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# Ethical Issues in Dealing with Patients and Healthcare Workers with Covid-19

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**Letter to Editor**
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## Letter to Editor

The COVID-19 pandemic presents complex ethical challenges due to healthcare systems as well as the different cultural, social and economic contexts of countries and this is reflected in patients and workers in various health facilities.

Screening was actually taking place at the first responder level (SAMU) and the medical argument was that the elderly would not function well on a ventilator (a similar informal policy exists regarding PWD - especially those in institutions who are not hospitalized [1]. Many institutions have restricted visits in order to reduce the risk of infection and maintain personal protective equipment (PPE), but for example, children are not adults and have some developmental needs, so allowing visitors is necessary for children and also patients with developmental disabilities due to their inability to give informed consent and need to address their fears and anxieties [2].

In some hospitals the sense of responsibility among the nursing staff was found to scant as they responded to the critical patients in a very slow pace moreover they also performed fewer of their designated tasks so because of fear of contracting the Virus [3]. The fact that the pandemic was concentrated in one region like Italy led to a redundancy and the necessity of triage. Triage has become a cruel and cunning reality, which made doctors confused in making decisions, except for doctors who spoke about painful decisions in public. A lawsuit was filed against them by the hospital, and the treatment of patients differed "according to the hospital" which was criticized by the public opinion that expressed its anger and Members of the medical community have disowned their peers, and most surprisingly, many frontline physicians and healthcare providers have publicly voiced their demand for clearer ethical guidelines because these problems bypass medical expertise and are appealing internationally for more ethical guidance on triage issues that represent not only Italy but the whole world [4]. Many associations representing nursing homes or the handicapped community have appealed to the nation's highest court for the lack of clear protocols to ensure equal access to healthcare resources [5]. That these issues - and in particular the practice of not taking some COVID patients to hospitals for reasons related to age or disability - have not appeared in public debate and have not been reported in the media. The determination of the standards should be left to the medical experts, who in turn would advise the government on any ethical problems [6].Patients with COVID-19 and other patients requiring intensive care are treated according to the same standards, so that guidelines apply to the specific situation in which scarcity of resources arises and rationing decisions have to be made and applicable to all categories of patients by the clinical staff who will be involved. In making decisions related to prioritizing critical care resources [7].

For a long time, Jerome Salomon, the French director general of health, avoided even giving any statistics regarding COVID-related deaths in nursing homes (EPHADs), even though these accounted for more than a third of all deaths [8]. When it was asked to a doctor about this issue, he agreed to address the issue on hand but asked to keep his identity hidden. He said that doctors have been told by the hospital authorities to avoid press interviews, so that public unease and apprehension can be avoided. He accentuated that hiding facts from the public will have deadly consequences as public does not follow standard operating procedures, if they do not fear the virus [9].

In Malaysia, there are two problematic categories of sharing information on social media, which exacerbates the situation [10]. First, sharing personal information of patients and their families, and blaming patients with COVID-19. Malaysians witnessed the leakage of a series of patients' personal information on social media, it is assumed that the patient known as "Patient 16" became an example of hatred and discrimination after his name and profile picture were circulated on social media, which continued even after the patient recovered from the virus, which led Until patients respond to these allegations in order to defend themselves, but unfortunately these responses led to more criticism, blame and accusations [9]. Second, sharing false news and information creates feelings of anxiety and fear in the public [10].

## References


1. McGuire AL, Aulisio MP, Davis FD, Erwin C, Harter TD, et al. (2020) Ethical challenges arising in the COVID-19 pandemic: An overview from the Association of Bioethics Program Directors (ABPD) task force. The American Journal of Bioethics 20(7): 15-27.
2. McKenna H (2020) Covid-19: Ethical issues for nurses. Int J Nurs Stud 110: 103673.
3. Hashim HT (2020) Convalescent plasma to treat COVID-19: Its challenges in Iraq's situation. Ethics Med Public Health 15: 100564.
4. Orfali K (2020) What Triage Issues Reveal: Ethics in the COVID-19 Pandemic in Italy and France. J Bioeth Inq 17(4): 675-679.
5. Jia Y, Chen O, Xiao Z, Xiao J, Bian J, et al. (2020) Nurses' ethical challenges caring for people with COVID-19: A qualitative study. Nurs Ethics 28(1): 33-45.
6. Robert R, Barnes NK, Boyer A, Laurent A, Azoulay E, et al. (2020) Ethical dilemmas due to the Covid-19 pandemic. Ann Intensive Care 10(1): 84.
7. Hashim HT, Ramadhan MA (2020) The challenges of COVID-19 vaccine delivery in developing countries.
8. Rosenbaum L (2020) Facing Covid-19 in Italy-ethics, logistics, and therapeutics on the epidemic's front line. N Engl J Med 382(20): 1873-1875.
9. Yusof ANM, Muuti MZ, Ariffin LA, Tan MKM (2020) Sharing Information on COVID-19: the ethical challenges in the Malaysian setting. Asian Bioeth Rev 12(3): 349-361.
10. Hashim HT (2020) COVID-19 patient who denied any relating symptoms: A case report. Cumhuriyet Medical Journal 42(4): 518-521.