

WORDS BEYOND THE PANDEMIC: A HUNDRED-SIDED CRISIS

Coord.: José Reis
A collective work by CES

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Universidade de Coimbra



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HEALTH PROFESSIONS

Pedro Hespanha

This broad concept of health professions encompasses many categories of workers delivering, either directly or indirectly, care and services to sick persons, namely doctors, dentists, nurses, pharmacists and laboratory technicians, nutritionists, psychologists, diagnostic and therapeutic technicians, hospital managers, aides, helpers, medical waste handlers, etc. In a pandemic situation such as that of COVID-19, a distinction must be made between frontline and support professionals, the former being subject to a higher level of risk and stress due to the emergency nature and unpredictability of care. This distinction exists both within each profession and between professions.

Health professionals take on high levels of responsibility, but have poor conditions to perform their duties. Below we identify several problems faced by these professionals:

- In general, health services are not prepared for pandemic emergency situations, either because they have been designed for “normal” demand or because their form of organisation is not geared towards interacting with medical and non-medical actors and institutions;
- The lack of essential resources can force health professionals to make decisions or follow procedures that compromise the duty of universal help and can prejudice the rights of patients;
- In emergency medical situations, multi-professional teams do not always operate in accordance with the distinct skills of each profession and under a coordination capable of generating trust among professionals;
- The intensive working conditions and the increased risks under which the professionals work are not recognised, either in terms of remuneration or career advancement;
- The doctor-patient relationship was greatly affected by the restrictive measures in medical appointments triggered by the pandemic. Teleconsultation was used instead, and many people are now arguing that it should become the norm in patient care.

What the pandemic made more obvious is the need to create integrated and sustained professional practices to overcome the problems mentioned.

Each service’s contingency plans must be effectively individualised, taking into account the specificities of each case, and periodically reassessed to adjust to unforeseen factors. In addition, the investment in the National Health Service must be reinforced to ensure both adequate resources and effective and simplified management.

The existence of conflicting situations between service availability and patients’ rights should never be concealed, and multi-representative ethics committees should be activated to advise on decisions.

Interprofessional solidarity, although difficult to achieve, must be a goal, and it is up to everyone – training schools, professional associations, heads of services at all levels, the media – to help create an environment of respect and trust between professions and to counter the discriminatory practices (the more evident the lower the social status) that

fuel these problems. Otherwise, people cannot be expected to be mobilised for tiresome, underrated tasks, no matter how essential they may be.

Society has already demonstrated everywhere its recognition of the health professionals fighting COVID-19 on the ground. Institutional recognition is also in order, namely through legal provisions aimed at compensating not only to their present dedication, but also the labour-intensive and high-risk situations in which they place social well-being above self-interest.

Lastly, since teleconsultation is a resource solution that eliminates the face-to-face relationship between patient and healthcare professional, it should only take place in exceptional cases and when it does not compromise direct relationships with patients, for such relationships are based on emotions, trust and privacy.