**Chronic Illness**

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**Chronic Illness – Illness Experience**

**Introduction:**

Chronic illness makes up the majority of the disease burden in the developed countries (Habibis 2019: 328). However, due to the nature of chronic diseases, medical understanding about them is sometimes restricted, leaving the patients with prolonged periods of confusion regarding their current health condition (Habibis 2019: 333-4). The common understanding of health and sickness is based on a variety of sources, including people's observations with their own and others' diseases and illnesses, as well as the information that is passed down through families and is generally available through the internet and the media. When it comes to the contributing factors, a combination of structural ageing, in which the percentage of older individuals in the general population rises in comparison to the number of younger people, as well as medical advancements in diagnosis, treatment, and prevention, are contributing to a rise in the prevalence of long term illness (Habibis 2019: 328). A more thorough understanding of the context, impact, meaning, and implications of ailments as well as reactions, activities, and adaptations of people to contested illness can be gathered by examining out into the Long COVID experience (Russell et al., 2022: 2).

During the beginning phases of the COVID epidemic, many people that were suffering from Long COVID started interacting in different online communities to discuss their illnesses and their experiences as there was no information available regarding COVID at that time. Utilizing online support networks became a more widespread strategy for coping with such uncertainty (Habibis 2019: 334). The earlier engagement of the patients in the online forums for exchanging information regarding their symptoms as well as personal accounts was a particularly noteworthy aspect of Long COVID due to the fact that there were different point of views of the doctors and initially it was declared as contested illness. Many Long COVID users turned to online forums like the facebook groups or reddit etc to share the symptoms, their tense interactions with the healthcare providers, and actively encouraged and guided one another (Russell et al., 2022: 2). Patients in these communities highlighted that the root causes of their chronic symptoms were unknown at this point, that numerous cases that were initially categorized as "mild" based on the severity of pneumonia were actually in fact not mild at all, and that there were many patients having persistent symptoms but they were experiencing discrimination and impairment while desperately trying to receive medical attention (Russell et al., 2022: 1). Covid 19 initially was quiet complex to understand as it had non-specific, yet quite stressful symptoms in addition to limited or controversial physical signs that were in line with the symptoms of pneumonia which made it difficult to understand at the initial stages. The recent studies done on the illness experience of Long COVID reveals that patients make a significant concerted effort to make sense of their bizarre and unanticipated debilitating symptoms, that they encounter mistrust from the family and friend, and that they struggle to locate caring healthcare providers (Russell et al., 2022: 2).

As per Roth & Gadebusch-Bondio, on maintaining fragile disease identities, Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) previously lacked considerable support from the healthcare profession and they were to put their reliance on a strong patient base, much like long COVID. In order to gain attention and credibility, those who were directly affected were pressured to take on more dominating roles in the movement (Roth & Gadebusch-Bondio, 2022: 3).

Due to COVID pandemic social isolation constraints that supported the virtual communication between the individuals and a lack of knowledge of chronic and variable symptoms of covid in popular and medical discourse, online groups should be of particular importance to people suffering from Long COVID (Russell et al., 2022: 2). Present research regarding the online communities working with the individuals diagnosed with Long-COVID indicates that these sites give people a place to discuss about their experiences, health related worries, personal experiences with the extent of their illnesses, test results, and diagnoses, as well as their escalating anxieties related to both their disease and their health condition along with their dissatisfaction with the doctors, and feelings of invalidation. Health workers need to understand how patients interpret their condition because it affects how they cope and how they interact with the healthcare system.

Similar to the contentious ailments like ME/CFS, long COVID is distinguished by some blurry borders in both its diagnostic and cognitive identities. This necessitates that proponents maintain the communal distinctiveness of long-COVID as separate with the aim of preventing cross-linking to sickness subtypes or inaccurate diagnoses. Long COVID was also able to gain widespread acceptance as a terrible and devastating disease even though there was lack of a solid methodical foundation due to the subtle difference between its clinical and sociological perceptions (Roth & Gadebusch-Bondio, 2022: 7).

Health care systems' readiness to listen to patient opinions fits into a larger shift toward the liberalization of society. The patient's role in an era of abundant information has the potential to shift from being a passive consumer of expert knowledge to one of an informed lay expert. Search engines like Google have played their roles immensely in providing the required information as before Google and such vast accessibility of internet, the illness was considered a private business between doctor and the patient (Habibis 2019: 328). Patients can now conduct their own research and inquiry from a virtually limitless pool of information and alternative viewpoints rather than being forced to rely solely on the advice of a small number of doctors (Habibis 2019: 339).

**Conclusion**:

While concluding, since chronic illness has become more prevalent over the past century, management and care have taken on equal importance to treatment and cure in the field of health care. The symbolic aspects of sickness, particularly when it comes to its ethical implications, can be better understood by fully comprehending patient experiences.

**References**

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