

Reflections on the Impact of the Pandemic on Healthcare Professionals

Reflexiones sobre lo que nos está dejando la pandemia a los profesionales de la salud

THESIS. Idealization of Medicine

When newly qualified doctor Andrew Manson takes up his first post in a Welsh mining community, the young Scot brings with him a bagful of idealism and enthusiasm.

The Citadel. Archibald Joseph Cronin, 1937.

ANTITHESIS. Reality

If there is anything positive to arise from this pandemic, it must be the enormous response capability of healthcare professionals and providers to face an unprecedented situation, and they deserve the greatest recognition. At the same time, the pandemic exposed other problems.

A survey of Spanish physicians found that 51% feel “overwhelmed”, 6 out of 10 have burnout syndrome, and 29% use tranquilizers and hypnotics to treat psychological afflictions such as stress, anxiety, insomnia or depression. Twenty-seven percent sleep less than six hours, twice as many professionals as before the pandemic, and 23% believe their health is now poor or fair. The authors concluded that if the healthcare model in Spain has withstood the impact of the pandemic, “it has been thanks to the efforts of professionals, who have had to deal with lack of resources, intense hours of work, ethical-deontological dilemmas and direct contact with a disease that can cause death in a short time”.(1)

In the same way, the pandemic in Argentina laid bare the crisis of our fragmented healthcare system. It has generated exhausted, precarious and underpaid workers, most probably endowed with meagre resources.

In addition, with the advancement of mobile phones in the past decade, boundaries have been blurred and the framework of consultation hours has been lost, so that many tasks are performed at no fee and, in case of coverage and billing, the amount is equal to two coffees at the bar or is less than that of a haircut.

Last year, the demand for healthcare professionals increased due to the effect of the pandemic, reducing the value of physicians, since salaries and professional fees suffered a very abrupt loss of purchasing power, with adjustments that were well below inflation.

Younger colleagues -especially residents- have to combine excessive working hours with scholarships, sometimes not enough for a rent and a decent minimum subsistence. Many of them have to work extra shifts, increasing personal attrition.

This often leads to increased burnout and depression, and while this situation also occurs in other parts of the world, Argentina adds the bitterness of very low remuneration. It can get worse when professionals retire and have to make a living on meagre pensions.

Furthermore, the World Health Organization (WHO) reported that around 14% of COVID-19 cases in the world were among healthcare workers, and in some countries the proportion was as high as 35%.

The pandemic accelerated the development of telemedicine, resulting in a very useful communication and training tool especially for the care of complex patients among networked facilities, and for remote assistance to health centers far from big cities. As I see it, teleconsultation should not replace face-to-face consultation in all cases. Undoubtedly, this form of medical care has its limitations as it skips physical examination. The doctor in charge of a teleconsultation should be properly paid, insured and legally protected. It should not be an instrument to continue making medical work more precarious.

SYNTHESIS

The advantage of many of us possibly lies in the fact that we work with passion in what we have been trained by our teachers, we perform a task that we find pleasant and caring, and we strive to provide the highest standard of health care and benefits for the patient. However, we must demand that those we care for are cared for. How? By trying to improve working conditions, training ourselves at the university to manage emotions in high-stress situations and enhancing medical consultations with adequate payment.

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REFERENCES

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