

Collateral Damage of the Outbreak that Cannot be Overlooked

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With a steep increment of new Covid-19 cases daily, the Thailand health care system became vulnerable not only from the outbreak itself, but also from collateral damage caused by resource constraints. Mobilisation of the health care workforce to the frontline care of Covid-19 patients, setting-up field hospitals, vaccination camps, cohort wards and intensive care facilities has shifted human resources from their usual service usual service, intended reduction of outpatient visits and elective surgical services. The only good part of the picture might be the reduction of traffic accidents. However, the lockdown prevented patient transportation, blood donations and severely interrupted the medical supplies logistics. In addition, some medical personnel had to be periodically quarantined after they were exposed to high-risk patients. Although these situations were not directly related to the infection, they inevitably had negative impacts on the health care system. Moreover, job losses and bankruptcy may cause segment reallocation in health insurers segmentation. Health insurance clients who were previously serviced by the private health care sector might need to migrate to the Universal Coverage Scheme provided by the government for economic reasons which may lead to further overcrowding of the system.

It can be predicted that the inadequate vaccination plan and the appearance of mutant strains will prolong the outbreak at least to the end of 2021. Moreover, reduction in health care budgets caused by shrinkage of the gross domestic product will further augment the damage. These problems are afflicting not only Thailand, as an article 'Covid-19 – implications for the health care system' published in the New England Journal of Medicine on July 22, 2021¹, also stated that the pandemic has created a deep crisis in the health care system of the US and asked for reforms to ensure readiness to face the next epidemic. Moreover, surgical waiting times in England has reached record highs. The Covid-19 phenomenon could be viewed as a stress test for each health care system around the globe. Luckily, strong local health care networking in our country is supporting the whole system by opening-up hidden capacities at community or even household levels. Caring for patients with mild symptoms is being migrated to a home isolation

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protocol using telemedicine services and community health personnel. After this wave passes, urgent resilience of the system is necessary to bring back the integrity of care for diseases other than Covid-19, especially cancers and the non-contagious disease group. Health care resource reallocation will require informed prioritization and harmonization among all levels of service providers.

Although the future picture of the Thai healthcare service after the pandemic remains unclear, it can be clearly said that the system will never be the same. Public health policy is escaping from centralization and absolute dictation from the central government as people have learnt to appraise and to criticize the decision makers using scientific evidence passed from high-ranking medical journals to the social media. Health care decentralization and democratization seem to be a collateral impact as well.

REFERENCES

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