

Lessons from the COVID-19 Pandemic: Strengthening our Commitment to Eye Care

It was on January 30, 2020 when the World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) outbreak a public health emergency of international concern. By March 11, 2020, it was declared a pandemic.¹ This was just several weeks after Dr. Li Wenliang, an ophthalmologist from Wuhan, first recognized a possible outbreak of an illness that resembled severe acute respiratory syndrome.² Over the next three years, we saw the world race against time to understand the nature of the disease to save those infected and control further transmission across the continents. To date, almost 800 million people, that is, one out of 10 people have been infected, resulting in 7 million deaths worldwide.^{3,4}

In an effort to control the spread of COVID-19, governments imposed lockdown measures. However, this resulted in the de-prioritization of non-communicable diseases including eye diseases as health facilities focused on treating infected patients or implementing vaccination programs. In a report by the WHO, at least 30% of countries had disrupted services for non-communicable diseases.⁵

The crisis also resulted in changes in people's health-seeking behavior, as the fear of COVID-19 outweighed the need for eye care. In the United States, a 60% drop in patient visits for eye care services was reported.⁶ In fact, the fear of exposure to COVID-19 was found to be associated with a four-fold increased risk of defaulting follow-up.⁷ Similarly, a study in India and Singapore also reported the fear of COVID-19 infection as a cause of the decline in patient consults.⁸

In response to this crisis, eye care professionals struggled to strike a balance between delivering quality eye care services while mitigating the risk of infection. Various international and local ophthalmologic professional organizations including the American Academy of Ophthalmology,^{9,10} Philippine Academy of Ophthalmology,¹¹ and the Philippine Society of Cataract and Refractive Surgery¹² have issued guidelines on the practice of ophthalmology during the COVID-19 pandemic. These recommendations have become the basis for new standards in eye care.

The use of personal protective equipment has become essential at the workplace. Physical barriers such as large slit lamp breath shields and clinic dividers, temperature scanners, alcohol dispensers, and air purifiers with high efficiency particulate air filters have now become common fixtures in most if not all clinics. Changes in clinic processes and protocols have also been adopted to ensure the safety not just of the health care team but also the patients and their families. These include the use of telemedicine where applicable, meticulous patient scheduling, symptom screening prior to clinic visits, enforcement of proper social distancing, disinfection of ophthalmologic equipment, clinic furniture and fixtures, and sterilization of instruments. Even contactless, cashless payment options have now become standard in many facilities. COVID-19 precautions have also become part of ophthalmologic laser and surgical procedure protocols.

The pandemic is far from over and it seems that we will have to live with COVID-19 for a very long time. There are many opportunities to improve eye care services by applying the lessons we learned during the pandemic.

1. There is no room for complacency. Infection control protocols must remain in place if we are to reassure patients that clinic visits are safe.
2. Telemedicine will continue to be an alternative to face-to-face consultations. However, a survey of ophthalmologists reported confidence in using telemedicine for diagnosing gross conditions of the eye but not posterior pole conditions or orbital fractures.¹³ Improving confidence in telemedicine consults may be accomplished with the use of home monitoring devices such as tonometers and digital applications for various tests including visual acuity, color vision, and visual fields.¹⁴ Innovations in home-based ophthalmic imaging will revolutionize tele-ophthalmology, such as the home-optical coherence tomography that may be particularly useful for patients with age-related macular degeneration and diabetic retinopathy.¹⁵

Enhancing physician confidence in telemedicine must be paralleled by building patient confidence as well. Technology can disenfranchise certain patient populations like the elderly and those without internet access, and we must continuously strive to reach them and encourage them to try remote consultations when needed. Telemedicine applications should also ensure data privacy and security.

3. Patient education remains crucial in affecting health-seeking behavior. It is important to maximize the utilization of various social media platforms for patient education. As we live in an age of disinformation, we must also remain vigilant against the peddling of wrong or harmful health-related information. In eye care, this may range from cure-all eye drops to miracle spectacles to supplements which have no sound scientific basis. Community-based patient education programs and information campaigns may be useful for those without access to digital technologies.
4. It is time to reprioritize ophthalmologic care for patients with non-communicable conditions such as diabetes, hypertension, cancer, and autoimmune diseases. We should also renew collaborative ties with other members of the healthcare team. Many of our patients have suffered worsening of their eye conditions in the past three years, whether by neglect or due to the pandemic-related barriers that prevented their access to timely intervention.

Vision is a precious sense that translates very heavily into one's quality of life. Some of our patients who experienced a decline in their vision during the pandemic – from errors of refraction, cataract, and the like – may be fortunate to have their sight restored in the future. However, our patients suffering from conditions such as glaucoma or proliferative diabetic retinopathy, are in a race against time to control or prevent irreversible visual loss. We move forward with more urgency for their sake, taking our lessons from the pandemic and adapting to this new normal with a renewed commitment to deliver eye care.

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