Collapse of Healthcare Providers-medical and Paramedical-healthcare Staff after last Three Years of Pandemics and War Conflicts

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Abstract: This Editorial dispatch focuses on absolute shortage of healthcare workers and their psychical and physical exhaustion with devastation consequences on healthcare providers and management of pandemics and health destruction within ongoing armed conflicts in Europe and Middle East, focusing on non prioritizing HCW versus healthcare infrastructure, vaccines medications, but putting both to the same level of priority.
Introduction

Current Issue of Clinical social work and health intervention brings up another emerging issue for Direct Health Intervention, during the time of pandemics and war conflicts, in authors from Poland, Czech, Slovak, Ukraine, Germany, but not only central Eastern Europe but also US, Pakistan (is 1-12) which can be linked together as

a. general shortage of healthcare staff
b. exhaustion of providers of health care
c. economic ,,toxicity,, of pararely running two worldwide catastrophes-Covid Infection pandemic and armed conflicts to health infrastructure and HCW staff

Major emergencies: HCW staff and/or HCW infrastructure medicines, vaccines: versus or plus?

First at all, to ameliorate collapse of quantity and quality of healthcare staff, we have to focus on better financial acceptance of medical and paramedical staff in many Eastern Central European countries and Medium to Low countries worldwide. Not only in physicians, but also on nurses, medical technology and public health staff, rescue midwifery service etc. We need a first to accept more students for healthcare education in all levels results will come in 3 years in nursing midwifery and physiotherapy, 6-9 years in public health and laboratory support and so this is a long path however to crucial goal.

Second—we have to prevent them from burnout syndrome and total exhaustion during next wavess of pandemics, (not only COVID 19, but avian influenza, monkeypox, western nile and Marburgh viruses etc.) where depression, anxiousness up to suicidal events (US, Austria, FRG) but also-deaths on real heroes-healthcare staff killed during armed conflicts on both sides trying to rescue what was possible to rescue...when Russian and or separatists invaded parts of Ukraine, Taliban returned back Afghanistan, Azerbaijan to Karabakh region. Civil war ,,smolders,, still in Syria, Yemen etc. Those armed conflicts are extremely toxic for world economics globally, a damaging healthcare and social work infrastructure locally. Therefore financing healthcare and humanitarial help, eg food programmes within WFP provision is extremely difficult. There is a real threat that WHO and UN may stop due to economic toxicity of pandemias and conflicts erdication programme in Malaria, Neglected trop Diseases, TB and HIV in developing countries of Africa Southeast Asia.. and northern parts of Latin America.

Conclusions

What should have priority? Human resources in healthcare or funding of health infrastructure and vaccines and medicines? The answer is both, although in conjunction of the word ,,priority,, seems linguistically contradictory. Healthcare Interventions supported with best technology and most potent vaccines and medications are useless without trained motivated healthcare staff, working in secure conditions. Therefore we shall not ask A or B, or A vs B but how to achieve A Plus B.

References


