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EDITORIAL

Economic crisis: Its impact on neurology care

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Sri Lanka is currently amidst its worst economic crisis since independence. This can be attributed to multiple factors, including the COVID-19 pandemic and other local and global factors. Administrative and policy failures have resulted in massive amounts of unsustainable debt, resulting in a crash of the entire economic fabric. In addition, skyrocketing global inflation has severely affected the economy. The Russia-Ukraine war has disrupted the global supply chain in many ways, resulting in a ripple effect on the economies of developing countries around the world.

The collapse of an economy will have a significant impact on population health and the healthcare infrastructure of a country. There are several examples of economic crises having major effects on healthcare all around the world. Effie Simou and Eleni Koutsogeorgou's review describes the impact of the Greek economic crisis on health and healthcare in Greece.[1] According to them, the repercussions of the economic crisis on health are concerning. Apart from failure of healthcare provision, they describe increasing rates of mental health issues and suicide. Adverse consequences for healthcare were also prevalent, including cuts in public health expenditure with reductions in numbers of the healthcare workforce, reductions in medical goods and pharmaceutical procurement and difficulty in accessing public healthcare services. Centralised national health systems like that in Sri Lanka are most vulnerable to system-wide collapse. This system is dependent on the same government and economic system: when one collapses, the other is also in danger of collapse.

Neurological diseases are among the top noncommunicable diseases to suffer from the effect of the current economic crisis. The impact is likely to affect the care of several life and brain threatening neurological emergencies as well as the care of chronic neurological diseases. Essential acute neurological healthcare requirements include critical emergency medications, availability of emergency neuroradiology and investigations, facilities for transport and life support. These are often the first to be affected in the compromised supply process. On the other hand, the larger, but progressive dwindle of supply, relates to the burden of long-term care of chronic neurological diseases. This includes medication refill, regular investigations, rehabilitation and provision of social benefits. Though its effects may not be outstandingly different from that on other chronic medical conditions, the sudden alteration in medication in some conditions such as epilepsy, myasthenia gravis and Parkinson disease will cause loss of therapeutic equilibrium potentiating even life-threatening emergencies. Medication shortfall due to inadequate and erratic supply of refill results in increased out-of-pocket expenditure. Eventual suboptimal therapy forecasts poor disease control, increased disability and aggravated neurological morbidity and mortality.

It becomes imperative that forecasts, strategies, protocols and action plans need formulation urgently to overcome the catastrophic repercussions of our dwindling healthcare system. These implementations require involvement of experts in both financial and healthcare sectors: including administrators, strategists, health economists, clinicians. The Association of Sri Lankan Neurologists (ASN) will need to partake to represent its stakeholders, with other collaborators. The general public will also need to be educated on their role during this emergent threat of collapse of the health system. The interventions require prioritisation, wastage minimisation, cost effective alternatives and output optimisation of the current care delivery system. As neurologists, we should ensure these strategies are implemented in our daily practice. Constant dialogue, discussion among professional bodies and pressure on the government is vital to ensure that the healthcare system is also tended to adequately while safeguarding the stability of the national economy.

REFERENCE

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