

Assertive decision in older adult with coronavirus

The coronavirus pandemic has affected people over 65 years of age, corresponding to 85% of cases of death^{1,2} for this reason the right to live in this age group is a controversial topic. When they are admitted to the emergency room there is a dilemma to define whether they are candidate for cardiopulmonary resuscitation. Different situations take place and sometimes due to age they are excluded; a lot more if this is a hostile scenario in which there are not beds available for advanced care.³ Defining guidelines to advance in interventions has been a challenge for scientific societies. consensus documents have been designed, these are based on medical criteria, clinical decision scales and ethical principles that are applied in each institution to differentiate for rational use of health care resource and limitation of therapeutic effort, to establish or withdraw therapy according to benefit.^{1,3} Consequently it is important to consider the global context in elderly adult with COVID who is admitted to the hospital and integrate clinical criteria, objective evaluation of functionality and family engagement and social support.

Regarding medical decisions, the professional must be recognized as a human being who can make mistakes, also is exposed to family and work stress that influence optimal decisions.^{4,5} In times of COVID, doctor is paternalistic even more when effective communication is broken through the phone or video call. The preparation of personnel is very important, world health organization proposes stress reduction and psychological comfort through strategies to normalize emotions, maintain basic needs, provide social support and a distribution of tasks with flexible schedules as well as training to support him in his performance.⁵ On the other hand cultural, family and social factors in patient have a fundamental role. Communication errors with family members have led to wrong medical decisions. Threats to healthcare professionals are frequent due to problems in message perception through an audio, prejudices regarding a situation, true or false news on television and social networks, negative effects of the pandemic in mental health and very important the sensitivity that make us human. Finding patients and relatives with predisposition and defensive attitude towards the health personnel.^{4,6} It is necessary to educate on both fronts. the family who does not live an easy situation and doctor who fights against a new disease.

The number of years as the only factor, the order of care, disability-free survival and the usefulness of a person are criteria that discriminate in accordance with individual perception of vulnerability. It is necessary to make a comprehensive evaluation, adding the prognosis and survival in short and long term, comorbidities, age, functionality and balancing feelings and emotions with an objective thought of health situation to define patient for advanced care. Amblás J et al. propose five steps that guide the decision in geriatric patients: a)evaluation of the person, independent of chronological age (morbidity, frailty, values and preferences b)evaluation of the family, expectations and give emotional support c)health team support, stress and fatigue prevention; d)evaluating the resources availability and to have support of institutional ethics committees; e)define criteria for transfer to critical care units based on previous points and anticipating a clinical deterioration. It allows to achieve

Volume 8 Issue 3 - 2021

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Received: May 19, 2021 | **Published:** July 08, 2021

best decisions, but clinical judgment is the best strategy to face the pandemic. knowledge, teamwork, making interdisciplinary decisions and assertive communication with family members and patients.

Conclusion

Medical art is not replaced with management algorithms, electronic device applications, new health policies, a vaccine or COVID treatment. Clinical judgment continues to be the best strategy to treat the pandemic. A medical criterion with knowledge, teamwork, interdisciplinary decision and unlimited communication with family members and patients.

Acknowledgment

None

Conflict of interests

The author declares no conflict of interest.

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