

The challenges of bioethics inherent to the COVID-19 context

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ABSTRACT

In view of the emergence, in December 2019, of a new virus called SARS-CoV-2, responsible for causing the disease COVID-19, a new global scenario was established both in the social and in the medical context. Based on this new reality, numerous articles have been published on an emergency basis to test the safety and efficacy of drugs or treatments without meeting strict national and international ethical standards. In addition, the social bioethics factor regarding the prioritization of groups in the context of COVID-19 has become non-consensual, mainly due to the scarcity of resources and health professionals.

Keywords: COVID-19; Pandemic; Medical Conduct; Bioethics.

RESUMO

Os desafios da bioética inerentes ao contexto de Covid-19

Diante do surgimento, em dezembro de 2019, do vírus denominado de Sars-CoV-2, responsável por causar a doença Covid-19, um novo cenário global foi instaurado, tanto socialmente quanto no contexto médico. A partir dessa nova realidade, inúmeros artigos de caráter emergencial foram publicados, com o intuito de averiguar a segurança e eficácia de fármacos ou tratamentos, sem se enquadrarem em padrões éticos rigorosos, nacionais e internacionais. Além disso, o fator de bioética social quanto à priorização de grupos no contexto da Covid-19 tornou-se não consensual, principalmente diante da escassez de recursos e de profissionais da saúde.

Palavras-chave: Covid-19; Pandemia; Conduta Médica; Bioética.

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Introduction

On January 30, 2020, the World Health Organization (WHO) declared that the outbreak of the new coronavirus constitutes a Public Health Emergency of International Concern (PHEIC) – the organization's highest level of alert, as provided for in the International Health Regulations. This decision sought to improve coordination, cooperation, and global solidarity to stop the spread of the virus.¹

Therefore, in the friendly scenario that was imposed, exceptional measures were needed to meet the demand of the population and the scientific community, both in the process of ethical and integrity verification and in the publication of the results of clinical research. The exceptionality of the moment made researchers undertake great efforts to seek therapeutic and pharmacological solutions that contain the virus.² Thus, the race against time to find an adequate treatment for a previously unknown and highly transmissible virus led to the health system bioethical issues in relation to the performance of the health professional towards the patient.

According to the principles of bioethics proposed by Beauchamp and Childress in 1979, four fundamentals are widely disseminated – beneficence, non-maleficence, autonomy and justice – which promoted the debate about ethical dilemmas in health, helping to identify problems and seek solutions.³

Given the current scenario, medical conduct and research autonomy without rigorous technical and clinical accuracy puts the beneficence process at risk. Thus, the continuous preparation of health professionals is essential in order to identify potential ethical conflicts, their consequences and implications so that, from a deontological perspective, they can make decisions related to human life.

Based on these preliminary considerations, the objective of this article is to list the main challenges identified in the current health context, in the midst of the COVID-19 pandemic, in the context of bioethics and to awaken reflections essential to this situation.

Methodology

This is a bibliographic review of scientific journals about the relationship between bioethics and COVID-19. The following procedures were adopted for surveying and analyzing the bibliographic documentation: identification of the theme; search and selection of data; analysis with establishment of inclusion and exclusion criteria; interpretation and presentation of results. Based on the identification of the theme "Bioethics in the context of COVID-19", a selection of data was performed, through a search for articles, predominantly from 2020, in the following databases: National Library of Medicine and National Institutes of Health (PubMed) and Latin American and Caribbean Health Sciences Literature (Lilacs). The Health Sciences Descriptors (DeCS) used were: "bioethics" and "COVID-19".

In order to select the sample, we used inclusion and exclusion criteria for the studies. Eligibility criteria were based on the following points: (1) availability of free access, including a complete document and publication in Portuguese and/or English; (2) Thematic approach relevant to bioethical issues within the current context of COVID-19. Articles with limited relation to the proposed theme, unavailable in full, or inconclusive were excluded. After analyzing the citations obtained, 19 articles were found and, based on the aforementioned inclusion criteria, thirteen articles were selected for the preparation of this study.

Discussion

As of April 16, 2021, according to the WHO, there were 138,688,383 confirmed cases of COVID-19 worldwide, including 2,978,935 deaths.¹ Severe forms of COVID-19 can lead to acute respiratory distress syndrome and need invasive mechanical ventilation.⁴ The pandemic has heightened several ethical dilemmas related to concerns that the number of available ventilators exceeds demand. As a result, physicians faced complicated decisions about the allocation of treatments and the maximum number of care for patients with poor prognostic indicators.

This ventilator allocation approach would question fundamental ethical principles for physicians, such as justice, beneficence, non-maleficence, autonomy, disclosure and social justice. Physicians adhere to the fundamental principle of beneficence, which is the action of benefiting patients by sustaining life, treating illness, and relieving pain. Non-maleficence is defined as not causing harm to the patient. Autonomy is respecting patients' rights to determine their medical care. Disclosure requires honesty and transparency and is the act of providing accurate and truthful information to patients. Finally, social justice is very relevant to pandemics and described as the fair allocation of medical resources according to clinical need.⁵

Thus, it is clear that the confrontation of COVID-19 in the Brazilian context has brought to the fore several foundations of medical ethics, as the available resources have become limited due to the number of infected patients. During the peak of the COVID-19 outbreak, certain populations were likely prioritized for ventilatory support, including younger patients, who would have more years to live and a better potential for recovery.⁶ This approach would ultimately challenge the basic ethical and moral values of a health professional. Given the unprecedented nature of this crisis, clinicians would not be prepared for the extent of these challenges.⁷

Furthermore, research is emerging as an emergency to determine the safety and efficacy of drugs or treatments within the parameters of toxicity, potency, dosage, time conditions and the conduct of the clinical study. With the data collected, it is possible to verify that the research meets strict ethical standards, national and international, allowing health professionals to advance only if they are aligned with the objectives of health protection with a solid foundation of scientific and ethical integrity, generating valid and concrete documentation of results.¹⁰

During a pandemic, health managers and public authorities need to take decisive measures to contain the disease, based on available scientific evidence. However, controversial studies with very small samples, low efficacy and limited data should be avoided. Research of this type cannot support public policies, given the risk of adverse effects and poisoning that can further aggravate the situation.²

However, the use of drugs on an experimental basis to treat COVID-19 began to be made in Brazil without the proper approval of the competent government agencies and, later, with clinical trials with the prediction of skipping steps.¹¹ Thus, it is perceived that the premature publication of definitive recommendations based on inadequate conclusions, based on sparse and hastily acquired data, only serves to confuse and, at worst, mislead at a time when conflicts are frequent and the need for help is great.¹²

It is mandatory to consider scientific facts (territory of evidence-based medicine) and the moral values of all those involved in the deliberative process (territory of human subjectivity) for the proper fulfillment of a script in bioethics. Considering these conditions, it is clear that protocols and consensuses issued by associations of experts should only serve as guiding elements, never as the sole criterion for clinical deliberations.¹³

Final considerations

With regard to bioethics in the current context of the pandemic, a conflict is perceived as limiting both the role of the health professional in terms of the resources available to the population and the scientific basis for the treatment. Thus, it becomes preponderant that decisions taken in favor of the patient must be of a utilitarian nature of public health policy, which is based on doing the greatest good for the greatest number of individuals. Furthermore, whatever decisions are taken, a comprehensive, transparent discussion is required, aiming at the patients' well-being above any other interest. In all situations, it is imperative that the reliability of health professionals and scientists is relevant so that fewer injustices are committed and more lives are saved.

Furthermore, explicit guidance is needed regarding the allocation and provision of medical resources during the COVID-19 pandemic. A national consensus opinion of experts is essential, especially in view of the high mortality and large number of beds occupied in most Brazilian capitals. There is a need for a fair, consistent and comprehensive national prioritization-based protocol.

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