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COVID-19 Pandemic and Forensic Medicine- Special Section

## Statement of the Ethics Committee of Turkish Medical Association on Disease Outbreaks

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### Introduction

Communicable diseases and outbreaks have led to mass human morbidity and mortality throughout the history. Preventive health services are of essential importance in combating communicable diseases. Human intervention to the nature is causing even larger-scale destruction and outbreaks by disturbing natural life, ecological balance and ecosystems and existing inequalities. The most recent example is the on-going COVID-19 outbreak now defined as pandemic.

Global outbreaks bring along radical changes ranging from daily life habits to political, economic and cultural structure of societies. These changes have their most adverse effects on disadvantaged groups. It is clear that such outcomes can be prevented through democratic and scientific interventions upholding the interests of people.

### OUTBREAK MANAGEMENT

Communicable diseases differ from other diseases for risks they pose to others besides their processes of emergence as a result of social determinants of health. An effective combat against the outbreak entails the following: Protection through measures that are adopted at both individual and community levels; identification of active cases through widespread application of screening tests; diagnosis treatment and isolation of suspected cases; and tracing and tracing and quarantine of contacts.. This integrated process requires a public health approach guided by the science of epidemiology which brings together the accumulated knowledge of different branches of expertise. In outbreak management there is actually a race against time and therefore relevant decisions have to be taken without delay and measures have to be applied uniformly without any distinction.

In cases of outbreak, the maintenance and enhancement of relations of trust which is the basis of the relationship between the society and all components of medicine

gains further importance. It is clear that in building relations of trust the government has its primary responsibility with the Ministry of Health in the first place. It is of vital importance that the Ministry of Health gives sound and timely information to the public concerning the real dimension of the disease, ways of transmission, diagnosis, treatment and methods of protection. By observing the privacy of patients, the public must be enlightened with updated information about the characteristics of the epidemic in terms of time and space. Authorities must inform persons living in communities such as schools, factories, dormitories, prisons, military posts, etc. about the state of the epidemic and share required protective measures with their rationale.

Outbreak management requires communicating correct information about the seriousness of the situation without creating any panic environment. It is important to identify cases and to expose the true dimension of the epidemic. Scientific and predictable criteria must be developed for tests and methods of diagnosis and they must be applied to all without any distinction.

Preventing disease outbreaks, maintaining social order during crisis and maintenance of individual's trust in society all require community participation. In this context it is important that decision makers are all inclusive and ready to review their decisions with due account of alternative approaches. It must be kept in mind that, as the fundamental principle of public health ethics, solidarity and scientific methods and knowledge are keys to the solution of problems that are of interest to society.

Epidemics denote periods when routine health measures fall short of safeguarding public health. In combating epidemics, it may be necessary to restrict the autonomy and freedom of individuals regardless of whether they are ill or healthy as well as options in diagnosis and treatment. These restrictions must be applied in a way not to hurt human dignity and not to lead to the "otherization" and stigmatization of sick persons. The justification

for restrictions must be explained and decisions must be made by considering their financial and social consequences. Guaranteeing humane conditions in and fair application of restrictions, communication and transparency are all needed for community participation. All measures must be taken in line with scientific assessments. The application of these measures should not mean excessive restriction of fundamental rights and freedoms. It must be known well that human rights related obligations of the state do not cease to exist, but it is only some compulsory measures to combat the disease that lead to restrictions to rights and freedoms. It is therefore categorically unacceptable, on the pretext of the epidemic, to adopt sanctions which are not related to the disease. All restrictive measures must have their basis in law and be absolutely necessary, proportional, time-bound and respectful to human dignity.

In cases like staying home where personal freedom is restricted, public resources must be mobilized to respond to medical, economic and social needs of people staying home, material losses that may be incurred as a result of measures must be compensated for in line with the principles of social state, and practices of social solidarity must be developed. It is also important to prevent such tendencies as stockpiling and black marketing that intend to make profit out of crisis.

The measures for protecting from the outbreak must be strictly and carefully applied, nobody must be excluded, and the responsibility in adopting protective measures must not be left to individuals. All expenses in protection measures and treatment must be covered by public funds.

### **Confidentiality of personal information**

Sharing personal health information with others without the consent of the person concerned is violation of the right to respect to privacy. The underlying principles in the “TMA Declaration on the Protection of the Right to Privacy” are valid also in outbreak environments. To protect the patient from possible negative effect of restriction to privacy, necessary information is supplied proportionally to the existing threat and to persons who are capable of preventing any damage that could occur if this information is not supplied. The underlying principle in this regard is that the harm emerging from the disclosure of patient information is smaller than the harm expected in case it is not disclosed. The fulfilment by the state of the duty to inform the public rapidly, fully and correctly is one of the basic conditions of protecting the privacy of patients and confidentiality of their information.

### **Discrimination and stigma**

Epidemics may lead to stigmatization of specific communities or individuals. Discrimination and stigmatization in communities may also emerge on the basis of racism against specific communities or individuals. In the context of communicable diseases and particularly during disease outbreaks some people may be associated with the disease and made subject to discriminatory and degrading attitudes. Sick people, those who exhibit indications of disease, elderly people, refugees, etc. may be targets of discrimination and stigmatization and these people may choose not to apply for treatment with the fear of being stigmatized. Combat against epidemics must proceed together with combat against discrimination.

### **Disadvantaged population groups**

The duties of the state also include the following: Ensuring that disadvantaged groups including the elderly, persons with disabilities, refugees, people staying in institutions, etc. have their access to health services, enjoy fair share from resources, live in safe environments, protected against discrimination and stigma, receive health services and information in their native languages and saved from disproportionate burden of the disease. As required by the principle of upholding public interest, it is important to support persons and groups facing excessive burden and risk. Any approach that may lead to discrimination must be avoided given that sex and gender differences may bring along gaps in susceptibility to infection, levels of health services received, and the course and consequences of the disease.

The measures introduced by the state to combat and control disease outbreaks must be applied equally to all without any distinction. This includes measures adopted in places of isolation to prevent further damages of the outbreak. Principles enshrined in Turkish Medical Association (TMA) Declarations on “Medicine and Human Rights” and “Individuals Deprived of their Freedom” must be observed during epidemics as well. The concept of equality requires the State to introduce additional measures through positive discrimination for disadvantaged groups.

### **Obligations of managers of health facilities**

Besides policies formulated at macro-level, also important are the duties of managers in local health facilities to be prepared, to introduce the appropriate plan at the right time, to support health workers and ensure their safety and security. There must be institutional policies on how health workers will serve under what conditions,

measures for their protection, and their rights and responsibilities; their participation to the process must be ensured and policies developed must be shared transparently with health workers.

In outbreak management, it is important to identify the rights and responsibilities of associations of professional specialization including medical specialties, labour and professional organizations as well as local governments and to translate into life the principles of coordinated work at all stages by adopting a dynamic approach taking due account of changing circumstances.

### **International cooperation**

Given that it is the duty of the state to ensure the realization of the right to health, it is the ethical obligation of governments to make sure that systems necessary to prevent any outbreak and intervene when it occurs are effective, of desired quality and inclusive. The obligation mentioned must be taken to encompass international community as well beyond individual nations. The first step in realizing this is immediate and transparent notification of international community. Information sharing at international level is important in stopping the pandemic and safeguarding the right to health and life. All individuals and units engaged in these efforts must cooperate by timely sharing of relevant and correct information.

At this point it is important to consider the general comment of the UN Committee on Economic, Social and Cultural Rights which states, “(...) *given that some diseases are easily transmissible beyond the frontiers of a State, the international community has a collective responsibility to address this problem. The economically developed States parties have a special responsibility and interest to assist the poorer developing States in this regard.*”

### **Surveillance**

The presence of an active surveillance system that is reliable and of required quality is essential to keep the epidemic under control. The active surveillance must encompass the identification of cases, control of contacts and keeping of records that will allow for the analysis of data through studies on the origin of the disease and contacted persons. In every case, however, there must be full protection of rights and freedoms and privacy of persons and transparency as to who will collect information and use it for which purposes.

### **Role of the media**

The media too has the responsibility, in line with ethical principles, to question the accuracy of information

supplied and to supply correct information to the public in case earlier information has its flaws and loopholes. With a quite important role in combating the disease, it is very important for the media to avoid short-cut and populist approaches, discourses that may lead to panic, and to adhere to ethics and responsible conduct. It must not be forgotten that letting excessive worries emerge or belittling the epidemic will eventually weaken combat against communicable diseases. The media cannot be a culprit to concealment of information concerning the disease with the exception of patient privacy.

Social media offers wide possibilities for information dissemination in our present day world. In order to prevent the dissemination of misinformation in social media it is important that the Ministry of Health, labour and professional organizations, universities and health organizations keep informing the public with update, evidence-based and correct information. Each individual, particular the physician have their ethic responsibility to avoid disseminating information not yet confirmed.

## **HEALTH SERVICES**

Health services must continue in epidemics in environments that pay utmost attention to patient safety and in line with professional medical standards. When the case is communicable diseases caused by a newly identified agent, it is the duty of the state to train health workers together with their professional organizations and ensure their professional development. The delivery of quality and accessible health services to all gains further importance at times when communicable diseases are more frequent and common. Individuals who are suggested medical intervention for the diagnosis, treatment and prevention of an infectious pathogen must be informed about risks, benefits and alternatives as is the case with other medical interventions. It must be kept in mind that the ultimate decision about which medical interventions are to be accepted in the process rests with the patient. However this condition related to the consent of the patient may be overlooked when there are strong indicators that there may be serious public health risks and no other way is possible to eliminate these risks and protect public health including the isolation of the patient.

It is also among the duties of the state to keep delivering other health services during the outbreak, to ensure the quality and accessibility of these services to all and to plan for fair allocation of health services and resources.

As one of the most crucial points in delivering health services, personal protective equipment (PPE) must be regularly provided to health workers in sufficient quantities. Any shortage in this respect is unacceptable and

failure in providing PPE is a risk factor in itself. Scarcity of resources cannot be an excuse for shortage of protective equipment. Further, it is also unacceptable to go to prioritization in the provision of protective equipment to health workers on the pretext of limited resources.

An effective combat against a disease outbreak largely depends upon dedicated contributions of health workers. Health workers take significant personal risks in this process. Some health workers may be from the most disadvantaged groups in the society and may have little control over duties they are assigned to perform. These health workers deserve special protection since the risks they face is higher. The obligations of the state to health workers during outbreaks include, regardless of whether the health worker has a pre-determined duty involving higher risks, the minimization of existing risks, priority in access to treatment, psychosocial support, improvement in social rights and benefits, assistance in post-outbreak participation to society, support to family members and transparent information. In cases where sufficient protection is not provided, health workers have their right and responsibility to take necessary initiatives for the correction of the situation as soon as possible.

### **Limits to service delivery obligation**

The TMA Declaration on the Rights of Physicians clearly defines the rights of the physician vis-à-vis patients and society. As in other health issues, the physician must approach persons in need of healthcare by sticking to the principle “First, do no harm.” In epidemics, all health workers are under the risks of getting infected. Consequently, the state has its positive duty to protect health workers, their family members and those who may get infected from them. While performing this duty the state must organize working conditions in a way not to force the physician to make a choice between his life and others’ and supply health facilities necessary materials and equipment including PPE sufficient to respond to the needs of all health workers. Having regular health controls including diagnostic tests of health workers working under high risk is one of the important tools in performing this duty. Transmission to health workers as a result of their professional practice must be defined as work accident and occupational disease and all rights of physicians in this context must be safeguarded.

The ethical responsibilities of health workers include demanding protective and preventive measures to curb the further spread of infection and practice these measures and also report the case when they are infected and temporarily stay away from work until full recovery. In

this respect, there must absolutely be written applications about any missing health and safety measures.

The right of health workers to work in safe and secure environments is defined in the TMA Declaration on the Health and Safety of Workers and the Rights of Physicians. It must be known that when infected or there is vital risk to their health, the service obligation of health workers cannot be without limits. In such cases, health workers cannot be forced to work unless necessary health and safety measures are taken.

### **Allocation of resources**

In the face of such emergencies as disaster and epidemics, health systems may fall short of some facilities like medicine or intensive care beds. In such cases, the state is expected to introduce arrangements to keep up with changing circumstances. Triage may be necessary in deciding about resource allocation. Triage protocols aim to ensure rule-based, fair and transparent allocation of scarce resources and to maximize chances of survival for common good.

When triage becomes necessary, necessary measures must be taken to protect the rights of patients to life and treatment. Triage is carried out by applying the criteria of exclusion, assessment of mortality risk and the progress that the patient makes. The ethics in triage focus on the principles of fairness, benefit and equality.

The responsibility for triage must not be left solely to the physician taking care of the patient. A National Board of Ethics on Triage must be established with the participation of relevant parties to define the principles of triage, justification and triage protocols. Principles and protocols laid down by this board must be updated as circumstances change. Physicians must implement principles and protocols determined by the national board of triage ethics. In case there is any hesitation in implementing principles and protocols, the national board must develop an opinion either upon request or ex officio.

### **Pressures on health workers**

During outbreaks there may be political pressures on health workers. Further, chaotic environments caused by outbreaks may trigger violence against health workers. Timely and correct information to the public by health authorities and a transparent flow of information is the key to prevent any confrontation between patients and health workers.

In environments of epidemic, the state must perform its duties of providing physicians conditions for their scientific work complying with codes of ethic, protecting their professional autonomy and clinical independence

and preventing any act of violence targeting health workers and introduce necessary arrangements to ensure all of these.

## RELATIONS AMONG HEALTH WORKERS

Epidemics may lead to fear and concerns among health workers. Prolongation of crisis, increased risks and colleagues falling ill may bring along even higher concerns, frustration and exhaustion. In such chaotic periods health workers will have higher chances of performing their duties in solidarity if health authorities manage the process well with clear job definitions, algorithms related to the maintenance of health services, availability of sufficient PPE and reasonable working conditions. Professionalism and solidarity in the light of scientific facts must be the foundation of relations among health workers.

## SCIENTIFIC RESEARCH

During an epidemic, some studies may be planned in advance to keep the science updated and fresh in both combating the on-going epidemic and preventing similar ones in the future. It is important to ensure that these studies are sensitive to relevant ethics and in conformity with the Helsinki Declaration. In such studies, public health and appropriate clinic care must not be jeopardized, they must be planned with appropriate scientific methodology, harm/benefit balance must be observed, volunteer selection must be fair, and scientific findings obtained must be quickly shared. The society as a whole and individuals must have free and equal access to the outcomes of scientific studies. Ethical concerns must be observed in the transfer of biological specimen collected during the study to other countries and confidentiality of personal data must be protected.

### Practices yet at research stage

In the context of the epidemic, the immediate use of a practice whose scientific merit is yet not proven may be ethically acceptable in case the following criteria specified by the WHO are met and on the condition that outcomes are documented and shared with a wider medical and scientific community:

1. Absence of any proven effective treatment.
2. Data providing ex-ante support to the effectiveness and safety of the practice must have been obtained from laboratory work or work on animals and the use of the practice out of clinic research must be suggested on the basis of risk-benefit balance by a scientific board established upon the outbreak.
3. Approval from a duly qualified board of ethics.
4. Sufficient conditions for minimizing possible risks.
5. Informed consent from the patient.

## AFTERWORD

The pandemic we are experiencing today has made it clear that neoliberal policies describing the world as a “global village” and the associated healthcare system are in collapse and that public sector based health policies are no luxury but a fundamental human right. Approaches such as “let the stronger live” deriving from higher mortality among elderly people and those with chronic diseases must be categorically rejected. Also unacceptable are tendencies and practices trying to dig for opportunities in crisis like stock piling, black marketing, mass layoffs, increasing work burden in home-based work, pulling wages down, ethnic discrimination, xenophobia, etc.

In the face of outbreaks, we must stick to fulfilling our responsibilities and keep struggling on the common denominator of humanity by addressing all adversities in a holistic manner and without giving up science and our citizenship rights. The conditions we are going through at present show once more the importance of being prepared for emergencies, developing policies for extraordinary situations and completion of service planning and infrastructural preparations.

Since public health has a meaning beyond the sum total of the health status of individuals, it must be noted that there is need for social solidarity and collective struggle to achieve common good.

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