

OPTIMISING PALLIATIVE CARE AND IT'S ADEQUACY OF CONCERN TO COVID – 19 MALAISES.

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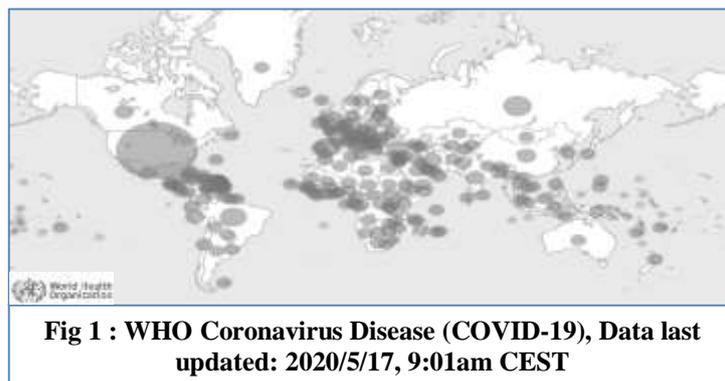
ABSTRACT: Palliative care is a mode of process that progresses the quality of life for patients and their families and COVID – 19 is a disease caused by a new straining of corona virus. The epidemiology analysis recognizes arrangements and elements of health and disease state of affairs in demarcated populous. Adequacy of concern is focused on how palliative care can shape choices and programme practices to confine the society making them aware of the contagion threat and spread of COVID – 19 within the community. This initiate of work is an attempt to make readers cognizant of the resolution to widely spread palliative provisions of critical care support to patients and their family in the social nuance. Through this assign of attribute it can convey an endeavour which might create an implied effect on reduction of mental agony for patient's prognostic cautions of asymptomatic and symptomatic to COVID – 19 contagions. The pledge favours reinforcement of compassionate and concerned distinction towards surging sufferers that validates assumptions and supportive care for this life threatening maladies. The author intends to present the label with the objectivism and centralize the extent of proportions for optimising palliative care & adequacy of concern to COVID – 19 malaises.

KEYWORDS: Palliative Care, COVID – 19, Patient, Contagion, Community, Social, Disease, Virus, Family, Corona, Pandemic

I. INTRODUCTION

Corona virus and the happening of this prodigious pandemic COVID – 19 diseases have triggered financial volatility and social instability through stress, anxiety, physical illness and death. There has been several health care coordination resolve to instrument a prophylactic collaboration of systems that would possibly repudiate life-threatening care treatment to a number of seriously ill patients causing threaten to their life support arrangements.

It has been into an implicit practice even though all triage classifications have assured for palliative care that are deprived with provision of critical care. There has been no stimulus of any influential prerogative to serve and oblige this foreseen outpouring of demand for palliation care. The emendation of palliative care ought to be the rejoinder strategy for people living in the threat perception of this pandemic. Distortion of the fact that a person is care of morbid disease misleads to the defined therapy for its prognosis and there by deludes palliation procedures to COVID – 19 positive cases for the precise cause of care and support outcome.



Globally, as of 23rd May 2020, there have been 5,061,476 confirmed cases of COVID – 19 including 331,475 deaths, reported to WHO.

Confirmed Cases Over Time : 5,061,476 confirmed cases. Deaths Over Time : 331,475 deaths.

Source : World Health Organization

Prevention of COVID – 19 among the demographic populace with chronic disease, ill health and terminal illness amid their intimate adherents is thought-provoking in this state of affairs to control the spread of this contagion by the community driven palliative care line-up.

II. METHODS

A literature exploration was conducted of subjects, information & contents in reach from the month of March 2020 to May 2020 in English. The source of these literature included journals, articles and newspaper write-ups of numerous disciplines. This literature assessment principally has the deliberation of qualitative and quantitative information from capable mediums of World Health Organisation. Pertinent information as regards this exertion was reviewed along with digital publications by governmental and non - governmental organisations. Reliable internet sources were intensely engaged for the information.

III. STUDY AND DISCUSSIONS

Pledge of care

Support to quarantines

Community food for migrant labourers

Qualitative assertiveness

Exponential levelling

Paradoxical situation in developing countries

Active cases requiring critical care

Discrimination for COVID – 19

Appealing societal influencers

Holistic approach on COVID – 19 Care

Pledge of care:

The extrapolative approaches to the COVID – 19 descriptions are allied with quantitative information of moving averages that limits testing challenges in the assign. It has headed to the cause of deaths which could have reserved actual number of confirmed deaths and not the true number of deaths from COVID – 19. It is the fundamental right of a person to be given care and treatment from this virus and not to be scared out of the wits and bunched apart from the rest to die. It has to be the support and pledge of care from social communities to undergo the correct access of hospitalised treatment information of each and every person suspected to be COVID – 19 positive till they are discharged. Access to creating support assistance machineries from caregivers were found to be not as much of initiated as objectified, leading the palliative care availability scanty to people with this life limiting illnesses.

Support to Quarantines:

To create public health measures and attain the objectives of separation / parting from the rest of the populous of persons in good physical health who may perhaps be exposed / unprotected to COVID – 19 virus with the goal of observing their indications and make sure for early detection of positive cases. Social resources and their admittance of support for the quarantine homes administered by governmental authorities have been lending a hand of support towards the protection for baggage and other possessions of quarantine inmates. The palliative care provision towards the donation of food trolley for the quarantine centres has ascertained to be an act of support from the communities trusted worthy to such helping efforts in this period of pandemic crisis. (Shariq Majeed, 2020).

Skill ministry, Govt. of India takes the initiate to increase the number of quarantine centres and train around 1,00,000 medical support staff for the increase of Para - medical and medical support service staff for dealing with current COVID – 19 crises. (Prashant K. Nanda, 2020).

Community food for migrant labourers:

The COVID – 19 caused nation-wide lockdown had created adversity for the stranded migrant labourers throughout the country. The states have been trying to set up community kitchen to feed the migrant labourers even as the exodus continued. (Rahul Tripathi, 2020). The meals are prepared, packaged and dispersed to the needy at different places of districts. This social initiative has been widely welcomed by the people. The migrant labourers are served with food and water by different communities even on the streets and highways.

People of Kerala have been combating with this COVID – 19 disease on an assigned way to keep the population from starvation all through the nationwide lockdown. The community kitchens were set up to prepare food and the same were distributed in packets everyday across the state. In an approximation estimate, more than 2 lakhs of food packages were distributed by care supporters to the migrant labourers / workers as well as the homeless people every day. (Barkha Mathur, 2020)

Exponential levelling:

When exponential growth is identified, the growing will have its doubled effect on the presence of population in a specific given time. Palliative care line of methods make the challenges getting better understood to the people at large when they are been well briefed about the intensity of the COVID – 19 virus and the exponential level of impact on the society. Such briefing of the explicit facts about the blow-out to the remotest areas of a region can spread the awareness of the initiatives to control and check the spread of virus. Public addressing through the palliative care network creates an implicit effect on the society making the community understand and have the cognizance.

Qualitative assertiveness:

Qualitative approaches often are considered to be composed of occupying a fundamental part in accepting the sense of these epidemics like COVID – 19. Qualitative opinions are the preeminent ways and means for apprehending public reaction to this contagion.

Medical response experiences in previous outbreaks similar in nature to COVID – 19 (e.g., H1N1, SARS, EVD) qualitative approaches have been key accompaniments to traditional quantitative outbreak investigations in highlighting the needs of medical and other first responders and their interactions with affected communities. (Michelle Teti, 2020)

The assertiveness to palliative care and its practices has been ascertaining by its content to serve satisfaction of quality care to the terminally ill patients. Qualitative methods are positioned to explore the plurality of expertise and diversity of perspectives necessary to understand fully the COVID – 19 pandemic as it unfolds. (Leach, 2020)

Paradoxical situation in developing countries:

The ancient and leading democracies in the world are often compared and matched. But the status quo has an altered content to present. The first COVID – 19 tested positive person on 21st January 2020 in the U.S and 30th January 2020 in India. Subsequently a duration of three months on 20th April 2020, the total infections were 7,23,605 in U.S and 17,265 in India. This accounted to the quantum of 31.2 % and 0.75 % of the world total, while the number of COVID – 19 deaths were 34,203 in U.S and 543 in India there by making up 21.7 % and 0.33 % of the world total. The share of the two countries in the world population by contrast is about 4 % and 18 % respectively. (Deepak Nayyar, 2020)

Active Cases requiring critical care:

Social, psychological and spiritual issues are needed to be realised. If a person is tested COVID – 19 positive, it does not mean he / she is dead. It has to have the understanding that he / she is still a human being alive and can survive if undertaken procedures of medication remedy, cure and institutional treatment. With all these domains of life every soul is important and cannot be left to die. It has to go hand in hand with curative treatment if social distancing and contagion guidelines are followed.

The significantly improved access to this pandemic is contributed to prophylactic measures by government that stimulated the notion of locked down. The community at large have the responsiveness to undertake social accountabilities which are mostly professed by group workers / volunteers / care givers to isolate the people symptomatic and forward the prognosis to the authorities with the outlook for treatment & quarantine.

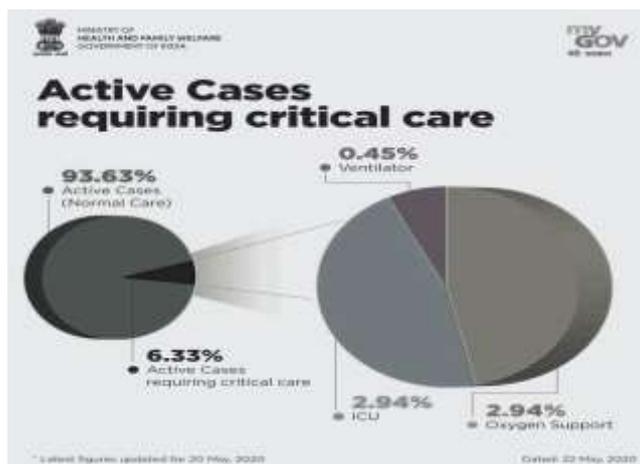


Fig 2:Active COVID – 19 cases requiring critical care in India.

Discrimination for COVID – 19:

Societal humiliation in the perspective of health is the deleterious connotation in the intermediate of a person or cluster of general public sharing assured physical characteristics on an explicit disease. In this pandemic people are categorised, typecast, differentiated and discriminated in an outburst there by experiencing damage of prominence for the reason that of an apparent linkage with this malady / disease. Such action of cure and treatment can adversely affect individuals with the Positive case of the virus disease as caregivers, family household, relatives, friends and communities. It has also been felt that persons not having the virus disease but sharing other characteristics with this assemble may feel the pain from the stigma. Palliative care empowers the COVID – 19 health literacy which is needed to counter the preconception and prejudice. The care givers should have the responsibilities to extend support in making people aware of the fact that anybody can be diseased by this contagion and at the same time most people have restored and improved chances to recover from it. People not having the disease sharing other physical characteristics with this cluster may also face the humiliation.

The present in progress of this COVID – 19 pandemic has triggered and aggravated social disgrace and discrimination conducts in divergence to people of assured racial / ethnic conditions / backgrounds thriving as anybody professed to be in contact with this corona virus. This humiliation and social discrimination related with COVID – 19 can be understood by the factors responsible to create the impact. As it is new, people have very limited acquaintance about the prophylactics of this virus and there are still many unknowns. Cognitive human psychology reciprocates to being scared of the unknown. There has been the accepting of misperception, apprehension and distress among the community which regrettably triggers detrimental labels of safe living. The impact of this stigma can weaken the social unity and solidarity which can prompt probable societal separation of groups. In such situations the possibilities of COVID – 19 cases is more likely to spread. It can even drive persons to hide the indicative sickness to avoid discrimination. It can also withdraw people from taking health care immediately and disappoint them from accepting healthy conducts. In the course of 1st phase of COVID – 19 contagion persons who suffered the most from discrimination were Asians and the people of Asian descent and were frequently targeted for causing the pandemic and its spread. (UNESCO, 2020)

Appealing Societal influencers:

Celebrities, religious leaders encouraging the populous about people who are defamed denounced and stigmatized and by what process obligatory to support them. The propaganda should be well directed and reachable to the audience by celebrities, religious leaders so that it magnifies messages that reduce dishonour. The personal engage of social influencing taking into consideration the geographical and cultural suitability should be made appropriate to the addressee they seek to influence. An example would be a celebrity (or another key influencer) going live on social media and shaking hands with the COVID – 19 survivor. The “effect” suggests that celebrity endorsements from trusted sources can be effective at influencing the public to seek health knowledge, their attitudes towards and uptake of healthcare services for COVID – 19. (WHO, 2020)

Holistic approach on COVID – 19 Care:

Considering the situation and integrating palliative care to the COVID – 19 patients along with proper treatment is essential for the benefit of the mankind. It becomes more critical for the Doctor, who has to step in not only for the treatment of the disease but also to attend the fretfulness of the patients. The stress ascents of the patients who are isolated and away from their families also need proper care of heal and palliative care with a holistic

approach can make a difference. Connect of support considers the patient's spiritual, social, physical and emotional wellbeing. It is the symptomatic characteristic of COVID – 19 when identified in the illness, fear expression by the patient is revealed and this fear of death and abandonment leads to psychological distress. Community participation through palliative care can increase the sagacity of mental prevention of the patients and can minimise sense of fear.

Health advancement and its preclusion with the setting up of ample provisions for the treatment of this COVID – 19 contagions are considered as significant approaches to address this virus. It considerably will take a longer time to understand the expected impact in the populous and the initiate should be in proper to manifest on accessible health and palliative care infrastructure. The period in time between reveals cases in vast margin which can have reassured quality of cure by using to low-slung cost methodologies and mainly through community based strategies. The provision of such care extended from palliative caregivers for these contagions is an imperative and obligatory public-spirited duty.

IV. CONCLUSION

Significant palliative care resourcefulness to these disease treatments are addressed in slow pace and that would need the involvement of both government and non-government aides supportive in many initiatives. These ingenuities can have the creation of acquaintance to how non expensive and worthy palliative care can be on condition that can suffice to low resource settings. There are huge essential gaps which are yet to be spanned in our country and it has been observed that many regions haven't considered palliative care a public health problem, if apportioned appropriately can serve to a better access of relief. It needs an integration program with immediate effect on health policies so that significant impact on the patient populous can be caressed. There has been significant palliative care resourcefulness which is by this time proceeding in our country and encompassing in cooperation through government and non - government edges. It is reinforced in many circumstances by world-wide system of government. This inventiveness has formed a compact knowledge base of how non-costly, good quality palliative care for COVID – 19 can be delivered in low-slung source settings. COVID – 19 is the disease which has been declared as pandemic and is rarely known to its mutative certainty. The world is trying out on testing its conduct of cure through vaccination and has the deployment of best scientists across the globe. The research study of COVID – 19 cares is an important content for the palliative caregivers to make an augment of procedures and skill that can make a difference in the lives of people suffering from this disease. The roles of social workers and community caregivers have been upheld to be better responsive in reducing the trail of anxiety for those implicitly affected with this virus. The care can be assertive towards auxiliary forefront health care resources & that positioning of palliative care proficiency with goals of attention can manage & decrease expected deaths. Palliative care access to COVID – 19 response teams, medications and equipment are the elementary basics to shrink this implicit viral surge. Palliation prototype needs to be instructive towards sharing the contents of risks from virus of COVID – 19 based on scientific data and latest governmental office advice to the population, and this could possibly make people responsive towards their health. Community volunteers / Para Medical support should reveal all truths about individuals who are tested with COVID – 19 positive, patients who are being treated for COVID – 19, patients recovering from COVID – 19 and patients who died for COVID – 19.

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