COVID-19 and medical professionalism in a pandemic

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EDITORIAL

The global pandemic caused by transmission of the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and resultant COVID-19 has created a crisis worldwide for health, healthcare and society. Doctors and healthcare workers will confront fears, and endure risks, making many difficult life-or-death decisions to treat patients and support colleagues as we confront this pandemic. United, in common purpose, we shall prevail against this generational challenge reliant upon our medical professionalism.

On 31 December 2019, the WHO China country office was notified of a severe contagious novel pneumonia outbreak in Wuhan, China, and concerned by the severity of illness and rapidity of spread, it was declared a Public Health Emergency of International Concern on 31 December 2019. The infection due to SARS-CoV-2 and the resultant coronavirus sissae first identified in 2019 was named COVID-19 by the WHO and declared a global pandemic on 11 March 2020. COVID-19 is asymptomatic or causes mild illness in most, but in a significant minority causes severe interstitial pneumonia and type-1 respiratory failure with florid systemic inflammatory response leading to multi-system organ failure and death. Worldwide, millions of people have been infected and hundreds of thousands have died, and among them are many front-line healthcare workers and surgeons.

Epicentres have been overwhelmed by the demand for critical care support even in countries with well-resourced healthcare networks and have had to divert any available resource to cope with the pandemic surge. Our doctors will be asked to make many challenging decisions as this global pandemic now rages across Europe, the UK and Ireland.

Doctors will face unique challenges while managing the pandemic, including the personal risks of infection and the professional challenges of healthcare rationing, clinical priorities and working within a severely restricted health service. Doctors are also aware that significant collateral damage will arise from delays to diagnosis and treatment of other acute and chronic conditions. In practice, medical professionalism will involve the interaction between doctors and patients, and this should be a partnership based on respect, integrity and accountability. Prerequisite to a healthy patient–doctor relationship is trust; the patient must be able to place trust in their doctor to act in their best interests.

Physicians in ancient times pledged upon the Oath of Hippocrates to act: ‘for the benefit of my patients, and abstain from whatever is deleterious or mischievous’. More recently, the American Board of Internal Medicine Foundation defined three fundamental principles of professionalism: the primacy of patient welfare, patient autonomy and social justice. In the UK, the Royal Society of Physicians defined medical professionalism as ‘a set of values, behaviours and relationships that underpins the trust the public has in doctors’. Upon these professional foundations are built the professional codes of both the UK’s General Medical Council and Irish Medical Council.

Here we discuss how the key principles of medical professionalism, as set out by the American Board of Internal Medicine Foundation, may guide us as we strive to act in patients’ best interests and for the greater good of society during this greatest public health emergency for many generations.

THE PRIMACY OF PATIENT WELFARE

Doctors have a primary responsibility to act in the best interests of their patients, without being influenced by any personal consideration. We provide care with compassion to vulnerable patients in extraordinary moments of fear, anxiety and doubt. Patients with COVID-19 can progress rapidly to severe type-1 respiratory failure, necessitating intubation, ventilation and critical care management. In the earliest epicentre of the outbreak in Wuhan, China, the death rate was as high as 5.25%. Worldwide deaths have mostly occurred in elderly patients and those with co-morbid disease. Epicentres, overwhelmed by demand, have had insufficient ventilators for all in clinical need and have directed finite and scarce resources to those who are most likely to survive.

Altruism is defined as the selfless concern for the well-being of others. COVID-19 has been transmitted within the hospital setting to infect healthcare workers, inpatients and visitors. Indeed, during the global pandemic, thousands of healthcare workers have died with COVID-19 succumbing to the disease. Our doctors, nurses and healthcare professionals, despite those risks, have continued to selflessly place themselves at risk to help patients and support each other. However, to sustainably care for others we must care for ourselves, and that demands we don effective personal protective equipment (PPE) and adhere to infection-control protocols even if that delays or reduces patient contact in an emergency.

In a pandemic, some individual patients’ best interests may come secondary to the primacy of societies greater good.

PATIENT AUTONOMY

In law, autonomy is often considered a negative right, rather a right to refuse treatment, sometimes termed non-interference. In contrast, to interpret autonomy positively would arguably entitle everyone to any requested treatment, regardless of medical advisability or competing claims for finite resources. However, to interpret autonomy in that positive
Justice dictates that as doctors will endure these changes, society (including employers and our professional bodies) should ensure staff are appropriately supported through and beyond the pandemic in respect to health, well-being, career, indemnity, licencing and revalidation.

CONCLUSIONS

Doctors have a duty and responsibility to act according to the best values of medical professionalism, and society has a corresponding duty to ensure the infrastructure and support available allow doctors to deliver those responsibilities as safely as possible. Our professionalism will help guide doctors to do the right thing and strive to get the best available outcomes for their patients during this COVID-19 pandemic. There will of course be pain, but we shall persevere and together hope to build a better future to honour those who are lost along the way.

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