

Review Article

Ethical Issues in Surgery during COVID-19 Pandemic

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Surgeons were facing considerable ethical dilemma during this COVID-19 pandemic-which patient to select for surgery and which patient to be deferred for a later date. Surgeons also had a difficult task of protecting themselves and their team and perform a safe surgery without infecting the patient. There were also ethical issues of using Oxygen or an Intensive Care Unit (ICU) bed during this time for the surgical patient when it was in short supply. A critical factor was balancing the benefit of surgery for the patient against the risk of contacting the COVID-19 virus and the complications of the disease process.

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“Ethics is knowing the difference between what you have a right to do and what is right to do”

— Potter Stewart

COVID-19 pandemic reduced the ability to perform elective surgical procedures worldwide, giving rise to a multitude of ethical, practical, and medical dilemmas for the surgical fraternity. Surgeons were being forced from patient-centred ethics to public health ethics. It goes without saying that this situation was unprecedented for anyone in their lifetime.

Dilemma of stopping elective surgery :

As soon as the World Health Organisation declared novel Corona virus disease 2019 (COVID-19) as a pandemic, the American College of Surgeons brought out a guideline – “Each hospital, health system, and surgeon should thoughtfully review all scheduled elective procedures with a plan to minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures until we have passed the predicted inflection point in the exposure graph and can be confident that our health care infrastructure can support a potentially rapid and overwhelming uptick in critical patient care needs”¹. This restriction inevitably caused mental distress for surgeons as they were forced to alter elective surgical schedules and shift to other aspects of patient care, to help in “flattening the curve”. Two important shifts in ethical framework have been to stop elective surgery to accommodate COVID-19 patients in the hospital

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Editor's Comment :

■ Covid-19 will always be remembered for the surgical dilemmas and ethical issues a surgeon faced during this pandemic. While on one side, the surgeon had to face the patient during the surgery and had the risk of himself and his family members getting the disease, it was never an ethical choice for the surgeon to stop all the elective surgeries till the curve straightens down. It was a catch-22 situation for the entire surgical fraternity.

and to reduce the use of Personal Protective Equipment (PPE) due to short supply in most of the pandemic zones. As the elective surgeries were stopped, surgeons have been asked to only perform those surgeries that are both medically necessary, lifesaving and time sensitive to perform. While no surgeon likes cancelling or postponing surgery, the necessary protocol to choose which operation to proceed with and which surgery to postpone or cancel was an unusual circumstance and unfavourable task for most of the surgeons. There were instances where patients' non urgent surgery was cancelled even when the patients had stated that they were willing to accept the risk of having surgery with the probability of getting COVID-19 in the process.

Another unique surgical challenge was the personal risk of contracting infection during surgery while prioritization of who received the limited available surgical care. Ethical issues also arise when surgeon faces scarcity of PPE increasing the risk of getting infected, when called to manage a surgical patient in the COVID-19 unit.

The backlog of postponed surgical procedures was another major cause of professional headache for the surgeons. An important source of mental distress for many surgeons during the pandemic was to stay home unless specifically called upon to render surgical care during emergency. Surgeons are used to rigorous

operating schedules and long outpatient clinics and have never been accustomed to waiting at home or work from home².

Guidelines for Surgeons in Emergencies :

Surgeon should follow the fundamental principle of Medical Ethics as defined by Beauchamp and Childress which includes Beneficence, Nonmaleficence, Autonomy and Justice³. Beneficence is to care for or help others and “do good”. Nonmaleficence is to “do no harm”. The responsibility of every surgeon is to act in the patient’s best interest without being influenced by any personal consideration and patient must trust the surgeon to do the right thing. This trust was often challenged during the pandemic as surgical services were crippled and were not functioning normally. The duty of the surgeon was to protect the most vulnerable, but they were under no obligation to offer treatment they consider futile or risky⁴.

At the same time, even though there was a high mortality rate postop in the COVID-19 positive patients, a 30% increased mortality rate especially in the elderly population, the surgeon knew that it is not feasible or rational to consider all surgery futile in the aged patients. Emergency surgery when life or limb saving had to be undertaken regardless of the COVID status of the patient, after evaluating the blood and lung functions and taking adequate precautions, after obtaining a detailed consent from the patient. The simplest and the fastest surgery that will fix the emergency needs to be carried out, with all refinements later after the patient has fully recovered from COVID. It was recommended that further surgery be postponed at least 4 to 6 weeks after complete recovery⁶.

Ethics in Cancer Surgery :

Cancer patients were a vulnerable group where delay in Oncosurgery may deprive them of the golden opportunity for an early surgical cure with decrease in 5 year survival whereas ironically, contracting COVID-19 during treatment does expose them to a higher morbidity and mortality due to their immunosuppressed state. The surgeon also faces particular risk due to physical proximity and contact with potentially infected body fluids, saliva, blood, urine and faeces of the patient. Many surgeons died after performing surgery on COVID -19 patients due to the disease process contamination intraoperatively. As a result, in many cases, patients with aggressive disease have been initiated or maintained on a conservative line of oncology with systemic therapy or chemotherapy rather than radical surgery. Though

prolonged utilization of chemotherapy in cancer patients do sometimes provide radiographic control but invariably it does not always translate into pathological control. An ethical balance was therefore required between postponing surgical treatment that were currently considered too risky during the pandemic versus continuing to save the lives of cancer patients with urgent surgery irrespective of the COVID-19 pandemic situation.

Ethics of Altruism :

Altruism is defined as the selfless concern for the wellbeing of others. Surgeons will have to place themselves invariably selflessly at risk to help patients and support other colleagues. Surgeons have demonstrated that it is possible to provide safe surgical care even for novel Corona virus 2019 positive patients, while minimizing nosocomial infection to the healthcare workers. So, postponing elective surgery especially in patients with other co-morbid conditions where surgery may alleviate pain and make the patient disease free and aid in functional improvement with normal quality of life will be hard to justify always. This also applies to patients waiting for organ transplant. So again, an informed, altruistic choice had to be made regarding the timing of such surgery when Oxygen and ICU resources can be diverted to these elective procedures. A surgeon -patient relationship should be considered a partnership, in which the surgeons’ duty is to honestly educate and empower patients to make appropriate informed choices about surgical care. Informed consent for surgery needs to be drafted especially for the pandemic which should include the risk, benefits, and alternatives⁵.

Ethical issues and Constant Mental stress :

Surgeons during the pandemic were under constant stress and depression. Surgery under general anaesthesia and Laparoscopic surgery were considered high risk since it causes aerosol formation during intubation, pneumoperitoneum induction and suction. Cardiopulmonary resuscitation if the need so arises in the acute setting was also under scanner as it also causes aerosolization of the virus. Surgeons daily used to hear about their colleagues either contracting COVID or succumbing to the disease. Considering these risks, many surgeons had closed shop or retired early. And that is not a decision that is easy or morally uplifting. Surgeons forced to do that because of their associated health or family issues live in guilt, low self-worth and worry regarding the financial issues even after the third wave of COVID-19.

The active surgeons must decide to offer those

patients requiring acute surgical treatment, an alternative to the conventional gold standard approach that can be inferior but is outweighed by the reduced risk of COVID-19 related morbidity and mortality. Rarely, the patient may have trust deficit and can doubt if the surgeon is wantonly mistreating him and that can add to the stress and physical or mental harassment⁷.

Conclusion :

“The Ethical person should do more than he is required to do and less than he is allowed”

Michael Josephson

Surgeons were facing one of the most challenging time and multiple ethical dilemmas during this novel Corona virus 2019. Every surgical decision needs to weigh with risk of contracting the virus. On one side, surgeon must go all out to save the life of the patient during surgical procedure whereas on the other side, the surgeon must save himself and his team from getting infected. It was the tough call for the conscientious surgeon to opt for a conventional, non-conventional or non-operative management during this pandemic and retaining the patient's best interest at

the heart of surgical practice as well so that the professional integrity is always preserved.

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