

Learning Opportunities from Covid-19 and Economic and Clinical Implications

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Abstract

History and objectives with the cancellation of optional medical treatments and disturbance of daily life, COVID-19 has had a crushing impact on the health care systems throughout the world. We want to draw attention to the lessons the present epidemic has to teach us and how they could improve the health care system of the future. Methods: We have conducted a thorough analysis of the most recent research to determine the effects of COVID-19 on the healthcare system. In the first week of May, we gathered data on different elements of COVID-19's effects by using appropriate keywords such "COVID-19," "telemedicine," "health care," and "remote consultations" on the search engines of PubMed, SCOPUS, Google Scholar, and Research Gate. Results there have been a common global effort to develop people protection methods.

Keywords: COVID-19; Coronavirus Pandemics; Health care systems; Telemedicine

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Introduction

The new SARS-CoV-2 coronavirus pandemic started in Wuhan in December 2019 and quickly spread around the world. As to the most recent World Health Organization study, it has spread to more than 200 countries and there have been over 4 million confirmed cases of COVID-19 and more than 300,000 fatalities. The new coronavirus respiratory, which mostly affects the respiratory system, travels by droplets and is very infectious. A serious sickness necessitates hospitalisation. National governments have implemented "lockdown" measures with infection control tactics including "social distance" and "self-isolation" rules, severely restricting people's movement and interfering with their everyday lives [1]. Lockdown and methods to stop COVID-19 viral transmission have had serious negative effects on the global economy, geopolitics, and health [2]. The COVID-19 has had a considerable impact on how health care organisations typically operate [3]. It has caused patients to seek out serious medical ailments including heart and cancer illnesses rather than going to accident and emergency clinics. As progress in the Post-COVID-19 phase was made, this will likely be one of the biggest adjustments [4]. The pandemic has drastically altered the way out-patient services are provided in order to decrease the amount of "face to face" consultations [5]. To ensure continuity of service, remote

consultations via phone and video platforms have advanced dramatically. Rapid access "One stop" clinics where patients may receive treatment for all of their injuries have been established by the trauma and orthopaedic departments [6]. Minor injuries and day case procedures are organised capability for providing health care Mass critical care capacity experienced a rise during this epidemic, increasing the capacity of intensive care units to provide care to as many patients as possible [7]. Staff, supplies, space, and structure are the four essential elements of surge capacity [8]. For instance, during the pandemic in recent months, several medical facilities (such as NHS Nightingale hospitals) increased the number of ventilators and intensive care beds available. It will be easier to implement the post-COVID-19 approach to begin elective surgery with this improved capacity [9]. The NHS has amassed a stockpile and backlog of ventilators. For both the upcoming epidemic and the existing NHS, it will be helpful [10]. A group of engineers from UCL (the London-based University and Mercedes-AMG HPP have been working nonstop [11]. Doctors and other healthcare professionals have embraced this challenge and are acquiring new skills in an unfamiliar setting [12]. Many doctors have had the chance to experience the working environment in many specialties because to this epidemic [13]. Teamwork is now better. If a person is thinking about changing careers in the future or if they want to gain new talents to use in

clinical medicine, they could find these abilities useful [14]. It has demonstrated the adaptability of medical professionals Staff on the frontline has been working hard to treat and save patients despite worries about infection and a lack of personal protective equipment (PPE) [15]. In overcrowded medical institutions, doctors, nurses, caregivers, and paramedics worldwide are dealing with an unprecedented burden. This toughness should the transmission of reliable information is essential for the diagnosis and treatment of illnesses and injuries. Telephone consultations, virtual fracture clinics, and video consultations are the major remote consultation modalities. These advances will be mainstay in future health care delivery methods. Personal disadvantage Due to COVID 19, Telemedicine, or the delivery of healthcare services utilising information or communication technology, has recently developed in India. Telemedicine is expected to revolutionise healthcare in the post-Covid-19 era. A countrywide teleconsultation programme called e-Sanjeevani OPD was only just introduced by the Indian government. Mandatory for anyone working in healthcare. Patients can access audio and video medical advice through the e-Sanjeevani OPD. People residing in the most remote places will be able to use this service as well.

Discussion

Numerous medical disorders have a self-limiting course. For instance, before the pandemic, orthopaedic specialists had to provide advice to patients about illnesses like patellar tendinitis and ganglion swellings. Patients with certain diseases were advised over the phone and directed to internet resources throughout the epidemic, which pleased them. We think that viewing specified internet websites and online physiotherapy services can aid patients with certain ailments by educating them and sending a good message. This frees up a lot of our healthcare systems' and outpatient services' consultation time. Every specialty of medicine requires its students to teach. To continue offering training sessions to trainees via various web apps, Hospital rounds were videotaped on webcams; 3D photos took the role of cadavers; Zoom courses, virtual simulators, webcasting, online chatrooms, virtual dissection, and virtual reality-based e-anatomy Researchers and medics have had a rare opportunity to finish their unfinished research projects and paper publications because to the pandemic's global lockdown. During the height of the COVID-19 epidemic, publications in all medical journals worldwide reached an all-time high. This promising development may continue in the future, allowing the healthcare sector to gain from these discoveries and advancements, including developing efficient ways to combat potential pandemics and epidemics. A human tragedy like the COVID-19 epidemic has also presented the healthcare industry with some unusual chances. We may now take another look at how healthcare is delivered. Justifying and More than 500,000 people have died in the United States as a result of the unique severe acute respiratory syndrome coronavirus-2 coronavirus disease 2019 pandemic, which has significantly changed the landscape of health care delivery. A number of aggressive public health initiatives were put in place, and hospital efforts shifted to address COVID-19-related issues. As a result, normal surgical practise was all but stopped, costing

hospitals billions of dollars in lost revenue. It has been difficult to navigate the unpredictable new terrain of constrained resource allocation, exposure risk, job redeployment, and substantial practise pattern changes. Additionally, it is yet unclear how the total impact would affect how profitable the health care system and vascular surgery operations will be. The review investigates the practical, financial, and medical effects of COVID-19. Benefited from the crisis. The delivery of healthcare has been severely disrupted internationally, but there have been some positive outcomes as well, like the successful use of telemedicine, the significance of personal cleanliness, and the significance of infection control. The use of the internet for instruction, learning, and information exchange is increasingly widespread and accepted. The severe acute respiratory syndrome coronavirus-2 coronavirus disease 2019 was first discovered in December 2019 in Wuhan, China, before spreading to the United States and beginning a quick national breakout by March 2020.

Conclusion

The research and publications have also seen a significant increase during these challenging times. More than 500,000 people have died in the United States and almost 3 million people worldwide as a result of this to yet. Impact of COVID-19 on the economy, finances, healthcare systems, and clinical practise. In order to give a complete evaluation for the purpose of this article, we analysed the identified publications and selected the most representative of these works. The goal of this study was to provide the most recent information on the clinical, economic, and health system effects of the COVID-19 pandemic. However, there are limitations because of the limited data and the continuing nature of this public health emergency. Due to the intensity of the illness, the scope of its effects, and the speed at which it spread, the worldwide COVID-19 pandemic has created hitherto unheard-of public health difficulties. The COVID-19 public health emergency quickly outpaced available medical resources, notably It is hardly unexpected that these consequences are seen on a global level across national boundaries. According to a recent research by the Covid Surg Collaborative, 28.4 million procedures will be abandoned or delayed globally in 2020. Tier classifications were created to stratify the urgency of procedures and surgical care, putting an emphasis on preserving limited resources and human capital, maintaining ideal patient outcomes, lowering the risk of exposure, and upholding the essential public health measures of physical distance. Vascular surgical techniques might demand a lot of equipment and resource allocation, not only in the operating room but also postoperatively in critical care units, a resource that is especially low during the COVID-19 PHE. As a result, the requirement to restrict operating capability to just emergent and/or urgent operations was recognised early on.

Acknowledgement

None

Conflict of Interest

None

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