



# The Latest Challenge on Patient Rights and Safety in Limited Healthcare During COVID-19

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## Abstract

Universal health coverage guarantees access for all people to healthcare services. Global public health policy has a strong focus on patients with chronic diseases, but despite the clinical differences across people with certain medical conditions, all of these chronic states represent unique concerns for every patient at the personal level as coronavirus disease affects their follow-up care. The novel coronavirus pandemic has raised significant concerns among healthcare professionals for the patients because worldwide health authorities put hospitals on lockdown by providing only emergency treatment and surgery. On the frontline, the COVID-19 evokes anxieties and fears in, and more than ever before, health professionals need to protect and defend the fundamental rights and safety of their patients now. This article indicates that we need to find the best response of the hospital care management for patients with chronic diseases without allocating other important diseases and keep the patient informed on the risks and the needs of certain medical behavior. International Council of the Patient Ombudsman® has a strong consensus on improving the communication to follow universal source control by diplomatic relations to provide non-COVID-19 clinical care during the pandemic.

**Keywords:** Health Policy, Patient Rights, COVID-19, Access to Healthcare, Hospital Lockdown, Chronic Disease Prevention

## 1. Introduction

Universal health coverage is an effective tool for achieving health as a fundamental human right, which depends on countries' governments and insurance purposes regarding the alarming levels of disease severity. Global public health policies relying on the United Nations' Sustainable Development Goals strongly focus on patients with chronic diseases to enhance population-based prevention and chronic illness management (1).

Despite these goals and the clinical differences across individuals with certain medical conditions, all of these chronic states represent unique concerns for every patient at the personal level as coronavirus disease affects their follow-up care.

The COVID-19 pandemic is upending the healthcare system in the profession, and a human relationship, as well as the possibility that other viruses will represent a universal threat, soon looks real (2).

## 2. Arguments

### 2.1. What Does Mean Inadequate Access to Healthcare in Patients with Chronic Diseases?

The management of patients with chronic disease during the COVID-19 has laid bare long-ignored risks, including inadequate access to healthcare, a breach in social protection, and organizational inequalities.

Therefore, the significance of accessible public health shows the crucial issue of strong health systems and preparedness for emergencies (3).

Worldwide, health authorities put hospitals on lockdown by providing only emergency treatment and surgery (4). At present, medical doctors deal with the dilemmas of performing or postponing the already scheduled process, the decision on which depends on the actual situation in hospitals. Building on the undisputed success of material modeling of the epidemiology and control of COVID-19 requires focusing on the evolution of a more comprehensive framework that captures the role of the underlying carriers of disease risks (5).

The guideline process is not clear, but it could be scary since nobody knows what to do as a health crisis overshadows a non-COVID-19 patient.

The novel coronavirus pandemic has affected and will continue to affect the world, and it is critical to take measures to limit virus spread rapidly by developing therapeutic solutions that can be used on a large scale (6).

Patients face highly controversial interventions in their treatment and also accomplished restrictions in visiting dying relatives, leading the basic rights severely to be impaired. Furthermore, we call attention to the legitimate concerns regarding the potential for the violation of patient rights because this protection should always be the first point out.

## 2.2. *Are We Worried About Having Sufficient Capacity in the World's Hospitals?*

During the initial wave of the COVID-19 pandemic, hospitals around the world distract resources from usual inpatient critical care and outpatient clinics to meet the surge in demand (3).

The COVID-19 pandemic might affect the hospitals in the coming years, so sustainable development must go beyond national strategies and take urgent action to stop the spread of the virus and also avoid the potential risk of increasing deaths of other diseases (7).

The outcomes of limitations in access to healthcare to protect patients remain unclear.

## 2.3. *What Can We Learn from Pandemic and Hospital Safe Mode Managing?*

The COVID-19 pandemic has changed the way how healthcare is delivered and has affected the functioning of healthcare facilities (8). Although the impact of public health threats around the world shows the risk for chronic diseases, especially in oncological patients, it shows a reassurance of nonreasonable defensive medicine, as well. Limitations to hospitals' access to healthcare services in some countries show the better implementation of the informatization to restrict the waiting list. Following this, we direct our attention to the use of telehealth, where possible, as a powerful tool in the post-pandemic situation. Efforts should be made to apply all the measures and procedures that can protect the patient when visiting a doctor and educate patients to be responsible (9).

Principally, the main strategy is to adopt and provide the required clinical services for patients with conditions

other than COVID-19 in the safest way to reduce disease transmission (10), since no evidence that lessens the diagnostic and therapeutic processes shows effectiveness in stopping the spread of the SARS-CoV-2 virus.

The impact of the COVID-19 outbreak has raised significant concerns for patients and increased the number of queries from health and social care organizations regarding specific patient rights they are treating and caring for.

For instance, considering the increasing number of cancer and other chronic diseases diagnosed every year, the consequence of skipped appointments is that there will be numerous undiagnosed conditions that would not be detected until the following appointment when the disease gets worse and maybe no longer treatable. So, we will have a higher rate of death from cancer than from COVID-19 (11).

Follow-up consultations result in a review of recommendations by the scientific researchers, healthcare industry, policy-makers, and other funding bodies to cover the ongoing awareness deficit and to introduce interdisciplinary approaches for advanced diagnostics and treatments tailored to the person and cost-effective healthcare (12).

Most importantly, it should not come down to a choice between COVID-19 treatment or cancer treatment, but both diseases should receive the same attention. The healthcare system should reach a point in which it can be able to treat both (13).

On the frontline, the COVID-19 pandemic evokes anxieties and fears, and more than ever before, health professionals need to protect and defend the fundamental rights and safety of their patients now. It is not possible to accept a new normal case only by treating a patient with suspected coronavirus (14).

By a preventive and innovative approach, the development and distribution of a successful and safe vaccine against COVID-19 represent a surviving answer to the pandemic. Vaccines are being expanded with exceptional enthusiasm and rapidity as the only way to guarantee the best hope for disease prevention (15). Trust across member states shall be without prejudice that any discrimination not be tolerated, in a way that patients in every country will have a right to get a vaccine at the appropriate time.

Besides, the predictive diagnostics, targeted prevention, and personalization of medical services for providing full care to the patients in the pandemic remain a very big challenge.

### 3. Conclusions

The International Council of the Patient Ombudsman<sup>®</sup> has a strong consensus on improving the communication to follow universal source control by diplomatic relations to provide non-COVID-19 medical service during the pandemic. Our observation shows a disruption of the delivery of care for patients with chronic disease worldwide.

The expert recommendations point to the necessity to find the best response of the hospital care management without allocating other important diseases and to keep the patient informed on the risks and the needs for certain medical behaviors. Further activities should be directed to recognize high-risk patients and to act on a preventive basis.

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### Footnotes

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