

Impact of COVID-19 on a tertiary eye hospital

Dear Editor:

COVID-19 pandemic not only affects the global economy but also has a huge impact on the functioning of tertiary eye care hospitals. This burden of the imposed lockdown and its following months occurs mainly on the patients, the clinicians, the staff and the hospital management. At the time of writing this article, the total number of confirmed cases worldwide are more than 6 million, with more than 190,535 cases in India alone.^[1] "Lockdown" was declared in India by the Government of India on 24th March 2020 for a period of 21 days, and then subsequently extended by 5 weeks. The patients attending a tertiary eye care hospital may consult for a routine eye evaluation, for blurring of vision which may be acute or chronic, pain and other eye symptoms. Patients may also be willing to postpone their appointments instead of taking the unnecessary risk of contracting the virus at the hospital. This pandemic and its consequent restrictions also bring immense financial, logistic and psychological challenges for the patients. They face difficulty in finding simple transport to the hospital, need to maintain all the rules of social distancing in a public setting, may have difficulty using masks, may fear being

prosecuted for revealing their travel history and fever during mandatory questionnaire at the hospital, as well harbour their own fears of contracting the virus from the hospital environment. All these factors make their simple visit to the hospital very tedious, unless absolutely mandated. Many patients may not prefer to reveal their travel history to infected territories and may also try to conceal their fever out of fear from being 'prosecuted' as potentially infected. This in turn may become an additional safety burden for the hospital. The stigma of having been diagnosed with COVID-19, or as seen to have contact with a patient with COVID-19, is too hard to bear in the Indian context. It is important for the hospital to enforce these guidelines without inconveniencing the patients. Ophthalmologists can advise their patients based on All India Ophthalmological Society (AIOS) guidelines regarding consultation and tele-consultation.^[2,3]

In a survey done two months earlier, majority of the ophthalmologists in India were not seeing patients during the COVID-19 lockdown with near-total cessation of elective surgeries and were unsure about resumption of surgeries after cessation of lockdown.^[4] Another study published recently to assess the psychological impact of the COVID-19 crisis on ophthalmologists-in-training and practising ophthalmologists during lockdown in India revealed that 1/3rd of the ophthalmologists had depression. They felt that

COVID-19 would impact their training or professional work and were worried about their financial status.^[5]

The imposed lockdown and the spread of the virus will also seriously affect the training of post-graduates and fellows, by reducing the number of elective patients visiting the hospital and restrictions on conducting camp cataract surgeries. Although this can potentially give them abundant 'library time', and many teaching hospitals still continue to conduct their classes in online mode, this in no way can compensate for the practical knowledge gained by examining the patient in front of them.^[6] An online survey was sent across to trainee ophthalmologists across India through various social media platforms showed that majority ophthalmology trainees across the country felt that the COVID-19 lockdown adversely affected their learning, especially surgical training.^[7]

The paramedical staff in direct contact with the patients in an ophthalmic setup includes the nurses, optometrists, reception and ground staff, orderlies, operation theatre (OT) and laboratory technicians, and the cleaning staff. The hospital staff's main concerns during such a pandemic would be financial, and secondly, their risk of getting infected from contact with suspected/unsuspected COVID-19 patient. To allay their fears, the hospital management has to balance the act of running the entire hospital as well as conforming to the government safety directives. The costs would be prohibitive for the extra masks, gloves, sanitizers, alcohol swabs and personal protective equipment (PPE), but another challenge is to convince the staff to comply with these PPE correctly and at all times, given that wearing even a mask is quite uncomfortable for someone who is not well aware about its importance. Next comes the financial burden of paying the salaries, building rentals, bills and equipment maintenance costs, despite having negligible revenues for at least a few months. Finances are required to deploy extra staff for screening, frequent cleaning, and ensuring social distancing in the hospital without inconveniencing the patients.

In conclusion, the doctors have to work in tandem with their staff with the understanding to stay afloat during this tough time and emerge victorious.

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Conflicts of interest

There are no conflicts of interest.

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