

EDITOR'S MESSAGE

Covid-19: The impact of the ongoing pandemic on the healthcare system

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Two years have passed since the first case of Covid-19 was identified in Wuhan China¹, yet the world remains unable to control the spread of the virus. Several vaccines were urgently developed, and billions of doses were administered world-wide². Many developed countries achieved high vaccination rates while developing countries are lagging due to hesitation and logistic and financial restriction³. The discrepancies in vaccination rate and high mutation ability of the virus continues to stall the efforts to control and end the pandemic. Currently, a wave of the omicron variant is spreading world-wide with data suggesting that two doses of either mRNA vaccine are insufficient to protect against it⁴. As the hospitals get ready for another wave of increased hospitalization with further restrictions imposed on access, it is important to examine the effect of the pandemic on the health care system as a whole. The financial burden of the pandemic on the health care system started with the shortage of personal protective equipment and sanitization and the cost associated with providing adequate isolation and testing for suspected and confirmed cases⁵. Furthermore, the imposed restrictions meant decreased access to hospitals and cancelation of elective surgeries. In private health care systems, this meant decreased income for small and independent centers and resulted in bankruptcies and closure of these practices⁶. In addition to financial and resource exhaustion, the pandemic negatively impacted the physical and mental health of health care workers. Many frontline health workers were infected, hospitalized and died during the pandemic while many others suffer from anxiety, depression, and post-traumatic stress disorders⁷.

In addition to the direct impact of the pandemic, other aspects of the health care system have been negatively affected and are predicted to have catastrophic effects. Despite medical advances, cancer remains one of the leading causes of death worldwide. Naturally, several studies investigated the effect of the ongoing pandemic on cancer care and outcomes. Preliminary data suggests that cancer patients are more vulnerable to the virus and display severe symptoms requiring hospitalization. However, the effect is not limited to patients currently diagnosed in cancer. Data suggests

that the pandemic has caused a delay in detection given the delayed access to many diagnostic services to limit exposure to Covid-19. Additionally, many clinical trials have been paused or delayed in treatment development⁸. Heart disease is another leading cause of death in Canada and the world that has been heavily impacted by the pandemic. Patients with cardiovascular comorbidities tend to have severe infection presentation. Similarly, international data demonstrates a significant decrease in diagnostic cardiac procedures including echocardiographs and angiograms⁹. This delay in diagnosis results in severe and acute presentation, causing further strain on the health care system and is associated with decreased survival rates and quality of life for patients.

As we enter the third year of the Covid-19 pandemic, the health care system suffers from the direct and indirect impacts. While it is important to continue the direct efforts to control the spread and implement prevention measures, the indirect effects should not be ignored. The physical and mental health of healthcare workers should be considered a priority and support should be readily available. Similarly, the delayed access to diagnostic and interventional services should be addressed to avoid increase in prevalence of high mortality conditions including cancer and cardiovascular disease and to avoid further strains on the healthcare system.

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