

# COVID-19 Pandemic: An Avenue for Redesign and Transform Health Care

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## Introduction

Corona virus is a fun sized virus that has wiped out fun from each faces globally. It has a capacity to assemble inside the thickness of a sheet of paper. We can say that it is an invisible threat and it's making vivid the shortcomings of our health care systems [1].

For the first time in the decades, a health emergency has clean up the complete global economy and clearly gives suggestion about how inseparable our healthcare system and also the economy have become [2].

The COVID-19 pandemic has massively disrupted entire world. Besides direct devastation of health, the epidemic and therefore the lockdown have had myriad indirect effects, be it on the environment, livelihoods, or supply chains. There has been a plenty of debate round the lack of capacity of our health-care system to fight this pandemic. But the impact of COVID-19 and therefore the lockdown on the 'business' of health care has not been examined. This has a vital concerning on the larger arena of health take care of our citizens within the near future [3].

When health systems are overwhelmed, both direct mortality from a pestilence and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. Countries will have to make difficult decisions to balance the strain of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the chance of system collapse [4].

The COVID-19 pandemic has put some health systems under immense pressure and stretched others beyond their capacity. As such, responding to the present public health emergency and successfully minimizing its impact requires every health resource to be leveraged. Failure to shield health care during this rapidly changing context exposes health systems to critical gaps in services after they are most needed, and can have a long-lasting impact on the health and wellbeing of populations [5].

The COVID-19 pandemic has created many challenges for health and care services worldwide and has led to the largest significant societal crises in last century. It's also been a test for the maturity of digital health technologies, be it for frontline care, surveillance or discovery of recent strategies [6].

## Health Care Management and the COVID Impression

Indian health care has been increasingly privatized over the last few decades. This has led to intense market competition. A uniquely unregulated form of health care has thrived. It's also

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been marked by several questionable practices. These have been under the media and public glare resulting in a large trust deficit. Will the changed milieu have an impact on this? How will this affect care of other conditions?

COVID-19 has led to a dramatic reduction within the numbers of patients seeking care. This is often very true of planned, non-urgent problems including procedures and surgeries. Many patients are scared to go health facilities fearing COVID-19. While this has caused significant loss, with the condition of some patients worsening or taking an unfortunate turn, there may indeed be those that have avoided interventions with none deleterious impact. In other words, they have been reserved of procedures for debatable indications. For instance, the massive number of women who undergo an unnecessary hysterectomy has reduced. The incidence of Caesarean sections is reported to have gone down. Similarly, procedures like coronary stents, knee replacements, anaplasty, or cosmetic surgery which reflect supplier-induced demand have almost stopped. Routine admissions for observation or insurance claims have grown curtailed [7].

Strangely, even emergency medical cases have declined during the lockdown, with a decrease within the cases of heart attacks or strokes presenting to hospitals. While a number of these may are true emergencies involving those who suffered at their residence, perhaps the unpolluted air, decreased work stress, or home-cooked food has had an even bigger impression on health than we assume. Or even we were over-diagnosing and over-treating certain emergencies. Investigating these important questions and critically analyzing their answers may make future health care more beneficial to patients.

The monopoly of health care has been naturally curbed during the pandemic. 'Cut practice', with doctors and hospitals prescribing tests, drugs, referrals and procedures in return for commissions, is entrenched in India. This ends up in significant

negative consequences, be it increased patient expenses, patients not reaching the good doctor or not getting the required investigation, and also an erosion within the doctor-patient relationship and therefore the image of the fraternity. It puts ethical doctors in a quandary, making them cynical about their profession. However, during the pandemic, the provision of doctors, beds and proximity are now the chief drivers for patient referrals, instead of the commission route. Most practices have to require a forced 'detox' of sorts from this addiction [8].

Like in life, there are several grey areas in treatment decisions, where doctors don't seem to be sure of the most effective way forward for the patient. For an example, terminal patients with widespread cancers are often prescribed chemotherapy, which can cause side-effects worse than the disease, without impact on life expectancy or quality of life. Oncologists often land up prescribing chemotherapy to such patients rather than symptomatic treatment to alleviate the pain and weakness thanks to the urge to 'do something', or may be financial imperatives. The dangers of chemotherapy with COVID-19 lurking within the air have made everyone weigh its pros and cons with more caution than usual [9].

The widely prevalent practice of a 'health check-up' which doesn't have proven public health value but may be a tactic which targets health-obsessed 'clients', has also got derailed. The main focus has instead fortunately moved back to the fundamentals of preventive health like diet, exercise, good sugar control, and quitting smoking and tobacco. The pandemic may have finally taught our population the importance of not coughing or spitting within the open places. These may indeed have more far-reaching benefits within a much larger population.

## Discussion

The COVID-19 pandemic has centre-staged the need for a strong public health system and increased investment. While disrupting care, it may have unwittingly led to some 'desirable' changes by the circumstantial curb on unwarranted medical practices. This churning may even led to genuine reflection among health-care providers. The question is whether or not this effect will linger on. Will lessons learnt during the epidemic nudge us towards rational and ethical care?

However, there are dangerous fallouts of the disruption in addition. The breakdown of overburdened health-care facilities, negative impact on the morale of health-care workers, and therefore, the collapse of private sector institutions (under financial strain) are all real. With hospital and doctors incomes falling during the pandemic, there is also a resurgence of unethical practices with a vengeance due to the industry tries to make

up its losses. This is often already evident in the huge bills that patients with COVID-19 are being slapped with, often by creating additional billing heads. Though prices in the private sector have been capped, loopholes within the system are also found, such as profiteering on personal protective equipment. Artificial demand maybe created in an attempt to increase footfall. Thus, the epidemic's 'positive' impact on unnecessary practices may get washed away as 'normalcy' is restored [10].

## Conclusion

In general, the medical fraternity in India has risen admirably to the challenge of COVID-19. The call of duty has led many to don corona-virus warrior outfits and put aside commerce for now. It has forced them to think alternative paradigms. Public respect for the profession has also improved. If we are able to seize this chance to correct undesirable practices, which have become an albatross around our neck, it may regain trust in the doctor-patient relationship, which was under severe threat before the pandemic. Within the middle of gloom, this can be a window of opportunity. Is this just wishful thinking or a real possibility? We should re lize soon.

## References

1. Herper M, Woolley AW (2020) The corona virus exposes our health care system's weaknesses. We can be stronger. Stat News Reports.
2. Delloitte (2020) What will be the impact of the COVID-19 pandemic on healthcare systems? Delloitte press release.
3. Baheti A, Nagral S (2020) Corona virus | An opportunity to reshape health care. The Hindu.
4. World Health Organization (2020) Maintaining essential health services during the COVID-19 outbreak Disease. Corona Diseases: WHO.
5. World Health Organization (2020) Attacks on health care in the context of COVID-19. News room: WHO.
6. Peek N, Mark S, Scott P (2020) Digital health and care in pandemic times: Impact of COVID-19. BMJ Heal Car Informatics 27: 1000166.
7. Nourazari S, Davis SR, Granovsky R, Austin R, Straff DJ, et al. (2021) Decreased hospital admissions through emergency departments during the COVID-19 pandemic. Ame J Emer Medi 42: 203-210.
8. Apollo Healthcare (2020) Chemotherapy during the COVID-19 pandemic. Let's talk health blog.
9. Gawande (2020) Where there's a hospital monopoly, private health care costs more. Newsroom: Harvard Public health school.
10. Lakhani A, Sharma E, Gupta K, Kapila S, Gupta S (2020) Corona virus (COVID-19) and its impact on health care workers. J Asscoci Physci India 68: 5772.