A REVIEW ON ETHICAL DILEMMAS DURING COVID 19 PANDEMIC

**\***First author And Corresponding Author

Dr Shobhana S S

Assistant Professor

Department of Forensic Medicine & Toxicology

Vydehi Institute of Medical Sciences and Research Centre, Bangalore

[Shobhana\_mbbs@yahoo.co.in](mailto:Shobhana_mbbs@yahoo.co.in)

9886680093

Mailing Address: # 20, Vinayakanagar, Banashankari 1st Stage, 3rd cross, Bangalore 560050

**\*\***Second author

Dr RaviRaj K G

Assistant Professor

Department of Forensic Medicine & Toxicology

Vydehi Institute of Medical Sciences and Research Centre, Bangalore

[ravirajkganapathy@gmail.com](mailto:ravirajkganapathy@gmail.com)

9986165202

Mailing Address: Vydehi Institute of Medical Sciences and Research Centre

#82 EPIP area, Nallurahalli, Whitefield Bangalore -66

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**Abstract:**

The COVID-19 is one of the demoralizing pandemic which has raised concerns in various aspects of life. All sectors of population are affected, among them health care professionals are worst affected with many professional and personal dilemmas. Ethical dilemma is one of the major concerns. It compromises patient’s autonomy, increases efforts of maintaining confidentiality and treating infected patients. As a health care professional, burden of balancing the need of different patients by giving good professional care, managing with available resources, safeguarding colleagues, society and family will cause psychological distress.

This review has been made to address some of the ethical issues that are faced by health care professionals in this prevailing event of COVID-19 pandemic. The issues faced by health care professionals are categorized as ethical concerns with patients, caregivers, colleagues, policy makers and society.

**Key Words:** COVID 19 pandemic, health care professionals, autonomy, ethical dilemmas, Psychological distress

**Introduction**

COVID 19 pandemic is one of the devastating event that is leading to major damage to moral, ethical, social, economical, and legal principles. These issues are not only affecting health care workers but also policy makers and society as a whole.

Psychological distress among health care professionals due to uncertainty of pandemic, wavering line of treatment, staying away from families, lockdown for certain duration and health risks they are facing as an effect of pandemic. The health care professionals are also preoccupied with ideas of dearth in working staff, increased and hectic work load which would demoralize their ethical ability (1).

Panic and unstable mindset of patients and the caregivers as they are away from each other is a rising concern for health care professionals as they are answerable and they have to compromise with patient autonomy for better treatment options (2,3).

**Discussion:**

**Ethical dilemma in relation to patients:**

Autonomy of patients is compromised either due to patients who are critically ill or due to underdeveloped treatment plans causing concerns for doctors (1,4).Challenges are also faced in relation to Informed consent as it is based on complete autonomy and decision making capacity among the patients which are grossly compromised in this situation(5).

Ethical concerns related to admission or denial of admission in ICU and also treatment recommendation for COVID-19 or Non COVID-19 patients must be first evaluated based on the medical merits before considering resource allocation. The protocol has to be regularly reviewed and revised. In case of end of life situation protocol of CPR and resuscitations to be followed by weighing the benefits and available PPE resources(6).

According to ADA, code of ethics to be followed during COVID-19 pandemic, patient self determination and confidentiality has to be maintained, emergency procedures can be taken care of rather than routine checkups. Under nonmaleficence if patient or staff or relatives is in contract with Covid-19 infection, elective procedures are to be withheld. Detail screening of patients with proper maintenance of social distance and universal precautions should be followed at all time. Some code of ethics also deal with being transparent to patient that is duty to communicate truthfully. This will provide high ethical standards among health care professionals (7).

In case of untoward event of death, dignity of death has to be given as the basic right of humanity. Proper disposal and burial of body to be done. Inhuman act of not allowing cremation of a dead body has to be curbed as in one incidence of a doctor who died of COVID-19 infection and local community had not allowed decent disposal fearing for spread of infection(8).

**Ethical dilemma in non COVID patients**

Non COVID-19 patients are also worst affected as the non emergency services are shut down, many hospitals and small clinics are closed in containment zones. Worst affected are reproductive care, child care and immunisation. Patients with chronic non communicable diseases and patient requiring dialysis care as well as cancer treatment are worst affected. There is increase in number of suicide cases due to isolation, economical crisis and alcohol withdrawal.

Telemedicine has increased in these situations due to fear of contracting infection of already suffering patient, here the patient will miss the compassionate touch of doctors and loss of physical examination by the doctors are of rising concern(4,5,8).

**Ethical dilemma in relation to care givers:**

Ethical concerns are not only in ICU and end of life situations but also associated with care givers’ visits to their loved ones in suffering and trouble. Caregivers are kept away from the patients. Structured communication of the situations is not being expressed. This will disturb the patients and caregivers especially during the end of life situations as caregivers cannot say good bye and give a decent fare well for their loved ones. This will lead to ethical drift causing discomfort between caregivers and health care professionals.

Policies have been suggested for proactive schedules of telephonic communication, video calling with family members to maintain communication. This will give the reassurance to the patient by satisfaction of communicating with family especially during end of life (1).

In situations of death, bereaved family members are in severe grief and very close family members are also quarantined and distant relatives are supposed to do the last rites.

Even the non COVID patients are also the sufferers having difficulty in getting compassionate care and farewell as there is reduced hospital visits due to chances of getting infection. Caregivers and patients suffer from complicated grief as they are not able to meet each others. Health care professionals must have preparedness of telecommunication so that complicated grief can be reduced. Caregivers also have fear of breaking social or mandate rules to limit exposure.

If formal traditional way of funeral not done, bereaved family will have a disenfranchise grief as mourning is not done publically, for the bereaved family their loved ones are not just a statistics (3).

To make the situation better for family members, in India effective steps to dispose dead body by maintaining dignity and safety measures are taken. Appropriate steps have been taken by directorate of Health and family welfare, government of India and government of Karnataka to hand over the suspected COVID-19 bodies by taking swab for test and handing over the dead body to relatives. They are instructed to take proper safety precautions to cremate dead bodies. The transmission of infection is mainly through respiratory droplets so risk in dead bodies are minimal unless autopsies are performed and other rituals like kissing or hugging , giving bath, or procedure involving meddling the bodies which has to be avoided. Standard precautions like proper social distancing and cough etiquette to be followed. These steps are taken to avoid delay in cremation and making caregivers a cohort support in their grief of bereaved family member. Appropriate arrangements are also made for unclaimed dead bodies, where the family members are in other countries unable to perform last rites, due to restricted international travels or where family members don’t want to claim the bodies (9, 10).

**Ethical dilemma in relation to public and policy makers**

Isolation, quarantine and social distancing will limit individual’s freedom, autonomy and rights but it safeguards the interest of large population. Restrictions are to be imposed judicially. Equity to be given for vulnerable population like elderly, disabled, prisoners, minors and migrants.

There should be a moral obligation of society towards health care workers who are working indefinite under risk jeopardising their family responsibilities by dedicating themselves towards patients care. To curb morbidity and mortality, public should not lack trust on authorities to prevent spread of pandemic. Ethical concept of solidarity is required for social distancing and isolation. Solidarity also requires how to safeguard vulnerable population (11,12).

Government and policy makers should support and protect health care professionals by providing adequate resources, working hands and psychological support. Resource allocation was best followed in Swiss influenza pandemic, where three phase treatment was followed; first phase treating all, second phase where beneficiaries exceeded the therapeutic resources treatment was given to seriously ill individuals and in third phase, treatment was given to seriously ill individuals with good survival rate and palliative care given to individuals with poor prognosis (13,14).

**Ethical dilemma in relation to self and other health care professionals**

COVID-19 pandemic infection is spreading rapidly against the supply of healthcare resources. Ethical concerns are rising due to high morbidity and mortality. These ethical concerns include treating patient with high degree of infection no matter how much it causes risk to health care professionals. It is also considered ethical to care patient if adequate PPE is available.

One more ethical dilemma arises for health care providers is, maintaining confidentiality and privacy, but it over rides the duty to protect the interest of larger population. Patients should be encouraged to reveal their COVID-19 status for the already challenged staff. Health care professionals and hospitals should provide the data to public agency for tabulating and analysing.

Ethical dilemmas arise in screening and testing the patients but it has to be recommended for individuals with symptoms and those at high risk of infection (6). Self protection and care are basic rights of Doctors who are risking their life to safeguard public and society. They have duty of care as well as right to self protection. With increase in number of cases in pandemic, scarcity of PPE to health care professional should be dealt by the public health authorities. Death of health care providers in different countries is not new; they are under physical and mental stress and reports have shown that an Italy doctor committed suicide after discovering he had been contracted with infection. The incidences of doctors’ death are grossly under reported. In Italy and other developed nations, lack of PPE and inadequate PPE were common cause of health care professional’s death. There are several pleas from health care workers to policy makers for issuing right resources. Health care providers will have responsibilities for families, for colleagues and society as a whole (8,15).

The issues in health care workers can be broadly categorized under three headings, firstly isolation and social distancing, secondly duty to care patients and finally treatment access with minimal available resources. In UK National Health Services face major ethical challenges in traditional ethical principles that is autonomy, beneficence, nonmaleficence and justice this has to be solved by relational ethical values like equity, trust, reciprocity and solidarity.

It has become an obligation for doctors to work in COVID-19 duties as a code of medical ethics, however professional bodies should consider assigning the responsibilities to professional doctors than non professionals to perform task, as some of the doctors are also dead during this COVID-19 duties (11, 15).

Sanitation service providers and workers have to take proper precautions for safe disposal of waste generated by COVID-19 infected patient and people in the home quarantine as well as in isolation wards. Untreated drinking water, waste water, sewage water and faecal sludge showed presence of RNA fragments of SARS-CoV-2. ICMR and WHO had put forth several guidelines for proper management and disposal of waste by protecting the health of the staff. Proper PPE, vehicles for disposal, performing proper hand hygiene, proper sanitisation and self monitoring should be arranged. The workers suffering with symptoms are given off from duty by protecting payment. The waste disposal is accountable and maintained by Urban Local Bodies. In places of high demand with limited supply, collecting disposed face mask and reselling is done which has to be curbed. Clog of sewage due to inadvertent disposal of PPEs and masks are possible which should be prevented by proper disposal precaution.

Safety precautions to be taken by dead body handlers and mortuary staff although transmission of infection from dead body is minimal, proper PPE suits to be used and hand hygiene to be performed. The dead bodies to be properly wrapped and disinfected before disposal (16, 17).

**Conclusion:**

Ethical dilemmas are the major issues for the health care professionals in the current situation of COVID-19 pandemic. Health care professionals have to follow the code of ethics even in this crucial situation. Handling the patients giving them the compassionate care is the first priority even though the autonomy of patients is compromised to some extent.

ICU care should be logistically handled by properly trained staff and resources should be utilised for vulnerable patients with a better prognosis. Care during end of life as well as handling the bereaved family is the main concern to health care professionals which should be handled in a sensible manner. Dignified farewell is the basic right of humans and has to be done by implementing technological way of telephonic or video conversation which will satisfy the patient and caregivers for a decent send off. There should be a separate triage team to handle the care givers and during end of life situation for bereaved family. Transparent communication is the key to avoid ethical dilemmas.

Non COVID patients are to be treated with adequate facilities and prioritise the treatment of non communicable disease, reproductive and child care, those on dialysis and palliative care. Outpatient facilities for Non COVID patients should be improvised by planning proper safety measures, maintaining social distancing, hand hygiene and cough etiquette.

Health care professionals should balance professional duty along with care and safety towards self, colleagues, family and society. To relieve psychological stress, proper counselling sessions with adequate rest and scheduled duty hours should be maintained by policy makers.

Proper resource allocation and their judicial use also matters in this prevailing pandemic. Self care is also important. Symptoms should be carefully watched. On developing symptoms, each one should notify and quarantine themselves for the safety of self and society. Proper disposal of the wastes generated by the infected individuals also matters a lot in avoiding spread of infection. Sanitary workers are to be properly trained for segregation and disposal of waste generated by infected individuals. Housekeeping staff must be properly educated about sanitization and taking precaution in health care centres.

Reinforcement of the health care professionals with proper shifts in duty and facilities especially when they are quarantined. Ethical dilemmas can be best solved by collective efforts from patients, caregivers, policy makers and society.

**References:**

1. Rene Robert et al. Ethical dilemmas due to Covid-19 pandemic. Ann Intensive care. 2020; 10:84
2. Aarthi Shah, Ramesh Prasad Aacharya. Combating COVID-19 Pandemic in Nepal: Ethical Challenges in an outbreak. Journal of Nepal Medical Association.2020;58(224):276-279
3. Cara L Wallace, Stephanie P Wladkowski, Allison Gibson, Patrick White. Grief During the COVID 19 Pandemic: Considerations for Palliative Care Providers. Journal of Pain and Symptom Management. July 2020;1:60
4. Chetanya malik, Timothy Laux, Yogesh Jain. Clinical ethics during Covid-19: Plan for the whole health ecosystem. Indian Journal of Medical Ethics.2020; 3
5. Vilanilam GC, John PK. Medicolegal Challenges in the COVID Era. Arch Med Health Sci2020;8:83-7
6. Jessica B Kramer, Douglas E Brown, Piroska K Kopar. Ethics in the time of coronavirus: Recommendations in the COVID-19 pandemic. Journal of American college of surgeons; June 2020:230(6)
7. American Dental Association. Guidance on continuing to practice ethically during COVID-19
8. Vijayaprasad Gopichandran. Clinical ethics during the COVID- 19 pandemic: Missing the tree for the forest. Indian journal of medical ethics; 2020
9. Directorate of Health and Family Welfare Services, Ananda Rao circle, Bangalore-9. DHS/DD/SSU/17/2020-21- Revised guidelines for dead body management in context of COVID-19 Pandemic
10. Government of India. Ministry of Health and Family welfare, Directorate general of Health services. COVID-19: Guidelines on dead body management. 15th March 2020.
11. David Ian Jeffery. Relational ethical approaches to the COVID-19 pandemic. Journal of Medical Ethics;10:2020
12. World Health Organisation ethical consideration to develop public health response to pandemic influenza. Geneva: World Health Organisation; 2007. (Google Scholar)
13. Federal office of public health the Swiss influenza plan,2018 Available:http://www.bag.admin.ch/bag/en/home/das-bag/publikationnen/broschueren/publikationnenuebertragbare-krankheiten/pandemieplan-2018html
14. Hema S Gopalan, Anoop Misra. COVID-19 pandemic and challenges for socio economic issues, healthcare and National Health programs in India. Diabetes Metab Syndr.2020;14(5):757-759
15. E B Ing, Q(A) Xu, A Salimi, N Torun. Physician deaths from corona virus(COVID-19) disease. Occup Med(London); 2020
16. World Health Organization. UNICEF. Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19, Interim guidance: 29July 2020
17. Central Pollution Control Board. Guidelines for Handling, treatment and Disposal of Waste Generated during Treatment/Diagnosis/Quarantine of COVID-19 patients: 25th March 2020