

Corona Collateral Damage Syndrome: Perception of the Damage

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The world has been reeling under the coronavirus disease-2019 (COVID-19) pandemic, and none have remained unaffected, directly or indirectly, by this novel severe acute respiratory syndrome coronavirus-2. With its high velocity of spread and magnitude, it has had a significant impact on the healthcare delivery system and posed a challenge across the globe. With over 115 million cases around the world and mortality figures of 2.5 million and counting, countries continue to fight this once-in-a-century-time pandemic.¹ The COVID-19 infection has had a direct negative effect on public health, social welfare and economy.

The other major concern has been the collateral impact on non-COVID-19 patient care, namely the corona collateral damage syndrome (CCDS), which has been predicted to have a higher mortality than COVID-19 itself, and it is also difficult to measure.² This clinical condition results from delay or avoidance of seeking medical care for non-COVID-19 acute emergency conditions and has been attributed to fear of patients getting infected on coming to the hospital and social stigma attached to it. This was further reinforced by policies like lockdown and directives of staying indoors.

However, there is another cause, and it is related to a change in priorities of working, drastic shift in the working pattern, and focus on healthcare institutions, i.e., managing only COVID-19 patients at the cost of non-COVID-19 medical and surgical patients. It was based on the giant surge and wave of patients suffering from COVID-19 infection, who were getting admitted and overwhelming the healthcare services in certain nations. Healthcare systems adopted an overcautious and defensive approach so as not to exhaust the medical services and preserve its resources and manpower from the jaws of COVID-19.³ Fear was also an underlying factor in the minds of all healthcare workers (HCWs), and it was about perceptions of the worst and the unknown.

In this current edition, Swagata et al.⁴ have surveyed the perceptions that HCWs carried about the impact of the COVID-19 pandemic on the delivery of acute care services for non-COVID-19 patients and the reason for its change. Set in within 2 months of the lockdown when all HCWs were grappling and gearing up at various fronts, to counter and adapt to this unknown and unanticipated challenge, which came in like a violent storm, this prospective study has made a fair effort to assess how these perceptions were influenced by HCWs and institutional characteristics, at a time when the visibility on future was unclear. The authors have done a remarkable job by doing the electronic survey and received 392 responses (32.1%) with an 84.1% completion rate over a three-week period during the busy peak time. The number of participants is also comparable to

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other studies done during this period. As per their study, 60.1% of HCWs perceived a reduction in patient visit to the hospital. It shows that the HCWs were quite aware of the possible impact of this pandemic on the various fronts as was evident in the answer to the questions, and this study could measure this awareness with evidence. Studies have highlighted the marked decrease in the number of patients visiting hospitals, and the outpatient department visits have been affected up to 92%.⁵ A 50% reduction in number was seen in patients attending hospital for a cardiac ailment, whereas the cancer-related services were also down by 27%.^{6,7} Effect of the pandemic has also been evident on patients with kidney diseases where almost 28.2% of patients missed one or more dialysis services while 4.13% did not turn up at all, further substantiating the CCDS.⁵

Regarding the reasons for changes in service provision and utilization, 58% of HCWs in this study attributed it to lockdown and the fear of infection along with the social nuances. This corroborates with the findings of the Society for Cardiovascular Angiography and Interventions consumer survey determining the fears of the people related to the COVID-19 pandemic.⁸ They had reported that 61% of patients feared contracting an infection if they visited the hospital and 57% wanted to avoid urgent medical attention. 52% of people feared COVID-19 more than heart attack and stroke and that was the magnitude of the fear and uncertainty.

While most studies during that period looked at the perceptions regarding the behavior and stress of HCWs, the current study, in addition to the above-mentioned studies, included the HCWs perceptions about the impact on acute healthcare services along with the reason for such a change.

In this present study, 56.1% of HCWs avoided duty, when it was evaluated in terms of the perception of HCWs' behavior. These findings were consistent with the observational cross-sectional study by Kumar et al. that was done on 329 HCWs.⁹ They reported

that 65% of doctors were reluctant to work during the pandemic in their study. The fear factor was as high as 84.8% as compared to 50.1% seen in the study by Swagata et al. Even the fear for their family and reluctance to work were higher at 94.2% against the 60.2% reported in the current study. Now, these observations were inevitable and have again been highlighted by this study; given the tough and challenging responsibility, the HCWs were shouldering amidst the uncertainties and many unanswered questions. Chatterjee et al.¹⁰ and similar studies have reported that almost 34.9% of HCWs perceived depression while an equal number felt stress and anxiety. Interestingly, lack of protective equipment and high workload were not perceived as contributors to CCDS in the current study contrary to the other published reports.

The current study was conducted using a questionnaire-based survey done on a small population that was of mixed variants and in a short period of time. The selection bias and volunteer effect hence cannot be negated completely. Another limitation has been that this study has not touched upon the objective impact of the perceptions of healthcare workers on acute care services related to cardiology, oncology, surgery, and nephrology. It would have been more complete if the respondents had also been asked about the percentage change that was expected, and then the actual impact on the care of patients and effect could have been measured as a follow-up of this study.

This once in a century situation has had no parallels. With passing time, there will be better clarity regarding the understanding of the disease process and its trend. It will improve the knowledge, attitude and also change the perception which will allay the fear of the unknown. With the successful advent of vaccination and the better gearing up of resources, there is a fresh ray of hope regarding the control of this pandemic.

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