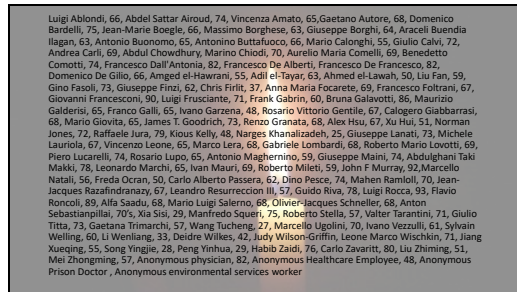


Slide 1



Slide 2




Slide 3

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




Slide 4

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.

Slide 5

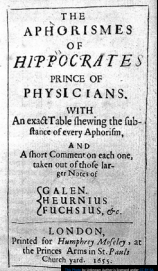



**Medical professionalism:
defining the social relationship**

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.

Slide 6

**Codes of Professional Behavior:
Historical Beginnings**
Myth-busting the Hippocratic Tradition



Slide 7



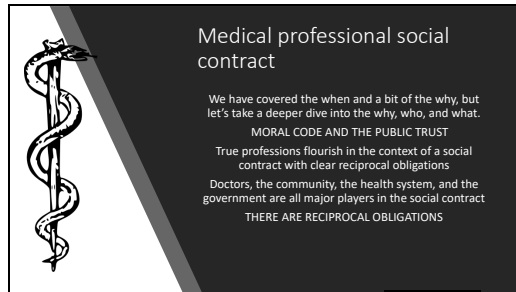
The Middle Ages
Public health and social
obligations during the plague

Slide 10

Slide 13



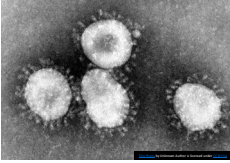
Slide 14



Slide 15



Slide 16



COVID-19: 1919-20
What Happens If Health-Care Workers Stop Showing Up?
Could the answer show dramatically more to persuade them with the equipment they need to do their job safely?
By [www.nbc.com](https://www.nbc.com/news/health/health-care-workers-covid-19)
Thomas Koch
Image courtesy

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

Slide 17



Slide 18



The superhero narrative

Image used with permission, Sara Paglia, artist. <https://www.sarapaglia.it/about-me/?v=2947805072ee>

Slide 19

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

- 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.

Slide 20


- 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.

Slide 21

Moral tragedy on many levels

- "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)



Slide 22

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.

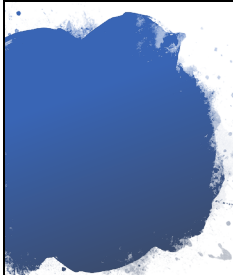
Thomas Kirsch: What Happens if Health-care Workers Stop Showing Up?

Slide 23



- 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.

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

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Lessons from SARS

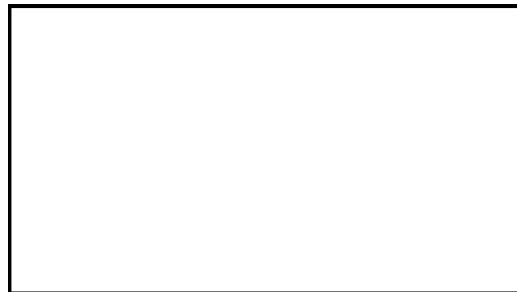
"An approach that focuses on the social contract defining the physicians' profession neglects the fact that doctors are not the only ones who are called upon to accept risk and psychological distress while serving in the face of an infectious epidemic like SARS. Nurses, paramedics, and hospital janitorial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



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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 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.
