In the coronavirus disease-19 era, is the care of noncoronavirus disease-19 patients being compromised?

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It was the December 31, 2019, when China reported a mysterious pneumonic illness that we know now as coronavirus disease (COVID-19), which subsequently was found to be caused by the novel severe acute respiratory syndrome coronavirus (SARS-CoV-2).[1] On March 11, 2020, the WHO formally labeled this outbreak as a pandemic after cases were reported in many other countries.[2] In Saudi Arabia, the first COVID-19 case was reported on the March 2, 2020. However, the Kingdom has been exposed to a number of coronaviruses in the past. In 2003, the Kingdom prepared well and luckily escaped the consequences of the severe acute respiratory syndrome (SARS) epidemic.[3] Nearly a decade later, the middle east respiratory syndrome epidemic was successfully contained, and many lessons were learned from that experience.[4] Nonetheless, the current crisis with the novel SARS-CoV-2 is far more threatening and challenging, as was witnessed in Italy, Spain, and particular states in America. Since there is a potential for a similar situation here, different organizations in the Kingdom and the neighboring Gulf countries have taken strict measures that were deemed necessary to limit the spread of the virus. Such measures appear to have succeeded in tampering the spread and so far, Saudi Arabia seems to be faring better than many other countries.

However, as health resources are being directed mainly to tackling the COVID-19 pandemic, concerns were raised about the potential of compromising care for the non-COVID-19 patients. The Centre for Evidence-Based Medicine (Oxford) has cautioned against the neglect of certain categories of patients when redirecting resources during this pandemic.[5] Similarly, the Royal College of General Practitioners in the UK and the British Medical Association have published guidance for the optimal prioritization of health resources.[6] The recently published perspective by Rosenbaum discusses the striking toll of this pandemic on non-COVID-19 patients in the US, particularly in the fields of cardiology and oncology.[7] In an attempt to mitigate the harm, the Centre of Medicare and Medicaid Services in the US has published guidance to reopening facilities for non-COVID-19 healthcare.[8]

Here in Saudi as well, elective procedures have been postponed, preventive medicine services put on hold, chemotherapeutic regimens rescheduled, routine surgeries canceled, and intensive care beds reserved for a possible COVID-19 surge. Furthermore, these restrictions go beyond the clinic to paramedical services such as physiotherapy, rehabilitation, and many other specialized services. Physicians are now conducting telephone or online assessment of patients, which though better than nothing, do not fulfill the full purpose of the direct

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face-to-face physician-patient interaction.[9] However, as pointed out by Rosenbaum,[7] many decisions are not black and white, and weighing the risks and benefits is not always easy. Physicians are facing a difficult day-to-day decisions when discussing the best options for alternative care plans with their patients. More concerning is turning patients away from the emergency department, or patients being concerned to go there in fear of contracting the infection. We are aware of an elderly patient who was brought to the emergency department at a local hospital with chest pain, elevated troponin, and new-onset fast atrial fibrillation only to be told that he should find another hospital. The justification for this was preparedness for COVID-19. Another patient with glioblastoma had her chemotherapy withheld because of the current crisis. A psychiatrist quoted the case of a young female who presented with a psychotic relapse in the emergency department, leaving her wondering about the consequences of rescheduling new patients in the outpatient clinic. Talking to colleagues revealed that many had similar anecdotal narrations. Reports of reductions of up to 50% in the number of visits or common ailments such as cardiac events and strokes have also been forthcoming.[10] Finally, we hear cries from those who are chronically ill and feel abandoned, or worse "disposable" during the current health crisis.[11]

In conclusion, we need to be aware of the potential for compromising the medical care of non-COVID-19 patients and give our utmost efforts to balance the risks and benefits while sharing decision-making with them. For policymakers, the WHO issued guidelines to aid in "decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse."[12] In a vast country such as Saudi Arabia, it would be wise to be flexible and assess the pandemic's behavior in different areas and resume operating specific medical services for the non-COVID-19 patients accordingly, until the pandemic is totally over, hopefully in the near future.

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