

Acute Psychological Impact of Coronavirus in a Non-COVID Palliative Patient

Chandni Sinha¹, Poonam Kumari², Amarjeet Kumar³, Ajeet Kumar⁴

ABSTRACT

Palliative care patients might be at an increased risk of acquiring the infection due to their poor clinical status. Every care is been taken by the hospital authorities to prevent the spread of infection among healthcare workers and other patients. Somehow, the acute psychological impact of this disease on non-COVID emergency patients is not often addressed. Here, we discuss a scenario that emphasizes the stress an operated cancer patient was undergoing because of this pandemic. The psychological impact of this pandemic cannot be understated. We need measures like an interdisciplinary approach to counsel patients and their relatives in the perspective of COVID-19 at an early stage itself.

Keywords: COVID-19, Elderly, Emergency.

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The year 2020 has seen the advent of the novel coronavirus disease (COVID-19). It has emerged as a pandemic affecting millions of people all over the world.¹

The vulnerable populations are more prone to psychological morbidity due to the pandemic itself.² Palliative care patients might be at an increased risk of acquiring the infection due to their poor clinical status. Every care is been taken by the hospital authorities to prevent the spread of infection among healthcare workers and other patients. Somehow, the acute psychological impact of this disease on not COVID emergency patients is not often addressed. Here, we discuss a scenario that emphasizes the stress an operated cancer patient was undergoing because of this pandemic.

A 50-year-old woman with a known case of carcinoma breast came to the emergency department of our tertiary care hospital with acute shortness of breath for the last few hours. The patient had undergone mastectomy 2 months ago at a private hospital. She was also a known diabetic and on oral hypoglycemic agents. There was no history of any other comorbidities. She was screened clinically for corona (no travel history, no fever) and was shifted to the general intensive care unit (ICU) for further management. In the ICU, routine monitors were connected and supplemental oxygen was given. The patient was hemodynamically stable with a respiratory rate of 34. Bilateral air entry with fine crepitations was present. An ECG and chest X-ray was advised. The consultant did quick echocardiography and pulmonary edema with low ejection fraction was diagnosed. IV furosemide 40 + 40 mg was given stat. The patient was very anxious and kept on repeating that she had been infected with the coronavirus and was doomed to die. We tried to pacify and counsel the patient but in vain.

Despite the supportive measures, the breathlessness (rate now was 40) and anxiety of the patient increased. The patient panicked further saying that no treatment would work on her as she was doomed. It was decided to intubate the patient in view of increased work of breathing and poor clinical condition. But to the consultant's dismay, the patient's relative refused to give consent for intubation. We tried to counsel them that the suspected cause looked like pulmonary edema and was treatable. They said that she was suffering from malignancy and COVID-19 because of some ill deeds. They had implicated her breathlessness, her malignancy to her ill deeds. It took a lot of counseling for them to give the consent.

^{1,2,4}Department of Anaesthesia, All India Institute of Medical Sciences, Patna, Bihar, India

³Department of Trauma and Emergency, All India Institute of Medical Sciences, Patna, Bihar, India

Corresponding Author: Poonam Kumari, Department of Anaesthesia, All India Institute of Medical Sciences, Patna, Bihar, India, Phone: +91 9473199126, e-mail: drpoonam1981@gmail.com

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The patient was subsequently intubated, treated successfully, and extubated in 2 days, and discharged in another 3 days. She was diagnosed to have non-ST segment elevation myocardial infarction.

This whole incident made us think about the anxiety and stress levels of cancer patients due to the COVID-19 virus. The estimated mortality rate in cancer patients infected with COVID-19 is 5.6% as opposed to 1% in the general population.³ Though we are preparing our infrastructure by creating separate wards, ICU; diverting manpower to address this virus: are we addressing the acute psychological impact this disease is having among our non-COVID cancer patients? Such patients and their relatives are under a lot of spiritual distress due to their primary disease.⁴ Corona and the myths surrounding it add to their woes. The psychological impact of this pandemic cannot be understated. We need measures like an interdisciplinary approach to counsel patients and their relatives in the perspective of COVID-19 at an early stage itself.

CONSENT

Taken from the patient's relative.

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