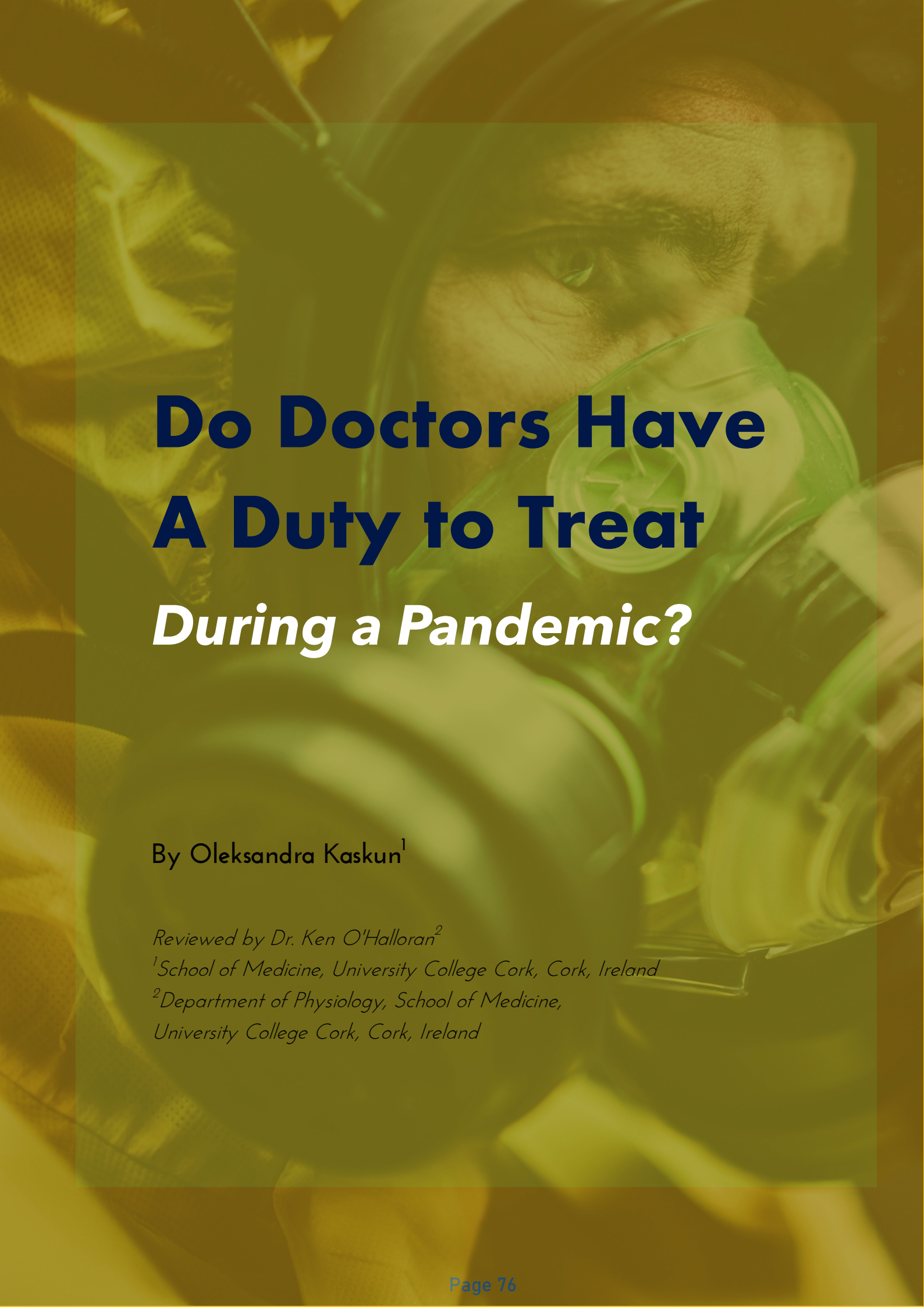

# Do Doctors Have A Duty to Treat *During a Pandemic?*

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*As a member of the medical profession:*

***I solemnly pledge to dedicate my life to the service of humanity;***

These are the first two lines of The Physician's Pledge [1] – a contemporary revision of the Hippocratic Oath, sworn by physicians upon graduation.

Medicine is a humanitarian profession [2] and as stated in the Oath, doctors have a duty to help the sick. However, is this duty absolute? Can physicians refuse to treat patients? Even when there is significant risk to their own health? How about their duty as a spouse, parent or family member? These questions emerge during a health emergency and have been debated during the current COVID-19 pandemic.

During health emergencies throughout history, such as in times of plague or the more recent SARS epidemic of 2003 [2], many doctors realized the greater-than-normal personal risks (and even risk of death) associated with treating patients and decided to flee their practice. In doing so, they chose to protect their own health other than that of their patients and abandoned their colleagues, leaving them with a greater workload.

Was this a selfish decision? Almost half of the cases were among healthcare professionals during the SARS outbreak in Toronto [2]. The statistics for the total number of cases

are lower for COVID-19 – nearly 17% in Ontario [3] (as of May 2020) and 8% in Italy [4] (as of April), but it is still thousands of cases and the pandemic is not over yet. In addition to risking their own life, a physician risks infecting their family members, or leaving their spouses and/or children in case of death. Moreover, the chance of infection is increased with the shortage of Personal Protective Equipment (PPE) that many hospitals around the world have faced.

With these factors at play one can start to see the dilemma facing physicians.

The core ethical principle of beneficence describes the physician's duty of care to patients [5]. Relying heavily on this principle, the ethics manual of the American Medical Association asserts that "physicians have an obligation to provide urgent medical care during disasters […] even in the face of greater than usual risks to physicians' own safety, health, or life" [6]. Canada's Code of Ethics does not go as far [7], but there is a notion of physicians implicitly accepting inherent risk upon joining the profession [8]. However, a sick doctor cannot be of much assistance to current patients, and if the physician does not survive the infection, then they will not be of assistance to future patients either, thereby not fulfilling their duty.

The physician's ethical duty to self-care is mentioned in The Physician's Pledge with the following words "I will attend to my own health, [and] well-being" [1]. The duty to self-care was reiterated by the Medical Council in Ireland when commenting on the coronavirus outbreak [9]. Furthermore, the British Medical Association reassures their doctors that "there are limits to the risks [physicians] can be expected to expose [themselves] to" and that doctors "can refuse to treat patients if [their] PPE is inadequate, [or they] are at high risk of infection" [10]. It is interesting to consider that North America, Ireland and the UK place a different emphasis on a physician's duty, serving to increase the ethical uncertainty faced by physicians around the world regarding their duties during a pandemic.

To further complicate this discussion on duty to care for patients versus the duty to self-care, let us consider the additional factor of overworked physicians. Medical resources and services have been strained during COVID-19,with the number of ICUs at or near capacity [11]. With this large inflow of patients and the risk for infection, physicians have been required to work longer hours and have been under additional stress. This situation impacts a physician's duty to self-care, and the strain on their body makes them more vulnerable to infection due to a

lowered immune system. Once infected, they are at increased risk of spreading the infection to vulnerable patients, thereby going against the ethical principle of non-maleficence – which states that a physician must not incur additional harm to a patient [5].

Moreover, even in non-pandemic times, studies show that physicians who experience burnout are more likely to perform medical errors [12]. The stress, workload and burnout experienced by physicians can be amplified in a pandemic and can prove counterproductive to the duty of care to patients that physicians are trying to uphold, if patients are subjected to greater risk of medical error.

So, do doctors have an ethical duty to treat during a pandemic? The answer remains unclear. Some countries and their medical associations support the idealistic humanitarian viewpoint of medicine and the physician's duty to care for patients. Others are cautioning that a physician also has a duty to care for themselves and their own health. How can a balance be stricken between both duties safely, in a pandemic where protective resources are not guaranteed, without creating heroes and villains?

In this dilemma, we see a juggling of ethical principles as well as each physician's personal values to be able to make a decision of whether or not to go to work during COVID-19, or any other public health emergency, including more lethal ones. As a suggestion, legislation should not force physicians to tend to their duty to care for patients when risk is much higher than normal, while their jobs are held securely. However, this also poses the complication of defining "much higher than normal" risk, as well as whether physicians who do not attend get compensated?

An option is to have medical professionals volunteer their services in a public health emergency when sufficient protective measures are in place. Moreover, if internationally qualified doctors or final year medical students are permitted to volunteer, it can help reduce the strain on existing medical professionals and facilitate the response in medical emergencies. This also comes with some complications however, such as PPE shortages, potential variance in quality of care for patients, and a strain on the existing personnel to orient and train the incoming volunteers.

There is, unfortunately, no clear answer to whether doctors have a duty to treat during a pandemic and when proposing potential solutions, one encounters further ethical dilemmas. Nonetheless, one thing is certain - the COVID-19 pandemic will reshape our society and our healthcare systems, and I hope that if another medical emergency were to arise, we would be better prepared to handle it.

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