

## Lack of Follow Up in Pandemic: The Bill Arrived

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At beginning of pandemic, I was in a medical round with my Internal Medicine residents in a hospital of South Brazil and I asked them what would happen if the pandemic evolved to high proportions. Some residents answered that it would be a chaotic situation since our health system wasn't prepared for a great increase of inpatients. Some were worried about the possibility of been infected themselves. There was a concern about how the health bill would be paid, and we agreed at that time that this bill would be paid for some years since pandemic is installed. We worked in the frontline of Covid-19. I consider my residents some of the real heroes of this time. In the morning we discussed the cases in the rounds, in the afternoon I went to my office to attend one or two patients, and they stayed in the hospital monitoring and treating Covid-19 and other patients. At night we and other teachers reviewed the news in online sessions. Since the medical office work was reduced about 60% [1], there was extra-time for study. A time of great learning but several losses happened.

Pandemic and the real time media news brought us new concepts in health care. Instead of seeking the personal or family doctor, people was advised by mediatic information, sourced by famous specialists, researchers, health influencers, journalists with various degrees of credibility, but all of them had one thing in common: the hungry for likes. This run for fame gave to people information and misinformation and there was, sometimes, good use of information and, most of times, misuse of information [2,3].

Despite of advice issued by numerous medical societies and health providers; patients often describe their feeling at pandemic as "lost". Some mediatic influencers told them to stay "safe" at home, and this massive message was received and followed for most people. Non-transmissible chronic disease patients were also "lost" because they received this message too, but with a crucial doubt: "should I stay, or should I go?" "Should I stay at home and forget my routine visit or exams?" or "Should I go to medical office to have a better assessment of my disease status running the risk of a Covid-19 infection?" [4].

Where was the patient we didn't see in the middle of pandemic? At home, consuming more calories and doing less exercise, some of them lacked medication use, many of them had a worsening in the health status [5]. Even, when symptoms occurred some of them were afraid to go to an emergency room [6-10].

Those who are now back to the office present weight gain, uncontrolled metabolic and inflammation parameters, hypertension out of goals, worse of cancer status, and some symptoms post covid-19. There are: new inactive area in electrocardiograms, new heart failure, new atrial fibrillation, new cerebral ischemic area with or without deficits, worsening lungs and kidneys, as well as other disturbances [11,12].

Some patients we didn't see at pandemic we'll not see anymore [13]. Many people had great prejudice in other health issues besides Covid-19 and there are not few studies all around the world reporting decrease in chronic disease care and seek for emergency department. It was also observed an increase of home deaths during the pandemic [6-11].

Evolution of science in the pandemic is a never seen phenomenon in the history. Scientists are searching frenetically about the virus genomics, the patient susceptibility, clinical findings, diagnosis, and preventive and therapeutic strategies. Publishers open fast-submission lines providing the best evidence for Covid-19 in the shortest time [14,15]. Pharmaceutical industries invest, with obvious expected return, almost £20 billion only in vaccine development [16]. Governments amplified health financing in the pandemic. Political and economic interests are in intense movement. Almost all about Covid-19. Other diseases, neglected in the pandemic, are right now ending lives, bringing suffering, and raising health costs. The scarce resources were not fairly allocated in pandemic [17].

After 20 months, I'm facing a 76-year-old woman, which is a caregiver of another women, aged 96. She has coronary disease and diabetes and had regular follow up till she was send to a farm to be "safe". She had Covid-19 six months ago but couldn't go to a larger city because there was no transport, so she was told all symptoms were caused by coronavirus and received symptomatic measures. Now she's a class III (NYHA) heart failure patient, with atrial fibrillation, severe ventricular dysfunction, and thrombosis in one leg. The patient I see is a bill that Brazilian society will pay [18].

It's time to face a central question: the strategy of "one world, one disease" has failed to help chronic disease patients. The use of new technologies could be useful [19] but can't solve everything. The bill is here: there is much work to be done in medical offices, emergency rooms and intensive care units for restoring the respect and equity these patients deserve [17,18].

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