Medical Ethics During Pandemics: Issues of Duty, Safety, and Non-Abandonment

TMA COVID-19 Task Force
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DUTY
Epidemics and pandemics have challenged physicians and other healers from the dawn of recorded medical history. The current Covid-19 (SARS CoV-2) pandemic is only the latest such event to confront our profession with two fundamental questions of ethical responsibility. What is the physician’s duty when treating the individual patient exposes the physician to personal danger? Should physicians educate ourselves and others, speak truth to power and willful ignorance, and engage with political and business leaders to promote public health measures to stop disease spread?

Questions of “duty” and whether or not actions “should” be taken by medical professionals are fundamentally questions of medical ethics – questions of right and wrong, good or bad about the goals of Medicine and the means used to reach those goals. Individual physicians may of course look to their own internal values to answer such questions, but we advocate that physicians and other healers look to the noblest traditions of our profession. The AMA Code of Medical Ethics, Opinion on Physician Duty to Treat in the setting of “epidemics, terrorist attacks, and other disasters” offers clear guidance to help us answer both questions.

- Our commitment to care for the sick and injured creates a clear duty to provide medical care, including urgent care, even at risk to our own safety, health or life.
- We should – in fact we must – educate ourselves and others, including media, business and government leaders, to promote scientifically sound prevention and treatment strategies, balancing individual patient and societal needs.

SAFETY
The duty to treat does not require personal recklessness. In fact, physicians, nurses, and other members of the health care team have a duty to practice safely so that we do not become infected ourselves, thus unable to help other patients in need. The TMA has assembled on-line resources from the CDC and other experts on evolving evidence-based risk mitigation, personal protection, and treatment strategies. These may be accessed through the TMA COVID-19 Resource Center.

NON-ABANDONMENT
The physician-patient relationship may be seen as both a covenant (with all the elements sacredness that implies) and a contract (with specific legal implications). Physicians have certain rights within both types of
relationship, but all rights come with responsibilities and rules. When it comes to our covenantal relationship with patients, we have duties, even in the face of personal danger as noted above. We believe it is unethical to abandon patients without just cause, such as distributive justice obligations to balance the needs of the many with the few, the needs of multiple patients with the needs of an individual patient.

Within the contract relationship, physicians also have legal rights and responsibilities. A physician wishing to terminate a patient relationship must provide reasonable notice allowing time for the patient in need to find another physician willing and able to care for the patient. Failure to do so opens the physician to civil liability. Meeting this legal standard in a time of pandemic is likely not possible. The TMA Office of General Counsel has provided a paper on those legal considerations which you may access here.

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