

Life Post COVID-19: From Infirmity to Invictus

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Did you tackle that trouble that came your way
With a resolute heart and cheerful?
Edmund Vance Cooke

Coronavirus disease 2019 (COVID-19) pandemic is undoubtedly an unprecedented challenge and havoc that has inflicted mankind with a wound that torments all, irrespective of caste, creed, color, or religion, across the seas.

We are confronting the uncertainty and vulnerability of human existence.¹ COVID-19 is a reckoning to a materialistic and nugatory life, and beyond question directs us all to a free and unadulterated humanity.

The society as a whole has been forbidden from basic freedom. The hidden victims of the pandemic are other sick patients dying from cardiac ailment, stroke, renal failure, etc., because fear of contracting the virus prevents them from visiting hospital. The healthcare workers are confronting unknown terrains of triaging the patients, lack of infrastructure, inadequate resources, fear of infection and becoming an instrument of transmission, social ostracization, psychological stress of either isolation or shielding.

But as the pandemic continues, it is still a long way to go, as Godlee F. rightly puts it is multiple marathons to be run one after the other,² and adapt to a “new normal” after COVID-19,³ toward which each one of us has shown a commendable resilience and acclimation.

Post COVID-19, healthcare worker will not only be more committed, goal-oriented, and resolute but also at the same time more empathetic, compassionate, and aware of his/her emotional needs. He/she will be more organized; open to new strategies and avenues in the development of technology, research, and innovation; more digitalized and carrying out the clinical work and training remotely; and conducting more simulation exercises. There’s an urge to incorporate the “human factor” while balancing the needs of patients with system constraints, focused on their intensive rehabilitation

program. Despite face-to-face interaction being cut to a minimum, we are embracing the pain and fear of our patient. The employers and supervisors have recognized the need to address the emotional need of healthcare staff and focus on strategies to build the psychological resilience of the workforce as well as preparing and enhancing their skills in dealing a pandemic. We understand the value of team work and cooperation, appreciating those probably undervalued, and adhering to ethics and reconnecting to values. There is a focus on self-care and have identified various strategies to cope with stress as yoga, pursuing hobby, etc.

Post COVID-19, the patients too have become more aware and focused on self-care and self-hygiene. Their relationship with the physician will be more of mutual respect and cooperation and they will recognize the dedication and hard work the doctors put in.

As we embrace the new normal, the cardiac anesthesiologist too will revamp. More focus will be on maintaining operating room infrastructure and team integrity. Since corona infection in those with a cardiac comorbidity carries a poor prognosis, emphasis is on a more thorough preoperative evaluation that includes a chest computed tomography scan, C-reactive protein and procalcitonin levels, severe acute respiratory syndrome coronavirus 2-nucleic acid testing, cooperation to utmost in a multidisciplinary team, strict adherence to infection control guidelines and use of personal protective equipment, focus on modes of reducing inflammatory response to cardiopulmonary bypass, and ultimately more focus on research and innovations.⁴

Conclusion

COVID-19 pandemic has rightly commoved the humanity as a whole. But in the perils lie the reasons to cheer—we have moved ahead from callousness to selflessness, humbug to honesty, chaos to poise, from infirmity to Invictus.

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Conflict of Interest

None.

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Competing Interest

The authors declare no competing interests.

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