Benefit, Harm and the COVID-19 Pandemic: A Medical Student's Perspective

Ayush Anand

4th year MBBS Student and Head, Student's Bioethics Wing, B.P. Koirala Institute of Health Sciences, Dharan, Nepal

Corresponding Author: Ayush Anand **E-mail:** ayushanandjha@gmail.com

Introduction

'Benefit and Harm' is Article 4 of the UNESCO Universal Declaration on Bioethics and Human Rights. The basis of this principle is *Primum non nocere*, which means that, above all, do no harm. The bioethical principle of "Benefit and harm" explores all the scientific and medical knowledge to benefit the patients and avoid any damage. COVID-19 pandemic has been arduous for the patients. Lockdown in the initial phase of the COVID-19 pandemic led to the closure of OPDs. Health care facilities were mainly reserved for people suffering from COVID-19, which led to much harm to other patient groups. Now lockdown has been relaxed to some extent, and the governments across the globe are trying to revive the economy. As future healthcare professionals, we need to learn from mistakes and avoid repeating them in the future. Benefit and harm in the context of the COVID-19 pandemic have a vast spectrum of issues. Almost all the bioethical principles are involved in one way or another.

COVAX- A Global Initiative (Sharing of Benefits)

Across the world, people are responding to the global health crisis caused by the COVID-19 pandemic. Governments, researchers, and scientists are working in unison for the common good. One such global initiative is COVAX. It is co-led by the Coalition for Disease Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, and the World Health Organization (WHO), working in cooperation with developed and developing country vaccine manufacturers. By the end of 2021, the aim is to provide two billion doses of safe, effective vaccines that have received regulatory approval and prequalification from the WHO [1]. These vaccinations will be internationally available to both high-income and low-income countries in an equitable way. Priority to health care staff and then extending to include disadvantaged groups, such as the elderly and those with pre-existing conditions. Further doses will then be made available based on country needs and vulnerability. The COVAX facility will also maintain a buffer of doses for emergency and humanitarian use, including the treatment of severe outbreaks until they escalate out of control.

Convalescent Plasma Therapy

SARS-CoV-2 has led to the death of millions across the globe. Researchers are incessantly trying to develop methods to combat the deleterious effects of COVID-19 disease on the people. One of the latest developments in treating severe or life-threatening COVID-19 disease is convalescent plasma therapy. The majority of Convalescent donor plasma contains SARS-CoV-2 specific antibodies identified by lateral flow assay tests [2]. The passive antibody administration directly neutralizes the pathogen or through other antibody-mediated pathways and provides short-lived immediate immunization imperative in severe or life-threatening conditions [3]. Initial observational studies advocated for the use of convalescent plasma therapy. Recent studies reveal

that convalescent plasma is not effective in improving mortality or clinical improvement is uncertain in patients with COVID-19 disease [4-6].

Masks, Sanitizers and PPEs- For the Common Benefit

With the onset of the COVID-19 pandemic, governments' focal point across the globe is to break the transmission chain. The old-age saying of prevention is better than cure holds in this case also. Because of scarce resources and the influx of far too many patients into hospitals, providing healthcare to everyone is difficult. Governments are taking steps to minimize transmission within the community. Taking bold measures will ensure that even if cases increase, the growth rate is slow and prevents sudden spiking in the growth curve. Also, it will help the service providers give quality health care and decrease mortality and morbidity. Studies conducted worldwide reveal that wearing a mask in community settings significantly reduces infection transmission risk and can prevent the COVID-19 outbreak [7-10]. Also, wearing masks is of paramount importance to health care workers. Though the type of masks varies upon the degree of exposure to COVID-19 patients, and there are guidelines issued by CDC and WHO, most evidence supports the use of masks in exposed healthcare workers [11-13]. Nowadays, the limitation concomitant with using the mask is an improper technique, leading to a compromised efficaciousness. We need to provide adequate training and education to individuals and health care workers to overcome the constraints. All around the world, people are using alcohol-based sanitizers to reduce transmission and protect themselves from acquiring the infection. International organizations such as WHO and CDC are advocating the use of alcohol-based hand sanitizers. There are pieces of evidence that buttress the use of alcohol-based hand sanitizers. Gel and foam alcohol-based hand sanitizers available in the market are effective against SARS-CoV-2 when the correct hand hygiene technique is accompanied by other precautionary measures [14-15]. Hand sanitizers can also be harmful as they may cause skin cancer, though it is still not established due to the research gap [16]. If ingested accidentally, alcohol-based sanitizers can lead to acute or chronic toxicity [16-19]. So, we need to be vigilant, especially in the case of the pediatric age group. Healthcare workers are using PPEs to shield themselves and their patients from any further exposure. PPEs are in short supply these days, and everyone is trying to utilize them in the best way possible. PPEs help protect and limit infection spread in hospitals, so professionals use them, especially in the current pandemic scenario [20-23]. The judicious use of PPEs safeguards both healthcare workers and patients.

Use of Telemedicine in Pandemic- Is it beneficial and accessible to all?

Telemedicine uses technology as a communication channel between doctors and patients to dispense healthcare at a distance. Various facilities are suspended during the pandemic, and emergency services are reserved only for the people with COVID-19 disease leading to a gap between the treatment providers and the patients. For bridging the gap, the alternative of telemedicine was sought. Many studies conducted across the globe suggest telemedicine can help reduce the gap and provide healthcare to patients who need it the most [24-27]. However, telemedicine has its limitations as it is not of much use to people who are inexperienced with technology or have visual and hearing problems [28-29]. Still, telemedicine has a positive impact on many patients who cannot visit clinics or hospitals due to pandemic. Telemedicine minimizes the risk of exposure in patient groups such as diabetics, hypertensive, critically ill, end-stage disease, elderly, and children at higher risk of mortality.

Drugs and associated harms and benefits

During the pandemic's initial phase, various drugs were used for prophylaxis and management of patients with COVID-19. In desideratum, everyone rushed to use these without seeking evidence of safety and efficacy. One such category is of anti-malarial drugs, chloroquine, and hydroxychloroquine. These were recommended based on promising preclinical data. Though these drugs have a narrow safety margin and there is limited corroboration from clinical trials to prove their safety and efficacy for prophylaxis and treatment, and usance of these drugs may also create a false sense of security [30-32]. Another category of highly talked about drugs are glucocorticoids. Certain studies support reducing mortality and mechanical ventilation in severe

COVID-19 disease, but there is little evidence from clinical trials to support it [32-33]. Antiretroviral drugs are also being used to treat patients. Again, there is little clinical trial-based evidence to support their use [34-35]. So, before prescribing, associated harms and benefits need to be appraised based on clinical trial evidence.

Clickbait News and associated harms in pandemic

During the COVID-19 Pandemic, catchy headlines to get clicks and page views are rising. Health professionals or students undergo training regarding cause, transmission, prevention, and treatment of COVID-19. So, they have in-depth knowledge regarding COVID-19 and its recent developments. However, the General Public does not have sound knowledge about the disease process and is vulnerable. This news can be fake and may affect the perception of people towards the disease. False or misleading clickbait information provided through various online platforms can negatively impact public health in general. So, there is a need to address this issue and create awareness among the public to counter it. If we successfully educate the masses regarding ways these clickbait platforms use to get page views, we can curb its negative impact on the people. Clickbait news aims at exploiting the curiosity gap. It forces the person to pursue the information. Abuse of the curiosity gap and treating a person only to gain page views and fulfill personal interests reflects a compromise in human dignity. The definition of health by WHO takes the psychological and social dimensions of people's condition seriously. By exploiting the curiosity gap, clickbait news also causes moral harm. People may realize later that they were tricked, which may lead to psychological harm. We have seen the promotion of various traditional herbs without scientific-based evidence of their actual benefit. Misleading information may lead to harm to the overall health of people. Clickbait news promises to give something that the users desire. People may lose self-control and click these links to pursue their desires, which is an indirect violation of autonomy. Publishers promoting misleading news just for personal gains are not aware of their responsibility to the general public. They are not taking into account the best interests of the general public. Autonomy without responsibility is no autonomy. We often see publishers using the term Chinese virus. Careless use of this term may stigmatize the people of China at the international level. Clickbait news also exploits people's cultural diversity and beliefs for their gains, violating the bioethical principle of Respect for cultural diversity.

Conclusion

COVID-19 pandemic has presented humans with challenges as never before. With limited resources and knowledge to combat the fewer known variables, we are struggling. The only way to ensure the best outcome is to work together and share scientific and medical knowledge from various research projects conducted across the globe. Sharing of benefits will ensure that all have the best available experience to combat the disease. However, this must not come at the expense of unethical research practices. Any research should involve following standard international protocols and the principle of *Primum non nocere*. Throughout the world, the central area of focus is to break the community transmission chain. We should advocate the use of masks and sanitizers in both community and healthcare settings. The judicious use of PPEs is recommended in healthcare settings. Recent developments in COVID-19 disease treatment include hydroxychloroquine, chloroquine, glucocorticoids, and antiretroviral drugs, but this is without proper evidence from clinical trials. Evidence-based practices should be encouraged; otherwise, there will be adverse and unpredictable outcomes. Respect for cultural diversity, human vulnerability, personal integrity, and bioethical principles of autonomy, equality, equity, and justice is crucial in solving the hurdles we face. This is the time to unite and stand together above all our differences.

Abbreviations-

COVID-19: Corona Virus disease 2019; WHO: World Health Organization;

CDC: Centre for Disease Control and Prevention; SARS–CoV-2: Severe acute respiratory syndrome coronavirus 2; PPEs: Personal Protective Equipment; OPDs: Outpatient Departments.

REFERENCES

- 1. 172 countries and multiple candidate vaccines engaged in COVID-19 vaccine Global Access Facility [Internet]. World Health Organization. 2020. [cited 2020 Sep 27]. Available from: https://www.who.int/news-room/detail/24-08-2020-172-countries-and-multiple-candidate-vaccines-engaged-in-covid-19-vaccine-global-access-facility
- 2. Ragnesola B, Jin D, Lamb CC, Shaz BH, Hillyer CD, Luchsinger LL. COVID19 antibody detection using lateral flow assay tests in a cohort of convalescent plasma donors. BMC Res Notes 2020;13(1):1-7.
- 3. Bloch EM, Shoham S, Casadevall A, Sachais BS, Shaz B, Winters JL. Deployment of convalescent plasma for the prevention and treatment of COVID-19. J Clin Investig 2020;130(6):2757-65.
- 4. Piechotta V, Chai KL, Valk SJ, et al. Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review. Cochrane Database Syst Rev 2020;7:CD013600.
- 5. Li L, Zhang W, Hu Y, Tong X, Zheng S, Yang J, et al. Effect of Convalescent Plasma Therapy on Time to Clinical Improvement in Patients With Severe and Life-threatening COVID-19: A Randomized Clinical Trial. JAMA 2020;324(5):460-70.
- 6. Agarwal A, Mukherjee A, Kumar G, Chatterjee P, Bhatnagar T, Malhotra P. Convalescent plasma in the management of moderate covid-19 in adults in India: open label phase II multicentre randomised controlled trial (PLACID Trial). BMJ. 2020;371:3939.
- 7. Lyu W, Wehby GL. Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US: Study examines impact on COVID-19 growth rates associated with state government mandates requiring face mask use in public. Health Affairs 2020;39(8):1419-25.
- 8. Cheng VC, Wong SC, Chuang VW, So SY, Chen JH, Sridhar S, To KK, Chan JF, Hung IF, Ho PL, Yuen KY. The role of community-wide wearing of face mask for control of coronavirus disease 2019 (COVID-19) epidemic due to SARS-CoV-2. J Infection 2020;81(1):107-14.
- 9. Liang M, Gao L, Cheng C, Zhou Q, Uy JP, Heiner K, Sun C. Efficacy of face mask in preventing respiratory virus transmission: a systematic review and meta-analysis. Travel Med Infect Dis 2020;36:101751.
- 10. Eikenberry SE, Mancuso M, Iboi E, Phan T, Eikenberry K, Kuang Y, et al. To mask or not to mask: Modeling the potential for face mask use by the general public to curtail the COVID-19 pandemic. Infect Dis Modelling 2020;5:293-308.
- 11. Bartoszko, JJ, Farooqi, MAM, Alhazzani, W, Loeb, M. Medical masks vs N95 respirators for preventing COVID-19 in healthcare workers: A systematic review and meta-analysis of randomized trials. Influenza Other Resp Viruses 2020;14:365–73.
- 12. Wang J, Pan L, Tang S, Ji JS, Shi X. Mask use during COVID-19: A risk adjusted strategy. Environ Pollution 2020;266(1):115099.
- 13. Offeddu V, Yung CF, Low MS, Tam CC. Effectiveness of masks and respirators against respiratory infections in healthcare workers: a systematic review and meta-analysis. Clin Infect Dis 2017;65(11):1934-42.
- 14. Pradhan D, Biswasroy P, Ghosh G, Rath G. A review of current interventions for COVID-19 prevention. Arch Med Res 2020;51(5);363-74.
- 15. Golin AP, Choi D, Ghahary A. Hand sanitizers: A review of ingredients, mechanisms of action, modes of delivery, and efficacy against coronaviruses. Am J Infect Control 2020;48(9):1062-7.
- 16. Lachenmeier, D.W. Safety evaluation of topical applications of ethanol on the skin and inside the oral cavity. J Occup Med Toxicol 2008;3(1):1-16.
- 17. Wilson ME, Guru PK, Park JG. Recurrent lactic acidosis secondary to hand sanitizer ingestion. Indian J Nephrol 2015;25(1):57-9.
- 18. Zaman F, Pervez A, Abreo K. Isopropyl alcohol intoxication: a diagnostic challenge. Am J Kidney Dis 2002;40(3):e1-12.
- 19. Vonghia L, Leggio L, Ferrulli A, et al, Addolorato G, Alcoholism Treatment Study Group. Acute alcohol intoxication. Eur J Intern Med 2008;19(8):561-7.
- 20. Stewart CL, Thornblade LW, Diamond DJ, et al. Personal Protective Equipment and COVID-19: A Review for Surgeons. Ann Surg 2020;272(2):e132-8.
- 21. Jessop ZM, Dobbs TD, Ali SR, Combellack E, Clancy R, Ibrahim N, et al. Personal Protective Equipment (PPE) for Surgeons during COVID-19 Pandemic: A Systematic Review of Availability, Usage, and Rationing. Br J Surg 2020;107(10):1262-80.
- 22. Vukkadala N, Qian ZJ, Holsinger FC, et al. COVID-19 and the otolaryngologist: preliminary evidence-based review. The Laryngoscope 2020;1:1-7.

- 23. Cook TM, El-Boghdadly K, McGuire B, McNarry AF, Patel A, and Higgs A, et al. Consensus guidelines for managing the airway in patients with COVID-19: Guidelines from the Difficult Airway Society, the Association of Anaesthetists the Intensive Care Society, the Faculty of Intensive Care Medicine and the Royal College of Anaesthetists. Anaesthesia 2020;75(6):785-99.
- 24. Al-Shamsi HO, Alhazzani W, Alhuraiji A, Coomes EA, Chemaly RF, Almuhanna M, et al. A Practical Approach to the Management of Cancer Patients During the Novel Coronavirus Disease 2019 (COVID-19) Pandemic: An International Collaborative Group. Oncologist 2020;25(6):e936-45.
- 25. Burke B, Hall R. Telemedicine: Pediatric Applications. Pediatrics 2015;136(1):e293-308.
- 26. Jnr BA. Use of telemedicine and virtual care for remote treatment in response to COVID-19 pandemic. J Med Systems 2020;44(7):132.
- 27. Iyengar K, Jain VK, Vaishya R. Pitfalls in telemedicine consultations in the era of COVID 19 and how to avoid them. Diab Metabol Syndr Clin Res Rev 2020;14(5):797-9.
- 28. Lam K, Lu AD, Shi Y, Covinsky KE. Assessing Telemedicine Unreadiness Among Older Adults in the United States During the COVID-19 Pandemic. JAMA Intern Med 2020;180(10):1389–91.
- 29. Donaghy E, Atherton H, Hammersley V, McNeilly H, Bikker A, Robbins L, Campbell J, McKinstry B. Acceptability, benefits, and challenges of video consulting: a qualitative study in primary care. Br J Gen Pract 2019;69(686):e586-94.
- 30. Shah S, Das S, Jain A, et al. A systematic review of the prophylactic role of chloroquine and hydroxychloroquine in coronavirus disease-19 (COVID-19). Int J Rheumat Dis 2020;23(5):613-9.
- 31. Das RR, Jaiswal N, Dev N, Jaiswal N, Naik SS, Sankar J. Efficacy and safety of anti-malarial drugs (chloroquine and hydroxy-chloroquine) in treatment of COVID-19 infection: a systematic review and meta-analysis. Front Med 2020;7:482.
- 32. Siemieniuk RA, Bartoszko JJ, Ge L, Zeraatkar D, Izcovich A, Kum E, Pardo-Hernandez H, Rochwerg B, Lamontagne F, Han MA, Liu Q. Drug treatments for covid-19: living systematic review and network meta-analysis. BMJ 2020;370:2980.
- 33. Yousefifard M, Zali A, Zarghi A, Madani Neishaboori A, Hosseini M, Safari S, et al. Non-steroidal anti-inflammatory drugs in management of COVID-19; A systematic review on current evidence. Int J Clin Pract 2020;74(9):e13557.
- 34. Hung IF, Lung KC, Tso EY, Liu R, Chung TW, Chu MY, et al. Triple combination of interferon beta-1b, lopinavir–ritonavir, and ribavirin in the treatment of patients admitted to hospital with COVID-19: an open-label, randomised, phase 2 trial. The Lancet 2020;395(10238):1695-704.
- 35. Ford N, Vitoria M, Rangaraj A, et al. Systematic review of the efficacy and safety of antiretroviral drugs against SARS, MERS or COVID-19: initial assessment. J Int AIDS Soc 2020;23(4):e25489.

Acknowledgements: Nil Funding: Nil Conflict of interest: Nil