

The legacy of the COVID-19 pandemic and potential impact on persons with wounds

COVID-19 has dramatically disrupted the practice of managing individuals with wounds.¹ Care has moved onto virtual platforms, rearranging the logistics and economics of running a successful clinical practice and research, and in some contexts,² redefining what treatments patients with wounds can receive (eg, debridement). Since the start of the pandemic in early 2020, there has been considerable emphasis placed on the implications for patients with wounds in terms of their vulnerability to the virus and potential exposure in health care settings. Many of these are not surprising since most persons with wounds are in the high-risk age groups for COVID-19.³

Little emphasis, if any, has been placed on the significant, and potentially enduring, consequences of COVID-19 for the delivery of wound care. In this editorial, we begin the debate on the effects of COVID-19 for practice after the pandemic, focusing on key shifts some of which are already evident (eg, online consultations). So, what are some of the potential legacy effects of rapidly implemented changes in wound care practice? COVID-19 reshaped practice, clinical trials, and delivery of care broadly, and these changes might endure well beyond the pandemic. Therefore, shifts in practice brought about by the pandemic must be accompanied by improved training and awareness, enhanced infrastructure, and evidence-based support if they are to harness the positives and offset the potential negative consequences of the impacts of COVID-19 on wound care. Nothing new there for most of us practicing in the area of wound healing.

The assumption, or perhaps hope, of many organisations, including governments, is that we will return⁴ to “normal.” The history of previous pandemics and major social upheaval suggests otherwise. In fact, the subject will likely experience mid- and long-term effects⁵ and is unlikely to ever be the same post-COVID-19.

The COVID-19 pandemic has created uncharted territories for governments. Major decisions were made with little precedent to draw upon and little certainty

around when the crisis will end. As the immediate COVID-19 threat seems to be diminishing post-vaccination efforts, many decision-makers are becoming increasingly mindful of its longer-term implications—and for some, the crisis could be an inflection point. Below are 10 potential legacies on persons with wounds and for those who care for them.⁶

1 | TEN EMERGING LEGACIES

1. Changing mental health and patient wishes⁷
Patients with wounds generally suffer from wound-related psychosocial issues, which can impact their mental health. As post-pandemic austerity shapes the experience of living with wounds, these structural vulnerabilities will intersect with the challenges of on-going virtual consultations, as well as worries around physical contact on the part of patients, families, and clinicians. COVID-19 will change the social relations of care for the foreseeable future, and often in uneven and inequitable ways. The question that must be asked is: how can we best support patients, families, and one another in ways that foster adaptation and equity, rather than assuming an eventual return to pre-pandemic relations and linear effects across patient groups?
2. Resultant evolutionary not knee-jerk change⁸
Understanding the complexity of swiftly evolving wound care practice in a peri- and post-pandemic world needs to be a priority to assess the consequences of COVID-19 as they develop. This should be undertaken to develop an evidence base and key principles for the rapid changes that are currently taking effect, and the serious implications for patients, families, and clinicians post-pandemic.
3. Improved national, organisational, or personal resilience⁹
This pandemic has permanently altered how governments and their agencies view resilience for their

organisations. As the crisis subsides, governments and individual public bodies will be able to learn lessons and rethink their continuity plans, substantially upgrading our national resilience.

Our view of key workers in a crisis has expanded as well. While the pandemic has rightly put a spotlight on the extraordinary work of frontline health and care workers, it has also illustrated the crucial importance of others needed to tackle the virus and maintain daily life.

4. Altered financial security: For organisations and individuals¹⁰

The International Monetary Fund predicts that the pandemic could deliver the biggest blow to the global economy since the Great Depression in the 1930s. In the United Kingdom, the Office for Budget Responsibility has set out a scenario in which the public finances could be hit harder by coronavirus than the 2008 global financial crisis—but far more briefly. The good news is we survived and bounced back.

The more sustained legacy for the public finances could be higher levels of government debt and its impact on public spending including health.

5. Debates around inequality are renewed¹¹

Many commentators have observed that the COVID-19 crisis has amplified inequalities. National lockdowns have been inherently harder for families with no outdoor space, little access to technology, and lower or interrupted incomes.

In the United Kingdom, the Institute for Fiscal Studies has argued that pressure on health services combined with an economic downturn are likely to heighten existing inequalities. In the United States, some cities have reported disproportionately higher mortality rates among African Americans. And globally, the United Nations has warned that economic distress, children being permanently at home, increased domestic violence, and health agencies under pressure all increase inequalities against women.

Beyond the crisis, all of this will renew pressure on governments to tackle inequality, and some may well pursue more radical policy thinking. The need for economic stimulation post-pandemic may well reinforce governments to boost infrastructure spending, skills, research, and more particularly in health care. Although the current backlog of non-essential procedures may swamp any stimulus for health.

6. Blurring of areas of focus and responsibility¹²

The COVID-19 pandemic has created a high-pressure environment in which the lines between government agencies, and between the public and other sectors, have all blurred in the public interest. Governments drove that process by engaging

partners and suppliers on critical projects while easing regulations over procurement and data sharing.

As the crisis subsides, governments will be able to reflect on where public bodies excelled and where other sectors were effectively deployed to deliver the best outcomes.

7. Acceleration of adoption of collaborative technologies¹³

For many agencies, the shift to mass remote working has been successful and the crisis has seen a leap forward in the use of collaborative technologies. After an extensive period of remote working, many organisations will want to retain its advantages going forward.

The crisis has also seen a re-valuation of the importance of data. Faced with the pandemic emergency, governments around the world eased regulations including those that govern data-sharing between agencies in order to find new ways to battle the spread of the virus and co-ordinate responses. Post-crisis, they may reflect that these arrangements should be preserved, or whether the value of sharing and using data to protect the public makes legislative hurdles worth jumping.

More widely, the pandemic has accelerated the use of technologies in the public sector and remade the case for further transformation. Of course, none of these technologies would be available without connectivity into peoples' homes, and the pandemic has underlined the importance of our broadband infrastructure as part of national resilience.

8. Rebooting of civil society and changing of citizen behaviour¹⁴

Since the scale of the pandemic became evident, people have reached out to their communities to offer practical help and emotional support.

As normal life eventually resumes, these extraordinary levels of volunteering will inevitably drop off and it remains to be seen whether communities stay more engaged and cohesive. Whether they do or not, the crisis will leave a civic legacy—even if that is simply a better understanding of how volunteering can be mobilised during a national emergency.

More widely, governments will need to understand how, if at all, citizen behaviour has changed going forward. In some areas, the pandemic may leave a lingering legacy on demand such as in health care.

9. Innovation will continue for the foreseeable future¹⁵

In many public bodies, the pandemic has identified ideas for longer-term change that would make them more resilient, effective, or able to add additional value. But amid the pressures of crisis management, there is a danger those ideas will be lost.

National and organisational leaders can create opportunities to capture these flashes of inspiration by giving their people mechanisms and opportunities for sharing them, which might include live online discussions or crowdsourcing platforms in which anyone can share their own ideas or develop others.

10. Increased risk of acceleration of health challenges¹⁶
The widespread, inadvertent use of antimicrobial drugs in this pandemic could leave us with another, more dangerous legacy: a dramatic increase in drug-resistant infections. This requires urgent attention or wound infection poorly diagnosed or badly managed will result in another Global pandemic. The burn out and stress experienced by many clinical staff are likely to exacerbate the shortage of trained health care professionals that exists in all health care systems and if we become ill in the future not only will we need to ask do they have a therapy that works, will there be enough hospital facilities to care for me but also who will be doing the professional caring? This pandemic has a lot to answer for.

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