Future: prospects for the tasks of a global human care — the care pandemic*

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Winston Churchill advocated that "a crisis should never go to waste". This sense of opportunity is all the more important when crises ravage all of humanity, as was the case with the pandemic that marked the beginning of the second decade of the 21st century. Whilst it revealed very positive aspects of our global society, this public health crisis has also highlighted important shortcomings that we must strive to overcome in order to better deal with future pandemics.

The speed of collecting and sharing information is certainly one of the most striking aspects of the COVID-19 pandemic. Since the first cases reported in Wuhan in December 2019, never before has there been such a strong collaborative spirit in the global scientific community. The immediate and reliable sharing of information, enabled by communication technologies, generated knowledge about the transmission, effects and clinical and epidemiological management of the virus in record time. In less than four months, the world went into prophylactic isolation to prevent the spread of infection. In many regions of the world, such as the southern region of Portugal, this public health action managed to prevent the overcrowding of health services and, at this very early stage of the pandemic when clinical knowledge was still scarce, it certainly saved many lives.

Adding to the effort to prevent transmission, we quickly collected evidence on personal behaviours that helped to reduce the rate of infection, such as the use of masks, the reduction of capacity and spaces and the hygiene of hands and surfaces, among others. This knowledge allowed the return to daily activities safely, thus resuming our life in society.

This same sharing of clinical data has allowed us to quickly learn how to more effectively treat the most affected patients. This is reflected

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in the progressive reduction in mortality and a significant improvement in prognosis that occurred throughout 2020 and 2021.

This same global collaborative spirit was reflected in the development of vaccines against the virus. Against all expectations, in less than a year after the first cases of infection, vaccines were developed that would change the course of the pandemic. This development resulted from the almost instant sharing of cutting-edge scientific research about the virus itself, its mode of infection and the immune response to the infection. This knowledge combined with the harnessing and further development of molecular technology produced efficacious vaccines.

But perhaps even more impressive was the speed with which these vaccines became available. In a culture where regulatory aspects and extreme safety concerns are champion, the pandemic crisis sped the testing and access of COVID-19 vaccines in a time frame that many thought impossible without compromising the safety of the population.

Nevertheless, the COVID-19 pandemic had brought to light many important shortcomings of our healthcare system. Perhaps the most striking shortcoming is the lack of redundancy in our systems. Healthcare planning has aimed at making the existing infrastructure so efficient that it could only absorb the great tide of new patients through enormous personal and institutional sacrifice and improvisation by healthcare providers. It is undeniable and most laudable the efforts to which all involved in healthcare went to ensure that nothing was lacking to those who needed professional attention. However, what was witnessed across the world calls for urgent re-thinking of how our systems are organized with a view to integrate rapid response systems and dedicated crisis units to deal with future pandemics. This crisis had shown us that we do not have enough human or material resources for a sudden increase in patient volume. This calls for greater concertation of care, with distribution of tasks between institutions and concentration of expertise.

Another important consequence of the way our healthcare systems are currently organized is the fact that many other chronic and acute diseases were somewhat neglected during the pandemic. It is natural that, faced with such an onslaught of patients, it is difficult to maintain all other activities as normal. However, the delays in diagnosis, investigation and treatment of other conditions have meant that diseases that would be potentially curable presented too late and became sadly fatal. This resulted not only from the overwhelmed healthcare

providers but also from the fear that the general public, with or without a diagnosis, had of going to hospitals and other health centres where they could potentially contract the infection.

It is therefore critical that mechanisms are put in place to maintain the quality of care for patients with other diseases whilst ensuring their safety. This again may need additional resources but above all it requires new organizational models, with task and space distribution which ensure the provision of regular healthcare. Primary healthcare should be at the centre of these organizational models. Their proximity to the community places primary health in the ideal position to ensure preventive care, initial investigation and speedy referral for those who need it.

Another striking aspect of global healthcare that has been strongly underlined is the gross inequality in access to healthcare that we see in different regions. The strong economic polarization of the world was laid naked before our eyes. Whilst these disparities exist, it is unlikely that we will be successful in dealing with global crises effectively.

The speed with which COVID-19 vaccines were produced has also brought to light the enormous bureaucratic load Western society has burdened drug development with. The path from drug development to public access is long, expensive and fraught with regulatory obstacles. Inarguably, patient safety should never be compromised. However, the hurdles that must be overcome from bench to bedside often mean that some useful drugs become available too late for many. The COVID-19 vaccines have shown us that it is possible to accelerate the access to new medications. In this light, access regulations should be reviewed and more agile and efficient systems devised to ensure timely access to therapeutic innovations. Clinicals have long called for the reduction in bureaucracy of clinical trials. The aftermath of this pandemic is the ideal setting for this process to start.

Medicine in the post-pandemic world has undoubtedly changed. This means that the training of healthcare professionals must accompany this change. All professionals must adapt to the new challenges that the pandemic has brought about. Amongst them are the new technologies which have transformed medicine as we knew it. These include the huge mass of information which reaches us and must be digested with discernment and critique. But we must not forget the emerging new treatment modalities, with novel effects and interactions, all of which enter clinical practice at very high velocity. Finally,

information technology has enabled remote consultations, which must be carefully triaged and with established limits to avoid undesired omission of clinically significant information.

These important advances also have the effect of overloading the time of healthcare providers with additional tasks. In this context it is important that physician and nursing time is optimized, reducing their execution of bureaucratic and repetitive tasks and protecting their time for patient contact, research and promotion of their mental health.

The COVID-19 pandemic has shown us that people's habits can change rapidly providing they are convinced that the new habits are beneficial. The mass adherence to the use of masks, to hand hygiene and to vaccination is proof of this. However, these life-saving changes hinge on one final but crucial element the pandemic has brought to the forefront: communication. Perhaps the most important lesson we have learnt facing a global health crisis in the 21st century is the importance of credible, clear and honest scientific communication. Untold harm may be done by unwary comments and fake news. The events surrounding COVID-19 call the whole healthcare and scientific community to the great responsibility they have not only in promoting advances in knowledge and technology but also in explaining these facts to the general population.

The post-pandemic world will undoubtedly never be the same as before but, if we draw the lessons it has brought us in terms of societal organization and community collaboration, we will be better prepared to deal with future global healthcare issues.