Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Is it time to consider an income guarantee for the period that patients with COVID-19 spend in isolation: an Indian perspective

The lockdown due to the COVID-19 pandemic in India has entered its third phase.[1] It is now increasingly obvious that the SARS-CoV-2 is likely to persist in the foreseeable future. In addition, numbers of patients with COVID-19 have been increasing steadily.[2] At present, the policy of the Government of India with regards to COVID-19 has been to admit patients in specially created isolation facilities until they test negative or recently to be confined to home-based isolation if asymptomatic or mildly symptomatic.[3] This is done to break the chain of transmission and prevent further infections in the community. Already it is seen that outbreaks in dense, congested areas and localities with impoverished populations are difficult to contrail and contain. A major reason for this could be failure of recognition of mildly symptomatic patients who continue to infect other people and the inability to sustain the requirements of social distancing.

So far, the policy of the lockdown has been associated with increasing economic stress especially for the poor and marginalized sections of the society because of the near stoppage of economic activity. As the lockdown is gradually easing, many individuals and families that were dependent on daily incomes are already economically stressed. In addition, if an already economically stressed individual is admitted in an isolation ward or advised isolation at home, it would mean further loss of any possibility of earning especially because family members would also in all probability require quarantine. In many poor households, most people including sometimes children are earning members and being in isolation or quarantine can translate into a financial burden that many households may not be able to sustain, this notwithstanding supplies of food which may at times be erratic. Most patients are usually mildly symptomatic or asymptomatic and may feel physically fit enough to be able to work. It will be obvious that most patients are in isolation (either at home or hospital) for the good of society (by cooperating in breaking the chain of infection) and not necessarily for their own health. In such a scenario, it is likely that there would be increasing events of non-cooperation with isolation at home or in hospitals as exemplified by insistence on being discharged, or denial of illness, claims of wrongful test results, etc.[4,5] It is also likely that the frequency of these, yet sporadic incidents, will increase with time as they become more well known. It is probable that people will try to conceal mild symptoms to prevent being isolated and their families quarantined purely to avoid financial loss in addition to the stigma it entails. As others rush to take limited employment opportunities, there is indeed truly little incentive for a mostly well patient with COVID-19 who finds himself in isolation to cooperate with this lengthy process.

What is required is to reframe the narrative that it is enough that a patient with COVID-19 is admitted, is being looked after, and his/her immediate healthcare needs are being fulfilled as is the case at present. It is probably time to recognize that a patient (and family by extension) in isolation is doing a service to society and there needs to be a consideration toward financial compensation for time spent in isolation beyond immediate health care and food security (as is the current practice). This can be taken as a form of social responsibility. Different sponsors can be approached for this purpose if needed. This should be combined with appeals to altruism in people who need to be isolated. This will enable greater cooperation with the process of isolation and effectiveness of the measure. Financial compensation may also reduce the stigma associated with COVID-19.

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