

COVID 19 and Our Haematology Practice

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It was 8th March 2020 when first case of COVID-19 was officially declared in Bangladesh and it took less than two months to spread in all districts. This virus has influenced all aspects of our life and seriously impacted on the management of cancer patients. Initial three months remained very confusing due to heighten fear of COVID-19 infection which has no definite treatment. As the COVID case progressively increased, gradually larger hospitals became occupied by these patients specially for ICU support; many patients died finding ICU beds unavailable. The situation became worsen when many healthcare givers including physicians lost their lives from complications of COVID-19. In addition, many haematologists were deployed into COVID units to meet up the shortage of doctors. Situation further worsen when all large hospitals opened COVID units, private practice mostly closed and even in government hospitals routine surgeries were deferred; only emergency cases remain in operation. All kinds of Haematology service including benign and malignant, was seriously affected. Small private practice became more vulnerable where proper isolation and distancing is very difficult. Chemotherapy became the most difficult task due to hidden threat of COVID infection for the patients during neutropenic period; even blood transfusion service became very difficult due to reluctance of donors from donation, high dose chemotherapy, radiotherapy and stem cell transplant (SCT) were mostly stopped.

As the situation continues, we learned many things quickly, tried to re-establish the haematology services with lots of modifications. Different haematology societies also published guidelines

how to continue patient care as per the patient need. Telemedicine became popular within a short period saving time and money, made the specialist opinion readily available which also helped in rapid diagnosis for many cases. But it could not solve problem like management of bleeding disorders, chemotherapy for acute leukaemia, and SCT remained a huge challenge for high risk cases.

We have learned that establishing a haematology is not only creating a space with some beds in a hospital. The unit must be properly located and contains all the precautions to take care of severely neutropenic patients like positive and negative pressure rooms, chemo dispense area, food and laundry service,

infection control team, pharmacy and nursing services; and collaboration with higher centres and above all accreditation by recognized bodies. Only then a dedicated service will develop that will not be affected by COVID or COVID-like situations. We have learned even without physical attendance, we are able to continue educational activities like participating local, regional and international webinars effectively saving lot of time and effort.

We firmly believe we will soon overcome COVID pandemic most likely by effective vaccination program but we should not forget those heroes who sacrificed their lives due to COVID-19 for the sake of patient care.