now. The increased demand of ventilators, made us realize the fact that ventilators can be made up in a reasonable affordable price. The scenario is exactly same like choosing between a Maruti Suzuki and a BMW. “The necessity is the mother of invention” as rightly said and had been proved.

Healthcare workers

The scare is most evident in the most vulnerable population i.e. the health care workers (HCWs). HCWs, the learned lot, the vulnerable population, were scared the most as they would be coming in contact with the patients especially the class IV employees, the cleaners, sweepers. Lack of proper leadership from the senior staff and

the media scare, made them run from the working place. We recognized the weaker links in this hierarchical chain and learnt to spread awareness in the staff that is the most vulnerable.

Use of masks and gloves

The HCWs have the unhealthiest practices especially with the fact that they are exposed to the threat so close. The use of masks and gloves, which was ignored and overlooked earlier, when reinforced in view of the protection from the infection, revealed the ignorance of the HCWs. The unawareness among the HCWs about proper usage and disposal of the masks and gloves; made us think to revise our training modules. We learnt that there is an urgent need for regular checks on these practices and revisions to reinforce the healthy practices among HCWs. Pandemic or no pandemic, these practices need to be followed. We lacked in regular training to handle these kinds of situations and were not preparing our staff for such scenarios until being into it.

Medical Education

The education has been hit particularly hard in this COVID pandemic with 1.53 billion learners out from the institutions impacting 87.6% of the world's total enrolled learners. It included primary, secondary, graduate and postgraduate students. The medical students who are the strength and backbone of the nation suffered a lot in their learning during this pandemic scare. The outpatient services were suspended completely and the inpatient services were limited to only emergency admissions. The patient load decreased and so the patient exposure for the PG students. The inhibition to sit in a closed environment, maintaining the social distancing decreased the frequency of classes and interactive sessions. The mandate to keep the strength minimum in the wards had led to decline in bedside discussions too.

In this overgrowing pandemic, we discovered new tools to overcome our limitations. The online platforms for teaching like zoom, Google meet, Google classroom and Skype, which were already there, but their potential was underestimated till this time of lockdown. In this present situation, a thought about virtual patients, simulators. Simulating the case scenarios and teaching on them is not new. The more we sweat in peace, the less we bleed in war. The on going scenario is not letting us sweat at all in the want of the patients. The trainees especially in the clinical branches even after attending the classes online, and discussing the case problems on open online forums still need a practicing ground. For that matter, other para clinical branches also need the same.

Simulation

Medical simulation has been found to enhance clinical competence at the undergraduate and postgraduate levels. It has also been found to have many advantages that can improve patient safety and reduce health care costs through the improvement of the medical provider's competencies.

Simulation has been introduced in the medical education quite a long time back. The in coming time warrants the increased use of this under utilized modality till date.

Also, this lockdown period has taught us more about the distant learning. The more ways and more use of various technologies to be used for the same. This interactive classes without causing any crowding of the classrooms, can be continued occasionally even after regularization of the duties.

The high definition videos including simulations, simulated patients can be made available and to be incorporated in the curriculum and circulated in the distant peripheral hospitals for easy learning of the medical officers.

The future of education warrants an addition of the simulation and virtual patients in the prospectus. Incorporating it sooner saves the imminent disaster, which we will be facing, making the clinicians without exposing them to patients.

Reality of clinical trials

The trials concerning the use of hydroxychloroquine (HCQ), the guidelines which kept on changing on daily basis: to give or not to give. 70 years old well known medicine, to be replaced and challenged by a newer upcoming drug Remdesivir which is 10 times costlier and lesser known; is forced in the market by the pharmaceutical companies. The old saying “Old is Gold” still holds good. The recent disclosure by the Lancet and the New England Journal of Medicine regarding how they were pressurized to write against the HCQ by the pharmaceutical companies; forced us not to believe the trials. These revelations made us learn to take everything with a pinch of salt during this era and also for the future references. On one hand the whole humanity is fighting against the infection, and on the other hand the business minds are trying to dig gold out of dead. The worst is that medical fraternity is a part of it.

Patient load in hospitals

Scare in the people, decreased the number of patients in the hospitals. This forced us to ponder that the number of patients who used to come to the hospitals earlier were really sick? After this pandemic declaration and the lockdown, the number of patients in the hospitals has reduced drastically. Does this imply that patients have started becoming lesser ill or the need to come to the hospital has decreased? We realized and learnt that long term patients who were earlier reviewed monthly and are continuous on the treatment can be reviewed after longer periods. This will decrease their visit to the hospitals.

Adopting new strategies

The need of an hour is to decrease the aerosol generating procedures. This forced our minds to think of the procedures to be done under regional anaesthesia than general anaesthesia. Avoiding intubations as much as possible is the new normal. Regional anaesthesia is preferred in all possible scenarios.

Setback to age old cultural practices

The western culture of social kissing, hugging; an empathetic greeting also got a setback. The demand of social distancing forced us to change these habits. The culture which was followed in the major part of the world needs revision and greeting by saying “Namaste” will be the new normal. The use of face masks will be universal which earlier was followed in a few countries and in fewer societies. The maintenance of social distance was approved worldwide and to be followed.

Any infectious disease being it COVID 19 or any other in the future, maintaining social distancing, wearing masks, adopting healthy practices, preferring non-aerosol generating procedures, adopting newer and distant learning methods, lesser number of patients in the hospitals, limited number and only emergency procedures forcing the learning on the simulators, changing the cultural habits, believing the medicine trials with a grain of salt, not believing blindly everything written or published will be the few of the new normal adaptations in our lives which will be adopted and we have to start living with them.

Investment in research

Getting a vaccine as fast as possible is the only predictable way out of this pandemic. While existing knowledge of traditional vaccine technologies and next-generation technologies for innovative vaccine platforms have hastened the vaccine development, there remain substantial challenges in the path of the COVID vaccine.

Time and finances both stand constrained. There is a need for generous funding, collaborative effort, and novel study designs so that the world gets the COVID vaccine sooner. This large scale vaccine development has happened for the first time in the history of humanity that 164 vaccine candidates for the single disease are under development simultaneously.

We must also realize that the world is facing a pandemic every decade, SARS in the 2000s, MERS in 2010s, and COVID-19 in 2020. Though it is unlikely that the current epidemic will end abruptly, however pan coronavirus vaccine development and stockpiling, have to become a global priority, and the world needs to identify the international funding agencies and mechanisms to support the development, manufacturing, and storage of these vaccines even if the epidemic ends abruptly.