

Challenging Times of Pandemic- Is COVID Shelter a Solution?

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Coronavirus disease (COVID-19) is caused by a newly identified coronavirus and is a pandemic disease. Most people infected with the COVID 19 virus will have mild to moderate respiratory diseases, according to estimates, and will not need any special care in the tertiary hospitals. The widely recognized COVID 19 disease symptoms include fever, dry cough, and fatigue, sore throat, aches, pain, loss of smell, taste, rash, etc. Discoloration of the toes, nails, diarrhoea, or inflammation of the skin are all less common symptoms. Significant symptoms include trouble breathing, shortness of breath, tachypnea, pain in the abdomen, unconsciousness, lack of voice, or movement. Elderly people are more likely to develop serious illnesses, as are those with underlying medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer. Globally, there have been 102,584,351 confirmed cases of COVID-19, including 2,222,647 deaths, reported to the WHO as of 8:26 pm CET, 1 February 2021 [1].

Discussion

COVID comfort/ refuge/ hospice care -The Hour's Need

Hospice's literal sense suggests that a home offers care for the elderly or the terminally ill. For persons who have severe and advanced medical conditions with a life expectancy of just six months or less, hospice care is a general provision [2]. Most hospice care is delivered at home, where patients are cared for after being referred by their doctors by health care staff from a hospice centre.

The writers coined COVID succour/comfort/refuge/hospice care to denote care for patients suffering from mild-moderate COVID 19 illness. It means a home that provides care for patients suffering from COVID disease, since there is a growing demand for mild to moderate COVID cases for community-based care. The main difference between the two is that COVID Hospice care is designed to provide care regardless of the probability of survival or age for patients infected with COVID infections. Many COVID hospice centres can provide patient and family-centric treatment during this pandemic, with some major improvements designed to minimize the risk of infection to all patients, families, and hospice staff involved. It seeks to concentrate on comfort and enhancing the quality of life for patients who are afflicted with the disease. The COVID Hospice can form an interdisciplinary team of professionals to provide treatment and assistance to patients and their families, including nurses, physicians, volunteers, and social workers. Many families find it hard to find when to start testing the control of their family member's symptoms, hospital admission, and other concerns linked to COVID 19 infection in the surge of a virus outbreak. COVID Hospice care is a fascinating idea that derives from the provision of care in managed home environments, which suggests that some are less exposed. This also prohibits admission for symptom control in hospitals, thus decreasing the burden on the hospitals and beneficial to the patients in monetary terms which is the need of the hour.

Teleconsultation

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The COVID-19 pandemic and related risk of infection prompted the need to implement physical estrangement across the world, which demanded drastic adjustments in the ways many facilities run. COVID comfort/refuge/hospice care can avoid infections, treat symptoms of sore throat, cough, cold, fever, improve the quality of life, and minimize unnecessary visits to the emergency room during difficult periods of the pandemic. Via telecommunications or tele-apps, they can connect with families and post videos to instruct families on the symptomatology of COVID 19 disease, how to isolate symptoms, how to test patients with symptoms, how to treat mild cases, and when to refer them to higher centres. According to CDC guidelines, many over the age of 65 and with an underlying medical condition are at greater risk of serious COVID 19 infection disease and need utmost care. [3] These are the people who, in the long run, will benefit most from COVID hospice care.

For those who are not well-versed in using telephone apps or can be directed by telephone conversations, support can be given. COVID Hospice support personnel who are accessible via a helpline 24 hours a day, consisting of nurses, doctors, social workers and volunteers, should be eligible to answer calls and offer sufficient treatment in mild to moderate circumstances. The COVID dedicated team will evaluate the condition in any untoward emergency, such as new uncontrolled symptoms, breathing difficulty, chest pain, etc. It will assist the family in escorting symptom control to a tertiary treatment center. Dedicated health care workers may arrive wearing a mask, gown, and gloves as part of Prevention Guidelines regarding personal protective equipment. It is possible to tackle mild cases of COVID disease through telecommunication and family assurance.

Tackling emotional issues

As most patients infected with the disease are also anxious, broken, and depressed, emotional support is given daily, which is very necessary. In those suffering from disease, this becomes more imperative and isolated due to separation from their family members. In order to ease their burden and suffering, COVID Hospice workers can give a kind hand, heart, and listening ear. They are often segregated for safety in their rooms and unable to have outside guests, leading to social isolation and anxiety. In readings, essays, images, prayers and discussing spiritual questions and values, they may also provide spiritual help. Using therapeutic presence, virtual hospice care visits can also alleviate anxiety and tension around a COVID-19 diagnosis. Spiritual treatment, guided meditation, music, or art therapy are also an essential component of care, which can be combined by teleconsultation or smartphone app users to help alleviate their stress and provide them with a happier way of life, even if they can arrange the delivery of essential drugs

needed for management by working with a local pharmacy in that area.

Ahead of Challenges

Every new mission is often heralded with many obstacles, but it paves the way for new horizons; providing high-quality treatment to health care workers themselves while avoiding COVID infection is a challenge in the circumstances with insufficient personal protective equipment (PPE). The world's largest hospitals face an acute shortage of protective gear for their workers, and hospices have been further down the list. There are tens of thousands of individuals suffering at home, and their family members still need PPE. To make it easier for workers to protect themselves and the patients they care for, it takes an hour to invest money in these facilities. It is also important to appreciate the committed staff's services and the team should be provided with a sufficient honorarium. Corona warrior appreciation certificates can also be issued to each individual for their outstanding support in times of crisis.

Conclusion

This pandemic has demonstrated the need for COVID comfort/refuge/hospice care and community-based care facilities. Even hospices are now facing an acute shortage of workers, some of whom are sick with viruses, while others have young children at home. This is when maximum volunteers can support the maximum number of people in need and serve a Noble cause together. Hospitals are still operating at full capacity and, as individuals, it is a collective responsibility to help relieve the pressure on the health care system. By treating mild-moderate cases and directing many vulnerable individuals at home for symptom control, COVID hospice treatment will go a long way to help alleviate the burden.

This thought would give rise to few challenging questions like the construction of Hospices dedicated to the COVID infected patients, funding and the resources available at the COVID Hospice, isolation of infected patients, and others. With proper planning and design, these structures can be brought up, as this is not the end of the pandemic. The health care system around the world should be ready to face the Second Wave as some parts of the world were already affected and constantly threatened the new strains of the virus.

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