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REACTIONS OF BIOETHICS TO THE COVID-19 PANDEMIC

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Abstract

Last year, the three waves of the infection with SARS-CoV-2 generated immense challenges for the global healthcare, requiring healthcare systems to adjust care models and to design, within safety parameters, the ways of performing research. Within the circumstances of the new medical context of COVID-19 pandemic, bioethics provided efficient support, both in medical practice and scientific research. Through its interventions, bioethics tried to cover the most important aspects involved in the interaction with patient, ensuring quality standards of the medical act, complying with epidemiologic security requirements and ensuring conditions for the safety of the patient, of the medical staff and of the community in general. Due to these endeavors, bioethics placed itself in the focal point of the debates upon which legal and management regulations were founded, concurrently assuming the necessity of notifications and periodic revisions of the professional ethics codes, therefore envisioning an optimal adjustment to the pandemic context. This paper follows the way in which bioethics maintains updated its role and the significance of its intervention in the medical act, as well as necessary orientations and landmarks in guiding medical care following global ethical considerations, with the aim to help medical providers to take the best decisions, and when these are made, to ensure that the reasons for the choice are the correct ones.

Keywords: bioethics, pandemic, COVID-19, cancer

Introduction

The Coronavirus disease 2019 (COVID-19) pandemic generated immense challenges for healthcare systems, both from the medical and management point of view. Within this context, bioethics intervened actively and steadily, providing support and attempting to cover as much as possible of the aspects generated by COVID-19 medical issues, which can be divided in three main directions: the manner of interaction with the patient, quality of the medical act and epidemiologic safety circumstances.

The *patient interactions*, required significant efforts in order to identify the most applicable scenarios and the most efficient approaches. The most frequent approaches were direct physical encounters, face to face with the patient, with limited time of exposure and respecting physical distancing. Screen virtual encounters was regarded as an alternative scenario, deemed possible within the limits of technical availability and Information Technology (IT) communication abilities (Taylor et al., 2020).

Quality of the medical act. Regardless of the method chosen for the interaction with the patient, it has to be in line with quality standards of the medical act, both with respect to diagnostic procedures and therapeutic management. Respect and compliance with standard requirements of the specialized medical act aim to avoid omissions and delay in diagnostic and therapeutic procedures, which, in the pandemic context, should be performed urgently (Blumenthal et al., 2020).

Epidemiologic safety. Both the manner of interaction with the patient, as well as the performance of the medical act must be doubled by epidemiologic safety measures, which must be complied with imperatively. Toward this end, the prerequisites of ensuring a safety context for the patient and medical community are created. Justification of the necessity of strict security and epidemiologic safety measures aims to avoid those obstacles to which the population may be exposed during the pandemic, as well as the unequal access to medical assistance, that increase the exposure of vulnerable individuals within this context (Alsofyani et al., 2020).

Taking into account the uncertainties during a pandemic, national and international interventions should be guided by global ethical considerations, ensuring a fluent process in the communication of updated, precise, clear, complete and transparent information.

Ethical implications for institutions in COVID-19 pandemic

These aspects were assumed and formulated in various legal and management regulations, acquired and included in internal and international regulations of healthcare systems. Bioethics lined up with the trends in the pandemic context, through a series of notifications at the level of medical ethics codes for medical associations and professional societies. A relevant example towards this end is the American Medical Association – AMA, which formulated 22 notifications for the medical ethics code (AMA Code of Medical Ethics, 2020). The main concerns regarded care standards within the context of crisis, both for frequent situations as well as for caring for patients in special medical conditions. The case of cancer or terminal disease patients comprises numerous situations which the practice of ethics considered with a special significance for the isolation, quarantine and human interaction circumstances (AMA Code of Medical Ethics, 2020). At the level of the World Health Organization (WHO), the ethics work group dedicated to the COVID-19 pandemics focused on the manner of distribution and spending of resources, as well as on the active ethical involvement in WHO guidelines regarding clinical management and establishing priorities in the care of COVID-19 patients (WHO Working Group on Ethics and COVID-19, 2020). Moreover, ethical considerations regarding research within the context of COVID-19 pandemic represents another domain of action of the committee, where suggestions and recommendations were formulated for the development of research activities in safe circumstances (WHO Working Group on Ethics and COVID-19, 2020). The Bioethics unit within UNESCO elaborated a statement focusing on global ethical considerations, envisioning modalities to avoid inequalities and promoting transparency in communication, taking into account the fact that in circumstances of a pandemic there is a risk of increasing individual and community vulnerability (UNESCO Ethical Frameworks to COVID-19, 2020). Last but not least, the bioethics department within the European Union (EU) is concerned with the major ethical challenges generated by the pandemic, looking for solutions and answers, with the well-known difficulty encountered in the process of taking the correct decisions, through which protection and respect of dignity and fundamental human rights are ensured, and avoiding vulnerability and discriminatory situations (Council of Europe COVID-19, 2020).

Community ethics in COVID-19 pandemic

Ethical recommendations and guidelines formulated by institutions are centered on a unified approach regarding community public health, with the attention focusing on protection of the population within the medical context of COVID-19 pandemic (Dawson et al., 2020). Within this framework, efficient management and control of a disease outbreak requires a summation of the epidemiological efforts at the level of the community, in order to identify and apply the public healthcare instruments with the aim to decelerate spread of the

infection. Proved as efficient at the level of the community, sanitation measures regarding hand hygiene, physical distancing and wearing of masks were the most readily accepted as well. *I protect myself in order to protect others* became the social message at the interface with healthcare systems, which in the current COVID-19 pandemic are confronted everywhere in the world with a series of restrictions and an increasing number of seriously ill patients. In community medical assistance, difficult decisions regarding pandemic control in society generates major ethical challenges, which professional and decisional authorities must approach. It is essential that this type of decisions must fulfill the fundamental requirement of respecting human dignity and fundamental human rights, in order to ensure that these situations do not increase existent vulnerabilities and do not lead to discrimination with respect to access at medical care. It is the case of the oncology patient included in the category of patients with increased risk for infections with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), where statements from clinical doctors and oncology experts focused on a series of aspects extracted from the gathered information, which allowed the formulation of some observations regarding the manner of transmission of the infection, correlation with physiopathological aspects of COVID-19 disease, role of comorbidities, as well as possible iatrogeny in the context of unapproved therapeutical regimes (Desai, Khaki & Kuderer, 2020).

Regarding the *pathway for SARS-CoV-2 spread*, in COVID-19 the digestive route it is taken into consideration as possible alternative to the respiratory way, taking into account the level of evidence certifying the presence of the virus in feces.

Another important aspect in the series of evidence is represented by *comorbidities associated* with the increased risk of contacting SARS-CoV-2 infection. Patients with obesity, hypertension or diabetes mellitus are the most frequently afflicted by infection with SARS-CoV-2.

Within the debate regarding physiopathological mechanism, the *overexpression of Angiotensin-converting enzyme 2 (ACE2) protein* in the digestive tract is regarded as a potential anchoring receptor site for the spike protein in the virus at the level of the mucosa barrier in the digestive tract. Accumulated information extrapolated the approaches towards possible therapeutical strategies involving modulation of the intestinal inflammation and efficient control of COVID-19 evolution in cancer patients (Wong, Lui & Sung, 2020).

Last but not least, we would like to mention the *important disfunctions observed in liver and biliary tree*, with various severity degrees, interpreted within a double cause context, as a consequence of either the affinity of the virus for hepatocytes and cholangiocytes, or to drug hepatotoxicity (Zhang, Shi & Wang, 2020; Xu et al., 2020).

Ethical significations of the medical approach in COVID-19 pandemic

For medical and ethical relevance regarding observations on patients who experienced infection with COVID-19 we chose the case of cancer patients, in an approach focused on *risk, benefits, utility, efficiency and safety*, organized in three sections: case management, investigation procedures and therapeutical interventions implying aerosolization (endoscopy) and therapeutic behavior.

COVID-19 case management To discuss just a few details, we regard current epidemiologic information as a good departure point in approaching the management of the cancer patient case. Even if data do not have a statistic significance, they evoke the risk of contacting the infection from the double perspective of medicine and ethics. From a medical point of view, given the infection rate of 1% to 23% reported in cancer patients, it is estimated that this category of patients has an increased risk of contracting SARS-CoV-2 infection, compared to the general population, where the frequency of SARS-CoV-2 infection is 0.29% -7% (Allegra et al., 2020). It is worth noticing the high mortality rate of over 20%

recording at advanced ages of over 80 years old, as well as frequency of severe complications, of 6% for the young population, data that confirms presence of increased risk for this category of patients. It appears that the most exposed patients to SARS-CoV-2 infection are those who are in chemotherapy treatment or received chemotherapy in the last 3 months, as well as patients with extended radiation therapy (Curigliano et al., 2020). Furthermore, beneficiaries of bone marrow transplants or stem cells during the last 6 months, for which they require immunosuppression, represent another subgroup of patients exposed to high risk for SARS-CoV-2 infection, taking into consideration the overlap of the immune charge between the underlying disease, and COVID-19 disease. In the ethical interpretation, this high-risk percentage for cancer patients bestows priority and strength to benefits for patients, but only in strict conditions of epidemiologic safety. Towards this end, general prevention measures, hand hygiene and social distancing, together with restrictive approaches regarding access to healthcare system through virtual calls (telemedicine) or routine follow up in imagistic laboratories at a decreased rate and only when the risk is deemed as low are recommended. Within this framework, delaying interventional procedures which are not urgent (e.g. endoscopy for screening of colorectal cancer) as well as using smaller volume laboratories outside large medical units are considered aspects. For patients with stable neoplastic disease and without known COVID-19 or suspected or SARS-CoV-2 infection, continuation of established therapeutic course for avoiding the recurrence of the disease is recommended for a therapeutic regime with maximum benefits. These aspects imply adjustment of dosage for the control of the disease regardless of COVID-19 exposure, for sudden interruption of the treatment is not at all recommended (Yu et al., 2020).

Investigation and therapeutic intervention procedures which imply aerosolization (endoscopy). With respect to the interventional procedures, approaches and contextual adjustments are necessary, regarding indications for surgical interventions that can be postponed during COVID-19 pandemic. For cancer patients, the potential risk for disease progression after a delay of the surgical procedure must be put in balance with potential exposure to the coronavirus and the risk for serious COVID-19 complications. If the surgical intervention requires intensive care afterwards, it is extremely important to assess the current availability of ICU units as a part of the decisional process. Contextual adjustments are also envisaged for the radiation therapy regime, where the emergency of the procedure is imposed by medical circumstances dictated through rapid progression of the tumoral process. In case management, the risks associated with COVID-19 can be outweighed by the risk of delaying radiation therapy and, consequently, the procedure must be continued. As compared with standard radiation therapy, accelerated or hypofractionated radiation therapy provide a series of measures leading to shorter hospital visits, diminution of the period of administration, or fewer doses. In the case of a high damage risk caused by the modifications in the radiation therapy schedule, alternative treatments may be discussed with the aim to control symptomatology (Kim, Hong & Yoon, 2020).

Regarding procedural endoscopy, approaching the risk from a double perspective implies in the medical domain the correlation between the air and digestive transmission pathway of the viral infection and the aerosolization during upper digestive tract endoscopy, while for the colonoscopy procedure it concerns the presence of the virus in feces. From the ethical perspective, the approach of the correlation between risk and benefits within the main system envisages as a main priority the health and safety of the patient and of the medical staff. At the level of the International Organization for the Study of Inflammatory Bowel Disease (IOIBD) the guidelines for good practice in the matter of digestive endoscopy performed in COVID-19 pandemic discuss the correspondence between the stratification of the risk, the severity degree and the level of intervention with specific adjustments of the guidelines for the patient and for the medical staff. Moreover, the recommendation stipulated

is to decrease by half endoscopic exploration in the pandemic context, with the usage of alternative monitoring procedures, with the intentions to avoid the risk of infection through the performance of the endoscopic procedure (Abreu & Peyrin-Biroulet, 2020).

Therapeutic behavior The therapeutic component for patients with cancer and COVID-19 places the issue of risk in an area of controversy, both from the medical and from the ethical point of view, starting from rationalization of the emergency of initiating treatment, dictated by the medical condition and by COVID-19 risk, in safe circumstances for the patient. Guidelines referring to the therapeutic behavior for cancer patients during COVID-19 pandemic were organized by the European Society for Medical Oncology on priority levels regarding the benefit of the treatment associated from the logistic point of view with the condition of the patient and the potential risk for COVID-19, as well as available resource for the management of the treatment in safe circumstances (Curigliano et al., 2020).

The high level of priority is attributed to patients with a life-threatening neoplastic disease, or clinically unstable patients. If the envisaged treatment may bring significant benefits, materialized by prolongation of life or improvement in quality of life, the priority of the therapeutic intervention is considered.

The medium level of priority is assigned to patients where, although the condition is serious, it is not life-threatening. Within this context there may be taken into consideration a delay of treatment for a period of no more than 6 to 8 weeks, due to the fact that the already obtained therapeutic benefit may be compromised.

The low level of priority is ascribed to stable patients, allowing for the temporization of the treatment during COVID-19 pandemic in safe circumstances. In this category are also included the patients for whom the scheduled treatment is unlikely to bring significant benefit, as well as a low improvement in the quality of life, or even prolongation thereof, as opposed to the high risk and extremely severe consequence brought upon by contracting an infection with SARS-CoV-2 (Dietz et al., 2020).

Bioethics in COVID-19 – what cancer patients should know

In the ethical approach of the complex context generated by COVID-19, what cancer patients should know comprises the information regarding concerns, worries, fear, trust and distrust of cancer patients in the healthcare system. *What is coronavirus or COVID-19?* raises an interest from the point of view of the cancer patient with respect to the impact of the precautions which must be taken for the risk of spread and circumstances of catching the virus on his or her health state, as well as the manifestation thereof. Fear of disease in general and the risk of those afflicted by cancer to develop COVID-19 justifies the concern of the patients faced with the probability to experience infection with SARS-CoV-2. Moreover, implications of available evidence suggest increased risk for cancer survivors to develop severe forms of COVID-19. The protection measures for these patients include mainly measures for avoidance of exposure to crowds or large gathering of people, both in the personal domestic space and in community spaces, especially those with a medical designation. Delivery of medical prescriptions through an online system proved to be an efficient resource in these situations. Vaccination for prevention of COVID-19 is possible for this category of patients, if they do not have contraindications recorded in the medical history as severe allergic reactions to any component of the vaccine (Garassino et al., 2020). Individuals with a compromised immune system caused by the underlying neoplastic disease or immunosuppressive therapies must continue to respect protection measures, since it is possible that the response to the vaccination will be suboptimal. The particular cases of patients participating in research studies will be strictly monitored by the research team or by the attending physician. Their concern for the health status of the patient in these special circumstances will be flexible regarding the manner in which the treatments in the clinical

studies may be completed and when tests and evaluations must be performed, concurrently maintaining safety of the patient. Dealing with cancer in the context of the coronavirus pandemic may bring about a lot of feelings with which many of us are not used to confront. Being involved in this complex context, both the patient and his/her relatives, as well as the medical staff may find out a lot of things about the feelings they may have and especially about the modalities in which they can face these in the best manner possible (Lai et al., 2020).

Conclusions

The COVID-19 pandemic afflicted many medical conditions, among which cancer, generating immense challenges in the management of a complex medical context, requiring and involving vast mobilizations at the level of healthcare systems. Within the crisis framework of the pandemic, bioethics provided its efficient, necessary and beneficial support, increasing the value of the medical act and meaningfully contributing to the safety of the patients and of the society in general and of the medical community, in particular.

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