

## *Invited Editorial*



### **The Impact of COVID on Accessing Critical Care Services**

The COVID-19 pandemic has spread rapidly around the world and resulted in significant unexpected morbidity and mortality. It has created an acute public health emergency of greater magnitude across the globe. The rapid spread of the pandemic has posed challenges to both high and the low-income countries and even shattered the world's top economies. The negative emotions of despair, fear and anxiety have resulted from the considerable uncertainty of new virus that has unleashed into the global society, especially in the absence of effective evidence-based treatment or a freely available vaccine to prevent it. The main modality that has adopted by most health authorities across the world to manage and control the spread of the virus has been the stringent public health measures, including social distancing, lock downs and travel restrictions. It has been learnt that there are significant drawbacks and challenges in the horizon of finding new treatment options and making vaccines freely available. Until the availability of such therapeutics or vaccines, it is the responsibility of the societies to learn and adapt to manage the uncertainties. However, it is inevitable that the consequences of such preventive measures would have great indirect impact on many aspects of day to day life. Some of them even would be endangering to the mankind. Access to critical health care services is a basic need of a human to safeguard the life. Several reports around the globe during the period of lockdown have highlighted the fact that access to such healthcare services have been hindered and resulted in significant morbidity and the mortality which was much worse than that of the direct effect of the pandemic prevailed in that region. Care of non-communicable diseases such as diabetes, hypertension, heart disease, stroke, asthma, epilepsy and cancer by limiting their access to preventive and therapeutic services during the restrictive period were significantly affected. The impact of lockdowns could also affect the health of populations in the long term due to loss of livelihoods, reduced mental wellbeing and a rebound post lockdown effect on many such non-communicable diseases.

Although Sri Lanka has been classified under the category of an Upper-Middle Income country, it has a highly devolved public health system with higher ratings in many health care indices comparable to developed nations. The country has shown promising results in controlling the pandemic to date. However, the local statistics has pointed out that the indirect impact on non COVID-19 diseases could turn out to be greater than the health effects of COVID-19, especially in disadvantaged and vulnerable populations in the community.

Studies from Northern Sri Lanka during the lockdown period have shown significant reduction in accessing healthcare services as evidence by drop in admissions to Medical wards of both in the tertiary care centre like Teaching Hospital Jaffna and the peripherally located primary health institutions in the peninsula. Significant reductions noted in the number of coronary angiograms performed and cardiac interventions done in the coronary care units. A similar drop was noted in the number of new referrals for cancer care and patients treated with chemotherapy and radiotherapy at Tellipalai Trail Cancer Hospital(TTCH). This dramatic drop in the utilization of healthcare accompanied by a reduction of hospital deaths by more than 60% indicates that during this restrictive period many vulnerable and disadvantage population could have succumbed to non COVID diseases at home and the effects of defaulting medication adherence and follow up could have a huge impact in the public health system.

Reasons attributed the decreased access to critical care by the population are multifactorial. Lack of public transport and restrictions in travel between the various regions during restrictive period may have led to the difficulties in accessing cardiac and cancer care. The special task force employed to control the spread played a critical role in all the anti COV measures such as the control of airports, running of the quarantine camps and the rigorous enforcement, including prison sentences, for any non-compliance with the law as a result Sri Lanka did not face a surge of COV patients. Allocation of significant resources to COVID control including man power also had a great impact in providing essential services to the needy patients. In addition, the spread of information on the added risk of chronic illness and cancer patients in the outcome of COVID had also created fear and anxiety in the society and the lack of knowledge on the importance of maintaining continuity of care in these disorders resulted in the reluctance of patients to seek routine medical care. An extra ordinary importance given on social media describing COVID as the “deadliest of all prevailing diseases” not only created fear in the community but also introduced panic among patients with a febrile illness to approach health care as they would be suspected to have COVID.

The experience from Sri Lanka indicates that decisions around enforcing and easing restrictive measures need to be specific for different countries and regions, based on the socio-economic status of the population, availability of access to healthcare services and extent of the direct impact of COVID. Targeted and balanced dissemination of information are needed, especially in countries like Sri Lanka to manage the COV pandemic optimally and to encourage the vulnerable populations to health care pathways.

**Prof.T.Kumanan**

*Professor in Medicine & Consultant Physician*

*University Medical Unit*

*Teaching Hospital Jaffna, Sri Lanka.*

