



Professional Ethical Guidelines during COVID-19 Pandemic

(Developed and Circulated by Nepal Medical Council, March 2020)

Background

Nepal Medical Council in the context of current COVID-19 pandemic, aware of the concerns and challenges faced by medical and dental practitioners, would like to release this advisory for the practitioners, to be cognizant of the following ethical principles in dealing with patients, their relatives, colleague health professionals and society at large.

1. Doctors have duty to provide service to the patients
2. Doctors have responsibility to support the hospital administration and health care system, colleagues and society in general
3. Doctors have duty to act in the best interest of their family members, relatives and friends
4. Doctors have a duty to safeguard their own health so that they can remain capable of providing services
5. Doctors have a duty to be informed about prevention, treatment, management and other aspects of pandemic COVID-19.
6. Doctors have obligation to minimize risk to patients, other staff members, family members and oneself (not going to work when sick and of limited use, not deviating from standard operating procedures when performing procedures)
7. Doctors have obligation to prevent further spread of disease by sound infection control and other appropriate measures
8. Doctors need to be just in providing fair treatment of medical staff, patients, colleagues, relatives, hospital and society in situations where resources are limited.
9. Doctors are obliged to act within terms of employment contract.
10. Doctors are obliged to respect human rights of individuals and groups as far as possible.
11. Doctors may not be in a position to respect individual's demands for a particular type of care and their refusal to follow certain procedures in order to prevent spread of the disease: they will have to balance the imperatives of public health against the personal autonomy.
12. Doctors have an obligation to respect the autonomous decisions of stakeholders (government bodies, ministry of health etc.) and their evaluation of risks and benefits.

The above-mentioned obligations of doctors will have to be applied by following the guidelines prepared by relevant expert organizations and agencies, in the following areas:

1. Providing professional services under uncertainty and possibility of threat to their own health

- a) Doctors have taken an oath that they will put patient's interest above self-interest. They can't abandon the care seekers when they are on duty; they can ask for hospitals to make necessary arrangements for protection. What constitutes proper protection will have to be agreed upon by the concerned stakeholders in line with international norms and standards and guidelines from Nepal Medical Council. Doctors' personal fears and desires will have to be subsumed to these norms and guidelines. (For example: Refer to COVID-19 related personal protection management; Handbook of COVID-19 Prevention and Treatment: The First Affiliated Hospital, Zhejiang University School of Medicine, 2020)

- b) Similar principles apply for other essential healthcare personnel including nursing staff, laboratory technicians, Radiology technicians, physiotherapists, etc.

2. Rationing: the issues that we need to address through guidelines are as follows (not exclusive)

- a) Follow the guidelines from concerned government agency regarding the persons who should be tested and what tests are to be offered.
- b) Follow the treatment guidelines in deciding who should be offered what level of services: advice for home quarantine, isolation or admission.
- c) When faced with a difficult situation of limited equipment; follow the government guidelines to decide what services to offer to whom. NMC urges that the protocols should be developed in such a way that a triage team not involved in day to day care of the patient should be made responsible for making rationing decision and communicating it to the patients' relatives.

3. Human resources

- a) Health care facility management guidelines should have clear instructions for redeployment of human resources in the health care facilities: such as; transfer HR to units treating COVID-19 patients by stopping other non-emergency service, stop rotation of residents to other specialties and divert them to infectious and critical care units after proper training; offer skill training to different levels of HR to transfer skills with short training, create a pool of critical care physicians, anesthesiologists and pulmonologists from various centers can be deployed to manage these critically sick patients at designated centers through Telemedicine etc. Other possible options are to offer telephonic consultation for patients who are generally stable but in regular follow up with their doctors; suspend non- essential and elective procedure such as dental restoration, dental surgery, hydrocoele and hernia repair etc.
- b) Health care system should have a plan to motivate the staff to work under difficult and dangerous conditions particularly those who work in the laboratories and in supportive services.

4. Equipment

- a) Country needs to prepare its healthcare institutions and ensure the supply of necessary equipment for management of patients in outbreak settings and ensure health and safety of its HCWs. This may include stockpiling by the government, mobilizing and obtaining supplies from distributors and manufacturers within country, and requesting other countries to provide access to more supplies.
- b) Resource allocation decisions should be guided by the ethical principles of utility and equity. The principle of utility requires allocating resources to maximize benefits and minimize burdens, while the principle of equity requires attention to the fair distribution of benefits and burdens.
- c) Healthcare institutions have obligations to provide appropriate Personal Protective Equipment to the healthcare workers (HCWs) for their personal protection as well as to minimize transmission of infection between infected and non-infected individuals. A national guideline based on availability of PPE should be prepared balancing the principles of utility and equity and all HCWs should follow the guidelines.
- d) National and international guidelines should be followed to guide the local and institutional policies for infection prevention and control.
- e) Federal government need to provide necessary guidance, expert trainers, and necessary resources based on availability.

- f) Federal and regional government need to develop mechanisms to ensure that the healthcare institutions are providing care to the patients maintaining medical standards based on their capacity and ethical standards determined by the country.

5. Triage, withholding and withdrawing intensive care in view of limitation of resources for critical care

- a) Health Care Institutions will follow the nationally developed guidelines and approved by Nepal Medical Council to develop policies and procedures following available national to screen and test symptomatic and suspected patients, admitting, referring and transferring them, allocation and utilization of resources such as ICU admissions, use of oxygen, noninvasive and invasive ventilators, and other equipment. Institutions need to allocate and utilize these resources based on utility and equity principles as defined above.
- b) It is preferable that the health care institutions establish triage teams according to the NMC approved guidelines which take the responsibility of making triage decisions and communicating them to the patients' relatives.
- c) The Triage Team should consist of a clinician with training or interest or experience in the field of medical ethics, a representative of hospital administration (Director or a designate) and a social worker respected in the community.

6. Vaccines and preventive interventions

- a) Health care providers, people providing public service (ambulance workers, police, security personnel deployed in control of pandemics) and people at high risk (because of age or underlying conditions) will get priority in receiving the vaccines when it becomes available.

7. Research involving human subjects

- a) Scientific research during outbreaks including epidemiological, social science, and implementation studies as well as clinical trials evaluating diagnostics, treatments or preventive measures such as vaccines can play a critical role in reducing morbidity and mortality and addressing the social and economic consequences caused by the outbreak. Certain life-saving drugs, such as Remdesivir for COVID-19, may be available through compassionate study basis.
- b) Any research conducted during an infectious disease outbreak should be designed and implemented following ethical principles, with the permission and under the guidance of Nepal Health Research Council, and in conjunction with other public health interventions determined by the Nepal Government, Ministry of Health.

8. General guidelines

- a) Public health requirements will take precedence over personal rights and desires in situations of pandemics. Public health and other designated authorities can impose restriction on movements of people individually or in groups.
- b) Health facilities in a locality may not admit patients from area not assigned to them.
- c) Patients with suspected symptoms will be taken through an established system of entry and exit; not admitted in other areas not protected by stringent infection control procedures.
- d) Health care professional will have to be provided with appropriate training in terms of IPC, critical care and rationing of intensive care resources.
- e) Health care professionals providing supportive and ancillary care will be trained to work in a team and supervised and supported continuously.

- f) Health care professionals of all categories need to be constantly motivated and encouraged to provide services; fill in the gap when there is absenteeism due to illness among of the colleagues. There should be a mechanism to provide incentives for such work.
- g) A guideline developed by critical care team will be followed to implement the rules of withdrawing or withholding critical care such as oxygen, CPAP and ventilation in situations of availability of limited resources
- h) Hospitals will form a Critical Care Triage team to make ethical decisions and ensure appropriate utilization of ICU care when there is shortage of such services.
- i) Hospital will follow a predefined procedure before handing over the dead bodies to the patient relatives in order to prevent spread of the disease.
- j) The guideline for the management of the dead annexed with this document should be followed in each case of COVID-19 death. The dead should be accorded due respect and treated with dignity.

References:

1. AK Simonds and DK Sokol: Lives on the line? Ethics and Practicalities of duty of care in pandemics and disasters; Euro Respir J 2009; 34:303-309
2. Handbook of COVID-19 Prevention and Treatment: The First Affiliated Hospital, Zhejiang University School of Medicine, 2020)
3. Government of India, Ministry of Health and Family Welfare, Directorate of Health Services (EMR Division): COVID-19: Guidelines on dead body management, 15.3.2020
4. EJ Emanuel, G Prasad, R Upshur et al: Fair allocation of medical resources in the Time of COVID-19: NEJM 23 March 2020; doi: 10.1056/NEJMSb2005114
5. RD Truog, C Mitchell, GP Daley: The tough triage: Allocating Ventilation in Pandemic; NEJM, 23 March 2020/doi: 10.1056/NEJMp2005689

Contributors

1. Prof. Ramesh Kanta Adhikari
2. Prof. Ramesh Prasad Acharya
3. Prof. Janak Koirala
4. Prof. Harihar Wasti
5. Dr. Bishow Raj Dawadi
6. Dr. Sandhya Chapagain
7. Dr. Kalu Singh Khatri
8. Mr. Kishor Bikram Malla

- end of the guideline -