Ethical Issues that Physicians face in Armenia due to Co-Existence of Covid-19 and War

Alexandra Bedross Marlyn George Corresponding Author: Alexandra George

E-mail:

ABSTRACT

Ethics is a dynamic subject and ethical issues are complex. The COVID-19 pandemic took over the world in 2019 and brought upon several ethical issues into light. Armenia unfortunately had more than just a pandemic, as full-fledged war was declared. Thus, the Armenian physicians were tasked with handling health care for both COVID-19 patient and war casualties which amassed in large numbers. When the available resources cannot fulfill the requirements of all patients that arrive at hospitals, physicians have a social responsibility and must work for the common good. Thus, the needs of the many outweigh the needs of an individual. The physicians in Armenia had to make multiple quick and important decisions. The triage decisions that physicians make influence the course of the crisis. The proper decisions taken by the physicians would lead to the elimination of preventable loss of lives. The paper will discuss how utilitarian principles could be applied to solve moral dilemmas caused by war and pandemics.

Keywords: ethical issues, ethics, Armenia.

Introduction

The short history of Independent Armenia has been riddled with ethnic conflicts amongst neighboring former Soviet States for the territory of Nagorno-Karabakh. Armenia was still reeling from the first Nagorno-Karabakh conflict, which lasted from 1988 to 1994 when the COVID-19 pandemic hit [1]. On March of 2020, the Republic of Armenia sees its first COVID-19 patient and the number of total COVID-19 cases steadily increased up to 50,000 at the end of September [2]. Azerbaijan moved offensively against Armenia and full-fledged war began on the 27th of September [3]. During the 44-day war, the number of daily new cases of COVID-19 peaked at over 2400 [2]. The burdens of armed conflict together with a pandemic placed citizens and healthcare workers of Armenia under immense stress. In times as such when resources are spread thin, and lives of human beings are on the line, physicians and healthcare workers are forced to make uncomfortable decisions.

A standard code of morals and ethics is vital when dealing with ethical dilemmas that arise in the context of disasters. Numerous articles and research papers have been written about medical ethics concerning war and public health ethics during a pandemic separately. However, none has addressed the ethical issues that arise due to two simultaneous disasters which was the unfortunate case of Armenia in the year 2020.

Ethical dilemmas occurring during disaster management depend upon context of the disaster. Since these catastrophes vary considerably in terms of time, type of disaster, extent; moral dilemmas do not have 'one for all' answers [4]. On the other hand, embedding ethical values and principles in every aspect of healthcare is of vital importance [4].

Armed conflicts create a sudden influx of war casualties and pandemics cause a dangerous increment of highly contagious, infected individuals. Furthermore, civilians fleeing battle zones

would intensify the spread of the virus. 100,000 civilians have been displaced by the conflict in Nagorno-Karabakh and aggravated the effects of the pandemic [1]. The number of people needing medical attention far exceeds the capacities of hospitals and other healthcare related institutions. Just like the COVID-19 pandemic was already stressful for the doctors as they had to make many ethical decisions, and the war made it even more difficult putting them in a dreadful situation. They also had to make sure that the medical amenities were being used cautiously as there was a worldwide shortage of medical equipment's and Armenia was no exception.

Process of triage during war and pandemic.

Being an egalitarian during a disaster is impractical. It is impossible to treat all patients equally. The consequences of all actions must be evaluated thoroughly to nullify preventable loss of life [5]. The need for triage for the disaster management is inevitable and proper ethical guidance for triaging process is necessary. Decisions of health professionals vary largely in triage decisions [6]. There are numerous studies that reveal a high rate of over-triage and under-triage in disaster situations [7]. This indicates that standard guidelines and training is necessary for healthcare workers to take morally sound decisions [8]. Disaster triage should be entrusted to authorized, experienced physicians, assisted by a competent staff [4].

Goal

The research paper aims to analyze some of the ethical issues physicians in Armenia faced due to two simultaneous humanitarian crises of war and pandemic and form healthcare related guidelines to resolve ethical dilemmas based on morals and legal regulations. It is only by making efforts before disasters that ethical challenges can be minimized in disaster responses [4].

Ethical guidelines in the process of triage during war and pandemic

The objective of a triage is based on Utilitarian principles, "the greatest good to the greatest number of people" [5]. Unlike the usual public health crisis, the simultaneous disasters in discussion are unique in the sense that they are occurring for a prolonged duration of time. Thus, the consequences of the decisions made during triage directly influence the progress of disaster management. According to utilitarianism, all the consequences of actions, both short and long term, direct and indirect are relevant to decisions [5].

During the simultaneous disasters of war and pandemic; the following types of patients are abundantly observed –

- War Casualties, soldiers and civilians
- COVID-19 virus infected individuals

Prioritizing healthcare workers

For the effective management of the pandemic as well as to reduce mortalities of war, the human resource of health care workers is vital. Therefore, the prioritizing of health care workers in situations of equal outcome of survival can be deemed ethical.

Prioritizing soldiers

Military operations are delicate situations. In circumstances where an enemy force is imminently threatening to overtake friendly forces, the need for national security overrides all other concerns. Therefore, the war effort must be prioritized for the greater good of the entire nation. Soldiers who can return to the fight with minimal effort should be treated first, to return to duty as soon as possible and continue the mission [8].

Triage is more of a philosophy than a science. Although the theories of ethics are clear, the practical application of it can be complicated [8]. To analyze the implications of ethical guidelines in the process of triage during war and pandemic, plausible hypothetical scenarios shall be explored.

Scenario 1

Dr Morton is a 51-year-old male who has contacted COVID-19 while caring for patients with the same disease. Ms Maria is 48 years old and is an IT technician and has contacted COVID-19 while traveling for work. Both patients have equal probability of survival and recovery. Furthermore, both patients would use equal amounts of resources (including a ventilator) and time for recovery. **The triage question:** The hospital has only one available ventilator. Who should receive ventilation?

The answer to the question must strictly avoid inclusion of sex, race, color, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth and other status as deciding factors. The Human Rights Act makes it illegal to discriminate on these grounds and it has its obvious unethical nature (The right to equality and non-discrimination in the administration of justices-UN).

The objective of a successful triage is for the survival of "greatest number (amount) of people". Although superficially, presenting the last ventilator to either Dr Morton or Ms Maria would both result in the survival of one patient, Dr Morton's recovery would result in him returning to the health service and treating a multitude of other patients. This means presenting Dr Morton with the last remaining ventilator would have an outcome of more than one patient survival. Thus, the ethical procedure to follow according to guidelines would be to prioritize health care providers in necessary situations.

It must be acknowledged that the above decision can be taken when factors such as 'probability of survival' and 'amounts of resources and time needed for recovery' are equal.

Scenario 2

Heavy military engagement is ongoing, and a crucial pocket of territory is under attack by enemy forces. A critical tactical situation has occurred needing all the manpower the armed forces can get. Eight soldiers with minimal wounds have arrived at the hospital. The hospital is already housing several COVID-19 patients. A COVID-19 patient has fallen into critical condition and requires the attention of a team of doctors and other health care providers. The eight soldiers with minimal wounds could be treated by the same team of doctors and requires a shorter duration of time for treatment as well.

The ethical question: To whom should the medical team attend first?

Attending to the critical patient first would not result in mortality to the minimally wounded soldiers since, as their category implies, their wounds are minimal.

However, depending on the tactical situation where an enemy force is imminently threatening to overtake friendly forces, soldiers who can return to the fight with minimal effort and time are more important. Therefore, even with possibly adverse outcome for the

COVID-19 patient, the eight soldiers must be treated first in order for them to return to duty and continue the mission.

A simpler way to understand the reasoning behind this seemingly harsh triage is by looking into the probable consequences of each decision. If the soldiers get prioritized in treatment, one patient in critical conditions might die but the military engagement of friendly forces would succeed in the war efforts of the nation. If the COVID-19 patient gets priority, that patient's life would be probably saved but the military engagement might fail. The choice could now be simplified as to whether to save one human life and risk the future of the nation or to risk the loss of one life and protect the nation against enemy invasion. Therefore, in this scenario, the war effort must be prioritized for the greater good of the entire nation.

REFERENCES

- 1. Philipp J. Covid-19's impact on Armenia. The Borgen Project; 2021. Retrieved May 1, 2022, from https://borgenproject.org/covid-19s-impact-on-armenia/
- 2. Armenia faces third wave of coronavirus cases. The Armenian Weekly; 2021. Retrieved May 19, 2022, from https://armenianweekly.com/2021/03/24/armenia-faces-third-wave-of-coronavirus-cases/
- 3. Worldometer Armenia. (nd); 2022. Retrieved May 1, 2022, from https://www.worldometers.info/coronavirus/country/armenia/

- 4. Karadag CO, Hakan AK. Ethical dilemmas in disaster medicine. Iran Red Crescent Med J 2012;14(10):602-12.
- 5. Savulescu J, Persson I, Wilkinson D. Utilitarianism and the pandemic. Bioethics 2020;34(6):620–32.
- 6. Sztajnkrycer MD, Madsen BE, Alejandro Báez A. Unstable ethical plateaus and disaster triage. Emerg Med Clin North Am 2006;24(3):749–68.
- 7. Halpern P, Larkin GL. Ethical issues in the provision of emergency medical care in multiple casualty incidents and disasters. Disaster Medicine 2006;1(1):63-70.
- 8. Repine TB, Lisagor P, Cohen DJ. The dynamics and ethics of triage: rationing care in hard times. Military Med 2005;170(6):505–9.

Acknowledgements: Nil Conflict of interest: Nil Funding: Nil