Our knowledge of Covid-19 is expanding and accelerating fast

Atreya *et al.* underscore the importance of community-based palliative care during the ongoing Covid-19 pandemic in the Current Issue of the Journal.[1] Due to several local and intermittent restrictions on commutation, for rightful reasons, and when it is not possible and safe for patients and their caregivers to move freely, teleconsultation and App-based care are emerging as alternative management strategies. In their Editorial, the authors illustrate its importance, usefulness, pragmatic value, and limitations to family physicians, who are serving patients—sometimes taking extraordinary risks. When in-person care is not there in sight in foreseeable future; proper, easy to implement, and economic guidance to household members and their primary physicians by specialists is the need of the hour and should usher us the path in these difficult times.

Table 2 of the write up has a title "Symptom management in a community-based palliative care." In that table, the authors suggest various measures to alleviate a few common distressing symptoms in a way the infection does not spread to others. However, we need to realize that now we know a subgroup of Coronavirus patients who do not have symptoms at all but still carry a poor prognosis. Quinn *et al.* at University of Edinburgh write their experiences about managing some patients who arrived at their Center having apparently stable illness, yet had a happy hypoxia syndrome and could not be saved.[2] Its mechanism is not clear but a few authors suggest a possibility of autonomic neuropathy in nerves innervating respiratory system.[3]

Recognition of the specific condition may not be of much value to those having an otherwise terminal illness but if that is not realized early on in the course of their illness, unsuspecting staff and fellow patients may come in contact with such patients and they may get infected. Recently researchers in Korea highlight that asymptomatic patients have the same amount of viral load as their symptomatic counterparts.[4] Hence if suspected early, and then isolated, other persons may avoid this unnecessary exposure to the virus. In this pandemic times when already several healthcare workers have succumbed to the germ and several need to be quarantined and then followed up meticulously, ensuring the safety of our staff and their genuine interests is the most important job of our collective intellect. To raise morale of our staff, we need to assure them of our sustained kosher concern for protecting their well-being.

Although recognition of some salvageable illness in an otherwise healthy individual may require an all-out approach, that may not be necessarily true for those having comorbidities or having some terminal illness. Having recognized the dilemma and absence of clear preexisting rules as well as futility of aggressive care in this group of patients, recently Indian Council of Medical Research issued a Do Not Attempt Resuscitation guidelines and that is under debate at several platforms.[5] Even otherwise we, as a physician, always weigh benefits versus risks of each and every intervention to each patient and similar calculation should show us the way ahead.

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