

Ethical communication to patient & society: a critical responsibility in COVID-19 pandemic

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Dear Editor,

Since December 2019, the emergence of the COVID-19 and the consequent pandemic by the World Health Organization (WHO) has been a threat to public health, raising a challenge to the entire society (1,2). The challenge faced by scientists, researchers, and clinicians is to find an appropriate solution for the menace of the COVID-19. The scientific and medicinal community has failed to provide any medicine or vaccine up to now. Yet, encouraging results have been reported. In the present situation, responsible and ethical interactions with the patients are expected from the scientific community as well as from society.

Ethics in updating the status of effective medicine

Since there is no definite antiviral medicine against COVID-19, clinicians are mostly dependent on supportive therapy to reduce the severity of symptoms. Several medicines such as Hydroxychloroquine and Remdesivir have been applied empirically. Although, none of them have received approval from the USFDA. Remdesivir has received Emergency Use Authorization (EUA) from the USFDA for emergency use in the treatment of suspected or laboratory-confirmed COVID-19 adults as well as adolescents hospitalized with severe symptoms (3). Therefore, it is the ethical responsibility of the clinicians to update the patient with this information and receive their consent before usage.

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Awareness of fraudulent medication

The absence of medications for treating COVID-19 has led to the emergence of drugs and formulations for COVID-19. Many of them have been manufactured and sold under the anti-COVID-19 label. The USFDA has already published a list of such fraudulent medicines along with their manufacturers (4). Essential oils, herbal products, Liposomal vitamin C, cannabidiol, homeopathic drugs, and colloidal silver nanoparticles are examples of such products. Many of these are the result of *in vitro* lab-studies in the absence of clinical trials, leading to ambitious and misleading statements. It is now leaning on the ethical responsibility of clinicians and scientists to prevent the application of such medications and preventing them from resulting in a sense of false security.

Alternative medicine

Along with modern medicine, several forms of alternative medicine like Ayurveda, Yoga, Unani, Siddha, and Homeopathy are applied in combating the pandemic (5). However, there are 'no confirmed remedies' to cure COVID-19. Most of these treatments, which are known to strengthen immunity, require more research in terms of specific disease management.

Ethics in social media

Social media has been playing as a crucial source for retrieving information during the lockdown period which has caused 'social distancing'. This is while many rumors and

unscientific information are shared in the name of scientists, scientific organizations, and the Ministry of Health and Family Welfare. The Indian government (6), WHO (7), and other agencies are committed to refute such information and encourage awareness among the citizens. It is the responsibility of the scientific and medical community to counter the wrong advice with accurate information. Several video-advertisements by clinicians are also found to be fraudulent/flawed in terms of scientific information (8). Clinicians should refrain from disclosure and emphasis inadequately proven facts, especially on social media.

Ethics in product endorsement

The issue of medicinal product endorsement by clinicians has been a long-time ethical debate. However, several products including sanitizers and masks are essentials for preventing the COVID-19 spread and occurrence. Clinicians are frontline warriors who require personal protective equipment (PPE) and the N-95 masks to deal with infected as well as suspected patients. An ethical guideline on the usage of such essential products and their rational use can help with the inadequate demand and supply situation. Awareness of non-effective products (9) and proper advice on essential commodities (10) are coveted from scientific and medical fraternity.

Generalization statements

The society has received comments from unprofessional individuals regarding issues such as the artificial creation of the COVID-

19 strain in China, the eradication of the disease in hot summer months, and low-income countries to be immune to the disease. These are based on partial facts that comply with the proper understanding of the disease situation. The counter facts that are proven by scientists, seldom reach the society. As a result, misconceptions like artificial origin of COVID-19 strain (11) or low-income countries being immune to COVID-19 (12) spreads. Ethically, it is important to refrain from such comments which can create a havoc impression on society, especially if it is stated by an influential or educated community.

Research & Publication

Since the occurrence of the COVID-19, there has been a considerable increase in the number of research articles published

regarding the virus, related disease, and pandemic. Most of them are redundant, insignificant and report initial studies that could not be relied upon. It is the ethical responsibility of the scientific community to publish scientific evidence to prevent the creation of misleading information (13).

Conclusion

The COVID-19 challenge has offered significant introspection in an ethical context especially in terms of providing information to patients and society, at large, to cope with the situation. An urgent response from the scientific and medicinal community can help to overcome the current situation.

References

1. Anonymous. WHO: There is a current outbreak of Coronavirus (COVID-19) disease. [cited 2020 December]; available from: https://www.who.int/health-topics/coronavirus#tab=tab_1
2. Anonymous. World Health Organization. Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV). [cited 2020 December]; available from: https://www.who.int/emergencies/diseases/novel-coronavirus-2019?gclid=CjwKCAjwy42FBhB2EiwAJY0yQsFPJMGwcTFg1glfKEgf0XrZqi5AnYz736xIB6rJ15CTBJiF33Md9BoCslkQAvD_BwE
3. Anonymous. Fact sheet for healthcare provider emergency use authorization (EUA) of Veklury® (Remdesivir) for hospitalized paediatric patients weighing 3.5 Kg to less than 40 Kg or hospitalized paediatric patients less than 12 years of age weighing at least 3.5 Kg. [cited 2020 December]; available from: <https://www.fda.gov/media/137566/download>
4. Anonymous. Fraudulent Coronavirus disease 2019 (COVID-19) products. [cited 2020 December]; available from: <https://www.fda.gov/consumers/health-fraud-scams/fraudulent-coronavirus-disease-2019-covid-19-products>
5. Chaturvedi S, Kumar N, Tillu G, Deshpande S, Patwardhan B. AYUSH, modern medicine and the Covid-19 pandemic. *Indian J Med Ethics*. 2020; 13(-):1-4.
6. Anonymous: COVID-19 book of five. [cited 2020 December]; available from: https://www.mohfw.gov.in/pdf/3Pocketbookof5_Covid19_27March.pdf
7. Anonymous. World Health Organization: How to report misinformation online. [cited 2020 December]; available from: https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/how-to-report-misinformation-online?gclid=Cj0KCQiAifz-BRDjARIsAEElyGKervid5s1sYgZgRrmidpTsr8RnZuTIUANwTRStsjxKv6MMtP9NDUMaAqGIEALw_wcB
8. Ratna NH. Exercise caution when sharing medical advice about Coronavirus on social media. *Popul Health Manag*. 2020; 23(5): 400.
9. Bae S, Kim MC, Kim JY, et al. Effectiveness of surgical and cotton masks in blocking SARS-CoV-2: a controlled comparison in 4 Patients. *Ann Intern Med*. 2020; 173(1): W22-W23.
10. Anonymous. WHO: Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus (2019-nCoV) outbreak: interim guidance. [cited 2020 December]; available from: <https://apps.who.int/iris/handle/10665/330987>
11. Andersen KG, Rambaut A, Lipkin WI, Holmes EC, Garry RF. The proximal origin of SARS-CoV-2. *Nat Med*. 2020; 26(4): 450-2.
12. Roy S. Low-income countries are more immune to COVID-19: a misconception. *Indian J Med Sci*. 2020; 71(1): 5-7.
13. Munafo M. Covid-19: Scientific journals are now pumping out research faster than ever. [cited 2020 December]; available from: <https://scroll.in/article/961299/covid-19-scientific-journals-are-now-pumping-out-research-faster-than-ever>