**Integrity during pandemic times – the case for “flexible adamancy”**

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**Abstract**

The COVID 19 pandemic has occupied a major portion of people’s lives since late 2019, for more than six months now. Health care and medicine have been completely consumed by the SARS CoV2 illness globally. This is a particularly difficult time for health systems because of the onerous responsibility to care for large numbers of sick people, protecting populations from contracting the infection by effective quarantine, isolation, and containment measures. In addition to this burden of work, health care providers are also overcome by fear of contracting the infection and transmitting it to their loved ones. It is during such difficult times that the integrity of health care providers is challenged. In this paper I will describe some challenges that a health care provider in a typical low resource setting faces during this pandemic time and will propose the idea of ‘flexible adamancy’ to address these challenges to the health system’s integrity.

**Key Words:** integrity, medical ethics, pandemic, COVID 19

**Integrity in health care**

Integrity is defined as ‘having strong moral principles and the quality of sticking to them despite temptations or pressures to leave them’.(1) For example, a community health worker who continues to perform her duty of home visits of pregnant women to check on them despite the temptation of skipping the home visits and instead going to do part time work in a private hospital for a lucrative salary is said to be a person of integrity. In other words, integrity stands for being single-mindedly focussed on one’s values and principles not allowing any other external influences to affect them.(2) An individual’s integrity is challenged mainly under three situations, when there are more attractive alternative options that lure them, when there are more dangerous alternatives that repel them and when there is weak or no monitoring and supervision to keep them on track. The previous example of a community health worker who skips the opportunity to make extra money by working part time in a private hospital in order to fulfil her primary duty to the public health system is the kind of integrity which resists temptations. The other type of integrity is when the health care worker continues to discharge her duties even during difficult times, putting herself in harm’s way. This is the type of integrity in health care that becomes relevant in the context of the current COVID 19 pandemic.

**Integrity during COVID 19 – what are the challenges?**

The COVID 19 pandemic has completely overwhelmed the health system in many countries worldwide.(3) During the early days of the pandemic the health systems in Italy, Spain and New York were overwhelmed.(4) What was a distant threat in March is now a reality in most low- and middle-income countries in the world.

The greatest challenge to the integrity of health care providers is the overwhelming fear of infection to their self as well as their near and dear ones. Health care providers are falling sick, contracting the COVID 19 illness, and several have died.(5) Many mid-level health care providers also have multiple comorbid illnesses like diabetes, hypertension, coronary artery disease due to their years of stressful work and this puts them at a higher risk of developing serious complications of COVID 19. These mid-level providers are indispensable to the hospital and health care eco-system as their experience and expertise anchors the functioning of the systems. But they are vulnerable to the infection. Many of the health care providers, especially nurses, young interns, and residents, are young women playing the main care giver roles in their families taking care of the children and the elderly in their homes. They are seriously conflicted between caring for their families and discharging their professional duties. Though they themselves are at a low risk of serious infection, they stand the risk of carrying the infection home where they can give it to the elderly. There is almost no category of health care provider whose integrity is not seriously challenged by this overwhelming fear of infection.

To minimize the risk of infections to health care providers, health systems are following duty rotations in such a manner that each health care provider gets a certain number of shifts and then gets a few days of quarantine. This effectively limits the number of active persons on the field or the hospital on any day. Some of the personnel who are in high risk contact with COVID 19 patients are also sent away for a quarantine to prevent them from transmitting the virus to other patients. This puts a lot of pressure on the staff who are on duty, as the number of persons on duty is limited. There are hospitals and COVID Care Centres where there is one doctor on duty to care for about 80-100 patients. This condition of under-staffed, over-worked human resource system is another major challenge to the integrity of the health care provider. For example, a health care provider is so overwhelmed by her duty that she examines only the first 10 patients in the ward and for the remaining patients she just copies down the clinical findings from the previous notes on the case sheet, thus missing out on any new developments in the health status of the patient.

The health system provides for a hierarchy of supportive supervision be it in the hospital or on the field during health care delivery.(6) Such supervision ensures accountability. A good level of supportive supervision enforces integrity on the health care provider to an extent. However, the pandemic time has seen a reduction in the level of supportive supervision. Many of the staff in the supervisory level are at a high risk of infection and so are not able to provide hands-on support for the primary health care providers. In many settings the supervisory staff monitor the functions of the primary level staff through close circuit televisions and mobile phone-based instructions. This lack of effective on-the-ground monitoring and supervision serves as a further challenge to the integrity of the health care provider.

The health care provider fears contracting the infection, is overworked and unmotivated and nobody is watching; this becomes the perfect recipe for lack of integrity in practice.

**Is compromised integrity an alternative?**

One of the dominant narratives in hospitals and public health offices is “during such pandemic times, ethics is more of an obstacle than being useful”. Leaders of health care institutions are hesitant to implement supervision of health care providers or take strict action against those who violate professional standards. “At least some work is happening now. If I start punishing them even this will stop and people will leave” they justify their position. In highly bureaucratic public health institutions, accountability has always been a challenge. The experiment of building community accountability mechanisms into the public health system has largely been a failure in the Indian context.(7) The compromise to integrity pervades both COVID 19 and non-COVID 19 care. Patients lie in isolation wards and COVID care centres without even being examined once by a health care provider, many of whom deteriorate without being detected. Patients attending health care facilities for non-COVID 19 problems are provided sub-standard care. The pandemic is used as an excuse to practice health care in a suboptimal fashion. But is such compromised integrity acceptable? What are its consequences?

A health system that lacks integrity leads to harm to the people. If health care providers do not discharge their duties with integrity it can lead to negligence and loss of life, especially during pandemic times. A health care provider who is afraid to enter the COVID 19 isolation ward and so just conjures up a capillary blood glucose value for a diabetic patient taking insulin without actually measuring it, may miss hypoglycaemic episodes, which can even lead to coma. A community health worker who skips door to door surveillance of the last house in a street, may miss a symptomatic infected person in that house, thus losing the opportunity to contain the infection in that community. The community depends on high level of integrity of health care providers and the health system for their welfare. The professional integrity is the bedrock of trust in the health systems.(8) Lack of integrity rapidly erodes trust. Therefore, a compromised integrity is not an alternative. The health system and health care providers must stand up to a high level of integrity especially during emergencies like the COVID 19 pandemic. The health system has an ethical imperative to provide an enabling environment to practice such a high level of integrity.

**Maintaining integrity during difficult times – practising “flexible adamancy”**

Debates on how to practise ethical healthcare during pandemics and emergencies often are inconclusive. The idealist side of the debate stands for integrity, trust, moral values, and ethics while the pragmatic side argues that unless one is flexible one cannot get work done during emergencies. The confusion arises because being flexible is confused with making compromises. Flexibility is giving space for modifications in protocols, work timings, shifts etc. without leading to any adverse effect on outcomes, whereas compromise is accepting adverse outcomes to accommodate changes in working patterns timings etc. For example, it may be acceptable as an act of flexibility to give only morning and afternoon shifts to young nurses who are care givers at home in order to motivate them to maintain a balance between work and life, but unacceptable as an act of compromise for a middle aged nurse to stay out of the ward during duty timings out of fear of getting infected. Yet another example of acceptable flexibility is for a patient with diabetes to be seen by a general doctor due to human resource crunch, but unacceptable compromise is turning the patient away without medications. Non-compromising flexibility is possible, and it needs to be effectively worked out by health systems.

A certain level of adamancy or adherence to core ethical values is always essential, pandemic or otherwise. Always keeping people’s best interest in mind, never doing any harm, treating all people equally without any discrimination and respecting each person’s individuality, personhood and autonomy are some of these core ethical values.(9) While staying adamant about these core values, the health system must also practice flexibility to ensure pragmatic functioning of the system. The flexible adamancy paradigm is both at the health care provider level and the systemic level. It is the responsibility of health system leaders to rise to the occasion and demonstrate the highest form of integrity to core values and principles in all their decisions because like the erstwhile US President Truman said, “the buck stops here”.

There is a need for solution-oriented thinking to ensure this balance between adamancy to core values and flexibility to the practical situation. I would like to conclude with a case example of how a health system managed to practise flexible adamancy during the COVID 19 times through solution-oriented thinking. A woman came to a health facility, 38 weeks pregnant, with a report of COVID 19 positive status. She was completely asymptomatic, and her COVID 19 test was done during a door to door screening as she was from a containment zone. She was confused and anxious about this positive result and came to the health facility where her pregnancy was registered, and she had undergone all her antenatal visits so far. She was not in labour; she was asymptomatic and otherwise healthy other than the COVID 19 positive status. The hospital only had a non-COVID 19 labour ward, so even if she went into labour she could not be delivered in the hospital. The standard protocol of the hospital was to refer such women to a bigger obstetric super specialty hospital which had a dedicated COVID 19 labour ward. However, the woman and her family were highly distressed about going away so far to a strange health facility for delivery. So, the health care provider advised home isolation for the woman for 2 weeks, following which they repeated the swab for PCR test which was reported as negative. So, she could deliver normally in the same institution. This example does not involve any highly innovative solution to a serious problem. However, this is a typical example of flexible adamancy. The health care providers were adamant about providing patient-centred care keeping the best interest of the woman in mind. They were flexible about their protocol in a non-compromising manner and therefore they practiced health care with a high level of integrity.

**Conclusion:**

The COVID 19 pandemic has thrown open several new and unusual challenges to the integrity of health systems and health care providers. However, such testing times are the ones which demand the highest levels of integrity to preserve the people’s trust in health systems. Flexibility without compromising care, at the same time being adamant about core values of beneficence, non-maleficence, autonomy and justice is the best way to provide trustworthy health care during pandemic times.

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