A pandemic as a test of medical capacity and political will

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Introduction

The outbreak of Coronavirus or the SARS- CoV-2 has sparked global anxiety and terror that it might spread too far, too fast, and cause dramatic harm to the human race. While everybody is concerned about social distancing, isolation, and quarantine, what matters the most is the medical capacity and the political will of the country. It is a long-term hardship and avoidance, and for adherents, a trial of strict confidence. It is a test, as well, of an alternate sort of confidence in the quality of the thoughts that people decide to assist them with framing moral decisions and guiding individual and social conduct.

The pandemic powers everybody to go up against profound inquiries of human presence, questions so significant that they have recently been replied, from multiple points of view, by the best savants. It's a trial of where all people stand. In this wave of despair, everybody is perplexed by the questions, like, what is appropriate and what is inappropriate? What does society expect from medical officials? What does the government expect from individuals and what can the society expect from the government?

On one side, the Government is speedily ramping up its medical infrastructure, aiming at fast recovery of COVID-19 infected patients. On the other hand, states are taking measures amid Coronavirus concerning the gravity of the situation. The medical, political, and economic situations of the country are at stake. This article gives a detailed analysis of the impact of this pandemic on medical capacity and political will.

The Medical Fix

This dire situation has become a challenge to the health system pioneers working throughout the world. Medical officials have to make sure that they provide appropriate medical facilities timely and also, competent care to the ones who need it. At the same time, they also have to keep a check on proper medical equipment. Essential social insurance offices, regional clinics, open and private tertiary consideration establishments need to outfit with gear and increase human labour or the resources drawn both from students and retirees.

When a pandemic is sharpening its impact on economic recession, the need for treatment and isolation facilities for patients in hospitals is a real challenge. It requires investment and human labour. An infected person needs to be quarantined at home but in case of severe symptoms, they need to be shifted to the emergency ward. Shockingly, emergency clinic frameworks are intended for normal patient burdens, not epidemics. The number of COVID patients is already running rampant in India and now it is raising alarm over the ability of India, with its delicate human services framework and battered economy, to deal with an infection emergency of the extent of that in China or Italy.[1]

Considering the higher hazard to older medical officials, the principal line of care ought to be shaped by young medical officials who will have milder impacts regardless of whether tainted. The more established staff individuals can offer administrative help. This will forestall the steady loss of the wellbeing workforce because of weariness or disease. Such a large number of patients also require a large number of hospital beds. As per data available with National Health Profile 2019, India has around 7,13,986 government emergency clinic beds accessible which adds up to 0.55 beds per 1000 population.[2] Many states lie below the National Level Figure, i.e., 0.55 beds per population and the worst-off is Bihar with just 0.11 beds available per 1000 population.

Patients with severe symptoms require critical care and ventilator support. An analysis of the severity of symptoms of Coronavirus indicates that, in India, 5-10% of the patients will require this intense care with ventilator support. If we take into account the number of ventilators, there is no official figure.[3] However, the said analysis also estimates the number of ventilators and shows that the number of ventilators in the public sector could be related to the number of beds. Hence, it gives a rough calculation that the number could be 17,850 to 25,556. So, if we compare these figures with the total number of infected patients, then hospital administrators need to start preparing for worst-case scenarios.

We are right now observing worldwide deficiency of clinical supplies; from sanitizers to masks to PPE units, everything is short. Distributors of masks and hand-washing are taking off the medical store retires quicker than a sneeze. Keeping in mind the serious concern of

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[1] Bloomberg, *Doctors say it is only a matter of time before Covid sweeps India*, THE ECONOMIC TIMES, (Apr. 1, 2020), https://economictimes.indiatimes.com/news/politics-and-nation/doctors-say-its-only-a-matter-of-time-before-covid-sweeps-india/articleshow/74883111.cms.

[2] *Coronavirus: Does India have enough ventilators, hospital beds ?*, THE TIMES OF INDIA, (Mar. 26, 2020), https://timesofindia.indiatimes.com/india/coronavirus-does-india-have-enough-ventilators-hospital-beds/articleshow/74822427.cms.

[3] *Id.*

shortage of essential medical resources, there are suggestions to convert hotel rooms and train coaches into temporary hospital wards.[4] However, in any case, a restricting imperative in the human services area is that of doctors. We can observe the increasing number of patients and compare it with the number of doctors in order to estimate when India will confront limit restrains for accessible doctors to treat hospitalized COVID-19 patients.

Avowedly, the number of doctors cannot be increased in the short-run. An alternative could be to provide training to paramedical workers to conduct routine check-ups, blood pressure monitoring, etc., to take a portion of the heap off the trained doctors. Sadly, the COVID-19 pandemic does not prevent patients from experiencing other kinds of sicknesses from requiring hospitalization or even outpatient social insurance administrations. During this time, more patients, particularly non-earnest ones, ought to be urged to utilize telemedicine benefits as much as can be reasonably expected. To solve this problem, NITI Aayog has published a call for doctors to treat COVID-19 patients.[5] It has also published certain guidelines for practitioners for using telemedicine.[6]

The Tight Spot for the Government

The novel coronavirus has affected not only public health and economy but also democracy and governance worldwide. Already, it is known that some governments have used this pandemic to strengthen executive power and limit individual rights. However, such activities are only a hint to a greater picture. When it comes to the political system, the one question that comes in the frame is regarding an accounting of what the government is doing for its people. Over one month, the Government has restricted public gatherings and the freedom of movement under S.144 of the Criminal Procedure Code (CrPC) of 1973.

Amid coronavirus, the public also demands basic tests for necessity, transparency, and proportionality. One especially clear pattern is elevated authority over free expression and the media, under the pretense of battling "falsehood" about the virus. With these, issues like banishing protests, electoral disruptions, and debate over authoritarianism versus democracy are of serious concern.

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[4] Sumant Banerji, *Coronavirus: Here's how Mahindra, Maruti will produce ventilators at plants*, BUSINESS TODAY, (Mar. 26, 2020), https://www.businesstoday.in/sectors/auto/coronavirus-mahindra-maruti-ventilator-production-plan-reminds-of-world-war-ii/story/399302.html.

[5] *Call to Doctors to Work as volunteers for COVID-19 outbreak*, NITI AAYOG, (May 25, 2020), https://niti.gov.in/call-doctors-work-volunteers-covid-19-outbreak.

[6] Telemedicine Practice Guidelines Enabling Registered Medical Practitioners to Provide Healthcare Using Telemedicine, Ministry of Health and Family Welfare, Government of India, (Mar. 25, 2020), https://www.mohfw.gov.in/pdf/Telemedicine.pdf.

India has quarantined herself to limit the spread of the virus barring all international flights, railways, and all other transportation, leaving behind a large number of migrants and labourers away from their homes and families. The decision of the government to send buses to bring students from Kota to their homes added fuel to the fire and urged migrants to demand transportation. Violent protests erupted in the country when hundreds of migrants came out on the road, set many vehicles on fire and hurled stones on the police.

Moreover, the incident of Palghar Lynching, a grotesque incident, worsened the situation. Healthcare workers also protested amid coronavirus outbreak. From managing Jamia Coordination Committee to the removal of Shaheen Bagh Anti-CAA protestors in Delhi to resolving migrants' disputes, India has faced a fix in the political system.

While various states are ensuring necessary measures for the public, the low number of COVID patients in West Bengal remains a mystery. The gossipy titbits are advanced by states with an interest in concealing their local circumstances or redirecting consideration from their treatment of the issue. An ever-increasing number of reports of COVID-19- positive patients passing on were distributed in the media. However, the official demise tally stayed low. Initially, the Government of West Bengal claimed that it did not have enough testing kits and then the authorities said that they were provided with faulty kits.[7]

Conclusion

This pandemic has proved that one way to tackle the issue of increasing demand for healthcare is to 'flatten the curve'. And this can be accomplished by social distancing which hinders the spread of the virus and gives a necessary breathing space to the health system to manage a rising number of patients and by obliging the instructions of the Government.

Although the country has efficiently quarantined itself, public cooperation is also essential. The phenomenal response by every individual, be it local or global, will without a doubt help stop the virus in its tracks, being supported by the normal history of pandemics and one's yearnings. This pandemic has given us an opportunity to restart the system.

This pandemic needs addressing social determinants and scaling up healthcare infrastructure effectively and efficiently. Measures taken now by the government, the health care frameworks, and the society will decide if history views the year 2020 as an extraordinary

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[7] Shiv Sahay Singh, *Coronavirus | The mystery of the low COVID-19 numbers in West Bengal*, THE HINDU, (May 1, 2020), https://www.thehindu.com/news/national/other-states/the-mystery-of-the-low-covid-19-numbers-in-west-bengal/article31484561.ece.

public health achievement or a fiasco of our public health, political will, and health care infrastructure.