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**Commentaries**

**Abstract**

COVID-19 pandemic has affected the functioning of medical education system globally. Medical institution face several challenges in implementing patient care service, training of students and conducting research. Several ethical issues have to be faced, which was never experienced before. Understanding these challenges and recognizing them by the various Medical institutions will play an important role in effectively dealing such situations in an ethical manner.

**Ethical aspects of COVID-19 pandemic in Medical Institutions**

The COVID-19 pandemic has spread to over 189 countries1 worldwide and is affecting every aspect of living ranging from physical, mental, social, spiritual, vocational, environmental, economic, and many more. Taking into account the rapidly evolving nature of this pandemic, stakeholders have been challenged with making decisions to prevent the spread of infection and to placate their community, thus giving rise to new ethical dilemmas. The World Health Organization has responded by setting up an International Working Group to address ethical issues arising from the COVID-19 pandemic, mainly focusing on research, vaccines, diagnosis, and treatment.2 Medical institutions are important organizations that are faced with such challenges in addition to training of medical students and addressing their concerns. Ethical situations that medical colleges must deal with involve medical students, teaching and non-teaching faculty, patient care, and research. This article highlights such ethical scenarios.

Globally, education has shifted to an online mode3 of teaching and assessment which is feasible and effective in most of the non-medical institutions. Now, considering the fact that medical colleges have been closed for over nine months, where students have been exposed to only online theoretical classes, with minimal clinical teaching, the ethical question arises about how to deal with practical teaching like key patient interactions. It becomes difficult to restructure the system to fulfill clinical teaching without real time patients. The standard of education and acquisition of clinical skills comes into question here. The University Grant Commission (UGC) of India has approved online/offline or combination as a mode of academic evaluation for a higher educational institution to ensure credibility, career opportunities, and future progress of students.4,5 Unfortunately medicine is a professional course that cannot be taught or evaluated without the practical examination.

Another important ethical issue that needs to be looked into is the payment of tuition fees. The lockdown has affected the livelihood of many, some students may be facing financial crises at home. Consideration should be made regarding a reduction or waiver of fees. If that happens, will the management be able to pay the teaching and supporting staff? Even if the Institution agrees to help students, the criteria on who should be chosen must be decided.

Most of the Medical institutions have designated COVID units which have created a lot of fear, stigma, and unwillingness to work in these wards, among health care workers.6 Apart from the health care workers being anxious about contracting the virus, there is also worry of spreading the infection to their close family members. Should all the physicians be given the privilege to decide voluntarily if they want to work in COVID wards? Also, should the senior faculties who are experienced, but vulnerable due to age and other comorbidities, or vice versa with the junior residents be posted at these wards?

Due to the scarcity of the personal protective equipment available, it becomes important to identify who should be given the equipment and who should bear the costs. Even allocation of valuable resources, like mechanical ventilators also comes into question. The recommended treatment guidelines has undergone various changes and accordingly, institutions have resorted to following their own protocols for management. Therefore, with unknown efficacy and the unavailability of drugs, right versus wrong treatment modalities come into discussion. COVID testing has become a pre-operative screening before all major and even minor procedures for health care worker protection, further increasing medical care costs. Should everyone be tested? Ethical issues similarly arise regarding the routine testing of health care workers as they are the most important source of infection for spreading the virus to patients.

Medical institutions like any other Heath care service providers have to deal with ethical problems relating to patients. Most institutions have their own management protocols for COVID victims in terms of different kinds of laboratory diagnosis and drugs. According to ICMR guidelines a confirmed case of COVID is one with RT-PCR positive on nasopharyngeal swab irrespective of the clinical condition.7 Therefore, the ethical dilemma arises when suspected cases of COVID infection are admitted in the COVID ward and given treatment. This creates fear and anxiety among patients of acquiring the infection from the others in the COVID ward or from health care workers. Moreover the regular patients visiting for chronic health conditions such as tuberculosis, diabetes, hypertension, asthma, and many more are at higher risk of acquiring infection during their visit. These issues has been handled to some extent by implementing telemedicine. But it's utilisation among the weaker section of community is again questionable.

Obtaining consent for treatment like medications, non-escalation of management, end of life care for critically illness, from patients and their care givers is also a challenging task during this COVID pandemic. Many a times the patients are kept in isolation and not even allowed to interact with family members. Following the death of COVID patients, the routine rituals by the family members are forbidden. Is it ethically right to deprive patients of such emotional and social support during the time they need the most?

At present most of the drugs are given on trial basis without confirmed benefits. In such situation, if the patient refuses to take allopathy drugs and prefers other traditional or herbal medication, should that choice be given to the patient? Lastly if patients prefers to get discharged against medical advice due to financial issues, then what should be done?

Medical institutions are also involved in conducting observational and clinical research, thus are faced with other ethical issues related to research such as benefit-risk assessment, payment for participation, compensation for research related harm, conflict of interest etc.8 In such situations, is it ethically correct to charge participants for the diagnostic tests and treatment given or should they be given concession has to be decided. Most of these ethical issues are more relevant to private medical institution rather than the government.

In conclusion, medical institutions are faced with several ethical dilemmas that need to be handled tactfully ensuring utilitarian and individual ethics. During times of crisis like a pandemic, patients are in so much fear and anxiety to decide by themselves. Efforts should be taken to sensitize and train medical students on these ethical issues that may be encountered during a pandemic to make appropriate decisions.

**Competing interest and financial support**: Nil

**Acknowledgement**: Sincere thanks to Dr. Varshini Athipathy for giving important inputs and suggestions in writing this article.

*This present commentary was submitted as a part of essay writing competition for “Vibes 2020- 1st National Summit on Bioethics” conducted by Panimalar Medical College Hospital and Research institute.*

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