



# Professional Obligations in the Time of COVID-19

The Reciprocity of the Social Contract

Dr. Cheryl Mack

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# Disclosures

- The most important disclosure is that besides being a clinical ethicist, I am also both a doctor and like all of you, a possible patient. Like all of you I also have many loved ones who are at risk from COVID.
- So, in this ethics discussion, none of us can say we are free from conflicting biases.
- Image used with permission. Dr. Michiko Maruyama, artist



# Objectives

- To provide a brief history of medical professionalism and its associated moral code of conduct.
- To introduce social contract theory and how that has been utilized to help understand the social obligations of physicians to the public.
- Then I really want to shift the conversation onto relationships and the understanding that within relationships there exists reciprocal obligations. Professional obligations cannot be examined in isolation of the series of interrelationships that coexist within a healthcare system and within our broader society.



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## Medical professionalism: defining the social relationship

Over the centuries there has been debate about the social obligations associated with being a doctor.

There has also been an evolution in what those social obligations are thought to entail.

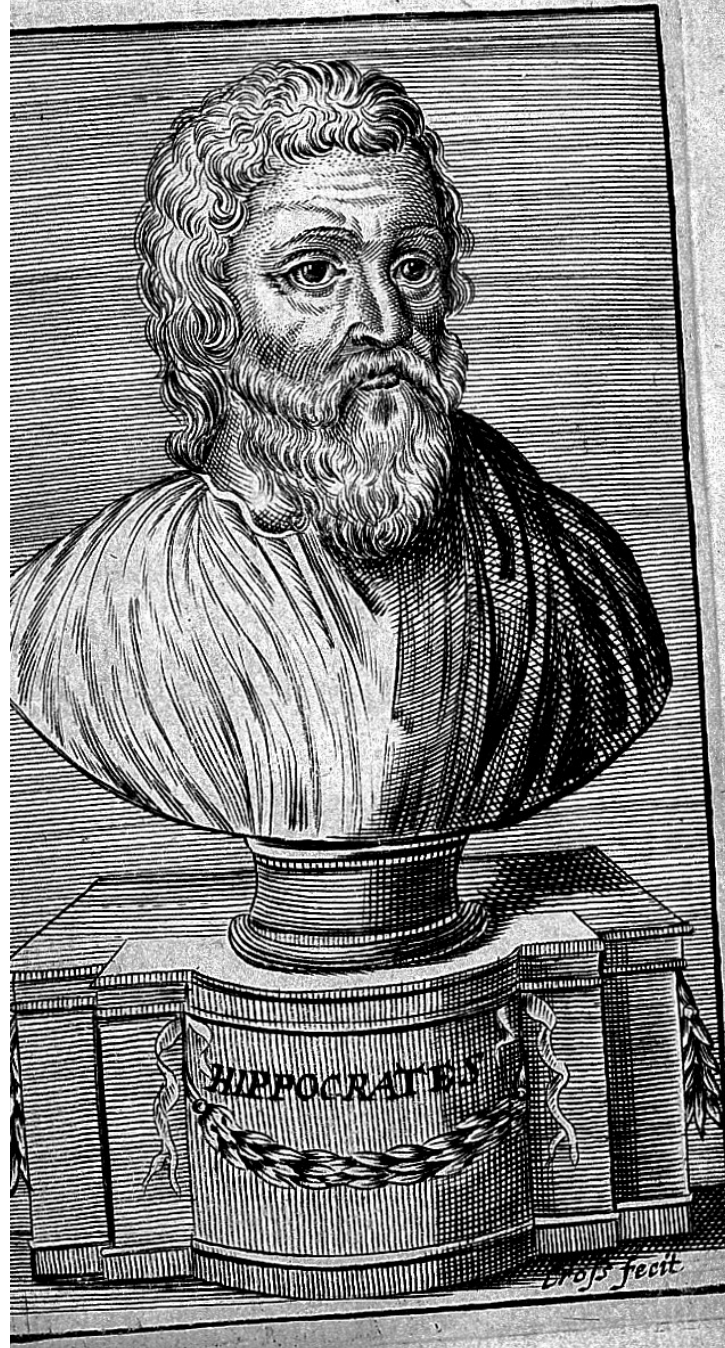
The moral code that now serves as the foundation for this professional status was a long time in coming.

This is a history worth reviewing.

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# Codes of Professional Behavior: Historical Beginnings

Myth-busting the Hippocratic Tradition



THE  
APHORISMES  
OF  
*HIPPOCRATES*  
PRINCE OF  
PHYSICIANS.

WITH  
An exact Table shewing the substance of every Aphorism,

AND  
A short Comment on each one, taken out of those larger Notes of

{GALEN.  
{HEURNIUS  
{FUCHSIUS, &c.

LONDON,  
Printed for *Humphrey Moseley*, at  
the Princes Arms in *St. Pauls*  
Church yard. 1655.



# The Middle Ages

Public health and social obligations during the plague

# The early 19<sup>th</sup> Century

Dr. Thomas Percival (1803)

## *MEDICAL ETHICS;*

OR, A CODE OF

*Institutes and Precepts,*

ADAPTED TO THE

PROFESSIONAL CONDUCT

OF

*PHYSICIANS AND SURGEONS;*

I. In Hospital Practice.

II. In private, or general Practice.

III. In relation to Apothecaries.

IV. In Cases which may require  
a knowledge of Law.

To which is added

*An Appendix;*

containing

A DISCOURSE ON HOSPITAL DUTIES;

ALSO

*NOTES AND ILLUSTRATIONS.*

BY

*THOMAS PERCIVAL, M.D.*

F. R. S. AND A. S. LOND. F. R. S. AND R. M. S. EDINB. SC. &c.

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*Manchester:*

PRINTED BY S. RUSSELL,

FOR J. JOHNSON, ST. PAUL'S CHURCH YARD, AND  
S. BICKERSTAFF, STRAND, LONDON.

1803.





American Medical Association

Code of Medical Ethics 1847

**Skills to be used in trust for the general good**

# AMA Code circa 1912

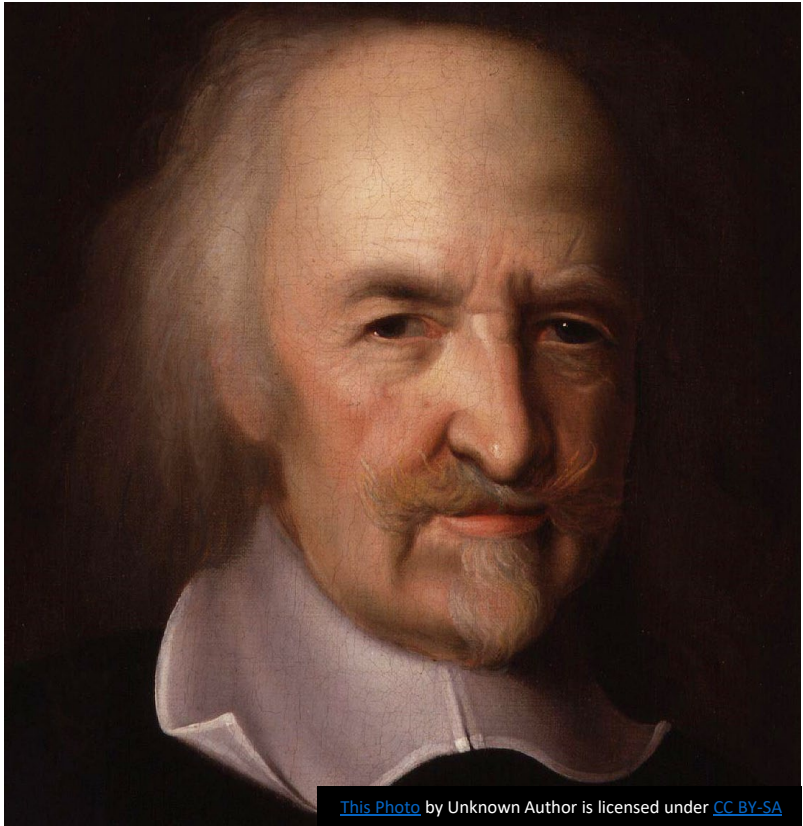
- Also included the explicit direction to disregard any personal danger to attend to the suffering of those afflicted with infectious diseases.



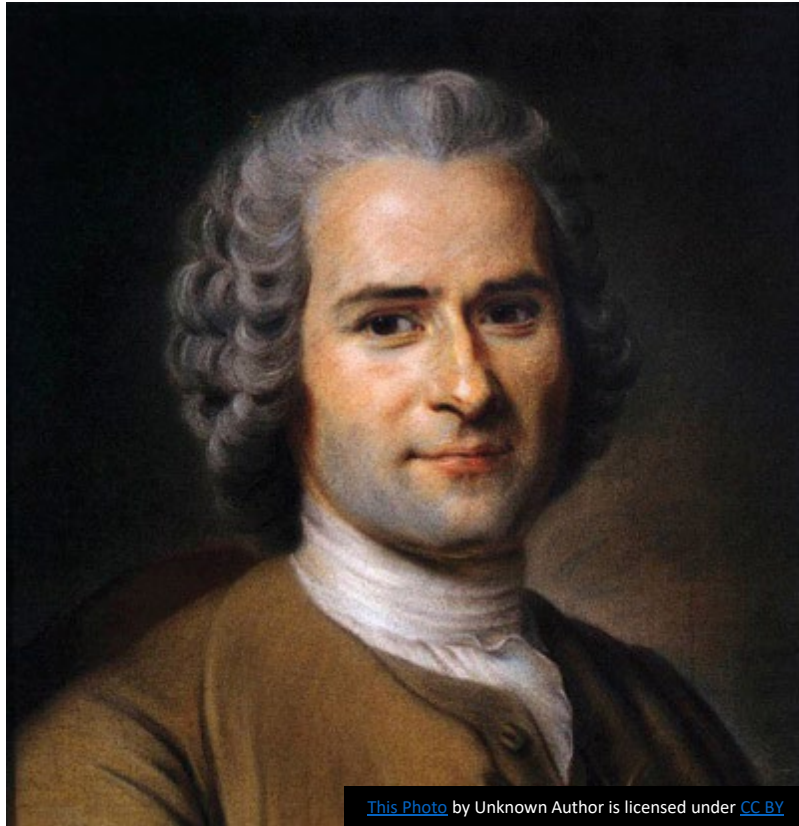


## HIV and the 1980's

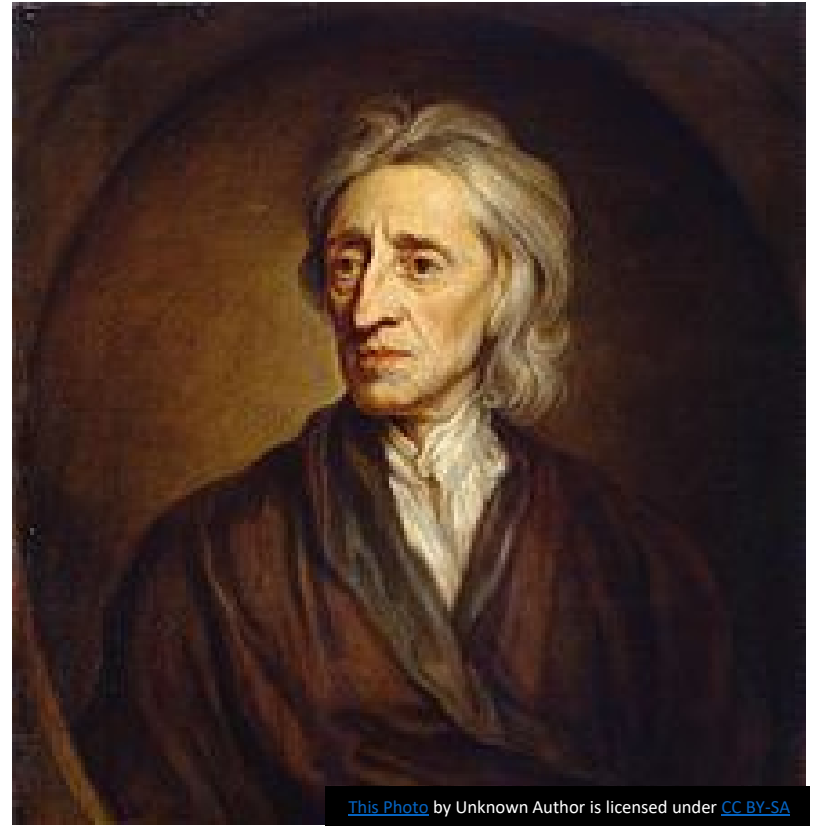
Fear and stigma resulted in some medical practitioners refusing to provide care.



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What about that thing called a social contract?

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What is the glue that holds the social contract together?



# Medical professional social contract

We have covered the when and a bit of the why, but let's take a deeper dive into the why, who, and what.

## MORAL CODE AND THE PUBLIC TRUST

True professions flourish in the context of a social contract with clear reciprocal obligations

Doctors, the community, the health system, and the government are all major players in the social contract

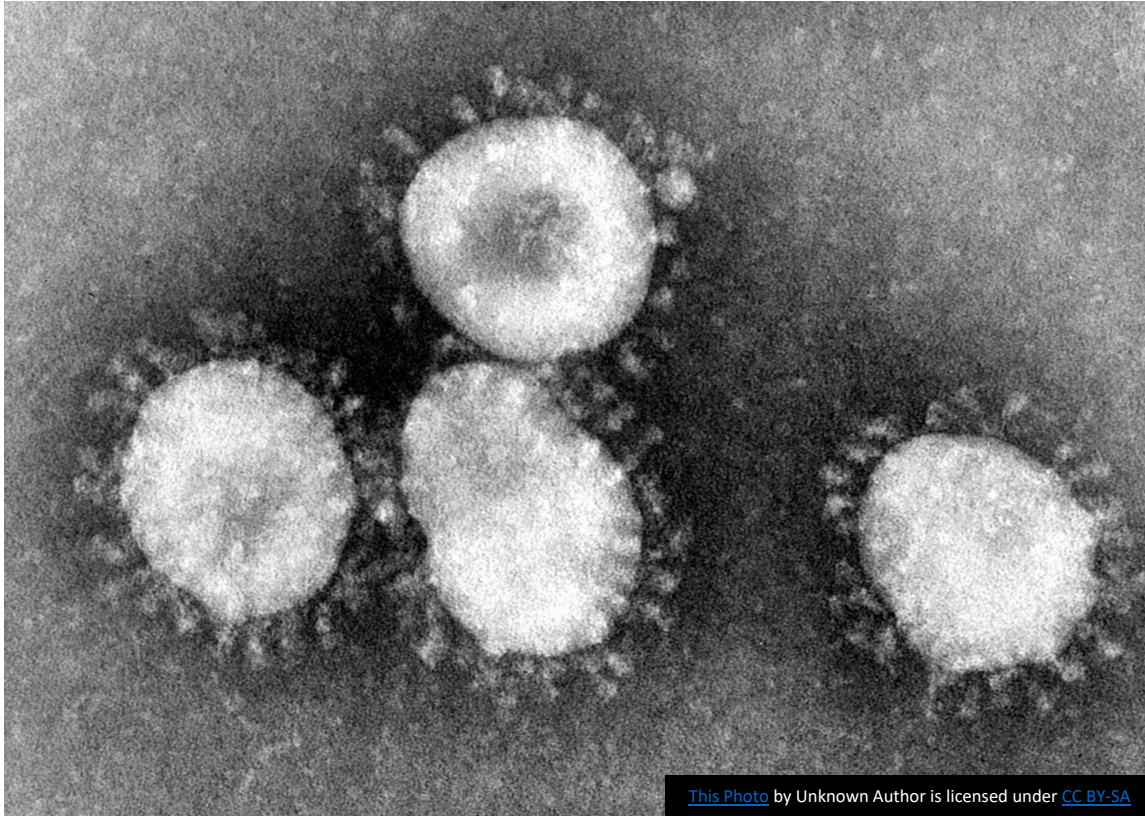
THERE ARE RECIPROCAL OBLIGATIONS

# Reciprocity

Now let's look at reciprocity and the social contract because the obligations owed flow from many directions. BUT the obligations owed are not equal.

The inherent vulnerabilities of the patients we serve requires that the majority of the obligations flow towards the patient.





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**CORONAVIRUS: COVID-19**

## What Happens If Health-Care Workers Stop Showing Up?

Unless the country does dramatically more to provide them with the equipment they need to do their job safely, it risks disaster.

MARCH 24, 2020

**Thomas Kirsch**  
Emergency physician

Can there be any limits on the obligations owed by physicians?

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OBITUARY | VOLUME 384, ISSUE 9961, P2201-2206, DECEMBER 20, 2014

## Remembering health workers who died from Ebola in 2014

Andrew Green

Published: December 20, 2014 • DOI: [https://doi.org/10.1016/S0140-6736\(14\)62417-X](https://doi.org/10.1016/S0140-6736(14)62417-X)

### MSF: Doctors increasingly targeted in conflicts

In conflict areas Doctors without Borders (MSF) often provide the only medical staff on the ground. Recently they have themselves become targets, with often dire consequences for their patients.




# The superhero narrative

Image used with permission. Sara Paglia, artist. <https://www.sarapaglia.it/about-me/?v=2a47ad90f2ae>

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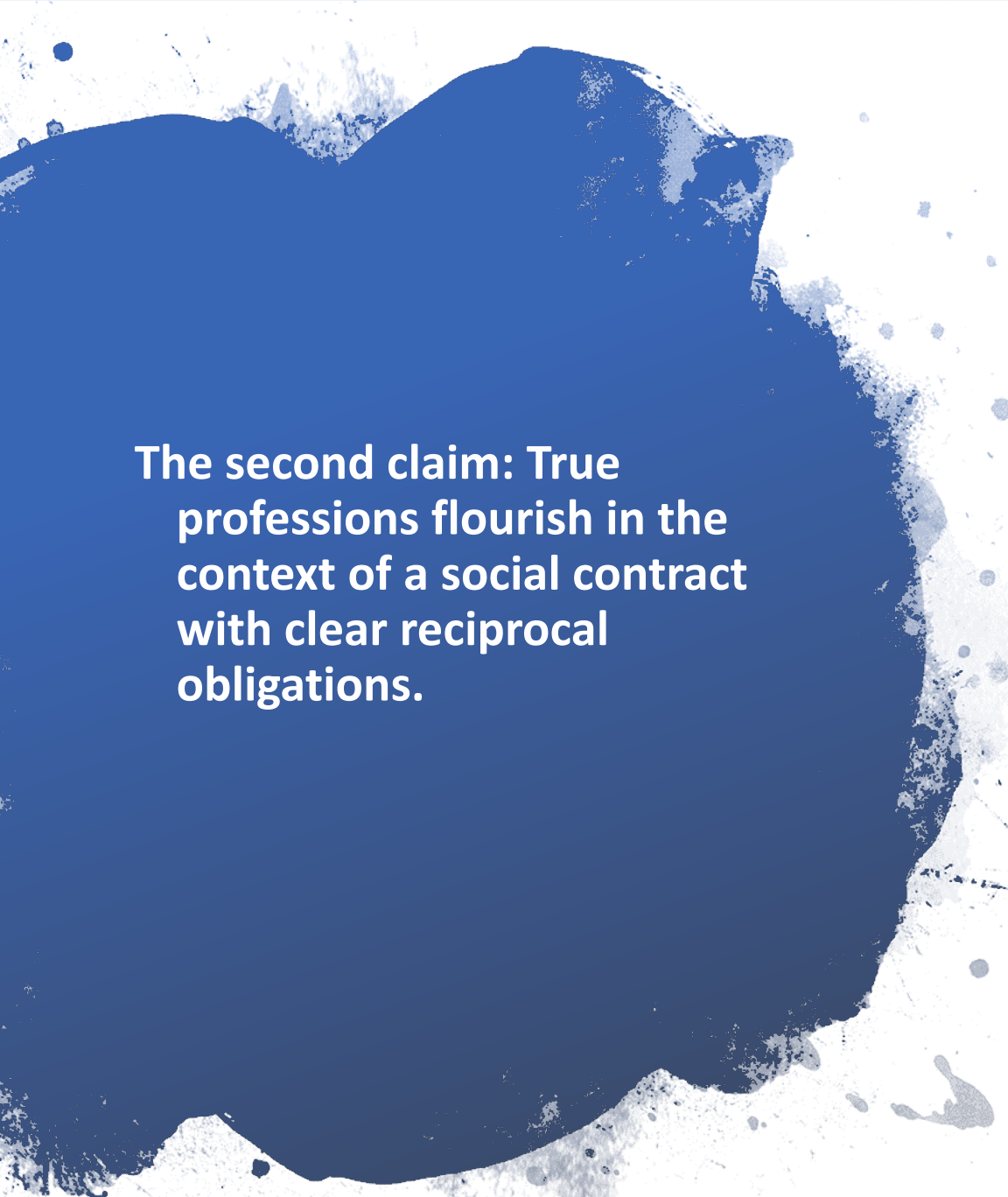


There is no absolute obligation to provide care in the context of undue risk

The moral justification for this position relies on several moral claims

**The first claim: every person is of immeasurable value; being deserving of both dignity and respect.**

- Healthcare workers are in the possession of critical skills that take years to master and these skills are a resource that should be utilized for the public good. This is our oath to society, yet our moral worth cannot be reduced to just our skill set. We too are deserving of care.



**The second claim: True professions flourish in the context of a social contract with clear reciprocal obligations.**

- We take our obligations to our community very seriously. Health systems and governments as part of this social contract owe obligations as well. Their obligations include reducing the risks their healthcare workers are exposed to by providing appropriate PPE.
- The pandemic has highlighted weaknesses in health systems. And these weaknesses have impacted their ability to fulfill their part of the social contract.

# Moral tragedy on many levels

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- “Their conscience urges them to treat all patients, but a convergence of failed health system factors, the danger to life, emotional considerations like danger posed to family and friends, and the absence of commensurate compensation for engaging in such high-risk service can make following one’s conscience costly”

Aminu Yakubu, 2014


(The Ebola outbreak in Western Africa)



# Ebola outbreak West Africa 2014

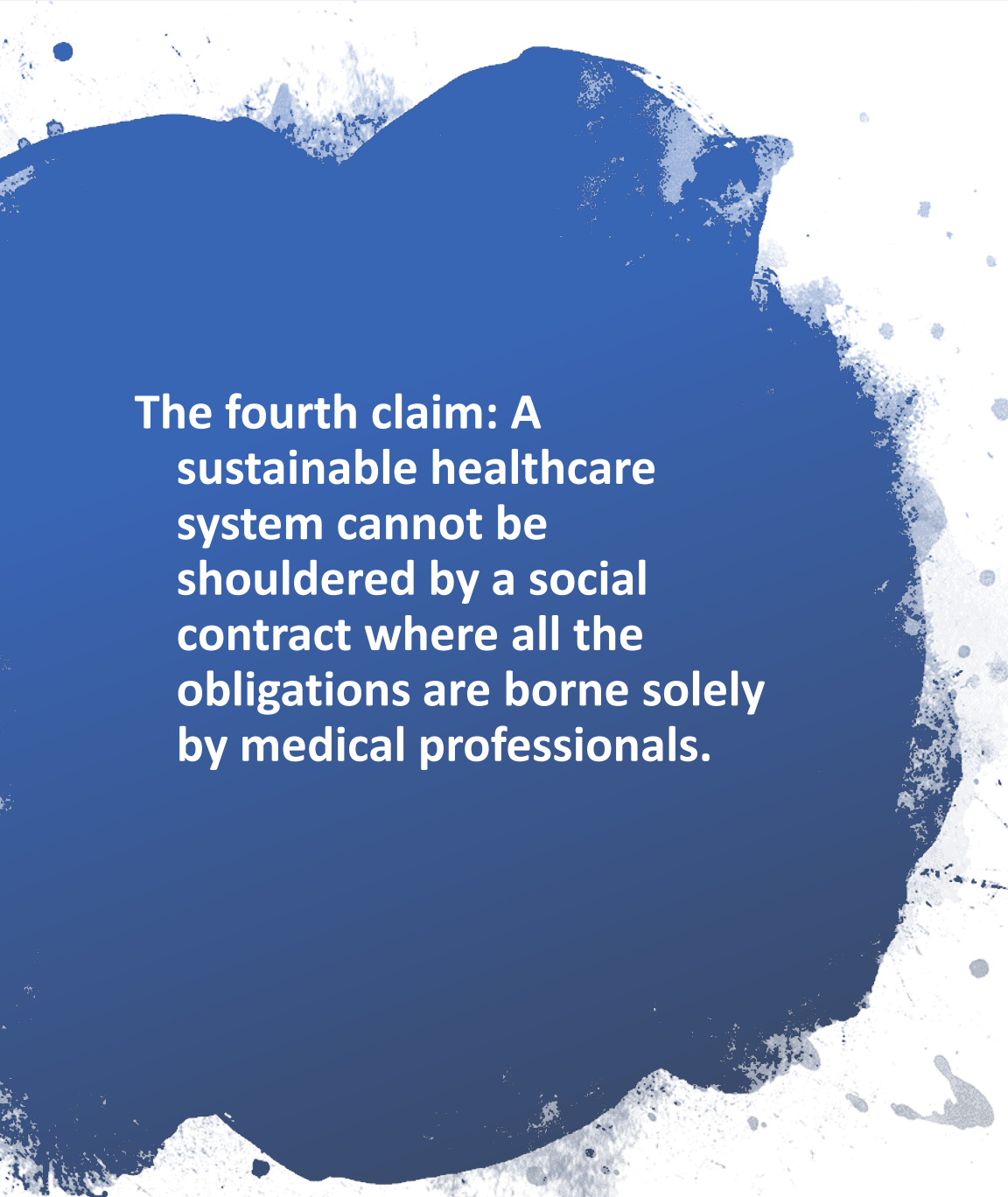
- The Ebola outbreak in Guinea, Liberia, and Sierra Leone had a devastating effect on health workers. Providers were 32 times more likely to get infected than the general population.
- At least 837 healthcare providers became infected and 490 died. The outbreak also claimed the lives of doctors, nurses, and technicians from Mali, Nigeria, Spain, and the USA.
- In Liberia the health care system collapsed; health facilities closed as health workers fell sick, died, or left their posts.
- There were lasting consequences in the affected countries. The Ebola outbreak reversed gains in health-care provision in Liberia and Sierra Leone, both of which were still emerging from civil wars.

Thomas Kirsch: What Happens if Health-care Workers Stop Showing Up?



**The third claim: A sustainable healthcare system is one critical factor in social cohesion, helping to stabilize society. This is made more obvious during times of crisis, but there is never a time when this sustainable health system is not required to support our society.**

- As healthcare teams we understand that our professional obligations extend to our whole community, now and in the future. While our attention is focused on COVID-19, there are still healthcare needs that exist outside this pandemic.



**The fourth claim: A sustainable healthcare system cannot be shouldered by a social contract where all the obligations are borne solely by medical professionals.**

- Simply put...doctors can't provide care alone. They are not the only group providing care that takes on risk.



# Lessons from SARS

“An approach that focuses on the social contract defining the physicians’ profession neglects the fact that doctors are not the only ones who are called upon to accept risk and psychological distress while serving in the face of an infectious epidemic like SARS. Nurses, paramedics, and hospital janitorial staff served and died alongside doctors in the SARS epidemic.”

An appeal to the social contract and a physician’s duty of care is grossly inadequate and cannot even begin “to underwrite the provision of healthcare more broadly.”

Lynette Reid, 2005



# Impossible choices

“To treat the duty to care as a matter of individual moral commitment to altruism, beneficence, or supererogatory action is to ignore the responsibility we all share to create and maintain structures that support people in fulfilling their duties as healthcare professionals and workers in the healthcare sector”

Lynette Reid (lessons from SARS)



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# Who gets a ventilator? Hospitals facing coronavirus surge are preparing for life-or-death decisions

"These are conversations that no one wants to have," a Maryland doctor said. "But we need to have these conversations just in case."

We are asking  
the wrong  
question

Recognize that the failing is putting us in the position of having to choose. Even if we have to accept that we will never be able to eliminate these tough decisions, the discussion needs to shift from the moral responsibility of the frontline workers.

Our neighbour across the street offered my partner and I (both rural docs) their holiday trailer if we were concerned about having a high risk exposure in ER and potentially bringing to virus home to our kids. 😭 All the feels. Small towns man.



Today IKEA Edmonton donated 41,000 N95 masks to Alberta Health Services!

The AHS is incredibly grateful with this donation that will help our frontline heroes stay safe.

💛💙 #TogetherWithKindness #HealthHeroes

## Questions?



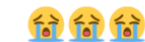
### COVID-19: Coquitlam company retools, will be first in Canada to produce N95 respirators

Denise Ryan  
13 minutes ago · 3 minute read



I woke up this morning to a text from a former patient offering an empty property near the hospital to healthcare workers needing to isolate from their families due to COVID-19. For free. ❤️

I. Am. Not. Crying.



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