



JUNIOR DOCTORS NETWORK

empowering young physicians to work together towards a healthier world through advocacy, education, and international collaboration

Published by the Junior Doctors Network of the World Medical Association

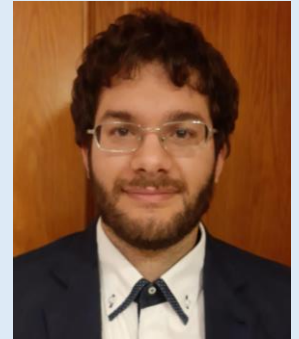
The information, perspectives, and opinions expressed in this publication do not necessarily reflect those of the World Medical Association or the Junior Doctors Network. WMA and WMA-JDN do not assume any legal liability or responsibility for the accuracy, completeness or usefulness of any information presented.

ISSN (print) 2415-1122
ISSN (online) 2312-220X

COVID-19 and Mental Health

[Francesco Rosiello](#), MD

Department of Public Health and Infectious Diseases
Sapienza University of Rome
Rome, Italy



Although the scientific literature recognizes the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) epidemic as a pandemic, this virus co-exists with other public health challenges such as infectious (e.g. malaria, tuberculosis) and chronic diseases (e.g. diabetes, obesity, hypertension). Like other countries, Italy has emerged with new public health concerns that have challenged the health system over the past two years. Few researchers, however, have correctly used the term *syndemia* in their reports. This article aims to discuss four major ethical issues that can serve as a starting point in a discussion that will hopefully lead to global debate and solutions.

These public health challenges with major ethical issues include public misinformation, vaccine delivery, hospitalizations, and mortality.

Ethics and Public Misinformation

Some Italian media outlets exaggerated the severity of the adverse effects of the coronavirus disease 2019 (COVID-19) vaccines in efforts to entice readers to buy their articles (“clickbait”) (1,2). However, readers who purchased these *click bait* papers followed a sequence of reactions – frightened, acceptance, and suspicious – to official sources of information. Notably, this trend of public misinformation was observed across other countries (3).

Ethics and Vaccine Delivery

The introduction of vaccines during the COVID-19 pandemic has triggered several questions: Is it right to subject all citizens to mandatory vaccination or is individual self-determination more important? Should vaccines be prioritized for the most vulnerable persons (e.g. elderly) or for the general workforce which can restart the economy? Do healthcare personnel have an additional *moral obligation* toward vaccine acceptance than the general population?

These questions are complex and have more than one right answer.

Ethics and Hospitalizations

The COVID-19 pandemic has been used as an excuse to justify the slow actions within the political administration and healthcare system. With reduced funding and shortage of health workers, access to local health facilities was reduced, leading to suspended health screenings for the prevention or management of chronic diseases. Consequently, health complications from poor pharmacological management of chronic diseases led to a surge in capacity in emergency rooms that were already facing limitations before the pandemic.

On March 6, 2020, the Italian Society of Anesthesia, Analgesia Resuscitation, and Intensive Care (SIAARTI, in Italian), published the consensus paper entitled, "*Recommendations of Clinical Ethics for Admission to Intensive Treatments and their Suspension*" (4). On November 24, 2020, the National Institute of Health and the National Federation of Physicians and Dentists (highest body of all Italian doctors) published the paper entitled, "*Decisions for Intensive Care in the Event of Disproportion between Care Needs and Resources Available during the COVID-19 Pandemic*" (5). These two publications aimed to use evidence-based criteria and create a hierarchy for patient care when facing limited resources during the pandemic. This ranking system resulted in the observed sacrifice of vulnerable patients, such as the elderly and patients with co-morbidities. These clinical experiences make us reflect on history – back to the Napoleonic wars – as triage ("triere" in French) referred to those patients who could be selected or saved.

Ethics and Mortality

As Italy was one of the first countries to implement lockdown measures during the COVID-19 pandemic, leaders aimed to reduce incidence and mortality rates. The ethical questions behind the placement of lockdown measures are complex and multifactorial.

After a few months, the social pressures from the business and commerce world became publicly evident. The Italian Government acknowledged the community need to balance economic sustainability with an “acceptable” daily mortality rate. However, is there really an “acceptable” daily mortality rate? What moral or ethical mechanism allows us to understand and quantify the “acceptable” mortality rate? Unfortunately, there are no straightforward answers to these questions.

Clearly, it is not a simple task to balance autonomy (individual) with the greater good of the community (public health).

In summary, the COVID-19 pandemic has triggered a series of questions among all health care workers – including junior doctors – which can facilitate shared experiences, inputs, and thoughts. Moving forward, we hope that this global dialogue will help shape the response in the ongoing pandemic and as we prepare for any future response.

References

- 1) MacDonald NE. Fake news and science denier attacks on vaccines. What can you do? *Can Commun Dis Rep.* 2020;46:432-435.
- 2) Marco-Franco JE, Pita-Barros P, Vivas-Orts D, González-de-Julián S, Vivas-Consuelo D. COVID-19, fake news, and vaccines: should regulation be implemented? *Int J Environ Res Public Health.* 2021;18:744.
- 3) Wang Y, McKee M, Torbica A, Stuckler D. Systematic literature review on the spread of health-related misinformation on social media. *Soc Sci Med.* 2019;240:112552.
- 4) SIAARTI-SIMLA Working Group. [Decisioni per le cure intensive in caso di sproporzione tra necessità assistenziali e risorse disponibili in corso di pandemia di COVID-19, 2021.](#) 2021 [cited 2021 Jun 12]. Italian.
- 5) SIAARTI Working Group. [Raccomandazioni per le cure intensive in caso di sproporzione tra necessità assistenziali e risorse disponibili in corso di pandemia di COVID-19, 2021.](#) 2021 [cited 2021 Jun 21]. Italian.