The Pandemic Will Change the Face of Healthcare and Health Research?

The high transmissibility and mortality of Covid19, and the fear that has engulfed the world, are anticipated to change the practice of medicine and the role of research to support the practice of medicine. Despite the United States spending 17 percent of its total Gross Domestic Product on health expenditure, the healthcare structure collapsed and fell flat on its face during the viral outbreak in 2020. The US is not alone, several other countries followed suit. Archaic thinking plauging the practice of medicine-aided by strong physician lobbyists, the failure to invest in a robust public health system, the lack of a public distribution system, and the one-size-fits-all model of healthcare propagated by the United States have led to the downfall of the health infrastructure during the pandemic. Ironically, the lethargy was not limited to the countries and their governments, the World Health Organization bungled to address modes of transmission, RO, quarantine, and conducted no investigation of the source of the virus on time. Human suffering and death prompted the larger population to think beyond a “modern medicine,” giving importance to the overall make, and immunity of an individual. It is clear that the hospitals will cease to serve as the centers of care. The shift will be towards mobile and distributed systems where a variety of tests, procedures, and interventions can be performed in local communities. Patients have woken up to the hard reality that hospitals are not always the centers of care. They realize that patients who are cared for in hospitals are also at risk of contracting infectious diseases, called nosocomial infections. The risk of caregivers going between patient rooms and with multiple lines and catheters placed in patients, depending upon the required monitoring and treatment plan, there are many possible routes for infection. It has been reported that 1 in 31 patients develop a nosocomial infection in the US healthcare system. The grueling appointment system prevalent at hospitals has often discouraged patients from seeking the right care. The vast majority of patients rush to an urgent care or an emergency room facility to bypass the issues with the appointment scheduling system, and the limited care delivery time. Telemedicine and telehealth will take the center stage, the role of the primary healthcare centers will enhance in the coming years. To sustain a model, rapid reorganization of specialties, and the training of the primary care physicians has becomes mandatory. Medical education and post-graduate training have to be extracted out of the legacy understanding and systems of medical schools and academic medical centers. Objective clinical acumen assessment, field experience, and critical thinking should be necessary for the medical residency program and should replace static textbook learning and copy-book examination practice. Health research has indicated that the hotel and a home setting for patients with chronic diseases such as multiple sclerosis and diabetes, enhances patient satisfaction, reduces whitecoat hypertension, and reduces hospital-acquired infections. In the post Covid19 era, the hospitals need to cater to seriously ill and traumatic patients, others can be seen in less threatening settings.

Scientific research owes much of its cretinism to the modern practice of medicine. Health corporations find it not lucrative enough to fund research, and in turn promote blindfolded healthcare delivery. A recent example has been the public report about the effectiveness of the antimalarial drug, hydroxychloroquine. In the race to uncover a solution, hydroxychloroquine caught attention to treat Covid19 patients, a proposition that headlined globally based on exploring existing data from hospitals. Later, Lancet published a concerted research report including 15,000 patients that showed hydroxychloroquine was not at all effective and in turn enhanced mortality. The research report sparked global concern and led the World Health Organization to stop all its studies into the drug pending an urgent investigation. This incident has exposed the dark side of medical research. The pandemic exposed the weaknesses in the investments in research, ill-defined and overlapping investments in some sectors of disease research, and the overall disconnect between public and private health research. The world must wake up to the reality, and make smart investments in research to study and help develop a sustainable model, to build, operate and transfer public-health systems to reduce the chance of future pandemics.

In summary, it is worth being reminded of the former World Bank president Jim Kim and his theory of the cycle of panic, neglect, panic, neglect. The healthcare community has repeatedly embraced the same cycle. After the panic, the building blocks for a sustainable global model of health research to address global health concerns are neglected. The rampant loss of lives, suffering, and the economic crisis that followed the Covid19 outbreak, will change the face of healthcare and research, it is inevitable.
Applied Drug Research, Clinical Trials and Regulatory Affairs has successfully withstood the challenges of the pandemic, thanks to the committed efforts of the reviewers, editorial board members, the journals management, and the staff that worked hard to bring the issues out on time. The journal has defined it scope to enhance drug related research to meet indexing requirements. The journal has continued to bring exciting scientific papers of high quality in the past seven years, since its inception in 2013. I wish the journal and everyone behind it a great year 2021.

Satish Chandrasekhar Nair  
(Editor-in-Chief)  
Senior Specialist and Director Clinical Research,  
Tawam Hospital, College of Medicine, Al Ain  
United Arab Emirates