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Provision of holistic care after severe COVID-19 pneumonia

We read with interest the overview of a post-COVID-19 recovery service developed by Rebecca D'Cruz and colleagues in the UK. This multidisciplinary approach, implemented in response to the anticipated long-term burden of COVID-19 infection, will undoubtedly provide patient benefit.[1] The construction of this clinical pathway, alongside many others internationally, is based on previous knowledge pertaining to post-critical illness recovery and the previous severe acute respiratory syndrome pandemic. However, there are other crucial lessons that have been assembled in relation to critical care recovery, which require consideration in evolving services.

Most notably, new financial problems and reduced return to employment have been shown to be common in critical care survivors and their family members. A meta-analysis showed that only 56% of patients who were employed before admission to critical care, were back at work at 12 months after discharge. For those patients who did return to employment, there was a positive association between work and psychosocial health, including improvement in health-related quality of life and symptoms of depression.[2] Patients who have been severely ill due to COVID-19 infection appear to be no different; emerging literature shows that patients in both the UK and the USA have reduced their return to employment in the months following hospitalisation due to COVID-19 infection.[3,4]

Although combining employment and welfare advice might seem unrealistic in a single recovery pathway dedicated to physical health, previous evidence suggests that integrated services, focusing on wider social structures, are feasible and effective. For example, the introduction of colocated welfare advice services in multiple health-care settings in England, UK, was associated with improved wellbeing and mental health scores for patients, in addition to a reduction in measurable financial strain.[5] This approach has also proven useful and acceptable for patients and caregivers during critical care recovery services.[6] Support might come in the form of welfare and vocational rehabilitation staff attending (in person or virtually) follow-up services or having clear referral pathways in place.

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The provision of person-centred, integrated care following severe COVID-19 infection is crucial. However, to be truly effective, care must cross health and social boundaries to ensure that wider socioeconomic inequalities are not exacerbated. We would suggest that those health-care settings offering specialised COVID-19 recovery services are well placed to deliver this integrated, holistic care.

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