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EDITORIAL INTRODUCTION

COVID-19: THE PATIENT PERSPECTIVE

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In the beginning of 2020, the world turned into a dangerous place for all; the outbreak of the coronavirus SARS-CoV-2 (shortly: COVID-19) seemingly affected all persons alike. Seemingly, the impact of the infection and the way it was treated differed markedly between people and countries. As a result, COVID-19 made many victims, disproportionately among older aged, the poor, ethnic minorities [1], and people with preexisting medical conditions like diabetes [2] or a recently diagnosed mental disorder [3]. These people appeared to have a higher risk of mortality. Beside the risk of infection, the COVID-19 outbreak impacted the whole population, resulting in heightened levels of anxiety, depression, and stress [4] both directly through the virus threat [5] as indirectly through loss of income [6] and social contact [7]. Although the pandemic had—and still has—a severe impact on the mental and physical health of those who were infected or at risk of being infected, people do seem to differ in the extent their lives were and are influenced by the infection. Recently, for instance, Bonenkamp et al investigated the mental health of 177 dialysis patients before and during the COVID-19 pandemic [8]. Their study showed that the mental health experienced by this group of patients was unaffected by the COVID-19 pandemic. The conclusion of the authors was that "dialysis patients may be better able to cope with the pandemic since they

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have high resilience and are less impacted by social distancing measures." An alternative interpretation could, however, be that the mental health of people who undergo such an invasive treatment is already quite poor and might not be able to get any lower (floor effect). Nevertheless, as shown by the following quote of a young, chronically ill patient, individual persons differ in the way they cope with the pandemic:

> *"At the beginning of the corona crisis, I was in hospital for a month with a serious and very painful staphylococcal aureus infection, but no COVID-10 infection. Of course, there were all kinds of restrictions: only one person per day was allowed to visit, everyone was wearing face masks and no hands were allowed to be shaken. At that time, my sister worked in the hospital as a medical doctor and repeatedly came to visit me secretly in her white coat. And having to keep a distance from a nurse when you needed care, was impossible. I noticed that normal life continued reasonably well within the hospital walls. There was plenty of time to talk with other roommates and if you didn't walk around you were allowed to take down your face mask. All in all, the restrictions of the corona crisis were not too bad when lying in hospital for another reason. You also have other things on your mind during such a stay: Getting better. (Woman, aged 28 years at the time of the hospital stay)."*

These examples suggest that people respond differently to a pandemic and related restrictions; some people who already suffered from a serious condition seem to have been affected less because they had already developed strategies that enable them to cope with adversity. And the other side of the continuum, however, there were young, healthy people who struggled with the corona restrictions and wanted to explore life in a way that suited their age. Still, some patient groups have not been studied well. Therefore, this issue of the International Journal of Person Centered Medicine includes four papers that all look at the impact of COVID-19 on the mental health and well-being of particularly vulnerable groups of people, i.e., homeless people, patients at the ICU and a patient with a depression [9–11] and that of the general population in a South American country [12]. The patient perspective was at the core of all studies described in the papers. The studies were conducted in different countries across the globe (Hong Kong, the Netherlands, Uruguay, the USA), thereby reflecting the global nature of the pandemic. All papers make in their own way clear that a person-centered approach is necessary to reach the hard to reach like the homeless and those severely affected by COVID-19 like the people on ICUs. Muijsenbergh and Loenen's paper about the willingness and barriers related to COVID-19 vaccination among homeless people makes clear how important it is to let trusted people provide understandable information, to

have collaborating stakeholders and create vaccination locations, which are easy to reach [9]. By measuring death anxiety in patients at the ICU with and without a COVID-19 infection, Novakovic et al show that mental health care should be an integral part of good clinical care during and after a stay at the ICU [10]. The paper by Wong teaches us that hermeneutics, i.e., listening to the patient's story instead of limiting care to history taking, when properly and clinically applied, promotes person-centered mental health in pandemic times [11]. Bagattini et al, who investigated mental health among the general population during COVID-19, underline the need "to adopt a holistic, biopsychosocial perspective, which makes it possible to identify the vulnerable sectors of society" [12]. We have known for a long time that physical and mental health go hand in hand, but during a pandemic like COVID-19, the burden caused by corona-related restrictions imposed on entire populations (e.g., social distance, vaccination, face masks) adds another often overlooked social and political dimension to a person's health and well-being. This experience once more underlines the necessity of adopting a person-centered approach to health.

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