

# ETHICAL CONFLICTS AMONG THE LEADING MEDICAL AND HEALTHCARE LEADERS

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### **ABSTRACT**

Today, the whole world is fighting the COVID-19 pandemic. In these circumstances, medical professionals are being viewed as the frontline warriors who are risking their lives for the sake of helping, caring, and curing these patients. However, in these difficult times, there are few medical professionals and health care providers who are taking advantage of this situation and taking advantage of distressed and distraught patients at will. A conflict between professional and personal ethical values makes them depressed and puzzled. It is tough for them to maintain a good image of their profession and business. The objectives of this study are to review the ethical conflict amid the ongoing Covid pandemic and post-Covid pandemic (vaccination period) in the context of medical professionals and health care providers. The paper is designed based on a literature review. Almost fifty-two research papers, articles, survey reports, and newspapers were studied in the context of ethics in business/profession. After reviewing moral distress is ongoing and post-pandemic period, the researchers have tried to present the medical professionals and health care providers' critical situation to give priority to their professional ethics or personal interest.

### **KEYWORDS**

ethical conflicts, medical professionals, healthcare providers, COVID-19, leadership

### INTRODUCTION

Ethics is the discipline dealing with what is good and evil and with moral duty and obligation. It explains guidelines for checking and administrating while framing the right decision. It is essential for medical field's success, just like safety while flying in an airplane. In both cases, if the prerequisites are not in place to ensure trust in the product or services provided, consumers will not utilize the product or service. In the case of the medical field, the public trusts

the medical profession to regulate its own practices. Medical professionals are the most respected among the various professionals across a wide variety of occupations. This paper focuses on medical professionals and health care providers. By the term medical professionals, we imply those professionals who have the qualification of the medical field such as doctors, nurses, pathologists, etc. and the term health care providers includes all the stakeholders who are directly and indirectly involved with the medical

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profession such as hospital authorities, medicine companies, medical transportation providers, medical equipment suppliers, and other supporting staff. Today, the whole world is fighting with the pandemic, and COVID-19 has claimed many lives to date, more than the world wars put together, and it is yet to stop. In these circumstances, the medical professionals are being viewed as the frontline warriors who are risking their lives for the sake of helping, caring, and curing these patients.

### **RATIONALE OF THE STUDY**

During COVID-19, medical professionals and health care workers have been subjected to immense pressure and conflicts that has not been previously experienced by This has led to immense psychological and physiological stress which has made health care providers act differently than they would do so normally. medical practitioners and health care workers took this as an opportunity to make money and hence, resorted to unfair practices. [1, 2, 3] [4, 5, 6] However, the majority of healthcare providers were affected mentally leading to deterioration in their mental well-being. [7] In fact, the role of psychiatrists and counsellors has increased and their importance felt. It is not just the persons from the medical fraternity who have shown evidence of mental disorder and confusion, but the lockdown associated with Covid 19 have also rendered many people, especially elderly and children, mentally traumatized. [8] Healthcare workers have to constantly keep themselves updated as to the situation globally which was very fluid. [9] These situations were very unique to even the most experienced of the medical practitioners and hence, study in this field needs to be undertaken so that appropriate measures, techniques and guidelines may be formulated for the wellbeing of both the medical fraternity and society.

### **OBJECTIVES**

The objective of this study was to review any ethical conflict amid the ongoing Covid -19 pandemic period and in the vaccination period in the context of medical professionals and health care providers.

### **RESEARCH METHODOLOGY**

The present study is a traditional narrative review based study in which the Scopus database, Google Scholar and Google are used to get valuable insights in the context of research objective. The review methodology was to identify a few studies that can describe the problem of interest. No predetermined research question or specified search strategy is applied for this methodology. The Scopus database, Google Scholar and Google were searched to retrieve journal articles, review articles, reports and news releases to review any arising conflicts amongst medical professionals and health care providers especially during the period of ongoing COVID-19 pandemic from 2020 to 2021. More than 30 articles are for review to fulfill the objective of the study. The research methodology is totally based on previously available literature on this topic. After review findings that moral distress is ongoing, the researchers have tried to present the medical professionals and health care providers' critical situations to give priority support to their professional ethics or personal interests.

# ETHICS IN THE MEDICAL PROFESSION AND BUSINESS

The medical profession is about giving primary preference to serve patients rather than to earn money, but in actual practice, few medical practitioners have become materialistic in their approach. With the increased use of internet and development of various apps. Many medical customers are using these apps to obtain medical services since authenticity of these apps and related guidelines/prescriptions provided are from unknown sources they can't be realistically relied upon. [1] In the recent years, extreme competition between pharmaceutical companies have led to extreme pressure placed on their manpower and also on their sales partners., This combined with the greed to earn more have created grounds for a few to indulge in unethical practices which can or can't be harmful to life. [2]

## EXISTING CIRCUMSTANCES OF HEALTH CARE PROVIDERS AND MEDICAL PROFESSIONALS

The deadly coronavirus is spreading all around the globe, and because of this, general wards and special wards are being quickly converted into isolation wards for the patients who are affected by the virus, and the medical professionals stepped in to serve these patients and thus, they are considered as an essential resource for every nation. Good health is necessary for them so that they can help their country. [3] The doctors, nurses, and other healthcare providers were under extraordinary stress related to the high risk of infection, stigmatization,

understaffing, and uncertainty. Comprehensive support was a high priority during the outbreaks and afterward. [4] [5] The frontline healthcare providers treating patients with COVID-19 also have more significant risks of mental health problems, such as anxiety, depression, insomnia, and stress. [6] [7] In this high-risk emergency situations, the doctor must compete for various duties like a duty to patients, commitment to protect himself from undue risk of harm, the

duty to his family, duty to colleagues whose workloads and risk of injury will increase in his absence and commitment to society which make a great deal of pressure on him.

Figure 1 presents the various factors that create conflicting circumstances for medical professionals and health care providers.

FIGURE 1- VARIOUS FACTORS CREATING CONFLICT CIRCUMSTANCES FOR MEDICAL PROFESSIONALS AND HEALTH CARE PROVIDERS

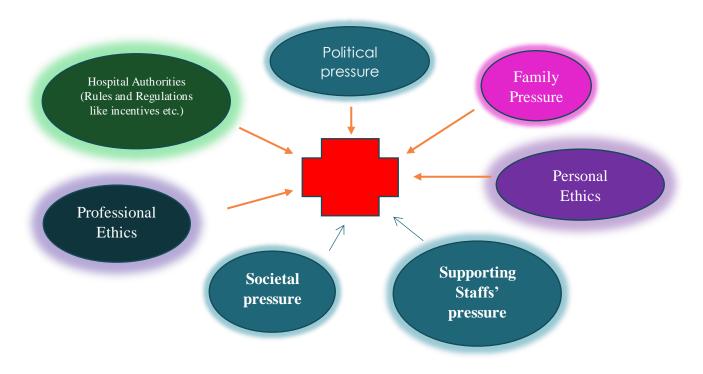


TABLE 1 (AUTHORS' OWN) ETHICAL CONFLICTS IDENTIFIED DURING PANDEMIC PERIOD

Author(s) publication	Ethical conflict amid a COVID-	Findings
details	19 pandemic	
[8]	Communication of attractive	The conflicting situation, in this case, is that
	vs. actual information to the	sometimes they are unable to deliver essential
	public	information, which is anti to their professional
		ethics, but due to problems, they must ignore it
[9] [10]		Front line health care providers are not getting
	Conflict of actual availability	sufficient resources; this creates conflict among
	of precautionary resources	them either they should blow the whistle in this
		regard or should keep quiet

[9]	To meet the acute need of medical services with limited resources and restricted norms	In this circumstance, where resources to check the virus presence is limited, conflict arises for methodology with which services must be provided, treatment of virus-infected and non-virus-infected patients at the same place, and questioning regarding mere lockdown is the solution to this drastic problem
[11] [12]	Conflict in delivering health care services to non-Covid chronic patients amid a pandemic	Patients who are not suffering from corona instead but may have other serious diseases (such as HIV, TB) are not able to access treatment as the authorities are majorly concerned for coronavirus affected people
[9]	Conflict of hiding the professional identity	The medical professionals and health care providers who are working in hospitals are criticized as they may create problematic situations for their landlords and surroundings.
[13]	Ethical conflict during the treatment of COVID-19 patients in isolation:	In the field of medical professionals, physical touch and personal care provided by the doctors is essential and non-replaceable medicine for any patients who help them in fighting against any significant disease, and in the case of coronavirus, this vital touch and feel lacking. This leads to conflict among medical professionals of not treating their patients properly because of isolation requirements
[14] [10]	Moral distress due to working with uncertain and unproven therapies	In such conditions, where exact medication is not available, and everyone is just trying to address issues and trying methods. When their methods become a failure, this leads to mental stress and loss of confidence among medical professionals and health care providers; this situation leads to the creation of mental conflict of not knowing the exact treatment method
[15] [10]	Duty to care vs. the right of protection	The conflicting situation is that where hospitals are unable to provide proper safety kits and other requirements to their staff, hospitals are not serving people, whereas hospitals are working as multiplayer in those cases. The America Medical Association said that they must ensure patient safety as well as their own
[10]	Ethical stress for dignity in the death of patients	The conflicting situation is that family members are not allowed to do post-death rituals properly. Also, the patient is kept in isolation. Thus, that patient lives in isolation before death, and even that dead body is not allowed to see my family members.
[16]	Conflict in priority of testing of a celebrity or average person	There arises a battle in front of medical professionals and health care providers who must be given priority for testing. It should be an

			ordinary person or a celebrity who might have infected a significant lot of people.
[17]		1	
[17]	Conflict at the	time of	After the arrival of the vaccine, they will have to
	availability of vaccine		allocate those limited vaccines to individuals
			based on some pre-fixed benchmarks.

# ETHICAL CONFLICT AMID ONGOING PANDEMIC IN MEDICAL PROFESSIONALS AND IN HEALTH CARE PROVIDERS

Table 1 shows various reviews about ethical conflict among medical professionals and health care providers during the pandemic period as found through this literature review.

#### ETHICAL CONFLICT AND COVID-19 PANDEMIC

Table 1that COVID-19 had presented a big dilemma to the medical fraternity. The first dilemma is to choose between individual patient health and public health. The second dilemma was how to maintain a balance in justifying and delivering treatment to Covid and non-Covid patients. There is also a third quandary which needs to be mentioned and that is patient's health versus self-health and health of a person's families. COVID-19 also has brought about big shortfalls in logistics, medical equipment and medicines that medical community has had to cope with across the globe. Constructive communication was required during this period. The biggest question that medical professionals faced during this pandemic was about who to save and when to take that call for help or assistance. During COVID-19, even dignity with death was

rare and privileged. COVID-19 has also affected the importance of personal and public privacy.

# ETHICAL CONFLICT AMID VACCINATION PERIOD IN MEDICAL PROFESSIONALS AND IN HEALTH CARE PROVIDERS

The WHO draft on the landscape of COVID-19 candidate vaccines, 2020 by World Health Organization, [27] "As of 17 November 2020, the WHO reports 48 vaccines undergoing clinical trials and 164 candidates in preclinical evaluation." Many studies have been conducted on this deadly virus, and it has been found that overcoming coronavirus disease is just a start towards an unknown journey from a health perspective. [18] The significant issue during the vaccination period is building and retaining trust among the public by providing them the transparent and correct information, equal distribution of resources among all demographical and economic profiles. [19]

Table 2 sets out the conflicts that are arising in the vaccination period for medical professionals and health care providers:

TABLE 2 (AUTHORS' OWN) ETHICAL CONFLICT IDENTIFIED IN VACCINATION PERIOD

Ethical conflict amid	Findings	Authors'	publication
vaccination period		support	
(i)Setting framework for	As the resources are scarce for fighting this deadly virus	[20], [21] [2	22], [23], [24]
vaccination priority order	and therefore on ethical grounds, these resources may	[25]	
for distribution among	be allocated by taking into consideration four pillars		
population	namely, maximum derived benefits from these limited		
	resources, equality, spreading instrumental values, and		
	prioritizing the neediest ones. Sometimes, due to		
	situational circumstances, they cannot help themselves		
	to maintain ethical values of professionalism due to		
	personals.		
(ii) Delivering the correct	On the landscape of COVID-19 candidate vaccines,	[26], [27] [28	3]
information or working for	two dosages are required for the vaccination schedule		
the personal benefits	for any person. But clear and transparent		
	communication for vaccination is not being followed.		
	Few misleading information issues regarding multiple		

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	dosages, the inefficiency of vaccines, and its side effects	
	promoted through social media are unethically	
	enhancing costs to people and leading to wastage of	
	vaccines with no use.	
(iii) Equality with limited	The role of medical professionals and health care	[29], [16]
supply and storage of	providers is vital to follow ethical norms regarding	[27]
resources	equality during the implementation of the vaccination	
	process. The vaccination process must follow a first cum	
	first serve basis by avoiding the economic, personal	
	cultural, etc. backgrounds of individuals.	
(iv) Recordkeeping and	Medical professionals are required to maintain proper	[30], [17]
Privacy of Information	records of people to identify those categories of	
	populations which are vaccinated once and	
	groups/classes which are still not vaccinated. Due to	
	some doubt and lacking trust in healthcare providers,	
	individuals generally hesitate to share their personal	
	data regarding the safety of their private information.	

## ETHICAL CONFLICT IDENTIFIED IN VACCINATION PERIODS

This COVID-19 pandemic has shone light on various managerial and planning tools which need to be used to fight COVID-19 as the best possible way considering limited resources (vaccines, manpower, centres and logistics.). Who, when, where and how are the questions which need to be answered at each step towards dealing with COV-19 patients and towards the process of vaccinating the public. Data management and privacy regarding vaccination also needs to be structured in such a way that along with effective communication, all confusion and fear that populations and communities may have can be addressed and settled.

## CONCLUSION

The ongoing COVID-19 pandemic has reduced opportunity for health workers to play a vital role in relieving sufferings of communities and populations. As stated by Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "No country, hospital or clinic can keep its patients safe unless it keeps its health workers safe." (WHO News 17 September 2020) The COVID-19 pandemic not only affects the physical and medical well-being of an individual, but it also significantly impacts the mental health of healthcare workers (HCWs) and as well as the public. [40] These issues are due to an imbalance in effectively handling various factors such as professional ethics, personal ethics, and

pressure on hospital administration and supporting staff, hype from social media, political and societal pressure. These factors thereby create conflicting circumstances for medical professionals and health care providers who are in the frontline of this crisis. Healthcare providers, namely doctors, nurses, technicians and others are not experienced regarding this new pandemic, and hence unable to address the major ethical issues immediately. Key impact factors such as prioritization of patients in view of limited resources, selection related to individual patient health needs, self-health, family's health and public health, require balance in justifying and delivering treatment to Covid and non-Covid patients. Issues involved relate to coping with the big shortfall in logistics, medical equipment and medicines. A range of responses are required such as setting frameworks for vaccination, equality among the public entitled to vaccination as well as dealing with limited supply and storage of resources and record keeping and maintenance of privacy. Such ethical issues are a cause for severe moral distress among healthcare providers. Urgent attention needs to be taken to monitor community member's mood, sleep and other mental health issues to understand mediating factors.

This study identifies the need to educate society about the various stress and pressures that healthcare leaders experience. This ultimately leads to creation of conflict due to various factors that surround medical professionals and healthcare providers. This pandemic is new experience to everyone therefore, medical professionals and healthcare

providers should have safe working conditions, should be trained to handle such situations, and should be provided special remuneration, rewards and moral support. Proper counselling also needs to be provided to support health professional's mental health. This study aims at opening doors for other research work based on these dilemma and constraints so that a proper roadmap can be framed to benefit both the medical professionals along with healthcare providers and the public. This study also identifies the need for future research to study effective communication needed to ensure the bond between the public and the health care providers becomes stronger and is without any prejudice.

#### References:

- 1. ANI, "Families allege medical negligence after 5 COVID patients die at Hisar hospital," 2021.
- 2. L. Leo, "DCGI pulls up Glenmark for false claims, overpricing of COVID-19 drug FabiFlu," New Delhi, 2020.
- 3. R. Nagarkoti, "Punjab: Private hospital booked for cheating Covid patients," TNN, Mohali, 2021.
- 4. D. Mohanty, "Odisha Police arrest drug company MD for selling fake, overpriced Covid medicine," The Hindustan Times, Odisha, 2021.
- P. Singhal, "Overcharging for Covid treatment: Panchkula private hospitals to return Rs 20 lakh, most refunds processed, say authorities," The Indian Express, Punchkula, 2021.
- "DCGI asks manufacturers to take steps to prevent black-marketing, overpricing of COVID-19 drugs," Press Trust of India, New Delhi, 2020.
- 7. P. Pujari, P. Pujari and A. Kumar, "Impact of COVID-19 on the Mental Health of Healthcare Workers: Predisposing factors, prevalence and supportive strategies," Asia Pacific Journal of Health Management, vol. 16, no. 4, pp. 260-265, 2021.
- A. Kumar and N. Ayedee, "Life under COVID-19 lockdown: an experience of old age people in India," Working with Older People, Vols. Vol. ahead-of-print, no. No. ahead-of-print., pp. https://doi.org/10.1108/WWOP-06-2020-0027, 2022.
- S. Lloyd, S. M. Walker and A. Goswami, "Health information: Applications and challenges in the COVID-19 pandemic.," Asia Pacific Journal of Health Management, vol. 15, no. 3, p. 23–28, 2020.

- D. KA, "Ethical Challenges of Medicine and Health on the Internet: A Review," J. Med Internet Res, vol. 3, no. 2, p. 23, 2001.
- R. Ganesan and R. Thambusamy, "Ethics in Business: A Case Study of a Pharmaceutical Company.," The European Journal of Social & Behavioural Sciences, vol. 28, pp. 3143-3149, 2020.
- D. Chang, H. Xu, A. Rebaza, L. Sharma and C. Dela Cruz, "Protecting health-care workers from subclinical coronavirus infection," Lancet Respir Med., vol. 8, p. 13, 2020.
- S. Lee, W. Kang, A. Cho, T. Kim and J. Park, "Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients," Compr Psychiatry, vol. 87, p. 123–27, 2018.
- 14. R. Maunder, J. Hunter and L. Vincent, "The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital.," CMAJ, vol. 168, p. 1245–1251, 2003.
- 15. L. Qian, L. Dan, E. H. Joan, G. Qiaohong, Q. W. Xiao, L. Shuo, X. Z. Lin, J. Y. Liu and B. X. Yang, "The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study," The Lancet Global Health, vol. 8, no. 6, pp. 790-798, 2020.
- S. Liu, L. Yang and C. Zhang, "Online mental health services in China during the COVID-19 outbreak," Lancet Psychiatry, vol. 7, p. 17–18, 2020.
- 17. A. N. M. Yusof, M. Z. Muuti, L. A. Ariffin and M. K. M. Tan, "Sharing Information on COVID-19: the ethical challenges in the Malaysian setting," Asian Bioethics Review, vol. 12, no. 3, pp. 1-13, 2020.
- Hebbar, P. &. Sudha, A. &. Dsouza, V. &. Chilgod and L.
   A. Adhip., "Healthcare Delivery in India amid the COVID-19 Pandemic: Challenges and Opportunities.," Indian Journal of Medical Ethics, pp. 01-04, 2020.
- 19. G. V., "Clinical ethics during the COVID-19 pandemic: Missing the trees for the forest..," Indian J Med Ethics, vol. 5, no. 3, pp. 182-187, 2020.
- H. Lau, V. Khosrawipour, P. Kocbach, A. Mikolajczyk, J. Schubert and J. Bania, "The positive impact of lockdown in Wuhan on containing the COVID-19 outbreak in China.," J Travel Med, 2020.
- 21. Z. Wang and K. Tang, "Combating COVID-19: health equity matters," Nat Med, p. 1, 2020.
- 22. G. Yang, B. Nelson, R. Murphy, H. Choset, H. Christensen and S. Collins, "Combating COVID-19—The role of robotics in managing public health and infectious

- diseases.," Science Robotics, vol. 5, no. 40, p. 5589, 2020.
- 23. S. Hasan, C. Kow and H. Merchant, "Is it worth the wait? Should Chloroquine or Hydroxychloroquine be allowed for immediate use in COVID-19?," Br J Pharm, vol. 5, no. 1, p. 745, 2020.
- 24. H. D. K and M. Goldrich, "Physician obligation in disaster preparedness and response," Camb Q Healthc Ethics, vol. 15, no. 4, p. 417–31, 2006.
- J. E. Ezekiel, P. Govind, R. U. J.D., T. Beatriz, P. Michael, G. Aaron, Z. Cathy, B. Connor, S. Maxwell and P. P. James, "Fair Allocation of Scarce Medical Resources in the Time of COVID-19.," The new England Journal of Medicine, 2020.
- 26. World Health Organization, "A Global Framework to Ensure Equitable and Fair Allocation of COVID-19 Products and Potential implications for COVID-19 Vaccines.," 18 June 2020.
- 27. WHO, "DRAFT landscape of COVID-19 candidate vaccines," Dec, 2020.
- 28. Gemelli Against COVID-19 Post-Acute Care Study Group, "Post-COVID-19 global health strategies: the need for an interdisciplinary approach," Aging Clin Exp Res, pp. 1613-1620, Aug 2020.
- 29. P. B. Beth, R. R. José and M. L. Grace, "Scientific and Ethical Principles Underlying Recommendations From the Advisory Committee on Immunization Practices for COVID-19 Vaccination Implementation.," JAMA, vol. 324, no. 20, pp. 2025-2026, 2020.
- G. Persad, A. Wertheimer and E. Emanuel, "Principles for allocation of scarce medical interventions," The Lancet Global Health, vol. 373, pp. 423-431, 2009.
- 31. G. Persad, M. Peek and E. Emanuel, "Fairly Prioritizing Groups for Access to COVID-19 Vaccines," JAMA, vol. 324, no. 16, p. 1601–1602, 2020.
- 32. L. Biddison, K. Berkowitz and B. Courtney, "Ethical considerations: care of the critically ill and injured during pandemics and disasters," CHEST consensus statement, pp. 145S-155S., 2014.
- 33. S. Rosenbaum, R. Bayer and R. Bernheim, "Ethical considerations for decision making regarding allocation of mechanical ventilators during a severe influenza pandemic or other public health emergency," Atlanta: Centers for Disease Control and Prevention, 2011.

- 34. H. Zucker, K. Adler and D. Berens, "Ventilator allocation guidelines," Albany: New York State Department of Health Task Force on Life and the Law, Nov. 2015.
- 35. M. Christian, C. Sprung and M. King, "Triage: care of the critically ill and injured during pandemics and disasters," CHEST consensus statement, pp. 615-74S., 2014.
- 36. E. W. Dward, W. Robert, J. Frenck, R. F. Ann, K. Nicholas, A. Judith, G. Alejandra, L. Stephen, N. Kathleen, J. M. Mark and B. Ruth, "Safety and immunogenicity of tworna-based COVID-19 vaccine candidates.," New England Journal of Medicine, 2020.
- 37. WHO, "Draft landscape of COVID-19 candidate vaccines," 2020.
- 38. T. Burk, "Vaccine misinformation and social media.," The Lancet Digital Health, vol. 1, no. 6, p. 258–259, 2019.
- 39. S. Harald, O. G. Lawrence and A. W. Michelle, "Is it lawful and ethical to prioritize racial minorities for COVID-19 vaccines?," Jama, vol. 324, no. 20, pp. 2023-2024, 2020.
- D. Calina, T. Hartung, A. O. Docea, D. A. Spandidos, A. M. Egorov, M. I. Shtilman and A. Tsatsakis, "COVID-19 vaccines: ethical framework concerning human challenge studies," DARU Journal of Pharmaceutical Sciences, 2020.
- 41. P. Sofia, i. N. Vasilik, G. Timoleon, G. G. Vassilis, P. Eleni and i. K. Paraskev, "Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis," Brain, Behavior and Immunity, vol. 92, p. 245, 2021.