South Asia @ LSE: Soldiers or health care professionals? Pakistan's stressed medical personnel

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Soldiers or health care professionals? Pakistan's stressed medical personnel

*Health care workers have played one of the most important roles in helping reduce the devastation of the coronavirus across the world. Here **Aisha Sanober Chachar (Consultant Paediatric Psychiatrist and an Independent Researcher, Pakistan**) explains the pressure doctors, nurses, and other health workers have been under in Pakistan and what the government must do to ease the burden on their work.*

On June 30, 2020, the Ministry of the National Health Services, Pakistan, released the data of confirmed COVID-19 cases for healthcare workers across the country. The data showed that in a country with 213,470 ,118 confirmed cases, healthcare workers were particularly hard hit. Since the virus first reached Pakistan, 5,367 health workers across Pakistan have contracted the virus. Of all these infected healthcare workers,2,798 recovered while 2,569 were still under treatment or in self-isolation, 240 were hospitalised with 58 tragically dying.

Across the world, there has been an increase in the number of Health Care Professionals infected with COVID-19. There have been numerous reports on a series of incidents ranging from protests to blocking healthcare facilities to threats and attacks on health workers who are responding to COVID-19 emergencies. Over the last few months, doctors, nurses and other hospital staff have been thrown front and centre of this public health crisis.

Five pressures on healthcare professionals during the epidemic

A letter recently published in *the Lancet* highlighted some key challenges faced by health workers while responding to COVID-19 in China. The authors highlighted five points that now characterise the place of healthcare professionals in our coronavirus-hit societies: an idea of duty and sacrifice; the challenges of working in a crisis setting; the resilience required amid the pandemic; the failure of the Chinese government to protect healthcare workers; and the limiting of their freedom of speech by censoring and detaining them for speaking out.

In Pakistan, healthcare professionals are facing similar challenges as this letter noted from China. Pakistan was one of 57 countries prior to the epidemic that was listed as critically deficient in human health resources. The COVID-19 pandemic has, of course, presented an additional burden to this system. Pakistani healthcare professions already have a large workload and such professionals have had to adapt to a limited supply of beds, teleconsultations, and black-market dealing for equipment while they have experienced an increase in violent attacks, harassment, and discrimination. On June 18, a doctor was shot inside a hospital after the doctor allegedly asked the attendant to wear a facemask.

Their roles during this crisis have been a source of severe moral distress, alongside additional risk factors, such as social isolation, economic stressors, and the ensuing untreated mental illnesses that result as an occupational hazard from the emotional impact of such work.

While the onus is put onto healthcare professionals to follow guidelines and protocols, under-recognition of these complicated dynamics and concerns around violence are the sources of professional burnout, moral distress, and professional isolation. It is the moral distress stemming from ethical dilemmas that, in severe cases, may become the dominating factor for explaining cases of suicides of healthcare professionals.

Frontline soldiers

Since the coronavirus epidemic began there has been a recent popular trend of referring to healthcare professionals as 'frontline soldiers' symbolising a new idea of a glorified idealisation of the duty and sacrifice inherent in their roles. Such professionals have even been given a guard of honour, provided white flag tribute. In the face of such unreasonable expectations, many health care professionals in Pakistan have become increasingly discontented with their profession. As the country's medical systematic limitations have been exposed, unsuccessful attempts of saving lives have become cases of failure.

Personal Protective Equipment

In the past, Pakistani healthcare professionals have regularly lost their lives to infectious outbreaks, primarily because of a lack of infection control measures. It is an ethical and moral responsibility of the institutions and relevant government authorities to support healthcare professionals by providing safety measures against health care based violence, implementing evidence-based infection control strategies, and taking an active role in promoting the psychological needs of healthcare professionals.

This norm of healthcare professionals becoming infected by a novel virus has sadly not been taken seriously enough during this pandemic. Healthcare professionals have gone without Personal Protective Equipment (PPE). However, while PPE is a well-known and commonly used transmission-based precaution to protect healthcare workers from infections, it is worth knowing that most infection control guidelines recommend using PPE together with administrative control measures (e.g., developing policies and procedures, implementing triage protocols, providing health education and training) and environmental control measures (e.g., ensuring proper ventilation, establishing airborne infection isolation and negative pressure rooms, developing systems for cleaning and waste disposal).

Institutions and relevant government authorities must provide standard PPE. They must also make provisions for mental healthcare support to healthcare professionals. Healthcare professionals should also receive preference for COVID-19 screening tests that are available, be given priority in treatment for other serious illnesses they may develop, as detailed by the Centre of Biomedical Ethics and Culture, Karachi, published in their guidelines. Most importantly, in the case of their immediate family members acquiring COVID-19 infection should also be prioritized if they fit the medical criteria for resource allocation. This represents one of the major worries that might keep healthcare professionals from fulfiling their duties.

With COVID-19 becoming a permanent feature of our society until a vaccine is found, it is crucial to recognise the issue of structural barriers, moral distress, and lack of safety provisions healthcare professionals face on a daily basis. There is no doubt that healthcare professionals are showing a sense of duty, forbearance, and resilience in Pakistan. But the profession is currently at breaking point, and while the country may place the same level of importance for preserving their safety as members of the armed forces, these workers urgently need more support at a policy level to ensure they are able to continue to fight this epidemic.

This article gives the views of the authors, and not the position of the South Asia @ LSE blog, nor of the London School of Economics. Photo: Face Mask and Gloves. Credit: leo2014, Pixabay.