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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.

• 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.

Medical professionalism: defining the social relationship

Over the centuries there has been debate about the nature and role associated with being a doctor.

There has also been an evolution in what those social obligations are thought to entail. The social contract that now serves as the foundation for this professional status was a long time coming. This is a history worth reviewing.

Codes of Professional Behavior: Historical Beginnings

Myth-busting the Hippocratic Tradition
The Middle Ages
Public health and social obligations during the plague
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What is the glue that holds the social contract together?

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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

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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 require that the majority of the obligations flow towards the patient.
Can there be any limits on the obligations owed by physicians?

The superhero narrative

Image used with permission. Sara Paglia, artist. https://www.sarapaglia.it/about
There is no absolute obligation to provide care in the context of undue risk.

* 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.

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.

* Their conscience urges them to treat all patients, but a convergence of failed health system factors, the 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)
The Ebola outbreak in Guinea, Liberia, and Sierra Leone had devastating effects on health workers.

- Providers were 60 times more likely to get infected than the general population.
- At least 697 healthcare workers became infected and 490 died. The outbreak also claimed the lives of doctors, nurses, and medical staff from Mali, Nigeria, Spain, and the USA.
- In Liberia the healthcare 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 healthcare 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?

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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.
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 asked to accept personal 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." Lynette Reid, 2005

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.
Questions?

References

AMA Code of Medical Ethics (2016)

CMA Code of Ethics and Professionalism (2018)


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