

## EDITORIAL

### ETHICAL CHALLENGES FOR HEALTHCARE WORKERS DURING COVID-19 PANDEMIC

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The COVID-19 pandemic is inflicting devastating ramifications on every facade of human and non-human life-be it spiritual, psychological, socio-cultural, political, economic facets or professionalism.

Healthcare providers are the worst hit among all the professional workers. Generally medical doctors are expected to perform all or some of the following five roles – healthcare service provider, educator, researcher, administrator and/or a leader. Unfortunately, the pandemic is posing unprecedented challenges in each and all of these highly demanding responsibilities.

In the circumstances where healthcare systems have been overwhelmed, providing necessary care to their patients while simultaneously keeping themselves protected from catching the illness is a daunting task and is taking its toll by claiming the lives of thousands and robbing physical and mental wellbeing of those who have survived this ordeal. Even the first whistle blower Dr Li Wenliang, a 33 years old ophthalmologist at Wuhan Central Hospital, lost his life to this infection <sup>[1]</sup>. The proportion of doctors among the infected population ranges from 4% in China to 16.2% in UK <sup>[2]</sup>. The mortality figures among infected doctors are pouring in from all over the globe, irrespective of the developmental status of the countries <sup>[3]</sup>. Apart from the deep sense of responsibility to their patients, doctors are confronting the ethical dilemmas on daily basis. Among the four principles of health ethics, the most challenging are the 'autonomy' and 'justice and fairness'– prioritisation and triage –“who gets the scarcely available ventilatory support and who does not” to even “who gets the access to finishing supply of oxygen”. By and large the doctors are playing their roles dedicatedly and ethically.

Apart from doctors, other healthcare workers are facing similar challenges and difficulties. The International Council of Nurses, based on the data collected from 30 countries, estimates that on an average, 6% of all confirmed cases of COVID-19 are among healthcare workers. As of 6<sup>th</sup> May 2020, at least 90,000 healthcare workers have been infected by COVID-19 and more than 260 nurses have lost their lives to the pandemic <sup>[4]</sup>. The non-availability of Personal Protective Equipment, especially in the beginning of epidemic, may have contributed to this staggering number. However, these frightening facts have not deterred the healthcare workers from performing their professional responsibilities ethically and whole heartedly.

In an effort to contain the pandemic and find the effective cure for the SARS-CoV-2 infection, numerous studies and trials have been started hurriedly. The ethical committees had to expedite the approval process and journals had to publish papers using fast track, resulting in some compromises on the standards. The results of the trials were announced prematurely and even politically. Consequently, some trials were stopped in the middle and some publications, in even renowned medical journals, have been withdrawn <sup>[5]</sup>. Human challenge studies are already being advocated, even before the development of any vaccine <sup>[6]</sup>.

Thousands of patients died in a short span of time, overwhelming the mortuaries, funeral and related services. The authorities have to resort to store the bodies in trucks and mass burials resulting in compromising human dignity in life and after death. The patients died in isolation and loved ones were either not allowed or were not keen to attend the funeral rituals <sup>[7]</sup>. In some

instances, even the funeral prayers were denied by relevant quarters. There are illuminating examples of doctors leading the funeral prayers in such situations<sup>[8]</sup>.

Working with the patients in the hospitals and communities is a crucial part of training of undergraduate and postgraduate medical students. COVID-19 pandemic has interrupted the way the medical education is delivered as social distancing is being enforced. Most of the teachings have been shifted from 'face to face' to online mode. Medical educators are adapting to maximize learning by employing new technologies and flexible approaches for assessing competencies. Inequality of internet facilities available to individuals and communities is affecting the teaching/learning and assessment and medical teachers are trying to find best and right approaches<sup>[9]</sup>.

On the whole, healthcare workers are providing necessary services within the boundaries of ethics and professionalism, though healthcare systems and governments around the globe are grappling with these issues at these demanding times.

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