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Bioethical dilemmas in pandemics by COVID

Dilemas bioéticos en pandemia por COVID

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In 1529, in the surgical "lessons" of the Hôtel-Dieu Hospital, Ambroise Pare said that leafing through books and chatting or chattering in the operating room is useless if the hands do not practice what reason dictates. Since then, the practice of surgery has been based on technical skills (techne), knowledge (episteme), and the capacity for judgment (phronesis).[1]

Surgeons face ethical difficulties and choice questions of moral issues. Surgery does harm before it heals, it is invasive and penetrates the patient's body, and the surgical decision is usually made in uncertain circumstances.[1]

Decisions in surgery must have relevance; the surgeon needs to be virtuous with modest qualities, e.g., punctuality, perseverance, teamwork, and equanimity.[1]

The surgeon should not be obstinate, especially when he or she knows that the procedure will be futile or disproportionate, the latter being defined as performing acts that appear unnecessary.[1]

In this pandemic, surgeons have faced bioethical dilemmas; the surgeon asks the patient for testing before a scheduled or emergency procedure. However, the patient does not ask the surgeon for testing. How does the surgeon proceed if the patient refuses to test, accepts, or declines the procedure?

Most of the time, surgeons and patients are vaccinated, but what if neither is vaccinated? Hence, all suspected patients must enter with personal protective equipment, use operating rooms with good ventilation, or have less staff in the operating room for COVID patients to reduce contagion. These are some of the recommendations the American College of Surgeons issued at the end of 2020.

For the surgeon, when faced with patients with COVID, the first thing is not to harm; he/she must perform procedures that have been shown to give good results and with less damage.[2] A surgical procedure increases risks if the patient has COVID-19 or has already had it.[2]

The risks should be weighed against the benefits, and each case should be judged individually to see if it is scheduled or urgent and if there is space in the Intensive Care Unit in case it is needed. Informed consent should be obtained with each case's risks and benefits, including the risk of death due to COVID.[2] In cases where there is doubt or difficulty, collegiate decisions should be made.

This pandemic has led us to make decisions that we did not expect and with ethical implications. We can continue to make interventions as long as we guarantee benefits to the patient and do so ethically.[2]

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