


Challenges for Non-COVID Patients with Chronic Kidney Disease in Bangladesh: An Observation during Coronavirus Disease Pandemic

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Abstract

The coronavirus disease pandemic has created a crisis for patients with chronic kidney disease, as far as getting treatment facilities are concerned. The crisis is more intense in developing countries where the health system is more vulnerable due to poor infrastructures and insufficient health professionals. Bangladesh, being a developing nation, is also facing similar challenges to provide sufficient services to patients with chronic kidney disease. In this short report, we have discussed the challenges and barriers non-COVID chronic kidney disease patients are facing in terms of healthcare access along with getting proper medical interventions and suggested probable strategies to minimize the suffering.

Keywords

Bangladesh, chronic kidney disease, coronavirus, COVID-19, healthcare

What do we already know about this topic?

We know about the crisis in healthcare during the COVID-19 pandemic.

How does this research contribute to the field?

This research has focused on non-COVID patients with CKD who are having difficulties in access to healthcare during the pandemic.

What are this research's implications for theory, practice, policy?

The research has recommended certain strategies to mitigate the sufferings of non-COVID patients with CKD in low and middle-income countries.

Introduction

According to World Health Rankings, kidney diseases are one of the leading causes of death in Bangladesh with an age-adjusted death rate of 14.83 per 100 000 population.¹ Chronic kidney diseases (CKD) lead to end-stage renal disease (ESRD) that requires the patient to receive kidney dialysis at regular intervals to survive. It has been reported that about 1.6 million people in Bangladesh suffer from ESRD and among them, less than 10% receive dialysis service from

both private and public hospitals in Bangladesh.² However, the access to dialysis service as well as other healthcare treatment facilities for the patients with CKD has reduced substantially during the COVID-19 outbreak since they are at a high risk of developing severe illness if exposed to COVID-19.³ In Bangladesh, both private and public health sectors are struggling to manage the rising number of COVID-19 patients. While lack of ample testing facilities is held responsible, almost all private hospitals are unable to facilitate the overwhelming number of COVID-19 tests that are needed.



This is leading to the refusal of indoor services of patients with CKD who direly need dialysis. Besides the dialysis services, patients with CKD are also suffering other hardships associated with getting the necessary treatment. In this short report, we will describe the challenges that non-COVID patients with CKD are experiencing in order to get access to appropriate treatment facilities during the COVID-19 pandemic in Bangladesh.

Challenges in Healthcare

According to the Ministry of Health and Family Welfare (MoHFW), Bangladesh has 1 registered physician for every 1847 people and 1 government physician for every 6579 people.⁴ This inconsistent ratio has increased during the COVID-19 outbreak as private hospitals refuse to accept patients due to the lack of proper isolation facilities. This is now a major concern for healthcare during this pandemic. Refusal by private hospitals has impacted the government hospitals as evidenced by a higher burden of patients with CKD. At the beginning of the pandemic, most nephrologists suspended their private practices because of the fear of COVID-19 transmission stemming from lack of proper isolation and insufficient personal protection equipment. Private hospitals were not accepting any patients without COVID-19 test reports which was not an easily available option then in Bangladesh.⁵ Also, in most cases the test results used to take more than 2 days to deliver which is a critical duration for CKD patients. Private hospitals were preferentially accepting patients with COVID-19 negative reports. Patients with a positive test report were being referred to COVID-19 dedicated hospitals.⁵ All of these time-consuming incidences were ultimately hampering access to care for patients with CKD with this critical life-threatening condition and often lead to death.

Alongside the hospital service crisis, the nationwide lockdown created a huge transportation barrier for patients with CKD. The suspension of nationwide public transport made the situation even more difficult for the patients who were living in the rural and peri-urban areas to seek treatments from specialized hospitals. With the regular income sources being cut-off as a result of sudden closure of businesses, affordable treatments for CKD have become less accessible for the existing patients.

Recommendation

CDC has recommended early screening of dialysis patients prior to their visit to a healthcare facility.⁶ The screening can be done by checking the temperature at the entrance or by asking the patients if they have any coronavirus like symptoms. Following the CDC guideline, MoHFW has adopted national guidelines to emphasize screening and triage for early recognition to prevent COVID-19 transmission.⁷ However, due to the higher prevalence of asymptomatic COVID-19 patients along with lack of resources and poor monitoring of hospital services, effectiveness of such measures is being questioned. Such barriers in the health sector of Bangladesh are hindering hospital services to ensure effective infection prevention and control measures following these guidelines.⁸ Therefore, considering the contexts of Bangladesh, some additional measures can be taken in terms of patient perspectives and healthcare workers to facilitate the safe healthcare access of the patients with CKD.

Recommendation for Policymakers

Till January 7 of 2021, there is no specific government guideline in Bangladesh for management of patients with CKD, regardless of their COVID or non-COVID status.⁷ Policymakers need to step forward to formulate a specific management guideline for patients with CKD considering the coronavirus disease pandemic. Additionally, COVID-19 testing priority should be given to the patients with CKD in designated testing centers. Early report delivery can minimize the duration of waiting time and help avoid the development of additional critical life-threatening conditions

Recommendation for Healthcare Providers

Nephrologists in their private practice may consult with a limited number of patients so that the social distancing requirements can be maintained in the waiting rooms. No more than 1 attendant with 1 patient should be allowed during the visit. Additionally, health care providers can introduce home dialysis services. Although the perception of home dialysis is not common in Bangladesh, its introduction by community experts can be 1 impactful addition for managing the needs of CKD patients.

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Recommendation for Patients

More health education programs are needed to be implemented to increase the knowledge level of patients with CKD about the life-threatening role of comorbidities in COVID-19 infection. Such programs will motivate them to strictly follow the physician's prescription. Besides, patients should be encouraged to notify the provider if they have COVID-like symptoms prior to their visit.

Conclusion

Non-COVID patients with chronic kidney disease (CKD), particularly those who need dialysis, require special care and attention during this COVID-19 pandemic. Without ensuring healthcare access for treatments to CKD patients, Bangladesh's mortality rate due to kidney diseases may increase within a short time.

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