

Editorial Review:

Ethical Dilemma in Medical Professionals in COVID-19 Pandemics and Pravara Initiatives

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Abstract:

The COVID-19 Pandemic in India is part of the worldwide Pandemic of the Coronavirus Disease 2019 (COVID-19) , caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). During this time, strong major impact is observed on the healthcare services and practices of ethics in medicine. As it is wide spread throughout the globe, frequent dire encounters have unmasked its face regardless of the country of residence and the availability of resources. It focuses the world towards one goal, “save lives”. From phases of the resource allocation and priority-setting, physical distancing, public health surveillance, health-care worker's rights and obligations to conduct of clinical trials, the COVID-19 Pandemic put up very serious ethical challenges and dilemma. These in turn were further complicated by the worldwide diverse health systems and unique cultural and socio-economic contexts from country to countries. The devastating pandemic that has stricken the worldwide population impacted an unprecedented entry of patients in ICUs, raising ethical dilemmas not only surrounding triage and withdrawal of life support decisions, but also regarding family visits and quality of end-of-life support. Our university is strategically located in rural area of India with delicately working 24 hours for rural population. We dedicatedly practiced various initiatives in COVID -19 pandemic for the service of rural population.

Keywords: COVID -19 Pandemic, ethical dilemmas

Introduction:

The COVID-19 Pandemic in India is part of the worldwide pandemic of the coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).¹During this time, a strong major impact is observed on the healthcare services and practices of ethics in medicine.²Diagnosis, treatment , rehabilitation, prevention and control of COVID -19 has posed a challenge to the medical fraternity on one hand , while the government agencies on the other hand has a challenge to provide strong immediate

healthcare support to combat COVID-19 situation. Ultimately it has also posed challenge to the medical ethics.

Bioethics is a purely integral part of the various medical disciplines and ought to be assimilated into day-to-day practice. Traditional sources of medical ethics, such as the Hippocratic corpus or the 'Four Principles' approaches can provide guidance but are not always clear regarding the most ethical path. Emergencies and crises can sometimes challenge this ethical endeavour.³ Therefore, the guiding ethical principles and rules by which we usually

act can be challenged and we may find ourselves simply trying to do as much good as we can.

As it is wide spread throughout the globe, frequent dire encounters have unmasked its face regardless of the country of residence and the availability of resources. It focuses the world towards one goal, “save lives”. From phases of the resource allocation and priority-setting, physical distancing, public health surveillance, health-care worker's rights and obligations to conduct of clinical trials, the COVID-19 pandemic put up very serious ethical challenges and dilemma in front of us. ⁴ This editorial review to focus on main ethical concerns / dilemma rose during the Pandemic, with regard to medical professionals and our university contribution in the management of such tough situation in India.

Ethical dilemmas in Covid-19 pandemic: ^{5,6}

The devastating pandemic that has stricken the worldwide population induced an unprecedented entry of patients in ICUs, raising ethical dilemmas not only surrounding triage provision and withdrawal of life support decisions, but also regarding family visits and quality of end-of-life support. ⁵

In such a crisis, there are ingredients liable to shake up our ethical principles, sharpen our ethical dilemmas, and lead to situations of suffering for caregivers. ⁶

- 1) Setting priorities in ICU resources during a pandemic
- 2) Family care of patients
- 3) Health care workers' psychological disorders
- 4) Economy impact
- 5) Heavy demand of healthcare resources , doctors and paramedical
- 6) Patient autonomy
- 7) Beneficence
- 8) Non –malaise
- 9) Justice to your patient and community

10) Patient confidentiality and privacy

11) Patient consent – pediatric age etc

When we analyzed ethical dilemma in this situation can divided as follows.

1) First ethical dilemma - Ethical dilemma for Health care professionals : ⁷

Because as patient flow was exceeding beyond our regular health care system, it was major dilemma for patient priority and resources allocation on ethical grounds. ⁷

What was the observed reality?

- Lack of adequate resources/ facilities (Hospitals, Wards, Beds, ICUs, Ventilators, HFNC, Bipack, Oxygen Cylinder, PPE, Masks, Medicines)
- Lack of proper well established protocols (administration, diagnostic, treatment, discharge, contradictions and variations)
- Allocation of available resources/ facilities become very subjective
- Lack of trained HP & HCW & Support Staff
- Lack of timely decision
- Lack of SOP for treatment and patient management
- Worldwide ununiformed health care systems
- Diverse research output and outcome
- Unclear disease scientific information
- Unclear patient safety

2) Second ethical Dilemma - Designation of Hospitals as COVID & Non-COVID

- Inflow of patients
- Bed shortage
- Lack of emergency management system
- Patient priority issues
- Treatment cost

3) Third ethical Dilemma: Contradictions at ICU: ^{6,7}

To Shift to ICU or not	Lack of ICU Beds
To put on ventilators or not	Lack of Ventilators
To Continue on Ventilators or not	Prognosis – Not Clear
To Withdraw life support	Other patients needs service
This leads to	
Rationing of	ICU, Bed, Ventilators, Life Support, Medicine
Prioritization of	
Prediction of	
Compromise of	
All 4 Principles of Medical Ethics	
Total Decision making and family centred ICU Care	

4) Forth ethical Dilemma : Total Separation of patients from family and well-wishers

Expectation: ^{8, 9,10,11}

- Family members and support
- Family centered health care
- Non-Panic Situation for both patient and family
- To avoid fear of infection and isolation for all
- To erase fear of social stigma for all
- Involvement in decision making & treatment
- Respect for Doctor - patient relationship
- Strengthening of family - patient relationship
- Sooth saying by family members for well being of patient.
- Family entry and visit even during dying time and participation in last rites.
- Clarity on quarantine or treatment for entire family
- Dignity and honorable death
- Avoiding social psychological trauma for one and all

- Avoiding total separation of HP & HCW from their family

These ethical dilemmas have led to the defying / breach of medical ethics practices , resulting from burden of heavy patients inflow.

Global Ethics Response to COVID-19:

The global ethics community is working together to address the ethical implications of the COVID-19 pandemic. WHO's Global Health Ethics team works to strengthen communication, collaboration and cooperation in these endeavors.¹²

Global Network of WHO Collaborating Centres for Bioethics :

In responding to COVID-19, the Global Health Ethics team is working together with the Global Network of WHO Collaborating Centres for Bioethics, a well-established network of institutions in diverse locations across the world. The expertise of these centres enriches the ethical support WHO is able to provide its Member States.⁶

National Ethics Committees (NECs) :

An increasing number of nations have created official bodies to provide advice to their executive and legislative branches, and often to the general public, about bioethics. Understandably, the demands on these bodies to provide ethical guidance have substantially grown in the urgent and rapidly changing context of the pandemic. The Global Health Ethics team seeks to support NECs by developing guidance in response to their needs and facilitating communication, collaboration and exchange between NECs from around the world to help countries respond to the ethical challenges presented by COVID-19.^{10,11}

Public Health Emergency Preparedness and Response Ethics Network (PHEPREN) :

Led by the World Health Organization and supported by key partners including the Fogarty International Center, Global Forum on Bioethics in Research, Global Health Network, Global Network of WHO Collaborating Centres and Wellcome, PHEPREN is a global community of bioethicists building on pre-existing expertise and resources to provide real-time, trusted, contextual support to communities, policymakers, researchers, and responders in relation to the ethical issues arising out of global health emergencies, with a current focus on the COVID-19 pandemic.^{13,14,15}

UNSCEO Chair role in current situation:^{14,15}

- 1) Actively organizing series of International webinars globally
- 2) Creating awareness and making professional competent
- 3) International exchange of experience
- 4) Defining guidelines and solution to post covid situation.

Pravara PIMS-DU Initiatives:

Our university is strategically located in rural area of India with delicately working 24 hours for rural population. Our hospital is functioning as District referral Hospital for Non-Covid patient with state insurance cover , OPD, IPD,

Casualty, OT Super-specialty Service etc. PRH Casualty equipped with all facilities to diagnose COVID-19 suspect cases. COVID-19 patients/suspect were going to Ahmednagar or Nashik or Pune or Mumbai. Lot of hardship to rural masses for testing as well as treatment.

We had dedicatedly adopted following initiatives in COVID -19 pandemic for the service of rural population.

- We established 100 Bedded COVID Hospital with Ventilators at Loni to treat mild to severe cases with initiative of management.
- First Initiative in rural area in India
- Established NABL Accredited COVID-19 testing Laboratory (Trunat RTPCR & Other methods)
- Latest protocols and SOPs for Screening Testing, Administration, Treatment and Discharge.
- Provision of free medicine , food , healthcare services and protection kits .
- Running of PRH (Pravara Rural Hospital) for non -Covid patients.
- Isolation and Quarantine facilities to HP, HCW, Patients and contact tracing
- Screening and testing facility
- Dedicated COVID-19 HP & HCW Teams on rotation ;Support to the family of HP, HCW
- Prophylaxis, Prevention and Control measures to HP & HCW
- Liason with District and State Authorities
- Provision of Food grains, fruits, vegetables, milks, dairy and bakery products on the campus itself for residents of the campus , hospital staff etc.
- Thus PRAVARA INITIATIVES is exemplary for one and all in the management of COVID-19.
- We are indebted to our benevolent management and staff under the leadership of Dr. Rajendra Vikhe Patil , President , Pravara Institute of Medical Sciences .

Conclusion:

The SOP based systemic approach for prevention, control, treatment and rehabilitation for patients during COVID -19 Pandemic has helped in better management of corona disease and its epidemiology. Efficient functioning of Pravara Rural Hospital has helpful in providing healthcare services to non-covid patients. The strict protocol and SOPs for management of students and college schedule , adaptation of

ICT enabled / online classes , conferences , webinars and interactive sessions helped to prevent lag in academics and prevention of spread of this pandemic. New terminology namely “COVIDOLOGY” has emerged included proper management and corona care. Let as expect a new world order of entire better health , revived economy , new support and process leads to sustainable development towards a holistic human society.

References:

1. Lai CC, Shih TP, Ko WC, Tang HJ, Hsueh PR. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. *Int J Antimicrob Agents*. 2020;55(3):105924. doi:10.1016/j.ijantimicag.2020.105924
2. Ghosh A, Nundy S, Mallick TK. How India is dealing with COVID-19 pandemic. *Sensors International*. 2020;1:100021. doi:10.1016/j.sintl.2020.100021
3. Schröder-Bäck P, Duncan P, Sherlaw W, Brall C, Czabanowska K. Teaching seven principles for public health ethics: towards a curriculum for a short course on ethics in public health programmes. *BMC Med Ethics*. 2014;15:73. Published 2014 Oct 7. doi:10.1186/1472-6939-15-73
4. GaareBernheim R. Public health ethics: the voices of practitioners. *J Law Med Ethics*. 2003;3:104–109.
5. René Robert,, Ethical dilemmas due to the Covid-19 pandemic, *Ann Intensive Care*. 2020; 10: 84.
6. Robert, R., Kentish-Barnes, N., Boyer, A. et al. Ethical dilemmas due to the Covid-19 pandemic. *Ann. Intensive Care* **10**, 84 (2020). <https://doi.org/10.1186/s13613-020-00702-7>
7. Aacharya RP, Gastmans C, Denier Y. Emergency department triage: an ethical analysis. *BMC Emerg Med*. 2011;11:16. Published 2011 Oct 7. doi:10.1186/1471-227X-11-16
8. Moskop JC, Sklar DP, Geiderman JM, Schears RM, Bookman KJ. Emergency department crowding, part 1- concept, causes, and moral consequences. *Ann Emerg Med*. 2009;53(5):605–11. doi: 10.1016/j.annemergmed.2008.09.019.
9. Moskop JC, Iserson KV. Triage in medicine, part II: Underlying values and principles. *Ann Emerg Med*. 2007;49(3):282–7. doi: 10.1016/j.annemergmed.2006.07.012.
10. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 6. New York: Oxford University Press; 2009
11. SAEM Ethics Committee (Society for Academic Emergency Medicine) Ethics of emergency department triage: SAEM position statement. *Acad Emerg Med*. 1995;2(11):990–5.

12. He H, Harris L. The impact of Covid-19 pandemic on corporate social responsibility and marketing philosophy. J Bus Res. 2020;116:176-182. doi:10.1016/j.jbusres.2020.05.030
13. World Health Organization. (2015). Global health ethics key issues: global network of WHO collaborating centres for bioethics. World Health Organization. <https://apps.who.int/iris/handle/10665/164576>
14. Truog RD, Mitchell C, Daley GQ. The toughest triage—allocating ventilators in a pandemic. N Engl J Med. 2020;382:1973–1975
15. Maves RC, Downar J, Dichter JR, Hick JL, Devereaux A, Geiling JA, et al. Triage of scarce critical care resources in COVID-19 an implementation guide for regional allocation. Chest. 2020 doi: 10.1016/j.chest.2020.03.063

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