



## Flexible Approach During COVID-19 Pandemic.....

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A very happy new year to all the readers!

After a fearful year of 2020, with social distancing, masks and personal protection kits, we are back with more enthusiasm, more experience, more knowledge and more proficiency as we embark on this journey of the new editorial board of the Journal. The previous board has done plenty of wonderful and innovative work during the pandemic, which is unique and deserves appreciation.

Springer, our publisher, has an interesting tag line for their journals.

Flexible approach to COVID-19 pandemic....

The COVID-19 pandemic is thought of as the most crucial global health calamity of this century and is the greatest challenge that the humankind faced since the Second World War.

The economic and social disruption and medical challenges caused by the pandemic are devastating. Millions of people are at risk of falling into extreme poverty, while the number of undernourished people will increase tremendously by the end of the year. Malnourished mothers give birth to low birth weight babies. Doctors have never handled this much suffering and death in a lifetime. This will further burden the already burdened healthcare system.

The COVID-19 pandemic is a crisis that affects several aspects of people's lives inter-looped with each other around the world. Different people have been affected differently. Most of the affected countries including India took several measures to control the pandemic which were in the form of lockdowns, curfews, shutting of shops and businesses, hygiene regulations like wearing masks and hand washing, social distancing and school and university closings as a means of slowing down the distribution of COVID-19. These measures showed short-term effects of controlling the

spread of infection, but also had many long-term effects on people's working lives.

The public medical care provided in the country by government and municipal organizations was under critical evaluation. Common people appreciated and took advantage of the medical care offered by the government hospitals. In metros like Mumbai, private hospitals also had to cap their charges to offer affordable health care to the public. During the peak of the pandemic, shortage of beds was significant in many cities.

In medical colleges too, resident doctors were at the forefront of fighting this pandemic. The pyramid of the unit structure had to be reversed to give optimum care to the infected patients within the framework of the burdened healthcare system. Isolation, masks, personal protection equipment and hand hygiene took precedence in self-protection while taking care of the patient. Due to the nature of spread of the COVID-19 infection, many doctors themselves were infected and needed treatment.

Changes had to be incorporated at short notice in all work arrangements (e.g., shorter duty hours, flexible location and isolation for workers) in a regular employment. The work and careers of individuals in flexible employment might get affected by the COVID-19 pandemic including the hospital staff and other workers. Many business organizations had to shut shop since they could not subsist for many months of lockdown.

To accommodate the large number of serious patients requiring medical care in the pandemic, including intensive care many of the big public and private hospitals reduced their outpatient services and postponed their elective surgeries in order to optimize their resources and staff and channelize them towards COVID patients. Smaller private clinics/nursing homes which cater to nearly more than half of the population provide limited emergency services due to the fear of healthcare workers contracting the illness and thereby becoming transmission hot spots. Surprisingly, the otherwise busy tertiary care hospitals full of patients wore an empty look partly because of the lockdown and partly because of the fear of acquiring COVID-19 among

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the people. The lockdown severely affected the community life. The sudden shift of focus from other communicable and non-communicable diseases to COVID-19 is nothing less than a catastrophe.

All over the world, deaths due to non-communicable diseases are more than deaths that are due to communicable disease in the population, and inaccessibility to all routine health care during lockdowns leads to high morbidity and mortality rates. Even with patients' blood transfusions, the blood banks have no stock due to lack of donors due to the lockdown. In a country where most of health care is dependent on tertiary care hospitals, reducing routine work has affected millions of people.

During this pandemic, lots of deficiencies in the public healthcare system and medical education in the country have come to the forefront and should be a cause of concern for all of us. Due to the extreme shortage of public health facilities at all levels primary, secondary and tertiary during this pandemic, many non-COVID patients are deprived of treatment. There were many migrant workers in this category.

There is a huge discrepancy in the doctor–patient ratio in India across all specialities. The shortage of doctors varies in different states. The shortage is due to uneven rural–urban distribution.

The right to health should be a fundamental right in Article 21 of the Constitution of India to change this scenario of public health in our country. The right to health is not enshrined in the Constitution of India as a fundamental right, although it was indirectly mentioned in different articles of the Constitution such as directive principles of state policy.

Due to COVID, with rapid use of technology in all aspects of life, virtual consultations have proven to be effective. Telemedicine can be used in training the health care like lectures and conferences and also help in remote decision-making, where specialists are not available. This had an added advantage during lockdowns, where the follow-up consultation of outpatient cases can be done at their home

or designated centres in their district. The spoke-and-hub model where one tertiary care centre connects to various secondary level and primary level hospitals can help in improving health delivery systems in long run and can help in decongesting the existing systems wherever it can be implemented.

Flexible approach during COVID-19 pandemic.... Let us be flexible in our timings, flexible in our approach to patients, flexible in self-care to reduce comorbidities, flexible in treatment, flexible in our surgeries....

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## About the Author



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