***OPINION: Other diseases cannot be put on hold***

*Thoneshan Naidoo: Business Day, 5 June 2020*

• **Naidoo is CEO of Medshield**

SOON after we welcomed the dawn of a new decade, we were met with the dreadful announcement of masses of people dying from the novel coronavirus. Since the firstreport of Covid-19 in December 2019 as a cluster outbreak in Wuhan, China, the world has seen the number of infections and deaths escalate by the day, spreading rapidly to

countries and across continents. In SA, we are dealing with a unique situation that needs novel solutions. A heavy disease burden, coupled with deep structural societal issues, puts our nation in a most vulnerable position. How do we balance the treatment of Covid-19 against other diseases such as HIV/AIDS, TB and cancer, and medical emergencies that arise from domestic violence and injuries? It is no surprise that the issue of patient priorities becomes important. As a medical scheme, we see how less attention is being paid to the latter while the health sector focuses on the fight against Covid-19.

Patient priorities are changing, and medical claims for conditions that were previously considered essential have dropped dramatically. Many scheme members suffer from chronic conditions that need to be carefully monitored, but the pandemic is forcing these patients to make difficult decisions. For example, cancer patients have been advised to stay at home if possible, but those under chemotherapy have no option but to visit hospitals for treatment, thus increasing their risk of infection. Furthermore, the evidence suggests that people with cancer have a significantly higher risk of severe illness resulting in intensive care admissions or death when infected with Covid-19, particularly if they have recently had chemotherapy or surgery. This means patients and doctors will have to make an informed trade-off about whether to continue a patient’s versus increasing their chance of survival during the crisis. Reducing the risk of a cancer recurrence may be outweighed by the potential for increasing a patient’s risk of death from Covid-19 in the short-term. Yet in the long-term, more people’s cancer will return if we aren’t able to offer these treatments now. Working patterns are already changing as the hospital workforce has shifted focus towards dealing with the pandemic, thus reducing capacity for treatment of other conditions. Though interventions such as increasing phone consultations, minimising routine follow-ups and adding drugs that minimise the risk of complications are good for the short-term, they pose greater problems in the long run.

**Has the pandemic taken over patient priorities?**

Doctors might start counselling against treatments they would normally recommend, and no doubt see some patients die sooner not because of Covid-19 but because they are not able to treat their patients as they normally would. This is not limited to cancer patients. Those with kidney conditions needing weekly dialysis, HIV/AIDS patients needing chronic medication, and other conditions that require routine checks to assist a patient’s recovery are all affected by the crisis. Has the pandemic taken over patient priorities, as the greater battle is to fight it at this point and for the foreseeable future?

What about patients needing surgery? How many beds will be available for surgery and intensive care recovery during this crisis? According to the lockdown regulations, the movement of people is restricted unless to obtain an essential good or service, collect a social grant or seek emergency, life-saving or chronic medical attention, and thus surgery has been limited unless it conforms to the aforementioned requirement.

The issue of elective surgical procedures is an even bigger question. The practicalities of these scenarios are still being worked out by hospitals and surgeons, who will have to determine case by case whether to update or cancel authorisations for elective surgery.

While this may result in inconvenience for elective surgery patients, it is a responsible measure to ensure patient safety and healthcare security, and to maximise the benefits of the national lockdown measures. The SA Society of Anaesthesiologists recently provided a guidance document for elective procedures: recommendations for the

management of anaesthesia and surgery for elective procedures. Elective procedures are broad in meaning and some have incorrectly interpreted them as “non-essential” or “optional” surgeries, but this is not always the case. Sasa has carefully categorised elective and other surgeries as follows:

• Elective surgery or elective procedure is a surgery that is scheduled in advance and where postponement of the surgery/procedure will not result in the patient’s outcome or quality of life being significantly altered with a three-month delay.

• Semi-elective surgery is a surgery that must be performed to preserve life or limb or prevent longer-term systemic morbidity but does not need to be performed immediately.

• Urgent surgery is one that can wait until the patient is medically stable but should generally be done within two days. It also includes surgery for fastgrowing malignancies, or where delaying cancer surgery by more than two months may lead to systemic morbidity.

• Emergency surgery is one that must be performed without delay; the patient has no choice other than to undergo immediate surgery if permanent disability or death is to be avoided.

Patient numbers in SA are increasing exponentially, and this categorising gives a good view of how the industry can prioritise procedures of this nature so our infrastructure can deal with demand. By prioritising procedures, we also reduce the risk of contracting Covid-19 while recovering from non-essential surgery, as this increases a patient’s risk of morbidity and mortality. Though elective surgical procedures have been postponed until the situation improves, we must ensure we continue to provide patients with quality care. The emergence of Covid-19 has given our country a timely opportunity to reflect and evaluate the use of innovation and technology. In Singapore, technology is being

leveraged not only for remote patient monitoring and rehabilitation but also for training of resident doctors who were formally allowed to receive practical training during the recently cancelled elective surgical procedures. The adoption of telemedicine initiatives such as these, which allow patients to be reviewed in the comfort of their own homes, will become even more important in the seasons to come. Technology will continue to play a key role in the delivery of medicine and the management of healthcare.