

A Commentary on Covid 19 Situation in Bangladesh Health System

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INTRODUCTION

The Covid-19 pandemic is this century's most extensive global health crisis, rivaled only by the 1918 Spanish Flu Pandemic (1918 Pandemic (H1N1 virus) | CDC, 2019). Covid-19 originated in Wuhan, China, in 2019 and has spread to 218 countries (Organization, 2020b, (Countries where Coronavirus has spread - Worldometer, 2021)). Due to its transmissibility and high fatality rates, The World Health Organization declared a pandemic on March 11, 2020 (Ducharme, 2020). The Covid-19 pandemic, caused by the SARS-CoV-2 virus, has disrupted the world health system and caused extreme distress globally. Even after a more than a year of study and vaccine generation, the nuances of this virus are still emerging and continue to surprise experts with its complexity. The pandemic has greatly affected health systems globally. While the economies and health and Generally, mistrust between a patient and provider occurs at three different level: societal, institutional, and interpersonal. Unfortunately, the Bangladeshi health system has failed at each of these three levels. Granted the societal and institutional levels are complex and require a long-term strategy if they are to be reshaped in ways to serve the public interest. But all is not lost. Efforts can be made at the individual level which recognized and address the fact that most Such individual efforts can have immediate and compounding positive affects to mend this broken trust and being the process of rehabilitation the patient-provider trust that once was very strong in Bangladesh. More so such individual efforts, will create pressure and impetus for changes at the other levels, social and institutional (Hossain, 2020).

DISCUSSION

The pandemic hit Bangladesh a little later than Europe and USA. Covid-19 began to take root in Bangladesh in May 2020. Initially the effects were not as devastating as they had been in many other countries, and by the end of 2020 it appeared as if the situation was calming and the levels of infection dropping. To its credit, the Bangladesh Government imposed a series of lockdown orders as means to control the spread virus and to spare an already overburdened healthcare system from being overrun and paralyzed by the influx of Covid-19 patients.

However, given the economic practicalities of Bangladesh and the fact that there are no real mechanisms for the distributing financial subsidies to the populace, the government allowed businesses to reopen. As infections began to again increase, another round of lockdowns was imposed. The government of Bangladesh also implement other health-focused initiatives. As examples, closing educational institutions, restricting domestica and international travel, introducing social distancing measures, and other related measures (Islam et al. 2020). However, these efforts proved ineffective because of the lack of coordination and the absence of clear and defined directions in implementing this safety measures. As a result, the once hopeful forecast for Bangladesh turn dour. With the start of 2021 the infections rates began to soar. Currently, Bangladesh is experiencing a powerful second wave of infections. Unfortunately, this second wave of the pandemic already claimed more lives than the first wave of the pandemic. CDC has imposed travel restriction to Bangladesh and discouraged anyone to travel to Bangladesh (CDC 2021).

As the second wave struck, the death rates skyrocketed, and the fear and anxiety of the popular continued to increase. The tenuous level of trust that Bangladeshis' have with both the healthcare system and the government continues to erode. Fortunately, Bangladesh began its vaccination initiative starting in January 2021. However, supplies of the vaccine supply imported from India were limited and arrived inconsistently. Also, the distribution and inoculation processes were fragmented and not well coordinated. Again, this is due to the lack of resources and the inefficiencies and corruption of societal and institutional infrastructure. Thus, many people received their first dose of the vaccine but could not or did not receive their second dose. Variants of the virus found hold that were more resilient to the vaccine. Thus, even those fully vaccinated are becoming infected. As of this writing infection and deathrates continue to climb. people were dying and people got infected. The reason is still unknown why the 2nd wave hit badly than the first wave (Saha et al 2021).

As the death mount, coupled with lack of consistent or focused systematic support by either healthcare or governmental entities, the faith in healthcare provides continues to dimmish. The sheer

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numbers of those dying from Covid-19 and the chaotic situation left in the wake of the pandemic are also affecting the mental health of the Bangladeshi people. Even before the onslaught of the pandemic people were frightened, nervous, hesitant, or unable to enter the healthcare system.

And it must also be noted that effects of pandemic on provider have been severe. Many providers have become distraught and overwhelmed as the struggle to care for the overwhelming number of sick patients. Providers are physically and emotionally broken from and through this experience. Providers are hampered by limited resources and lax institutional support and thus unable to carry out their mandates to offer ethical care. Furthermore, the cumulative effect of moral distress that providers have experiences should now be considered as moral injury. While the term moral injury is most often used to those exposed to military or battlefield situations, the term is apt in terms of healthcare providers fighting on the frontlines of the pandemic. But the current situation in Bangladesh is analogous to those facing wartime service. If the Bangladeshi government do not recognize this and take this distress inflicted on its healthcare providers seriously, healthcare providers mental and physical wellbeing with whiter, errors will increase, deaths will climb, and trust in the healthcare system will continue to plummet. (Hossain and Clatty, 2020).

Unfortunately, the moral distress healthcare provide face is often covered over or discounted by and through the term "burnout." However, the pandemic-related situations in which healthcare providers now find themselves globally and certainly in Bangladesh cannot be considered as burnout or dismissed as burnout. Burnout encompasses fatigue, stress, or excessive workload. What healthcare providers now face is near helpless situations that give rise to life and death choice-making that present severe ethical dilemmas. Providers must choose to treat one patient over another. They must do triage which under normal circumstances can be morally challenging. The compounding effects that providers face goes well beyond simple burnout into the much more dangerous area of moral injury, which can have lasting and pronounced long-term consequences. Moral injury occurs, in part, in situations where the right action to be taken is apparent but cannot be implemented due to circumstances and limitation but nonetheless decisions must be made. In the throes of the pandemic healthcare providers find themselves unable to fully uphold the oaths and to fully care for their patients and this is and has left deep, painful scars (Dean, 2019).

In order to help the healthcare providers, organizations, individuals should come up with self-care strategies to help care

provider to handle the moral injury they are face during this second wave of the pandemic. Some technicities that providers can embrace include:

- Acknowledge what they are going through
- Embrace their contribution
- Accept the limitations
- Practice mindfulness
- Engage in physical and mental exercises (Hossain, 2020)

CONCLUSION

We, the world, are all in this together. We need to support one another by addressing the uniqueness and severity of the Covid-19 situation. And most importantly, in order to care for others, if it absolutely important to make sure care providers take care of themselves. Each individual, organization, and broadly Bangladesh government, should come up with strategies to make sure, the broken health system do not explode.

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